



# Incapacity Benefit Reforms - the Personal Adviser Role & Practices

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## **Disclaimer**

The views in this report are the authors' own and do not necessarily reflect those of the Department for Work and Pensions

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## **Abbreviations and acronyms**

ADF – Adviser Discretion Fund (award of up to £300)

Choices package – range of provision to support return to work, including existing programmes, as well as the CMP

CMP – Condition Management Programme (developed between Jobcentre Plus & NHS)

CR – Capability Report

DEA – Disability Employment Adviser

FA – Financial Assessor

FCO – First Contact Officer

FTA – Failure To Attend

IBPA – Incapacity Benefit Personal Adviser

JIS – Job Introduction Scheme

NDDP – New Deal for Disabled People

PCA – Personal Capability Assessment

RTWC – Return To Work Credit

WFI – Work Focused Interview

WORKSTEP – launched April 2001, formerly Supported Employment Programme, provides support to disabled people moving into work, assessments undertaken by DEAs

WP – Work Psychologist



# Executive summary

- This report is based on qualitative research conducted by teams from the National Centre for Social Research (*NatCen*), the Policy Studies Institute (PSI) and the Social Policy Research Unit at York University (SPRU).
- The study comprised two focus groups and 14 in depth interviews with purposively selected samples of Incapacity Benefit Personal Advisers (IBPAs) in April – May 2004. IBPAs were from different sized offices, had trained at different times for the IBPA role and had a range of previous advisory experience.
- This focused study explores the role of the IBPA and is designed in two parts. This report reflects the findings from the first part with the later stage to be conducted in early 2005. The overall aim of the study is to explore the role of the IBPA in theory and practice; how referrals and relationships with the different aspects of the Choices package are taking place in practice, and the views of IBPAs on customer movement towards work. It is important to note that this study was conducted at a relatively early point in the delivery of the pilots and few customers had, at this point, gone through the entire WFI process.

## Exploring the role of the IBPA

- IBPAs saw the objective of the IB reforms as being about reducing the number of people receiving Incapacity Benefit through providing appropriate help and support and overcoming barriers preventing customers returning to work.
- IBPAs were positive about the reforms in general as well as their role, describing how they had the flexibility and resources (via the Choices package) to work with this customer caseload which, although challenging, was also rewarding. Some IBPAs reported very positive customer feedback.
- However, there were also significant challenges facing the IBPAs. The IBPA role could be emotionally draining. IBPAs sometimes felt out of their depth with customers, particularly those with mental health problems and although some IBPAs did describe good support from peers or NHS colleagues, others felt less supported.
- A tension in their role between the emphasis on the personal relationship with customers on the one hand, and the mandatory aspect of the IB Reforms on the other, was an issue for some IBPAs. Although IBPAs did not currently have targets to meet for getting IB customers back into work, this was expected to change, and there was evidence of some early pressure on IBPAs to contribute to office targets for IB customers.
- A lack of sufficient administrative support was widely reported.
- IBPAs were keen on working with voluntary customers: they were likely to be motivated, closer to the labour market and resulted in job satisfaction for IBPAs. However, finding the time to work with these customers could be problematic.
- Relationships with colleagues in local offices varied widely. One factor raised was that IB customers represented an important source of targets, which non-IBPAs were now less likely to benefit from. Amongst IBPAs themselves, good working relationships were described across districts and were providing strong emotional support for one another.
- Work Psychologists (WPs) were clear about their role within the pilots, and their function was being conveyed to IBPAs with varying levels of success.

## The role of the IBPA – managing the WFI process

- Customers were informed about the IB Reforms in a variety of ways. Although initial customer reaction was often described as negative, this could often be overcome through direct contact with the IBPA on the phone prior to the interview.

- Not all IBPAs raised the issue of work in the first WFI, but took an individual approach depending on the customers' individual circumstances. There was further evidence that the training had increased IBPA confidence in managing the introduction of work to the WFI discussions.
- There were still some problems accessing the screening tool. IBPAs also had concerns about the outcome of the screening tool, but were making more use of waivers and deferrals to manage their caseloads as compared to findings from earlier research with IBPAs.
- Typically, customers with the most serious or severe conditions were waived, but would still be provided with information about the IB Reforms. Customers were being deferred for a range of reasons: if they were undergoing or awaiting treatment for physical/mental health conditions; if the condition was expected to be only temporary in nature or if the customer was not making progress and IBPA practice varied across the sample.
- Certain groups of customers were reported as being more likely to fail to attend (FTA) interviews. IBPAs commonly reported taking extra steps to contact FTAs than were required, typically involving making telephone contact with customers after an FTA and giving them another chance to attend a WFI.
- Concern that sanctioning these customers could exacerbate their health conditions and would jeopardise the relationship with the PA was behind this. Although some IBPAs saw sanctioning customers as being within the scope of their role, others felt very uncomfortable about the idea of sanctioning these customers.
- Views about the timing and number of WFIs varied. With customers who IBPAs thought would be difficult to progress, six WFIs were seen as too many. However, there could be customers who might progress but very slowly, so would require more than six WFIs. Sometimes the interval in between WFIs was being prolonged, for example, if a customer was waiting for results or investigations. At the same time, if a customer was job ready and keen to get back to work, they may be seen more frequently than once a month. Again, due to the timing of this first wave of research few customers had reached the end of the WFI process.

### **Working with the 'Choices' package, financial incentives and other options**

- The extent to which IBPAs were referring to the Condition Management Programme (CMP) varied greatly. Some said that they referred the majority of their mandatory caseload to the CMP, others had referred none at all. Levels of referral depended largely upon the nature of IBPA relations with the CMP providers and IBPA understanding of which types of customers were appropriate to refer to the CMP (with differing views about whether CMP was focusing on the 'job-ready' or the less 'job-ready' customers).
- Knowledge about and confidence in referring to Job Brokers had also improved since the previous study, although whilst many IBPAs were referring customers frequently there were still some who had made no referrals at all. The general feeling amongst IBPAs was that Job Brokers were only appropriate for their 'job-ready' customers, who were often voluntary. The extent to which IBPAs were referring, as with the CMP, depended on the nature of relations between the IBPA and the Job Brokers.
- The extent to which IBPAs used DEAs and WPs varied greatly and depended on their level of contact and understanding of what these roles involved. However, they were typically being referred customers requiring more support than either the IBPA or Job Broker could provide.
- The extent to which IBPAs knew about and had access to, other local services varied. Some IBPAs said that there was a gap in services for customers with moderate to serious mental health conditions. Others knew of local mental health organisations, or felt that the CMP, DEA or WP might have a role to play with these customers. Several IBPAs said there was a gap in provision for customers with drug and alcohol problems. Contact with employers

remained limited.

- IBPAs unanimously reported a positive reaction to the Return to Work Credit (RTWC) amongst IB customers, with take-up reported as being greater amongst voluntary customers who were typically nearer the labour market. However, IBPAs felt that the RTWC might act as an incentive to mandatory customers when they were further down the line.

### **Customer progression**

- According to IBPAs, Incapacity Benefit customers were located at differing points on a spectrum in terms of closeness to moving into work, and could move along the spectrum (in either direction) to varying degrees. IBPAs typically saw helping a customer to overcome some of the key barriers to work as equally important and valid as moving a customer immediately into work.
- Voluntary customers were reported as being closer to work, whereas those furthest from work, and least likely to progress towards work in the early WFIs were typically said to be mandatory customers. IBPAs often felt that these customers required help and support around overcoming key initial barriers before they would be ready to consider work.
- Some IBPAs said that there were customers they had not moved forward at all. These customers typically fell into the following groups (with some notable exceptions): those with severe to moderate mental health conditions; near to retirement age; no inclination to return to work; long benefit histories; unsuitable for recommendation to service providers or employers; misusing drugs or alcohol; with caring responsibilities; awaiting medical treatment or assessments.
- A number of factors emerged from IBPA accounts as key influences on the extent to which a customer progressed. One was IBPAs' referral behaviour in relation to service provision, which varied widely across the sample. Another was IBPA attitudes towards working with 'difficult' groups, and levels of proactivity. There was evidence of significant tenacity amongst some IBPAs, whilst others were less proactive, and tended to concentrate on the customers they regarded as easier to move on. Finally, was the importance of customer attitudes towards moving on, with a positive customer attitude described by IBPAs as facilitating movement forwards.
- The presence or absence of a number of external barriers was also felt to influence progression. These were the state of the local labour market; accessibility issues; local housing costs; and the length of NHS waiting lists.

### **Discussion of key issues and future considerations**

- This study is the first of a two stage study with IBPAs and at the time of this fieldwork IBPAs were still at a relatively early stage in the process, having conducted 3 or 4 WFIs. Therefore, rather than producing conclusive findings, the study has raised a number of issues for discussion and consideration for the second stage of the study.
- Some customers were harder to progress towards work than others. The target group of customers for the IB Reforms was understood to be those requiring specialist input from the Reforms rather than customers likely to return to work without support. However, some IBPAs felt a pressure to contribute to office targets meant that they felt they needed to focus on the more rather than the less 'job ready' customers. IBPAs were also working in different ways with customers, with some displaying more tenacious behaviour with challenging customers than others and some making more referrals to the Choices package than others.
- They also felt some tension in their role as enforcers (with mandatory interviews and the threat of sanctions) as against enablers (with the emphasis on the personal relationship between IBPA and customer).
- Questions were raised about the length of time IBPAs should be working with customers,

with greater flexibility to adjust the number of mandatory interviews (either up or down) mooted, as well as a need to consider whether there would be some customers whom it would not be possible to progress at all.

- Some key questions to be addressed in the future related to: the impact of the IBPA and the Choices programme on customer progress and the extent to which the IB Reforms can be seen to be adding value to IB customers' progression towards and/or into the labour market.

# 1 Introduction

1.1 In October 2003, based on proposals outlined in the Green Paper *'Pathways to Work: Helping People into Employment'* (2002), the Government introduced new Incapacity Benefit (IB) Reforms in three Jobcentre Plus districts areas (with a further four districts rolling out the reforms in April 2004). A research consortium, led by the Policy Studies Institute (PSI), was commissioned by the Department for Work and Pensions (DWP) to undertake a comprehensive evaluation of the pilots. This report is based on qualitative research conducted by teams from the National Centre for Social Research (*NatCen*), the Policy Studies Institute (PSI) and the Social Policy Research Unit at York University (SPRU) and presents findings from a series of interviews and focus groups with IB Personal Advisers (IBPAs) and Work Psychologists during late spring 2004.

## Incapacity Benefit Reforms and the policy context

1.2 The Government's welfare to work programmes have sought to improve the lives of long-term unemployed people. However, despite the introduction of interventions like the New Deal for Disabled People (NDDP), aimed specifically at people with a health condition or disability, who currently do not actively participate in the labour market, the number of people on IB has continued to slowly increase. IB customers make up the largest group of economically inactive people in Britain with 2.7 million people of working age currently receiving IB. This number has grown significantly since the 1970s.

1.3 The new IB Reforms are central to the Government's aim of reducing the rates of customers moving onto, and remaining on IB. The new package is intended to re-focus customers on the prospects of returning to work through a combination of work focused interviews. The main elements of the reforms are as follows:

- New IB customers making fresh claims are required to take part in a **work focused interview (WFI)** 8 weeks into their claim (rather than at the outset of their claim, which is the case for current IB customers in Jobcentre Plus areas); most will then be required to undertake a series of five further mandatory WFIs at roughly monthly intervals. Through WFIs, customers are actively encouraged to consider the possibility of a return to work and discuss issues regarding benefit, work-focused activity, financial support, training and programmes with their Personal Adviser.
- **New specialist adviser teams** of specially trained **IB Personal Advisers (IBPAs)**, as well as Disability Employment Advisers (DEAs) and Work Psychologists, have been set up to advise and support people directly.
- The **timing of the medical assessment process** for new claims (the Personal Capability Assessment (PCA)) has been closely linked to the WFIs to allow for more rapid decision making around benefit eligibility and earlier access to capability reports from medical assessors. A key aim is to ensure that WFIs can be conducted without uncertainty over the PCA being a distraction for the customer.
- A **Choices package** of interventions offers people a range of provision to support their

- return to work. The package consists of easier access to existing programmes, such as
- NDDP, Work Preparation and Work-Based Learning for Adults. The package also includes new work-focused **condition management programmes** developed jointly between Jobcentre Plus and local NHS providers.
  - A **Return To Work Credit (RTWC)** of £40 per week for a maximum of 52 weeks is available to those returning to or finding work, of 16 hours or more, where their gross earnings are less than £15,000 a year.
  - An **Advisers' Discretion Fund (ADF)** is at the disposal of IBPAs to enable them to make awards of up to £300 per customer to support activities that can improve the likelihood of a person finding or taking up a job (for example through the purchase of new clothes to attend interviews).
  - Only those identified as those having the most severe functional limitations (i.e. PCA exempt) and those identified through a **screening tool**, as least likely to need additional help will not be required to attend additional interviews, although these IB customers can request such interviews on a voluntary basis. All IB customers in the pilot areas have equal, voluntary, access to the Choices Package, the RTWC and the ADF.

1.4 The reforms have been implemented in the following Jobcentre Plus Districts in England, Scotland and Wales: Renfrewshire, Inverclyde, Argyle and Bute (RIAB); Bridgend, Rhondda, Cynon and Taff (RCT); and Derbyshire in October 2003. The final four districts: Essex; Gateshead and South Tyneside; Lancashire East and Somerset began their IB Reforms pilots in April 2004.

## **Summary of the evaluation programme**

1.5 The key objective of the evaluation is to establish whether and by how much the pilot interventions help IB customers move towards the labour market and into jobs and thereby reduce the rate at which customers move onto long-term IB. In doing so, the evaluation will describe and explore underlying processes and factors which account for differing outcomes and experiences of the reforms.

1.6 The evaluation includes work with IB customers, staff and providers; qualitative and quantitative evaluations of process and outcomes, a net impact analysis and cost-benefit analyses. The evaluation began in autumn 2003 and will be active in all seven pilot areas until 2006.

### ***An overview of the impact analysis***

1.7 The impact analysis will estimate the overall impact of the IB Reforms on a number of outcomes related to different aspects of the labour market (with the primary outcomes of interest being employment, exit from benefits, earnings; and employability and health). In addition, it will estimate the impact of the Choices package, the RTWC and whether the pilot has caused substitution effects. The methodology will be a combination of difference-in-differences, propensity score matching and microsimulation techniques.

### *An overview of the quantitative research*

1.8 The quantitative elements comprise a face-to-face survey and two telephone surveys with customers. A telephone survey to collect information equivalent to that obtained by the screening tool will take place with two cohorts in both pilot and non-pilot areas, before and after the start of the pilot. This survey will provide information from non-pilot areas in order to provide a comparison on which to base an assessment of the impact of the programme. A large scale face to face survey will take place over two stages with IB customers. This survey will quantify findings found in the qualitative research.

### *An overview of the cost-benefit analysis*

1.9 The cost-benefit analyses will indicate whether the monetary benefits from pilot measures outweigh their monetary costs from a societal point of view and, hence, whether they are economically efficient. It will also indicate whether the pilot measures improve the well being of those who receive the services provided and what the net effects of the measures are on the government's budget. Thus, it will provide information critical to any decisions concerning whether to introduce some or all of the interventions in other Jobcentre Plus districts.

### *An overview of the qualitative research*

1.10 The qualitative evaluation has several components exploring staff, provider and customer perspectives on the new reforms. The individual components are described below. The research will involve both focus groups and one-to-one interviews; it began in October 2003 and will continue through to December 2006.

- **Site visits** were used to familiarise research staff with the implementation of the pilots in each district, to identify differences in the ways the reforms are being delivered across the pilot districts, and to establish contacts and working relationships with the staff involved. For the early sites these took place in late 2003/early 2004. In the later areas, these visits happened in May 2004 shortly after the 'go-live' date of 5 April 2004.
- **Six early focus groups**, the subject of a previous report, **with IBPAs and IB customers** were conducted in early March in each of the first three pilot areas<sup>1</sup>.
- A **longitudinal panel study with IB customers** began in April 2004 in the first three pilot areas. It is exploring customers' experiences of IB pilots in a series of interviews. An initial (face-to-face) interview will be followed up (by telephone) after 3 months and then again after another 6 months. The panel will include the later areas in due course.
- A **series of short, self-contained focused studies**, the first of which being the subject of this report, will provide rapid feedback to staff and policy makers. The topics covered will depend on the issues that arise during the course of the evaluation.

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<sup>1</sup> Incapacity Benefit Reforms – early findings from qualitative research (2004) Dickens, S., Mowlam, A, Woodfield, K.)

### **The Personal Adviser role in context**

1.11 Personal Advisers have played a key role in the development of a series of government initiatives aiming to improve back-to-work advice and support for people who are unemployed. The Personal Adviser (PA) function has been the cornerstone of a number of key government programmes. Pioneered during the early New Deal for Lone Parents (NDLP) programme the PA role was later adopted by the New Deal for Young People (NDYP), New Deal for Long Term Unemployed (NDLTU) and New Deal for Disabled People (NDDP) amongst others. The PA role has also been adopted in other forms of service delivery, most notably with the development of the professional Connexions Personal Adviser service. In this section we present some key elements of the PA role as it developed during these earlier programmes to provide a backdrop to the findings from this study exploring the new IBPA role.

1.12 The PA role varies between and within different programmes, yet key features of the PA role remain. In employment programmes, like the New Deal, the role of the Personal Adviser is to give individual support in finding a job. PAs can provide access to training and advice and match individuals to vacancies. They are frontline staff whose role it is to provide information, advice and practical support to their clients or customers who are seeking to return to employment. PAs engage in a one-to-one relationship with clients helping them to establish their goals and needs. They will explain, and help people to access, the full range of entitlements and support which can help to further their goals. Personal Advisers can also give information about new benefits or forms of support (like in work tax credits) that may be available once in employment. They may, as in the Connexions scheme, co-ordinate the range of support available to ensure that it is cohesive. Equally they may act as an advocate, as in NDDP, on behalf of their clients and broker the services or resources that a person might need to further their goals. Whilst Personal Advisers are frequently situated in local offices (such as Jobcentre Plus offices or Connexions service offices) they may also have an outreach role which allows them to enter local communities and visit clients in their homes or at local community venues, as well as visiting and working alongside local employers or providers. Once in employment or training, the Personal Adviser may continue to give support or help clients to move back onto benefits in a seamless way if the job or placement turns out to be unsuitable or unsustainable.

1.13 The Personal Adviser role draws on a range of skills and talents, again the precise combination of skills required varies from programme to programme. For employment related PA posts the individual is expected to have a high degree of advisory skills, comprehensive knowledge and understanding of the entitlements and support available to their client group and a working knowledge of the local labour market and local training provision. The increasing professionalisation of the PA role was recognised when the Government announced its plans for the new professional Connexions Personal Advice Service. Fully qualified Connexions Personal Advisers are required to hold a relevant qualification at S/NVQ Level 4, or equivalent.

1.14 The Personal Adviser role has been evaluated across a range of different welfare to work programmes and found to be critical in shaping participants' perceptions and assessments of the help and support they had received. Millar (2000), for example, reviewed the evaluation findings from six recent New Deals and found that the PA element of each of the six programmes was pivotal to the success, or otherwise, of each of the six schemes. She found that:



*“The New Deal's most important innovation was to assign a Personal Adviser to every participant. Most participants felt that they were being dealt with individually. The quality of the relationship with the Personal Adviser had strong effects - good or bad - on experience of the programme... The most important thing in the way people perceived the programmes was the Personal Adviser. Effective advisers were seen as friendly, helpful and approachable. Ineffective advisers treated people with a lack of respect and did not have enough of the right sort of information. However, a friendly attitude was not enough by itself - people also wanted their needs identified and practical help.”*

1.15 In relation to IB customers specifically, earlier research<sup>2</sup> has persistently shown the difficulty that personal advisers within Jobcentre Plus (and its predecessor the ONE pilots) had had in engaging with and supporting this customer group. Key concerns were identified as: worries about the scope the adviser had to intervene positively when the individual had a certificate from their GP showing they were unfit for work; fears that raising work issues would be insensitive to the individual concerned; and, the absence of suitable provision to refer people on to. Return to work issues were frequently not raised at all during the WFI. These findings formed a central backdrop to the ideas behind the IB Reforms policies. Enhancing the PA role was seen as central to the reforms both in order to give PAs the necessary confidence and knowledge to intervene positively and providing them with direct access to a range of suitable provision to more effectively engage the customer group.

## **The Personal Adviser role: research design and conduct**

1.16 In this section we provide a brief overview of the design and conduct of the Personal Adviser study.

### ***Overview of research design***

1.17 The study was conducted using a qualitative approach, which is ideally suited to detailed investigations of personal experiences, attitudes and practices. The research was intended to comprise three focus groups with IBPAs in each of the three early pilot areas, 15 depth interviews with IBPAs (different to those who participated in the focus groups) and one depth interview per area with the Work Psychologist working alongside the IBPA team. A second wave of research in early 2005 will replicate this stage in the four new pilot areas as well as incorporating a longitudinal element by returning to PAs interviewed at this stage to explore if, and how, their views, experiences and practices have changed over time as the reforms have developed and become established. Recruitment difficulties in one pilot area, however, meant that only two group discussions and fourteen interviews were conducted at this stage. The additional data will be collected at a later date and incorporated into the analysis of stage two data in 2005.

1.18 The key research objectives of this stage of the study were to:

1. Explore the role of the IBPA: understanding their perspectives and experiences of key

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<sup>2</sup> See for example, Lissenburgh, S. & Marsh, A. (2003) Evaluating Jobcentre Plus Pathfinders: An Overview of Early Evaluation Evidence, In House Report 111, Sheffield: DWP.

- aspects of the role
2. Examine the role of the WP *within the pilots*: how they interface with the IB Reforms and their relationship with the IBPAs
  3. Explore PA practices; including examining how they make customer assessments and the factors which drive their decision-making when working with IB customers
  4. Examine how IBPAs signpost IB customers to different elements of the Choices package and maintain ongoing communication with providers of those elements
  5. Map the movement IBPAs see their customers travel over the course of the WFIs and how they support customers throughout, and beyond, the WFI process
  6. Investigate the impact of IB Reforms on team working and understand how, or if, IBPA training, management and organisation has supported or constrained the IBPA role

### *Sampling and recruitment*

1.19 Purposive sampling was used to provide a balanced sample representing the greatest diversity possible of staff. The ability to draw wider inference from qualitative research relies, in part, upon the nature and quality of the sampling. In qualitative sampling the aim is to ensure diversity of coverage across certain key variables rather than to compile a sample that is statistically representative of the wider population. Purposive sampling of this kind provides the opportunity to explore those factors and characteristics that are thought to influence the attitudes or experiences being studied. In addition, the composition of each group was carefully controlled to ensure that there was sufficient heterogeneity to generate diversity and debate. The main sampling criteria employed were as follows –

#### **Box 1.1 – Main sampling criteria for IBPAs**

- When trained as an IBPA
- Extent of previous advisory experience
- Size and location of JCP office

1.20 14 IBPAs took part in the research. After initial contact was made (usually through the District Implementation Manager), researchers asked their contact to nominate IBPAs who had not taken part in the early pilot research who met the sampling criteria and were able to discuss their early experiences of the role. In addition, the three Work Psychologists working alongside the IBPA team in each District were invited to take part in a depth interview. Table 1.2 provides an overview of the two samples.

**Table 1.2 Sample profile**

<b>IBPAs</b>	<b>Work Psychologists</b>
<b>Gender</b> Male (2)      Female (12)	<b>Gender</b> Male (1)      Female (2)
<b>Jobcentre Plus history</b> Previous PA experience (11) Previous DEA experience (1) <sup>3</sup> No previous PA experience (2)	<b>Jobcentre Plus history</b> All fulltime WPs with Jobcentre Plus, length of service 3-12 years.
<i>All IBPAs trained October 2003-April 2004</i>	

### ***Conduct of the depth interviews and focus groups***

1.21 Fieldwork was conducted in late April and early May 2004. All of the fieldwork was exploratory and interactive in form, so that the questioning could be responsive to participants' contributions. The groups and depth interviews were based on topic guides designed in collaboration with DWP (see Appendix A) which outlined key subject areas to be discussed. All groups and interviews were conducted by members of the research team and were tape recorded and transcribed verbatim for analysis. The groups lasted for one and half hours to two hours, interviews lasted for up to an hour and a half. A series of vignettes describing different scenarios that IBPAs might potentially encounter were utilised during the group discussions to uncover and reveal how and why IBPAs were responding to the needs of different types of IB customers. The vignettes provided IBPAs with an opportunity to discuss the range of skills, strategies and tools they were able to utilise in responding to customer needs and encouraged them to draw upon actual examples from their caseloads when sharing their views and opinions. Further details of how the vignettes were developed, used and analysed are given in Appendix B. The groups and interviews were conducted at local Jobcentre Plus offices. All IBPAs and Work Psychologists who took part signed consent forms to signify their willingness to take part and acceptance of the terms and conditions of participation.

### ***Analysis and interpretation***

1.22 The data from the study was comprehensively and systematically analysed using 'Framework'. Framework is a qualitative analysis method, developed at the National Centre, which uses a thematic approach to classify and interpret qualitative research data using a series of thematic charts, or matrices which each relate to a different thematic issue. Data is summarised into the appropriate cells with the context retained and its location in the transcript noted, allowing the analyst to return to a transcript to explore a point in more detail or to extract text for verbatim quotation. The charts allow the full pattern of an individual's attitudes and behaviour to be reviewed. They also display the range of views or behaviours described by participants, and allow the accounts of different participants, or groups of participants, to be compared and contrasted. The method of analysis allowed us to draw comparisons between the perspectives of

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<sup>3</sup> Later in the evaluation a separate focused study will explore the role of the DEA in the IB Pilots.

different IBPAs and Work Psychologists, as well as exploring the differences between pilot areas.

1.23 It is important to bear in mind that the findings presented in this report are based on the first wave of qualitative research with PAs and Work Psychologists early in the reform process. This research was only conducted in the first three pilot areas. The report does not in any way present a definitive account of the success or otherwise of the reforms. Instead, it provides an initial description of how the IBPA role has been developed and implemented. The second stage of the PA study will be conducted in all seven pilot areas in early 2005. In addition, we will return to PAs interviewed at this stage to look longitudinally at if, and how, experiences, attitudes and practices have developed and changed over time.

1.24 This research was conducted using qualitative methodology. It did not aim to provide quantitative statistics but instead to identify and map the range of views, experiences, roles and practices of IBPAs and Work Psychologists in the early pilot areas. Quantitative research with IBPAs would be required to measure the extent to which views, roles and practices are held across all IBPAs and WPs.

1.25 Throughout the report pseudonyms are used to protect the anonymity of individual customers and staff.

### **Coverage of the report**

1.26 The report consists of five further chapters. Chapter 2 explores the PAs' perceptions and experiences of the key elements of the IBPA role. Chapter 3 examines their role during the work focused interviews. Chapter 4 focuses on the role of the IBPA in decision-making and referrals to other elements of the reform package. Chapter 5 then concentrates on customer progression through the WFI process and examines IBPA accounts of which customers progress and the factors accounting for variable progression. Finally, Chapter 6 concludes the report with a discussion of the key issues and chief considerations for future stages of IBPA research.

## 2 Exploring the Role of the IBPA and the WP

2.1 This chapter explores the scope and remit of the Incapacity Benefit Personal Advisers (IBPAs). Beginning with a discussion of what advisers themselves saw their role as consisting of, the chapter moves on to examine the range of skills required to undertake the work, positive aspects of the role and the key challenges IBPAs say they face. In addition, the role of the Work Psychologist (WP) is explored, looking at their specific contribution to the IB Reforms and their interface with the IBPAs.

2.2 The second half of the chapter examines the experiences of being an IBPA from the viewpoint of their capacity to undertake the role (looking at the size of their caseload, working with voluntary customers and the administrative aspect of the role) as well as in terms of team working, both with their IBPA colleagues, other members of the Jobcentre Plus team and managers. In addition, the views of WPs about the scope of the PA role are reported.

### IBPA perceptions of their role

2.3 The first report into the Pathways to Work pilot<sup>4</sup> examined IBPA views of the aims of the reforms. The broad consensus amongst IBPAs who took part in these early focus groups was that the ultimate aim of government was to reduce the number of people claiming IB by moving people back into work. However, the whole ethos of the reforms was seen very much as being about providing help and support to enable recipients of IB to overcome barriers to employment. The approach IBPAs said that they took was to empower customers to make choices about their employment options rather than forcing people down particular routes.

2.4 The way in which IBPAs viewed their role was explored in more detail in this first focused study with the advisers. A similar attitude was expressed to that found in the previous study, with the overall aim of the reforms being seen as about providing IB recipients with help and support to move them towards – but not necessarily back into – work. This was reflected in the way IBPAs across the three areas talked about the purpose of their role as being about more than ‘just’ getting people back into work, and that enabling customers to move forwards was also a key part of their role. While actual customer progress through the reforms is discussed in detail in chapter 5, this section explores attitudes of the IBPAs to this part of their role. It also covers how IBPAs approach working with customers to achieve this.

#### *Facilitating movement forwards: ‘sowing seeds’*

2.5 One of the key aspects of facilitating movement forwards for customers highlighted by IBPAs was to identify and overcome barriers to employment. The advisers talked about the importance of establishing a personal relationship with customers in order to be able to address these barriers, as the following quote illustrates:

*“I see myself as a tool really for people with health issues to try and move them down the route that they want to go. It is not necessarily into work but ...they build up a relationship with us and...we are their route to re-training or part-*

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<sup>4</sup> Incapacity Benefit Reforms – early findings from qualitative research (Dickens, S., Mowlam, A, Woodfield, K.) paragraph 2.8 –1.11

*time work, permitted work, full-time work or maybe just going to college. We are like their stepping stone for them to change their lives in a little way so that is how I see our role” (IBPA)*

2.6 One of the ways some IBPAs spoke about developing this personal relationship was to ensure that the interviews were customer led, allowing the customer to identify the issues facing them. They felt that this meant the focus of any discussion would be relevant to that individual and would be more likely to address actual barriers and issues faced than if advisers were adopting a prescriptive approach to the interviews. The following chapter looks in depth at the conduct of the WFIs.

2.7 Across the sample, the way in which IBPAs talked about their role was in terms of changing customers’ attitudes to their situation and employment prospects. Advisers talked about perceiving their role as being to ‘sow seeds’ of ideas about ways in which customers could consider making changes to their current situation. In that respect, one aspect of the role was about provision of information about the range of support and help available to customers: the Choices package as well as other local service provision. Chapter 4 explores in detail the way in which this information was being provided, and how referrals were being undertaken.

### **Developing personal relationships with IB customers**

2.8 Given that IBPAs viewed their role as being about addressing potential barriers to employment, a key question is *how* they actually did this. Part of the answer was found in the responses IBPAs gave when asked during the interviews and focus groups what they saw as the key skills required for their role. Using these skills were seen as important tools with which to establish a productive working relationship with customers.

2.9 Clearly, some aspects of the ability of IBPAs to undertake their role were about knowledge and understanding of service provision and health conditions, such as awareness and understanding of the Choices package and ability to deal with customers with complex health conditions, which are addressed in Chapter 4 and section 2.6.2 respectively. The section below focuses on the development of personal relationships with IB customers.

#### ***Communication skills***

2.10 Perhaps not surprisingly, communication skills were widely cited across the different areas as being of key importance to an IBPA, as a way of showing understanding and respect towards the issues being faced by customers. The following aspects mentioned in particular:

- Listening skills;
- Adopting a non-judgemental approach to customers;
- Patience; and
- Empathy.

2.11 The advisers talked about how important it was to be able to listen and hear what customers were telling them about their personal circumstances – without making a judgement on their situation. One IBPA talked about how it was the customers themselves who were experts on their health conditions, underlining the importance of good communication channels. The following

quote illustrates this point:

*“...you have got to treat each customer as an individual and you can't put people in boxes. You might have half a dozen people in a room with the same health condition but that health condition is affecting each person in a different way and they are coping with it in a different way so you have to look at the individual.” (IBPA)*

2.12 IBPAs also cited patience and empathy as being important, in order to allow for customers to talk through the issues as they saw them. Advisers reported that some customers might not appear to have taken in any of the information provided, but in fact would surprise them at a later point – wanting to take up one or other aspect of the reforms they had heard about at these meetings. They felt that it was important to allow people the time to consider the options presented to them. Some of the IBPAs talked about how they would try and ‘put themselves in a customer’s shoes’ and look at situations from their point of view to try and understand where they were coming from.

2.13 In addition, IBPAs talked about how their customers were often facing other issues in their lives besides their health condition. These could be issues which affected customers' day to day activities so were important for the advisers to establish. Finding a way to elicit this information was also seen as part of the communications skills required of the IBPAs. For example, one IBPA talked about how one of her customers was caring for an elderly relative, which impacted on what this person was able to consider in terms of employment. Another example was of a woman who was receiving IB as a result of her health condition, but was also looking after five children, two of whom had disabilities. Being able to identify these circumstances and respond to them effectively was seen as being important to the overall success of the relationship between the customer and the adviser.

2.14 The overarching objective of utilising these communication skills to the optimum was in order to be able to fit customer needs with the range of service options available to them. However, although there was a relatively consistent view from amongst the IBPAs in terms of their approach to their customers, the way in which an IBPA then proceeded to work with the customer could vary widely. As Chapter 5 explores in detail, this in part related to the way a customer responded to the WFIs and the level to which they appeared to be receptive and engaged in the process. Also, the way in which IBPAs were actually making decisions about *which* customers to refer to *which* parts of the Choices package (or other service provision) could be very different.

### ***Having a 'can do' approach***

2.15 Another feature of how IBPAs reported working with customers through the IB reforms process was their focus in the interviews on what customers *can* do as opposed to what they *cannot*. Some of the advisers described how they would quite deliberately shift the focus of a discussion away from the negative aspects of a customer’s condition to the positive, in order to open up potential avenues of development. For example:

*“I think if you're quite open yourself, and you get them to focus on “right, well we know what you can't do, but let's look at maybe what you could do”. I think that then gives them incentive to think about “oh well maybe I could try that”*

*And you do, you see lights on and you see them being that wee bit more responsive.” (IBPA)*

2.16 One illustration of how important IBPAs saw their role in changing customer perceptions of their own abilities was seen in how they contrasted their approach to that of some GPs. IBPAs talked about how some recipients of IB became entrenched in their situations, which may have been static for many years. In some cases, IBPAs argued that GPs had been counter-productive, having reportedly told customers that they were no longer capable of doing a particular job. Whereas the IBPAs were keen to explore other options, and if one area of work was no longer possible as a result of a customer's health condition, they would look at other areas. Their role, as they saw it, was to encourage customers to view their circumstances in a different way in order to move people forwards.

### **Role of the Work Psychologist**

2.17 The WPs in the three pilot areas identified three main parts to their role as a Work Psychologist within DWP (further information about the WP role is provided in Appendix D). This was the role they were carrying out *prior* to the IB Reforms.

1. Undertaking assessments with customers: WPs described this aspect of their role as diagnostic. It could involve cognitive and memory testing, for example, to identify a specific learning disability. In addition, psychometric testing could be undertaken or therapeutic approaches adopted with a view to identifying the scope of a customer's capabilities and employment potential.
2. Provision of in-work support: working with customers who are in employment but are having problems as a result of a health condition. WPs explained that they would assess the situation and work with both employer and employee to seek a solution.
3. Supporting/mentoring colleagues within the Jobcentre: up to now, this aspect of their roles had principally involved working with Disability Employment Advisers; providing support and advice with difficult or complex cases.

### ***Role of the WP within the IB Reforms***

2.18 Views of the IB Reforms from each of the WPs interviewed were overwhelmingly positive. As the IBPAs reported that the pilot policy was filling a gap, so did the WPs, one of whom talked about the reforms as a '*step forward*' in policy terms:

*“...we have a lot of people...and as soon as they get onto IB that's where they stay and...their mental health...keeps on spiralling downwards and the person loses confidence and doesn't know what they can do and...a lot of people...just stagnate and don't move back into employment.” (WP)*

2.19 WPs did not anticipate a major change in their roles as a result of the IB Reforms. Neither did they anticipate an unmanageable increase in their own workloads as they expected their key contribution to relate to the training and supporting of the IBPAs, in order to help them to deal



with the customers. As a result of this expectation, they expected to continue each of the three areas outlined above. However, there were some additional aspects to their role as a result of the pilot: in particular with regard to involvement in training and mentoring of IBPAs as well as – in two of the pilot areas – working closely with the CMP. These aspects – and other views of the WP pertinent to particular aspects of the reforms – will be raised throughout this report where relevant.

### Impact of staff training on IBPA role

2.20 The IBPA training was explored in depth during the Early Focus Groups<sup>5</sup>. A large part of the training focused on IBPA interviewing skills. One of the key findings was that IBPAs felt that their interviewing skills had been enhanced and that they had more confidence in conducting the work focused interviews with IB customers and discussing health conditions with customers. This was particularly important, given that an initial concern amongst IBPAs – prior to involvement with the reforms – had been about the potential contradiction of raising the issue of work with people who had been told by their doctors that they were sick and not fit to work.

2.21 The advisers also reported that the training had helped them with raising the issue of work in the interviews. This had been achieved through focusing on the way the reforms and the IBPA role were presented to customers in the WFIs. Emphasis was given to the supportive, advisory nature of the IBPA role and of how to remove barriers faced by customers looking to return to work.

2.22 The perceptions of the IBPA role and the key skills described in the above sections of this report chime strongly with the outcomes of training reported during the Early Focus Groups, for example, the communication skills displayed and focusing on what customers can do rather than what they cannot. Therefore, although it was not explicit in the data that their approach to the role and the skills they were using was as a direct result of the training they had received, the resonance with the findings from the earlier study seems to be a strong indicator that there was a link.

2.23 Data from the Work Psychologists strongly backs up this connection between IBPA training and the approach of IBPAs to the interviewing process with customers. In two of the areas, the WPs had already been directly involved in the training of the IBPAs. In the third area, the WP had only just got involved with the IB Reforms, and in this case, training was scheduled to take place. Across the sample, they referred to the focus of the training as being on problem solving, through an in-depth interviewing process, described as follows by one WP:

*“...rather than the advisers jumping in...and problem solving for the person and putting them forward for [a training course], it was to take that step back and actually gain commitment from that individual so: ‘are you interested in this? ...how do you feel you’ll be able to cope with that? ...and really develop a need for that individual so that they would actually go forward for something and...take responsibility for themselves ...getting them [the IBPAs] to think about helping a person to think positively about going back to work” (WP)*

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<sup>5</sup> Incapacity Benefit Reforms – early findings from qualitative research (Dickens, S., Mowlam, A, Woodfield, K.) Chapter 3

2.24 The WP accounts of training reflect the emphasis placed by the IBPAs on the importance of building up a relationship with their customers during the interview process. As one of the WPs explained, the training is all about finding out what a customer wants and identifying how to meet those needs. In one area, the WP was concerned that a couple of the IBPAs were extremely reluctant to raise the issue of health with customers. She felt that this was a critical part of the interview process, and that the only way to explore employment options was through looking at capabilities within the context of a customer's health condition.

2.25 The WPs emphasised another aspect of their role as being important within the broad context of training: that of providing ongoing support and advice to the IBPAs. Observing interviews and working regularly with the advisers were described as being an important part of consolidating their training.

### **Positive attitudes towards IBPA role**

2.26 The extent of enthusiasm amongst the IBPAs for the reforms in general and for their role in particular was high across the sample. At time of fieldwork the cohort of customers IBPAs were dealing with were reaching their fourth or fifth WFI. Although these findings emerged at a relatively early point in the Pilots development this enthusiasm was clear from the way IBPAs talked about their roles. The emphasis on facilitating movement forwards for customers and empowering them to make choices about their lives was an approach that IBPAs valued as discussed above. They felt that the focus on the development of a personal relationship with the customer provided them with a strong basis from which they could work effectively with this customer caseload. Some advisers talked about appreciating having the time and flexibility to work with these customers.

*"...we've been allowed a lot more flexibility with what we do, that's a good thing. We've been allowed to spend the time and follow it through...and we are getting the resources now and...you feel you've something to offer to them."  
(IBPA)*

2.27 The advisers – many of whom had worked on other pilot initiatives, such as New Deal or ONE initiatives – were particularly positive about the breadth of service provision available, in comparison with other Jobcentre programmes. They felt that they had the scope within the IB Reforms to make relevant and appropriate referrals – with the Condition Management Programme in particular filling a major gap – and that the financial incentives were highly valuable and valued. Chapter 4 explores these areas in depth.

2.28 A broadly held view amongst the IBPAs was that IB customers were a challenging group to work with. Advisers could be seeing customers with any number of different health conditions, including physical as well as mental health problems. In addition, customers often also had other issues affecting them, such as complex social circumstances. However, rising to this challenge and moving these customers forwards – in spite of these barriers – was part of what some IBPAs described as one of the positive aspects of the role.

*"...although as I say, it is a very challenging role, when you get the success stories from getting people into work, it does make it worth while." (IBPA)*

2.29 This progress that IBPAs reported making with some customers as a result correlated to high levels of job satisfaction reported, with advisers feeling able to provide customers with what they really needed. IBPAs talked about the positive reaction they had had from these customers, some of whom had told the IBPAs that they had been pleasantly surprised about the level of help and support available. One IBPA said that she had been '*shocked*' by how positive customer response had been.

*" ...all the feedback has been really positive...people are feeling somebody's taken an interest in them...we're not forcing them back to work, but we really are taking an interest in them as an individual, as it were offering them all the help to get them back to a stage where they can start considering work." (IBPA)*

2.30 The experiences of the customers themselves will be explored in the panel study.

2.31 However, alongside these positive aspects of the IBPA role, there were a number of challenges being faced, as outlined in the section below.

### Challenges facing IBPAs

2.32 This section explores the challenges facing IBPAs specifically in relation to the scope and remit of the IBPA role and the extent to which they were able to fulfil that role. Other aspects of these challenges, particularly relating to the types of customers that IBPAs were finding harder to work with and progress forwards are explored in depth in Chapter 5.

#### *Developing an 'extended' role*

2.33 It was striking that IBPAs often described their relationships with customers as similar to a 'therapeutic' one, although they did not use this specific word. These advisers were not just looking at a person's employment but were adopting a holistic, individualistic, non-judgemental and problem-solving approach. The focus of the relationship between the IBPA and their customers was multi-dimensional. The following quote illustrates this view:

*" I'm very aware... that it's not just people's money now that we're dealing with. I'm very aware that it's people's general being." (IBPA)*

2.34 Of course, not all customers were responding to this approach, therefore IBPAs invariably had a range of relationships with different customers in their caseload – some more engaged than others. Chapter 5 looks in detail at customer progress through the IB Reforms, and the different ways IBPAs responded to working with a range of customers.

2.35 Nevertheless, this holistic approach to working with customers was the root of some of the most challenging aspects of the role described by IBPAs. A commonly expressed view was that the role was more involved than advisers had anticipated. Advisers described how a lot of their work with customers felt like counselling, and that they were spending a lot more time with customers talking to them about their problems than they had anticipated. This prompted some specific concerns which are explored below.

### *Working with customers with complex problems*

2.36 A strong message from across the sample was of the challenge facing advisers when dealing with customers facing either entrenched, complex or severe problems. Even for IBPAs with years of advisory experience, some of the cases they were being presented with were described as being beyond their expertise. However, some – though not all (see Chapter 4) - were clear that in most of these cases, they would be able to refer on to a member of the team who they felt was qualified to deal with a customer's situation, whether that be the Disability Employment Adviser, the Work Psychologist or part of the Condition Management Programme. Nevertheless, what they described was the sense of personal responsibility associated with getting involved with customers of this kind.

2.37 Customers with mental health conditions were seen as being particularly challenging. There had been some circumstances where advisers were concerned that either by their action or inaction they could be having a negative impact on a person's mental health, as the IBPA below described.

*"...on three occasions now, we've actually had clients who were verging on suicide. And that was a major concern for us. Fortunately in, I think two of the cases, we actually had colleagues from the NHS who were actually sitting in and who were able to just take the client away and speak to them. Because, for me, it's like...if this chap's found lying in the [name of river] in the morning, you know, could I have done something?" (IBPA)*

2.38 Interestingly, there was no link within the sample between the more experienced advisers feeling more confident with this customer group – possibly because this was not a group that Jobcentres have generally engaged with up to now. Where the advisers specified about what kinds of mental health conditions were the most challenging, they talked about people who were suicidal, severely depressed, or had been diagnosed as schizophrenic.

2.39 There was a broad consensus amongst the WPs that dealing with customers with mental health problems was the area IBPAs had least confidence in. Some of the WPs were planning to provide specialist training to address this need. In one area, case conferences were already taking place to share learning amongst the advisers – with guidance from the WPs – on how to approach some of the more complex, challenging cases.

### *Coping with the emotional burden of working with IB customers*

2.40 The challenge of working with complex caseloads itself led to a second cause for concern. Advisers were conscious of the potential emotional burden to themselves of listening to their customers' experiences, many of which were described as being very distressing.

*"A lot of the days you're just stopping them from crying!" (IBPA)*

2.41 Advisers were mindful of the fact that the stress of dealing with this customer group could begin to impact on their ability to perform the role. Some of the advisers talked about the support that they knew their colleagues in the health and social services were able to access to address this issue, for example having caseload sessions.

2.42 Para. 2.71 below details peer group support that had been put into place in some offices amongst IBPAs. Also, in one area, this issue was already being addressed with colleagues in the NHS as a direct result of the IBPAs feeling out of their depth with some of their customers. A system had been instigated with staff in the CMP whereby the IBPAs had a number to call so that they could speak to somebody straight away if they had had a difficult or distressing experience with a customer. However, there were other IBPAs who did not feel that they were getting the appropriate support to cope with this emotional burden, and wanted to see systems put in place to fill this gap.

2.43 WPs also recognised the fact that the IBPAs were dealing with a challenging caseload, and needed support. In one area, the WP described having a lot of contact with the IBPAs; was proactively building up relationships with them and dropping in to see them at their offices. This was happening to a lesser degree at the time of fieldwork in the other areas, in one case due to capacity issues and in the other due to the WP having only just taken up post. Nevertheless, being able to discuss difficult cases with them was perceived by the WPs as being a helpful resource to the IBPAs.

### ***Maintaining professional boundaries/managing customer expectations***

2.44 Bound up with the extended 'therapeutic' role being undertaken by IBPAs was another challenge: that of maintaining the boundaries of the professional relationship with customers. The nature of the relationship between IBPAs and their customers was about finding ways to move customers forwards. This movement might be unrelated to an immediate employment outcome and therefore advisers were conscious of the fact that this may not be seen as their priority.

2.45 However, for a customer, their contact with the PA could represent a meaningful and important relationship and this raised concerns about what would happen to these people when this support stopped, or if the likelihood of a customer actually moving towards employment was remote. For example, if a customer was very isolated, perhaps suffering from depression or low self-esteem, it could be a huge achievement for that individual to actually attend the interview. Advisers described how they could be providing a lot of reassurance and encouragement to such customers and putting a lot of effort into developing that personal relationship.

2.46 Advisers were already projecting forwards and speculating that 'managing' the end of the relationship with customers could be difficult at the end of the series of mandatory interviews. As discussed below (para. 2.61), at the time of fieldwork IBPAs were not confident about whether they would be able to continue working on a voluntary basis with all their customers, nor about their capacity to continue working with the mandatory customers at the end of the six WFIs. Some clearly felt a sense of responsibility towards these customers, who may have formed a strong bond with their IBPA, and were worried about the potential consequences of having to close the relationship without adequate follow-up support.

2.47 One example of this was a customer, *Rebecca*, who had learning difficulties. The IBPA felt that the nature of her condition meant she was not going to be suitable to return to work. The details of what assessments/referrals this customer had were not reported so this statement reflects only the IBPAs stated views. It may be that the customer could have attempted supported work such as that offered through WORKSTEP. The adviser duly informed *Rebecca* that she did not

need to come back, but *Rebecca* said that she wanted to, and asked the adviser if she could carry on coming in to see her. Although she had agreed, the IBPA did not expect that this could be a sustainable situation because without there being the possibility of some movement towards work, she thought that management would not view this as being good use of her resources. Even without this concern, this experience had raised the question for the adviser of the personal difficulty of maintaining professional boundaries and managing customer expectations.

### *Tension of mandatory aspect of IBPA role*

2.48 Another challenge raised by some IBPAs was the potential conflict they saw in their role. Whilst IBPAs viewed their role as being about nurturing a positive working relationship with customers, at the same time there were mandatory aspects of the role, with the IBPA having the ultimate sanction of stopping customers' benefits if they did not attend the work focused interviews. Advisers felt that this resulted in mixed messages being given to customers about the role of the IBPA, which could be ultimately counter productive in terms of the customer outcome. As one IBPA explained:

*"To be honest we are not happy with the mandatory side of it because at the end of the day you are told that you have to build a rapport with these customers, you have to gain their trust, their confidence, you have to work with them [but] at the end of the day if somebody does fail to attend and they haven't got a good reason and then you have to stop their money" (IBPA)*

2.49 However, this view has to be balanced against the many advantages to customers of being involved in the IB Reforms. It could be argued that those customers who were reported as being surprised by the extent of the support and help available to them benefited from having to attend the mandatory interview otherwise they would not have found out about the range of help available.

### *Potential pressure to reach job entry targets<sup>6</sup>*

2.50 Advisers often regarded targets as a key issue affecting their work. Although none of the IBPAs had personal targets for their IB Reforms customer caseloads at the time the fieldwork was conducted, across the different pilot areas advisers nevertheless felt that targets were likely to play an increasingly important role in their work. In this context, IBPAs described a fundamental conflict relating to the purpose of their role. On the one hand they were being told that their role was about providing support to IB customers: moving them forwards, even if that progress did not result in a job entry. However, on the other hand, some reported that their office targets for job entries amongst IB customers had risen. Given that IBPAs saw themselves as being one of the main sources of entry points from IB customers, they felt that the message was telling them two things:

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<sup>6</sup> Jobcentre Plus operates a system whereby a certain number of points are allocated to Personal Advisers (PAs) and Jobcentre offices when someone returns to work: a 'job entry'. The number of points differ according to customer groups, with IB customers attracting the highest number of points (alongside lone parents). PAs and individual offices then have targets for the number of points they should be achieving in a given time period.

## Exploring the role of the IBPA and the OP

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- Firstly: although they did not have personal targets, there would be pressure on them to help meet the office targets for IB customer job entries; and
- Secondly: it was likely that in a target driven culture targets would be introduced for the IB Reforms customers.

2.51 These developments were viewed negatively. Some IBPAs were resigned to the fact that this was an inevitable step given Jobcentre Plus ethos and culture. There was also a recognition that resources were limited and that the IB Reforms did have a business case to make. However, they saw that introducing targets was a contradiction of the pronounced intention of their role, leaving them unsure of what the focus of their role should be, as illustrated below:

*"... it would be nice not to be under the pressure of targets to be honest with you because this is a very difficult customer group and I don't want to be sitting there thinking 'oh God I've got to get so many people into work this month'...even though when I find people a job – yes – that is brilliant...but I would like it to be appreciated that some customers we are going to spend an awful lot of time working with them so are we given that leeway? It is conflicting all the time and this is an issue we have all got...what is more important, the customers or targets?" (IBPA)*

2.52 The rest of this chapter goes on to look at how some of these issues are borne out in practice, by looking at the experiences of the advisers of undertaking the role.

## Experiences of being an IBPA

2.53 A range of factors affected the ability of the IBPAs to carry out their work effectively. This section looks specifically at how IBPAs were affected by capacity issues and team working within the wider Jobcentre Plus office.

### *IBPA capacity*

2.54 IBPAs reported varying sizes of caseload. This was affected by a number of different factors, such as whether an adviser was full or part-time; the size of the office; whether some IBPAs were still in training (therefore leaving a temporary shortfall in advisers); the application, or not of waivers and deferrals and the extent of the backlog. One issue that was raised by some IBPAs was that when other advisers were off sick or on holiday, there was not sufficient cover to cope with this, and this had caused real problems for some, who felt '*snowed under*' as a consequence.

2.55 A mandatory caseload was typically reported as being around 30 customers. Some IBPAs reported smaller caseloads – of between 15 and 20. The larger caseloads numbered 35 or slightly over and were described as being 'quite high'. IBPAs were not sure what size their caseload was 'supposed' to be, but said that on any day they were expected to be seeing 5 or 6 customers for interviews.

2.56 Experiences of working with PCA exempt customers were limited. Although there was a recognition that this was a possibility, it was reported as rarely having happened as yet. In one case where an IBPA was working with a PCA exempt customer, it had actually come about as a result of a referral from a Disability Employment Adviser. However, a factor that was affecting the ability of an adviser to manage their caseload was the number of voluntary customers they were working with alongside the mandatory customers.

### ***Working with voluntary customers***

2.57 The consensus amongst the IBPAs was that by definition, voluntary customers were likely to be far easier to place in work. Therefore, they were seen as an important source of points. As discussed above, IBPAs felt some pressure to contribute towards office targets despite not having to fulfil personal targets and the voluntary IB customers were valued as a way of achieving those points. However, IBPAs also talked about the importance to them on a personal level – in terms of job satisfaction – of working with voluntary customers.

*"If it wasn't for my voluntary caseload, then it would be a very hard job to do, because the voluntary ones they are the ones that want to do something, they have ideas, but they need help on how to do it." (IBPA)*

2.58 As highlighted earlier in the chapter, one of the challenges the advisers described was working with customers who had extremely complex, entrenched or multiple problems – which could be emotionally draining for IBPAs. In contrast, the voluntary customers were likely to be 'easier' to work with and find employment, which was described by the IBPAs as an important tonic to the rest of their caseload.

2.59 IBPAs reported differing levels of input with the voluntary customers. One of the advisers distinguished between working with voluntary customers who had been screened out of the mandatory WFIs but who nevertheless wanted to remain on the caseload and existing voluntary customers, who might have been claiming IB for a long time. She described the latter group as requiring more help and support than the former, who were likely to be much closer to the labour market. However, others talked of having only limited contact with existing customers. For example, there were some existing customers who had heard about the Return to Work Credit through local advertising, and just wanted information about that aspect of the IB Reforms.

2.60 There was a difference in the numbers of voluntary customers that IBPAs were working with. Advisers in one pilot area reported working with noticeably fewer voluntary customers – just a handful – whereas advisers in other areas reported working with a voluntary caseload of between 20 and 30. In one of these offices, this was due to the fact that the office had a specialist IB adviser for existing customers, who would see all the voluntary customers. In another, the IBPA said that very few of the customers she was seeing were being screened out of the IB Reforms process, leaving little scope for her to work with voluntary customers who were screened out but wanted to continue contact with the IBPA. However, due to the qualitative nature of this study this should not be assumed to reflect a widespread difference in practice across the three areas.

2.61 The capacity of the IBPAs to work with voluntary customers was also raised as a concern.



Advisers were keen to work with them for the reasons outlined above, but finding the time to do so was not always reported as being easy. IBPAs talked about 'squeezing in' the voluntary customers in between the mandatory interviews, with some advisers seeing up to 10 customers a day in total. One of the advisers explained that if it was an exceptionally busy day and she was unable to see a voluntary customer there and then she would book an appointment for a future date, but would make it as soon as possible in order to see the customer while they were still motivated.

2.62 There were some reports of conflicting pressures on the IBPAs as to which customers they should be prioritising their work with. Some talked about the steer at a district level being that the focus of their efforts should be with the mandatory customers. However, at a local level there was pressure to work with the voluntary caseload because they were not only more likely to result in job placements but to do so quickly. In addition, some advisers who had large caseloads of mandatory customers already envisaged that as the size of the caseload grew (which it was expected to), they would be forced to reduce or cease their work with the voluntary customers. This was expected therefore to add to the pressure of contributing to the office targets as they would lose the 'easy' placements that voluntary customers represented to them.

### *Administrative support*

2.63 A lack of adequate administrative and clerical support was a widespread complaint across the sample. There were a couple of notable exceptions where either an office was particularly well staffed (which the IBPA concerned recognised was unusual in comparison with her colleagues), or where an office had managed to source some additional clerical support. However, the more common picture painted by advisers was that they were spending more time than they had anticipated undertaking administrative tasks to the detriment of their capacity to work with customers – which they saw as their priority. The filling out of referral forms, sending out of letters, phone contact with customers and even ordering stationery were all tasks being currently undertaken by IBPAs. One IBPA described being 'astonished' by the amount of administrative work involved in the role, and another said the paperwork associated with the RTWC was 'horrendous'.

2.64 An additional issue raised by some IBPAs was the amount of new guidance coming out about the pilots themselves. This was reported as being hard to keep on top of alongside heavy caseloads, with some advisers describing the challenge of taking in new information whilst they still felt they were learning the ropes of the basic systems and processes.

### **Teamworking**

2.65 Three different aspects of teamworking will be discussed in the following section. Firstly, IBPA experiences of management support are explored. Secondly, the way in which the new IBPA role has been assimilated into the wider office and the reaction of other staff is examined. Thirdly, the way in which the IBPAs have worked together both within and across offices in the district will be addressed.

### ***Management support***

2.66 As was reported previously<sup>7</sup>, there was a strong sense amongst the IBPAs that at a district level there was a lot of support for the IB Reforms, which had been given a high priority in the three pilot areas. Some felt that this support had been very important in allowing them to fulfil their roles effectively. One adviser said that if she encountered any problems, she could be ninety percent sure that her managers would be able to solve them.

2.67 However, there was some evidence of IBPAs receiving conflicting messages from managers at a district level and a local office level about their priorities, as mentioned above in the context of whether they should be working with voluntary or mandatory customers. This experience could be quite difficult for the advisers, as illustrated below:

*" It would be nice to know what is our role because as far as local Office Managers are concerned they are just on our backs all the time for placings, placings, placings whereas then you go to conferences and you are told 'oh no your role is just to move people forward'." (IBPA)*

2.68 This highlights again a lack of clarity amongst IBPAs as to the 'real' purpose of their role.

### ***Working with other members of the Jobcentre team***

2.69 Experiences in local offices varied amongst the IBPAs, reflecting the inevitable differences between different work environments. Some of the IBPAs had encountered very positive attitudes from amongst their colleagues to the IB Reforms and their roles in it. Others felt that there were issues caused as a result of insufficient information having been disseminated to the wider team about the purpose of the IB Reforms and the IBPA role. This was being addressed in the local office and the IBPA felt that once this had happened, the problem would be resolved.

2.70 However, there was also evidence of considerable tension between the IBPAs and the other staff in the office, which was not reported as being addressed. One dimension of this was described as resulting from resentment about how IB customers were channelled to the IBPAs, which meant that the rest of the staff were not able to benefit from the high points associated with getting IB customers placed in employment. Another reason was the fact that the IBPAs were ringfenced, so were supposed to be working exclusively with IB customers. Other advisers were also ringfenced, such as the New Deal advisers and this resulted in the rest of the Jobcentre team being left to work with the remaining customers, many of whom were viewed as being less desirable or harder to work with. Finally, some issues were raised which related to a perceived lack of understanding of the IBPA role amongst the wider team. One adviser reported her unease during an interview with a customer to be able to hear her colleagues laughing nearby, and felt that they had no idea of the nature of the interviews that the IBPAs were typically conducting with their customers.

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<sup>7</sup> Incapacity Benefit Reforms – early findings from qualitative research (Dickens, S., Mowlam, A, Woodfield, K.), paragraph 3.43

### *IBPA peer group support*

2.71 IBPAs reported having formed strong bonds with the IBPAs they had trained with – and placed great value on the network this created. Not only did this provide advisers with a source of information when they came up against either a process or content issue they were not sure how to deal with, but also was an important source of personal support. Section 2.6.3 above highlighted the concern amongst the advisers of the emotional burden of their role, dealing as they are with a challenging caseload.

2.72 Although there was a view that what the IBPAs required in order to be able to deal with this challenge was a formal system of support, as colleagues in the health and social services had access to, support from amongst the IBPAs themselves was also viewed as important. It was felt that being able to share experiences with the other IBPAs could provide a significant support system. In some cases this was already happening, in the form of regular meetings amongst the IBPAs, sometimes also involving the Disability Employment Adviser and/or the Work Psychologist. Typically, these meetings were an opportunity for IBPAs to discuss particularly difficult or challenging cases with colleagues. WPs noted the importance of providing this emotional support to the IBPAs, in recognition of the fact that they were working with a challenging caseload.

## **Chapter Summary**

2.73 IBPAs saw the ultimate objective of the IB reforms as being about reducing the number of people claiming Incapacity Benefit with a focus on providing people with the appropriate help and support to enable them to overcome barriers preventing them from being able to return to work. IBPAs saw their role as being about facilitating movement forwards – although not necessarily back into – work. Developing a personal relationship with customers to find out what barriers a customer was facing was seen as a key part of the IBPA role. Also, advisers talked about trying to change customer attitudes to their employment prospects, to 'sow seeds' of possibilities available, and spoke about adopting a 'can do' approach with customers, focusing on what they were able to do, rather than what they were not. WPs outlined three main parts of their role: assessing customers, providing in-work support and supporting/mentoring colleagues within Jobcentres.

2.74 Communication skills were seen as important, particularly listening skills, adopting a non-judgemental attitude and showing patience and empathy. IB customers could be facing other issues in their lives alongside their health condition, and it was viewed as important by the IBPAs to use these communication skills to find out about a customer's situation in order to then be able to fit customer need with the right service provision.

2.75 Although not explicitly linked by IBPAs to the training they had received, the way in which they spoke about their role and their approaches to working with customers reflected the findings from the Early Focus Groups, in that an emphasis on interviewing skills had raised confidence amongst IBPAs to present the IB Reforms in a positive light, to discuss a customers' health condition and to raise the issue of work in an interview. WP accounts of the impact of the IBPA training broadly reflected this.

2.76 IBPAs were positive about the reforms in general and their role, describing how they felt they had the flexibility and resources to work with this customer caseload. Some spoke of how

the range of service provision available as part of the Choices package was filling a gap which had been there previously with regard to this customer group. IB customers were felt to be a challenging group to work with, but advisers talked about the job satisfaction they got from managing to overcome barriers and move people forwards. Also, some had been pleasantly surprised by how positive customer response had been.

2.77 However, there were also significant challenges facing the IBPAs. Advisers talked about their role with customers being more involved than they had anticipated, and could be emotionally draining when working with customers who had entrenched, complex or severe problems. In addition, IBPAs were sometimes concerned that they were out of their depth with customers, particularly those with mental health problems, and described an acute sense of personal responsibility if dealing with, for example, a suicidal customer. IBPAs were conscious of the emotional burden to themselves of working with these types of customers, and some felt that there was not enough support in place. In cases where a close relationship had formed between an IBPA and a customer, advisers were speculating about what would happen at the end of the series of WFIs.

2.78 Some felt that there was a tension in their role between the emphasis on the development of a personal relationship with customers on the one hand, and the mandatory aspect of the IB Reforms on the other. Also, although IBPAs did not currently have targets to meet for getting IB customers back into work, some thought this was likely to change, while others already felt pressure to contribute to office targets for IB customers, which they felt went against their understanding of the purpose of their role.

2.79 A typical caseload was reported as being about 30, although this did vary, depending on a range of factors, such as size of office, number of full-time/part-time staff and so on. There were some capacity issues raised, one being a lack of sufficient administrative support, which was widely reported. IBPAs were spending a lot of time filling out referral forms as well as doing other administrative tasks.

2.80 Working with voluntary customers affected IBPA capacity. IBPAs were keen on working with voluntary customers: they were likely to be motivated and close to the labour market. Not only did IBPAs get job satisfaction from these customers, but they also contributed to office targets, which in some cases had resulted in pressure from local management to focus on these customers. The number of voluntary customers IBPAs were seeing varied widely: some had only a couple, whereas others were seeing between 20 and 30. Finding the time to work with these customers alongside the mandatory caseload could be problematic, and IBPAs were not always sure which customers they should be prioritising, with a slightly different steer from local and district management. However, IBPAs felt well supported from district management, and the IB Reforms were reported to be a high priority.

2.81 Experiences in local offices varied widely, with some IBPAs reporting very positive working relationships with other Jobcentre staff, but others felt there was some tension. Partly, this was about the fact that IB customers represented an important source of targets, which other advisers were now less likely to benefit from. It was seen as important for other staff to be aware of the IB Reforms so that they understood the IBPA role. Amongst IBPAs themselves, good working relationships were described with networks having developed as a result of the joint training. In some areas, regular meetings were taking place to discuss particular cases, and this was seen as valuable.

## 3 The Role of the IBPA – managing the WFI process

3.1 This chapter examines customer reactions to being involved in the IB Reforms before moving on to look at how the work focused interviews (WFIs) are conducted. Content of the interviews, how the screening tool is used, decision-making process around waivers and deferrals as well as attitudes and experiences of sanctioning IB customers are all explored. Finally, the chapter looks at Incapacity Benefit Personal Adviser (IBPA) views of the timing and number of WFIs.

### Customer reactions to IB Reforms

3.2 Prior to the WFI, a customer should have been informed about the IB Reforms in a number of different ways:

- by a First Contact Officer (FCO) at the Contact Centre
- at a meeting with a Financial Assessors (FA)
- by letter; or
- through talking on the telephone with an IBPA.

3.3 The initial reaction from customers to being called in to the Jobcentre for an interview was widely described by the IBPAs as being negative, with a lack of understanding about the requirement to attend an interview focusing on work while receiving IB. IBPAs reported that customers were often apprehensive about having to come to a Jobcentre, and in some cases being called in for interview had resulted in great anxiety, confusion or anger.

*"...why have I been dragged in here? I am on incapacity benefit, I should not have to come in" (IBPA)*

3.4 Making personal contact with a customer prior to the WFI was reported by IBPAs from all pilot areas as being very important.

*"...we do find it is better if we can get in touch with [customers] first before they come in because then they are more receptive to what is on offer...otherwise they come in with this negative attitude..." (IBPA)*

3.5 Some felt that the information customers had received about the IB Reforms would have been a couple of months prior to the actual interview, so there was also a need for reminding them about the interviews.

3.6 As highlighted in the previous report, the wording of the letters sent to customers was felt to exacerbate customer anxiety<sup>8</sup>. This concern was raised again during this study, and some of the IBPAs explained that raising the issue of work in the letters was not helpful, as the following

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<sup>8</sup> Incapacity Benefit Reforms – early findings from qualitative research (Dickens, S., Mowlam, A., Woodfield, K.) paragraph 2.4.2

quote illustrates:

*“...the letter’s not very well worded and that’s something that’s been raised because...it does say work focused interview and it frightens them [customers]”  
(IBPA)*

3.7 However, on the positive side, IBPAs described themselves as being successful in overcoming these initial negative attitudes by talking to customers and providing them with a bit more information about the purpose of the interviews, and reassuring customers that they were not going to be forced back to work. Once this had happened (ideally on the phone prior to the interviews, otherwise at the beginning of the WFI itself), IBPAs reported that there was often a change of attitude, with some customers expressing surprise and pleasure about the range of help and support available. For example:

*“One bloke he came, he said, ‘I was really armed with what I was going to say to you...but you’ve really thrown me....I would never have believed that there was this much help on offer...for someone in my situation’” (IBPA)*

3.8 In addition to having been reassured about the nature of the interviews through the telephone contact with the IBPA, customers were also reported as having been reassured on a personal level. Having spoken to the person that they were going to be seeing for their interview was helpful.

*“ I know this might sound silly but a lot of times I’ve had customers say, ‘Oh, you sounded so nice on the phone that we weren’t worried about coming in’, so you have already made that initial contact and you say to them when they come in ‘Oh, I spoke to you last week how are you doing?’ Because you have already made that contact so it does work.” (IBPA)*

3.9 This initial contact marked the beginning of the personal relationship between the IBPA and the customer and established the premise of the working relationship as being about providing help and support to that customer, not forcing them into things. Given the change reported in customer attitudes as a result of the contact with the IBPAs, this certainly seems an area which would merit more attention in the continued improvement and refinement of the reforms, as is discussed in the conclusion of this report.

## Conducting WFIs

3.10 IBPAs reported a range of different approaches to carrying out the WFIs, with some common themes across the sample. Chapter 2 explored the role of the IBPA, looking at what the advisers saw as their main purpose. Approaching the customers with a non-judgemental attitude, listening and hearing their stories as well as developing a personal relationship with a view to moving customers forwards were viewed as some of the key aspects of the role. These approaches form the backdrop to the way the advisers described the actual conduct of the WFIs.

### *Raising the issue of work*

3.11 IBPAs reported the content of the interviews to vary, depending on the circumstances of the individual customer. Typically, however, the first interview would involve gathering information about a customer's employment history, health condition, current attitudes to working, expectations of the future, hobbies and interests and so on. There were apparent differences amongst the IBPAs about how they approached the issue of work in the interviews. Whilst some said they always raised the issue of work, even if that was unlikely to be an immediate possibility, others said that they did not necessarily talk about work in the first WFIs, for two main reasons.

3.12 Firstly, in some cases, customers were facing outstanding problems with their benefit receipt. Receiving their money was the priority for these customers, so the IBPAs did not want to raise the issue of work until these issues had been sorted out.

3.13 Secondly, and more commonly, some IBPAs explained how during the course of an interview, it might become clear that a customer was facing a particular barrier or barriers to returning to work. Until these concerns had been addressed, these IBPAs felt there was no point in raising the issue of work, and the focus of the interview would therefore be on finding solutions to these problems. These barriers could be wide-ranging, relating to a person's physical or mental health or their social circumstances.

3.14 Raising the issue of work too early on in the course of the interviews was also felt to carry the risk of being counter-productive, as the following adviser explained:

*"...some of them on that first interview, they wouldn't even think of it [work].. You don't want to frighten them by saying...I tell them they are not under pressure. Just to come along and see what is available." (IBPA)*

3.15 Nevertheless, these IBPAs were also seeing some customers who were job ready, in which case, work would be the immediate focus of the interviews. Therefore, they adopted an individual approach to the customer they were seeing, depending on their circumstances.

3.16 Those IBPAs who raised the issue of work upfront explained that the way in which the message was put across to customers was critically important. One IBPA explained that although she would talk to her customers about the ultimate goal of the interviews as being about returning to work, she stressed that her immediate concern was to look at what help and support that individual required – and accepted that returning to work was not a possibility for everyone.

*"I say, 'I don't want you to go to work until you're 100% sure that it is what you want and is what you're capable of doing and holding down. If it's not, you're going to be back to square one.'" (IBPA)*

3.17 Chapter 5 explores in more depth the different ways in which customers progress through the IB Reforms, but the following short case studies demonstrate how IBPAs approached the issue of work in the interviews.

One adviser was seeing a woman who was having problems with pain control as a result of her health condition, so she was referred to the Condition Management Programme (CMP). The adviser working with this customer envisaged that once her pain was better controlled, they would be in a position to discuss employment options.

Another IBPA talked about one of her customers, June, who had diabetes. Her GP had said she would not be able to work again. During the WFIs, they discussed what June liked doing, which included both sewing and working with children. Although they had not yet actually talked about work, they were discussing training courses which June could do while she was off sick.

### *Striking a balance between information provision and information overload*

3.18 The other key issue raised by IBPAs with reference to conducting the WFIs was the challenge of managing the amount of information necessary to convey to customers. This was another factor which could affect when the issue of work was raised with customers. The first part of the interview was invariably described as either recapping the purpose of the meeting, or, with customers with whom there had been no previous contact, explaining from scratch why they were there. Then the IBPA would probably be gathering information from the customer about their particular situation, as described above. In addition, the screening tool had to be completed. This would probably have taken up much of the hour allocated for the interview, particularly where there were complex circumstances to discuss, or if a customer wanted to talk about their health for a long time, which advisers reported as sometimes happening. The challenge was then for the advisers to balance the amount of information they gave to customers about the Choices package.

3.19 Giving information about the whole range of services was seen as too much for many customers. IBPAs were aware that customers were not going to be able to take all the information in, particularly if their health condition or personal circumstances were affecting their ability to concentrate during the WFI. At the same time, they were also very keen to ensure that customers were not leaving the interview without knowing about the breadth of support that was available, in case one aspect of the Choices package might be just right for that particular person.

*“...if you overload people with all this information they’ll go away and they’ll not remember any of it. I think it just depends on what they come to you with and what they say, it’s just telling them about some of the things that are there...” (IBPA)*

3.20 A variety of approaches was reported by IBPAs as to how much information was provided and about what. Informing customers of the financial incentives available, such as the Return to Work Credit (RTWC), was seen as important, given the extent of their popularity and uptake with customers. Likewise, the availability of the CMP, with the prospect of NHS support on offer to help customers manage their condition, was also flagged as a service advisers were keen to



inform customers about. But alongside these were many other parts of the Choices package which could be of relevance to customers, such as Job Brokers; a whole range of training options; permitted work; work trials and so on.

3.21 One common way round this issue was for the IBPAs to provide written information for customers to take away and look through in their own time. Also, the advisers talked about gauging each situation individually to assess what might be the most pertinent part of the Choices package to mention in any given interview.

### *Location of WFIs*

3.22 As in the preceding study<sup>9</sup>, some advisers voiced concerns about the lack of privacy to conduct the WFIs. These advisers felt that the sensitive nature of the content of the interviews meant that they should really be conducted in private offices rather than in the open plan space, although this was not always possible. The way in which this impacted on the experience of customers attending the WFIs will be explored in panel study reports.

### **Screening tool**

3.23 The scepticism about the usefulness of the screening tool found in the previous study<sup>10</sup> persisted and messages from IBPAs about the screening tool were similar to those voiced at the earlier stage. However, IBPAs also noted some developments in their use of the tool and some changes in outcomes not mentioned previously.

3.24 On the practical side, there were complaints from some of the IBPAs that there continued to be technical problems with actually accessing the screening tool on the computer; that it was sometimes not available, or ran very slowly. This could make the interviews awkward, as the IBPA was being held up by the screening tool and was having to try and fill the gap caused in the interview. However, these problems were reported to be decreasing in frequency.

3.25 In terms of the types of customers required to attend further mandatory interviews after the application of the screening tool, IBPAs were also still being surprised by the outcome. The IBPAs felt that some customers were not going to be possible or appropriate to work with at that time. Examples of the types of people this was happening with were customers with severe mental health problems, those whose use of drugs or alcohol was problematic, or customers who had a job to return to. For these reasons, one IBPA said that it had been nicknamed '*the screaming tool*' in her area.

3.26 However, there had been some changes since the earlier research. First were reports from IBPAs that the screening tool was *excluding* some customers, who advisers thought would be ideal candidates to benefit from involvement in the IB Reforms. Part of the explanation for this was thought to be the answers that customers were giving. For example, one IBPA reported that she had seen one customer who was a '*drug addict*', who she thought would benefit from the help

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<sup>9</sup> Incapacity Benefit Reforms – early findings from qualitative research (Dickens, S., Mowlam, A., Woodfield, K.) paragraph 4.7

<sup>10</sup> Incapacity Benefit Reforms – early findings from qualitative research (Dickens, S., Mowlam, A., Woodfield, K.) paragraphs 4.9 – 4.18

available as part of the IB Reforms. The IBPA was surprised when this customer was screened out and felt it was as a result of this customer's response to the question about when she would like to return to work having been 'tomorrow'.

3.27 Secondly, advisers stressed the fact that they would strongly encourage those customers who were not *required* to attend any more WFIs to continue working with the IBPA on a voluntary basis, and provide them with contact details and information about the Choices package.

3.28 For these reasons, some advisers were still arguing for the screening tool to be scrapped and for the decision about who to work with to be made at the discretion of the IBPA. However, another significant development was the way in which waivers and deferrals were being implemented. To some extent, this could be seen to be alleviating the strong objections raised to the use of the screening tool. As explored below, if an IBPA felt strongly that a customer was *not* going to benefit from the WFIs, they now reported making use their ability to waive or defer, thus claiming back some of the autonomy they felt the screening tool had taken from them.

### **Waivers and deferrals**

3.29 At the time when the first focus groups were carried out, at the end of February/ beginning of March 2004, IBPAs reported making little use of the waivers and deferrals. However, during the fieldwork for this study, carried out a few months later, practice had changed quite considerably. IBPAs were making far more use of their ability to either waive or defer customers. In two of the areas, there had been a clear steer from management endorsing this increase, (this may have happened in the third area, but was not explicitly described as such by the advisers).

3.30 There was greater confidence amongst the IBPAs about taking responsibility for managing their caseloads. This was evident from the way that they were making decisions about customers appropriate to waive or defer, according to who they viewed as being possible to work with and move forward. IBPAs talked about having to be realistic about the numbers of people that they could feasibly work productively with, an issue that was explored in relation to the capacity of the advisers (see para. 2.54 above).

### ***Decision making process***

3.31 The guidance on the use of waivers and deferrals was reported by some of the IBPAs to be '*vague*', and to some extent was being interpreted as an indication that advisers *should* be using their discretion more. In some circumstances, decisions were being made on the basis of telephone conversations with customers or, in exceptional cases, their relatives (the example given was of a woman with terminal throat cancer who could not actually speak herself). Generally, however, advisers explained that they were reluctant to make a decision about deferring or waiving a customer without having seen that person.

3.32 They also described how they had made use of written information, such as Personal Capability Reports, or the records of meetings with the FA. For example, one IBPA reported why they thought the Capability Report could be useful. They felt that where a customer said that their GP has told them they are not able to do a certain everyday activity but the report states that they are able to undertake this activity for a limited length of time, then they would feel more

confident in questioning customers' attitudes towards what they were capable of. As explained below, IBPAs reported a likelihood of consulting with health care professionals or social workers in the case of customers with mental health conditions, but little routine contact with GPs was reported. Some IBPAs also explained that if there was a case they were unsure of how to proceed with, they might take it to a case conference (if these were taking place), or telephone another adviser to talk to them about it.

3.33 The overall impression was that IBPAs were taking the responsibility for waiving or deferring customers very seriously, often going to some lengths to build up a detailed enough picture of a customer's situation in order to make an informed decision. They explained that they would not defer a customer just for the sake of it, and that these were individual judgements being made. Advisers were also having to take into consideration their overall capacity and needing to make best use of the time they had available with the customers most likely to benefit. As is discussed in more detail in Chapter 5, this did result in quite different practice taking place as IBPAs juggled all these different factors, with some IBPAs waiving and deferring customers that other advisers would continue to work with.

### *Use of waivers*

3.34 Perhaps not surprisingly, the types of customers IBPAs reported as waiving were the most severe or serious cases, in circumstances where IBPAs saw no potential for a customer to benefit from involvement with the IB Reforms either at that point or in the future. For example, somebody with a terminal illness or with a health condition seriously impeding their ability to undertake day to day activities, such as severe shortness of breath.

3.35 With customers suffering from mental health conditions, some IBPAs were reluctant to waive these cases without discussing it with a health care professional or social worker first. This was perhaps a reflection of the lack of confidence reported by the advisers in working with this type of customer. However, if a customer did not have any other professional support, this could put the IBPA in a difficult position, as this adviser described:

*“ ... it was in my mind that...I ought to waiver the interview or at least defer for two or three months, but because she was so bad and she told me she wasn't getting help from anywhere, I felt guilty that I didn't want to put her to one side and give her no more support at all....” (IBPA)*

3.36 Even if a customer was waived, IBPAs were keen to ensure that there was no scope for people to feel excluded. They would still send the information about the Choices package and provide their contact details, so that if the situation did change in the future, that customer would be able to get in touch with their adviser.

3.37 Although people with terminal illnesses were cited widely by IBPAs as customers who would be waived, if they were not PCA exempt, there was one IBPA who had waived a woman with terminal cancer only to discover that she had in fact returned to work. This adviser did say that it had been a mistake to implement an automatic waiver in this case, which does raise the issue of whether IBPAs should at least be finding out from terminally ill customers whether or not they want to return to work. Some IBPAs reported waiving customers who were terminally ill without necessarily making contact with them first.

### *Use of deferrals*

3.38 When interviews were deferred, this was normally for a 3 to 6 month period, and reports of making telephone contact with customers during that time were common. The IBPAs described a range of reasons for using deferrals.

3.39 Firstly, IBPAs would sometimes defer customers undergoing or awaiting treatment for physical or mental health conditions. The previous report highlighted the issue of customers being called to attend WFIs before they had received complete information from health care professionals about their condition, treatment and potential impact on their lifestyle. Until this had happened, customers argued that they were not in a position to consider their employment options. The evidence from this stage of the evaluation indicated that customers in this position were now likely to be deferred.

3.40 Examples of these types of customers included one woman who had multiple sclerosis, who had just been started on a new regime of medication. Her WFIs were deferred to allow her time to adjust and stabilise to this new treatment. Another case was of a customer whose interviews were deferred whilst he underwent treatment for problematic use of drugs.

3.41 The second group of customers likely to be deferred consisted of people whose health condition was expected to affect them only on a temporary basis. This included people with broken limbs, who were going to be in plaster for a specific period of time and were expected to make a full recovery.

3.42 Practice with customers suffering from mental health conditions varied. Some IBPAs explained that they would defer someone who was unable to attend the Jobcentre due to their psychological state, because they did not expect to be able to make any progress with these customers. However, others continued working with these customers.

3.43 Some IBPAs also reported deferring customers after a couple of WFIs if they felt that no progress was being made (see chapter 5 for more detail). One example of this was of a customer with problematic drug use, who had wanted to attend basic skills classes at the same time as she was undergoing treatment for her drug use. However, she had found that she was not able to cope with both, so her IBPA deferred her WFIs until the end of her drug treatment.

3.44 This again reflects the need advisers felt to make rational use of the resources available; arguing that their time would be better spent working with customers who were going to benefit from their involvement with the IB Reforms. However, there were other IBPAs who would not defer under these circumstances. The personal attitude and tenacity of IBPAs in terms of their willingness to work with what they saw as more difficult customers was also therefore important, and is discussed in Chapter 5.

3.45 Customers with open job contracts were not being deferred. IBPAs explained that these customers were still eligible for the financial incentives available, so they would want to see them to provide them with that information. In one case, an adviser said that she had deferred a customer with a job to return to, but this was because the level of the salary was such that he would not qualify for the financial incentives.

## **IBPA experiences of FTAs and sanctions**

3.46 IBPAs were also asked about their experiences of dealing with customers who failed to attend (FTA) interviews and of sanctioning customers.

### ***Dealing with FTAs***

3.47 Certain groups of customers were viewed by the IBPAs as being more likely to FTA:

- customers with whom no telephone contact had been made prior to the interview
- older customers: a commonly held view was that the younger customers were more accustomed to the system of having to attend mandatory interviews at the Jobcentre or risk losing their benefits as a result of other programmes, such as the New Deal
- customers with mental health problems; and
- customers with problematic drug use.

3.48 The numbers of reported FTAs varied widely across different offices and areas, with some IBPAs experiencing high numbers and others reporting only having had a couple of FTAs. For those IBPAs having to deal with the higher numbers, lack of capacity was raised as an issue. Following up FTAs was described as a time consuming process, and whereas in one office an IBPA had set aside half a day to do them, others said they were too busy to be able to block out this much time, so were getting behind with following them up.

3.49 The official process for dealing with FTA customers was described by IBPAs as follows. If it was someone who was not on the phone, and with whom no direct contact had been made prior to the WFI, then there could be no guarantee that the letter about attending the WFI had been delivered. In these cases, IBPAs were supposed to carry out home visits, and put a letter with another appointment through the door if the customer was not at home (so the IBPA could be certain the letter had been received). Otherwise, if telephone contact had been made, a letter would be sent out in the event of an FTA for an interview. This so-called '5 day letter' informed customers that unless they made contact with the Jobcentre within 5 days, their benefits would be sanctioned.

3.50 However, there was evidence that some IBPAs across the different pilot areas were not following the procedure to the letter. Some were attempting to make direct contact with a customer who did not attend an interview before sending out the '5 day letter'. Often they said there was a good reason as to why the appointment had been missed, and it would be re-booked. Other IBPAs said that they were sending a letter informing a customer that their benefits would be 'suspended', rather than 'sanctioned'.

3.51 Although recognising that this was a departure from due process, the IBPAs explained that they were not sending the '5 day letter' for a number of reasons. Firstly, was a concern about the potential impact on a customer's health condition, for example, one adviser said that it was the '*last thing*' someone with a mental health condition needed. Secondly, was the potential damage that sanctioning a customer could have on the relationship between the adviser and the customer. Their experience with this customer group led IBPAs to believe that when contact was made with a customer who had not attended an appointment, there was often a good reason behind the FTA. Making phone contact and rearranging the appointment or writing about a suspension of benefits rather than sending the '5 day letter' was felt to be an important way of maintaining the personal

relationship with that customer. These personal relationships were highly valued by IBPAs, forming the basis for making progress with a customer through the IB Reforms, and they were reluctant to jeopardise them without having attempted to resolve the situation first. If, however, a customer still failed to attend despite these further efforts having been made by the IBPA, the '5 day letter' would be sent and sanctions imposed in the event of another FTA.

### ***Sanctioning customers***

3.52 Experience of sanctioning customers was limited amongst the IBPAs. Some had not sanctioned any customers; others talked about either one of their colleagues or themselves having sanctioned one or two. This should not though be taken to mean that all customers eventually attended missed WFIs.

3.53 Some IBPAs said that they were used to applying sanctions from having worked on the New Deal, and saw it as part of the role. Generally, however, IBPAs described being reluctant to sanction customers, seeing it as a last resort (thereby explaining further the efforts being made to contact the FTAs as discussed above) and saying '*luckily*' they had not yet had to use the sanction.

3.54 Reasons for these attitudes were as outlined in the previous section. Imposition of a sanction was seen as being particularly likely to damage the relationship between a customer and their adviser, and raised again the tension inherent in the IBPA role, as described by this adviser:

*" It is really difficult. You don't want to go down that route where you are saying 'look...I will have to stop your money'. You are working with that customer, you have built up a good relationship..." (IBPA)*

3.55 Nevertheless, if a customer had not attended a WFI despite having been given every reasonable opportunity to do so, IBPAs would impose the sanction. There was also a recognition that some customers were trying to subvert the system by not complying, and in these circumstances, IBPAs did think it was appropriate to sanction.

*" Obviously if you have got somebody who is not working with you, they are not playing the game then obviously, yes, you have to sanction them. There is no way round that and the customer will have to take responsibility for that." (IBPA)*

### **Timing and number of WFIs**

3.56 The final section in this chapter addresses the issue of the timing of the WFIs – whether IBPAs felt they were happening at the right time for customers, as well as their views on the number of WFIs, currently standing at six mandatory interviews.

3.57 Not seeing customers until 8 weeks into their claim was viewed as being preferable to the old system (when customers were seen at the beginning of the claims process), because IBPAs were seeing people once their benefits had been processed. This avoided the interviews being dominated by issues about benefit receipt.

3.58 Feelings about the appropriateness of six mandatory interviews differed. A key explanatory

factor was IBPA attitudes towards, and capacity to, progress what they saw as the more ‘difficult’ customers. As described in Chapter 5 (para. 5.45), some IBPAs felt that six was too many, and tended to defer difficult customers, or pay them merely ‘lip service’. Other IBPAs felt that these customers needed *more* than six WFIs<sup>11</sup>, and might progress a lot further down the line. This reflects the importance of taking each customer’s individual circumstances into account. The advisers gave a number of examples when they might prolong – or reduce – the interval between the WFIs.

### *Prolonging the interval between WFIs*

3.59 On the one hand, the reasons given for spacing the WFIs out more than once a month related to practical issues. For instance, if a customer was waiting for results of medical investigations during the interval between WFIs, an adviser might schedule the next interview for a later date. Likewise, if a customer had been referred to part of the Choices package, for example, the CMP, the IBPAs might bring them back to the WFI at a later date, so they could talk about how it was going. However, IBPAs also gave examples where they felt that prolonging the interval would enhance the working relationship and be more likely to result in a productive outcome. They felt that some people simply required more than a month to consider their options, and felt that working with these people overall for longer than a six month period could be more effective (although as noted above, IBPAs did expect to continue their involvement with some customers after the end of the mandatory six WFIs).

### *Seeing customers more than once a month*

3.60 Perhaps not surprisingly, the types of customer who IBPAs talked about seeing more often than once a month were those who were job ready, and keen to move quickly back into employment. Again, the advisers described being led by the individual as to what they wanted, but talked about seeing some people once every week or once a fortnight. One IBPA also mentioned some customers who ‘latch on’ to the adviser, and come in ‘all the time’. She described these as typically being older customers and said that managing these relationships could be quite challenging.

## Chapter Summary

3.61 Customers were informed about the IB Reforms in a variety of ways, including via the Contact Centre, Financial Assessor, by letter or telephone. Initial customer reactions to being called to the Jobcentre for a work-focused interview were often described as negative. However, IBPAs often found that making contact with the customer prior to the first WFI – providing some information about the help and support available and reassuring people that they were not going to be forced back to work – was a successful way of overcoming this initial negative reaction.

3.62 A range of practice was described about the way IBPAs conducted the WFIs. Some IBPAs reported always raising the issue of work – but were careful to explain that this was a long term

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<sup>11</sup> Although there is no technical limit to the number of additional voluntary interviews IBPAs can offer customers, in practice IBPAs felt that they had limited capacity to do more than the mandatory WFIs (see para. 2.61).

goal and that customers were not going to be rushed into anything. Others adopted a case by case approach and explained that they would not always discuss work with customers in the initial WFIs if they felt that an individual was a long way from the labour market and/or had a number of barriers to address prior to making steps into work. Instead, they focused on working with a customer to try and overcome these barriers. If a customer was job ready, however, this would be the immediate focus of the interview.

3.63 Advisers tried to strike a balance during the WFIs between providing enough information to customers to inform them about the different elements of the IB Reforms, whilst at the same time not overloading people with more information than they could take in. Typically, information about the financial incentives and the Condition Management Programme were seen as being of particular interest to customers so tended to be discussed. A widespread practice was described of providing customers with written information about the Choices package, so that they could take it away and look at it in their own time.

3.64 Lack of privacy to conduct the interviews – during which sensitive and upsetting issues were often discussed – was raised again in this study, as it was during the previous study.

3.65 Practical issues in terms of not always being able to access the screening tool and the slow speed at which the programme ran at times were still being reported, although were recognised as happening less than at the beginning of the pilot. IBPAs still reported surprise at the types of customers who were being screened in to the IB Reforms, some of whom they felt were inappropriate to work with. However, there was wider use being made of waivers and deferrals in these cases. Some IBPAs had also been surprised by the outcome of the screening tool in the case of some customers not being required to attend further WFIs, who they felt would benefit from continuing involvement.

3.66 Some IBPAs had been given a clear steer from their managers that they should be making more use of waivers and deferrals with their caseload, partly in response to a need to prioritise IBPA resources. IBPAs might talk to the customers, relatives or health care professionals and/or make use of PCAs and records of meetings with FAs to inform them when deciding whether to waive or defer a customer.

3.67 Typically, customers with the most serious or severe conditions were waived. For example, customers with terminal illness, with conditions severely affecting day to day activities or severe mental health problems. Information about the IB Reforms would still be provided to these customers.

3.68 A customer could be deferred for a number of reasons: if they were undergoing or awaiting treatment for physical or mental health conditions or if the condition was expected to be only temporary in nature. As discussed in Chapter 5, there were differences in practice amongst IBPAs, with some deferring customers with mental health conditions, while others continued to work with them. Customers with open job contracts were not being deferred, as IBPAs explained that they could still benefit from the financial incentives.

3.69 Some groups of customers were reported as being more likely to fail to attend interviews: those who had not been contacted by phone, older customers and customers with mental health problems or problematic drug use. The extent of FTAs varied widely across different offices and areas. IBPAs commonly reported taking extra steps to contact FTAs than were required, typically involving making telephone contact with customers after an FTA and giving them another chance



## **The Role of the IBPA – managing the WFI process**

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to attend a WFI. Concern that sanctioning these customers could exacerbate their health conditions and would jeopardise the relationship with the PA was behind this. Although some

3.70 IBPAs saw sanctioning customers as being within the scope of their role, others felt very uncomfortable about the idea of sanctioning these customers.

3.71 Views about the timing and number of WFIs varied although there was clear support for having the first WFI at week 8. With customers who IBPAs thought would be difficult to progress, they felt that six WFIs were too many. However, there could be customers who might progress very slowly, so would require more than six WFIs. Sometimes the interval in between WFIs was being prolonged, for example, if a customer was waiting for results or investigations. At the same time, if a customer was job ready and keen to get back to work, they may be seen more frequently than once a month.



## 4 Working with the ‘Choices’ package, financial incentives and other options

4.1 This chapter examines IBPAs’ knowledge about, relations with, and referral practices in relation to ‘Choices’ providers; specialist Jobcentre Plus advisers (Disability Employment Advisers and the Work Psychologists); other local organisations of relevance; and employers. The chapter then goes on to explore IBPA experiences of, and attitudes towards, the financial incentives on offer to IB customers.

### Referral options

4.2 Chart 4.1 illustrates the various referral options available to IBPAs, which are then discussed in this chapter.

#### Chart 4.1– IBPA referral options

##### **Choices package:**

- Work-focused Condition Management Programme, developed jointly between Jobcentre Plus and local NHS providers
- Existing programmes and services (NDDP Job Brokers, the Disability Employment Adviser, WORKSTEP, Work-based learning for adults, and programmes available through the Disability Employment Adviser, such as WorkPrep)

##### **Jobcentre Plus specialist advisers/staff**

- Disability Employment Adviser (see also above)
- Work Psychologist

##### **Other providers/agencies**

- Local voluntary providers
- Employers

##### **Financial incentives**

- Return to Work Credit (RTWC) of £40 per week for a maximum of 52 weeks available to those returning to or finding work, of 16 hours or more, where their gross earnings are less than £15,000 a year
- An Adviser’s Discretion Fund (ADF) at the disposal of IBPAs to allow them to make awards of up to £300 per customer to support activities that can improve the likelihood of a person taking up a job

### The Condition Management Programme

4.3 The NHS Condition Management Programme (CMP) was offering services to customers in all three areas at the time fieldwork was conducted, in contrast to when the previous study was conducted.<sup>12</sup> This section explores the use IBPAs were making of the programme and their

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<sup>12</sup> Incapacity Benefit Reforms – early findings from qualitative research (Dickens et al.)

experiences of this element of the 'Choices' package.

### *Levels of use of the Condition Management Programme*

4.4 The extent to which IBPAs referred customers to the CMP varied significantly. At one end of the spectrum were IBPAs who said that they referred the majority of their mandatory IB customers to the CMP. At the other were IBPAs who had made no referrals to the CMP at all. Some regional variations were apparent here; IBPAs in one area appeared, collectively, to be using the programme more than IBPAs in the other two areas. There were also significant variations *within* districts though, with some IBPAs referring a lot to the CMP, others very little or not at all. Overall, whilst IBPA knowledge about the CMP had increased since the previous study, there were still also IBPAs who reported a lack of understanding about the programme, and confidence in explaining it to customers.

4.5 Several factors explain the differences in the extent to which IBPAs were making use of the CMP programme. The first is the nature of the relationships between the IBPA and the CMP provider. Unsurprisingly, the IBPAs who were making the most use of the programme were those who felt that they had built up a positive relationship with the providers - feeling able to 'pick up the phone' to contact CMP on a needs basis was regarded as a particular boon. A regular CMP presence in Jobcentres seemed to be a particularly good way of building up IBPA confidence and encouraging referrals, as IBPAs were easily able to discuss cases with the CMP team and build up an understanding of which types of customers were appropriate and why. Regular contact with CMP providers also had the advantage of giving IBPAs a clear idea of exactly what the programme offered, which meant that they felt confident in 'selling it' to customers in a positive light.

4.6 Conversely, IBPAs who had had little or no contact with CMP providers were those who were least likely to refer, typically because they lacked knowledge about what the programme had to offer and felt unable to advocate it to customers in a convincing way. In some cases, this lack of confidence was linked to a concern that the CMP might actually *reject* the customers they had referred which, (although there was no explicit evidence that this had happened), they feared would have a negative impact on their relationships with that customer. IBPAs highlighted two causes for this concern. One was due to their understanding that, contrary to their expectations, CMP was set up to deal with job-ready customers, implying that it would *not* work with other types of customers. The other related to the issue of how CMP service provision interfaced with NHS provision. A number of IBPAs described a lack of clarity about what the procedure should be with patients who had been referred by their own doctor for physiotherapy, for example, and were on a waiting list. If they were referred to CMP and received this treatment immediately from CMP providers, some IBPAs worried the CMP could be viewed as queue jumping the NHS despite the fact that customers can not receive actual physiotherapy on a CMP. These IBPAs often expressed a wish to have more contact with the CMP providers; perhaps by sitting in on one of their sessions with a customer, or through a CMP visit to their Jobcentre.

4.7 A further factor influencing referral behaviour was the extent to which IBPAs felt that the CMP was meeting a need that other services did not meet. Overwhelmingly, IBPAs felt that this *was* the case. Indeed, many of those with previous experience of working with IB customers expressed their relief that condition management was now available; as they saw it, the lack of such provision had been one of the major service gaps for IB customers prior to the Reforms. In a number of cases, however, IBPAs had built up relationships with other local service providers that they felt already fulfilled some of the services that the CMP offered. One IBPA, for example, said that she worked regularly with a local mental health service, and felt that she would continue to refer her customers here rather than to the CMP.

4.8 In addition, the length of time it took to make a referral could influence the extent to which IBPAs were using the programme. This tended to differ within as well as between areas. A number of IBPAs said that they had experienced a gap of several weeks between initiating a referral and the customer actually attending the programme, which could be off-putting, where they felt the customer needed more immediate support.

4.9 A final factor affecting levels of referral to the CMP was IBPAs’ understanding of what types of customers the programme was there for. This is discussed below.

4.10 It should also be noted that the Work Psychologists felt that their expertise was – or could be – valuable in terms of developing a joint relationship between the Jobcentre and the NHS due to their knowledge of both sectors. Particular mention was made in terms of clarification of referral procedures as well as with regard to a clear definition of roles between the WP and the CMP. In one area, some confusion about the referrals process was reported by the WP, which was reflected in the IBPA accounts.

### ***Type of customers referred to the Condition Management Programme***

4.11 As well as discrepancies in the extent to which IBPAs were referring to the CMP, there were also significant differences in IBPAs’ understanding of which customers the CMP was intended for. These differences were apparent between IBPAs in all three of the areas included in the research.

4.12 One group of IBPAs appeared to be using the CMP largely for customers who they felt were some way from work, but could benefit from help in moving towards shorter-term goals. Sometimes these customers had physical conditions but more often, according to IBPA accounts, had from mild to moderate mental health conditions, particularly depression, low self-confidence and low self-esteem. IBPA thinking here was that the CMP could help to build up confidence and motivation, which in turn might lead to a customer being more likely to think about work in the future.

*“I’ve made a lot of referrals to Condition Management, a lot of them mental health where they do want to go back to work but... are not sure themselves that they could actually start a job, hold it down... It’s putting the confidence back into their minds, ‘Yes, I can overcome this, I can start thinking about work’.” (IBBA)*

4.13 The young man with epilepsy in Vignette one and ex-miner in Vignette two (see appendices) were both examples of the types of customer these IBPAs felt would benefit from confidence and motivation-building through the CMP. A further example, from one of the advisers own

caseload, is as follows:

*A young male customer said he was suffering from depression. When the IBPA looked into his circumstances he found that the customer had lost several close family members in the space of four years. He had become withdrawn and rarely left the house. He was not currently at the point of being able to contemplate work. The IBPA felt that attending the CMP would help him to build up his confidence.*

4.14 However, one IBPA had been put off referring these types of customers to the programme. She said that whilst her understanding had been that the programme would encourage customers to think about managing their health as a step towards thinking about work, in reality, the first sessions were based around job goals which she felt would frighten many of her customers off, particularly those who lacked confidence.

4.15 These IBPAs also regarded the CMP as appropriate for those who *were* contemplating work, but needed some help in managing their condition prior to returning. However, they said that they referred these types of customers less than the former, because so few of their mandatory customers were currently contemplating work.

4.16 Examples of this type of customer were the single mother in Vignette 3 (see appendices) or this actual customer described by one of the IBPAs:

*A middle-aged customer was motivated to work, but felt that her back pain posed a significant barrier to her being able to return to the workplace. The IBPA felt that Daphne would benefit from support around managing her condition, and referred her to the CMP.*

4.17 Another group of IBPAs - much less common in this sample and found in one district only - regarded the CMP as *only* appropriate for those customers who were motivated to work, but needed some help to manage their condition before returning, for example those who needed 'polishing up'<sup>13</sup>. They had apparently gained this understanding from conversations with certain CMP providers. These IBPAs were apparently referring fewer mandatory and more voluntary customers to the programme than those in the group above because they felt that only a small proportion of their mandatory customers had reached the stage of contemplating a return to work.

*"They are telling us that we are supposed to be referring people who are job-ready, who just need polishing up...So for example it could be someone with a heart attack and they want to go back to work and are job-ready and are not sure what they should do to avoid bringing on another heart attack." (IBPA)*

4.18 Finally, a number of IBPAs said that they felt confused about which customers the CMP was intended for, the 'job ready' or those further from work. Uncertainty was also expressed around whether the programme provided treatment as well as condition management, and if so, whether there was any conflict with current NHS services. A particular cause of confusion, mentioned by several IBPAs in one area, was the role of the CMP physiotherapist. They had been told they should not refer customers who were on the waiting list for, or already receiving, physiotherapy from the NHS and were therefore unclear which customers the CMP physiotherapist was there to serve.

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<sup>13</sup> This belief was also identified in the earlier study, paragraph 4.26, Incapacity Benefit Reforms – early findings from qualitative research (Dickens, S., Mowlam, A, Woodfield, K.)

***Impact on customer of participation in Condition Management Programme, ongoing relationships with Condition Management Programme providers***

4.19 IBPAs did not typically appear to be receiving feedback from the CMP providers themselves; the impression given was that all discussion with the providers was around referrals rather than customer progression. However, at the time of interview some advisers were attempting to elicit feedback from the providers.

4.20 From IBPA reports, customer receptivity to the idea of attending the CMP appeared to depend significantly on IBPAs’ relationships with the CMP provider, and confidence in advocating the programme to customers (see above). It was striking that IBPAs with positive relationships with CMP providers were also those who said that their customers reacted positively to the idea of attending. Conversely that those who said that their customers were uninterested in the programme were the IBPAs who had little contact with CMP providers and a resulting lack of confidence about the programme’s purpose.

4.21 The extent to which IBPAs were able to report the impact of the CMP on customers varied. In one area, IBPAs appeared to have ongoing contact with customers attending the CMP. In all of these cases, the feedback was overwhelmingly positive; they talked of customers appearing more talkative in interviews and more open-minded and confident about their future. Definitions of what ‘progress’ means could vary significantly, from feeling ready to contemplate work, to simply being able to leave the house (for a more detailed discussion of this subject, see Chapter 5):

*A female customer in her early forties found it difficult to leave her house because she suffered from frequent panic attacks. She agreed to attend the CMP, which in turn referred her to a slimming group. She recently phoned the IBPA with the news that she had felt confident enough to leave the house to visit relatives.*

4.22 In other areas, IBPAs said that they had temporarily lost contact with the customers that they had referred and had yet to learn of the impact the programme had had on them.

## **Job Brokers<sup>14</sup>**

### ***Levels of use of Job Brokers***

4.23 There were fewer disparities between IBPAs in terms of the level of use of Job Brokers than in the case of the CMP. Use was fairly common across the sample, and IBPAs were typically confident that they knew what role Job Brokers were there to fulfil<sup>15</sup>. However, a small number said that they had not yet used Job Brokers and were yet to learn exactly what it was that they did. In contrast to CMP, IBPAs were not directing a large proportion of their mandatory customers to

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<sup>14</sup> Job Brokers are a mix of public, private and voluntary sector organisations who assist their customers in finding work as part of the New Deal for Disabled People. Job Brokers provide training and support and access to Jobcentre Plus programmes, such as Access to Work.

<sup>15</sup> Confidence in referring to Job Brokers seemed to have grown since the previous study was completed (paragraph 4.27, Incapacity Benefit Reforms – early findings from qualitative research, Dickens, S., Mowlam, A., Woodfield, K.).

Job Brokers; they gave the impression that it was typically voluntary customers who were referred (see below).

4.24 The nature of IBPA relationships with the providers was again a key factor explaining referral behaviour. IBPAs who were referring to Job Brokers on a frequent basis were typically those whose local Job Brokers attended their Job Centre, who had regular meetings with Job Brokers or who had built up knowledge of Job Brokers from previous roles. For example an IBPA who had previously worked as a full time DEA had a detailed knowledge of the local brokers and their strengths and weaknesses. Levels of individual IBPA initiative were also an influencing factor. One IBPA, for example, was in the process of visiting the different Job Brokers in her area to ascertain what they were able to offer her customers. A further factor was IBPA capacity to build up relationships with Job Brokers and other providers, discussed in Chapter 2.

4.25 A further factor influencing referral levels was the convenience to customers of accessing Job Brokers. One IBPA in a remote rural community said that they rarely referred to Job Brokers because their customers were reluctant to travel. Another IBPA said that there were no Job Brokers based in the town where she worked; this meant that customers had to travel to a nearby city, which was not convenient for some.

4.26 Finally, the nature of an IBPAs' caseload could influence levels of referral to customers. Generally, it seemed that IBPAs seeing a significant number of voluntary customers were more likely to refer at the time of the interview than those with a largely mandatory caseload (see below).

### ***Type of customers referred to Job Brokers***

4.27 There was a general agreement amongst IBPAs that Job Brokers were for customers who were ready to look for work, and therefore '*some way down the line*'. Some IBPAs gave the impression that they chose Job Brokers carefully depending on exactly *what* help a customer needed to return to work. They said that whilst some were strong on providing help with CVs and interview techniques, others were strong on job search, on helping those who were interested in becoming self-employed or on offering generous amounts of money for training. Other IBPAs did not differentiate to such a degree between the various brokers.

4.28 IBPAs typically said that they were more likely to refer their voluntary customers to Job Brokers than mandatory customers. Those they were particularly likely to refer were new 'work-ready' IB customers who had been screened out by the screening tool and existing IB customers keen to get back to work to access the Return to Work Credit, but needing some help to do so. The single mother with arthritis in Vignette three (see appendices) was one example of the type of customer some IBPAs felt was appropriate for referral to a Job Broker. Mandatory customers were seen as less likely candidates because they were often not, at the time they had been screened in, ready to look for work. However, a few instances were cited of mandatory customers who had shifted towards work over the course of their first few interviews and had been referred to Job Brokers at a later stage in the process.

4.29 There was often a feeling amongst IBPAs that Job Brokers helped to '*relieve their burden*', freeing up their time for their mandatory caseload by taking many of the volunteers off their hands.



***Ongoing relationships with Job Brokers, impact on customers of referral to Job Brokers***

4.30 IBPAs referring to Job Brokers typically said that they had ongoing contact with the Job Brokers once the referral had been made. For example, they said that Job Brokers might refer customers back to IBPAs if they felt that the customer needed more specialist help than they were able to offer (such as WORKSTEP). They would also send customers back to IBPAs to process their Return to Work Credit forms once they had found a job.

4.31 IBPAs seemed to be contacting Job Brokers less often than the other way around, and gave the impression that this contact tended to happen reactively rather than proactively. In particular, it seemed to depend on the amount of time an adviser had available and the extent to which they saw their role as being to advocate with the Job Brokers on the customer’s behalf. One IBPA, for example, said that she followed up Job Brokers when they had not delivered a service to customers that they had promised. Others did not appear to be maintaining contact with Job Brokers once they had referred a customer.

4.32 Several IBPAs said that customers they had referred had found work or accessed training through the Job Broker service.

**Jobcentre Plus specialist advisers**

***Disability Employment Advisers***

4.33 The extent to which IBPAs referred customers to the Disability Employment Adviser (DEA) varied, and depended largely on the nature of relationships between the IBPA and the DEA. Some said that they were in regular contact with a DEA, particularly where a DEA was based at the office in which they worked. Several IBPAs in the sample said that they had regular case-conferencing sessions with their DEA, where they would sit down and discuss difficult cases. At the other end of the spectrum were IBPAs who said that they rarely had contact with a DEA. An IBPA in a very rural office, for example, said that they only met up with their DEA every six weeks, which placed restrictions on the frequency with which they were able to make referrals. However, a number of IBPAs said that procedures were currently being put in place to ensure more regular meetings with the DEA, and welcomed this development.

4.34 A further factor affecting the levels of referrals to the DEA was IBPAs’ understanding of what DEAs were able to do, which also, unsurprisingly, related to the level of contact with DEAs. This was particularly evident in relation to the WORKSTEP and WorkPrep programmes. Some IBPAs felt confident that they knew the types of customers these would benefit, usually because of prior experience of the programmes, either in their previous role or through recent contact with the DEA. Others admitted that they were still in the process of ‘*getting to grips*’ with WORKSTEP and WorkPrep, and hoped that more frequent contact with the DEA would improve their knowledge.

4.35 IBPAs talked about referring two main groups of IB customers to the DEA, both typically from the mandatory caseload. The first group were those who had not satisfied their Personal Capability Assessment (PCA) and were going onto Jobseeker’s Allowance, but who the IBPA felt

needed more specialist support and advice around returning to work, on account of their state of mind or health condition.

4.36 The second main group comprised customers who had not ruled out the idea of returning to work, but who had what the IBPA regarded as more serious health conditions and greater barriers than the 'job ready' customers they referred to the Job Brokers (see above). The ex-miner suffering from depression (Vignette two, see appendices) is an example of the type of customer that some IBPAs regarded as appropriate candidates for DEA support, perhaps going on to WORKSTEP or WorkPrep via the DEA. A number of IBPAs also saw the single mother with arthritis (Vignette three, see appendices) as suitable for DEA referral, perhaps going on to find Permitted Work through the DEA. An IBPA also gave this example from their caseload:

*A male customer in his 20s had Tourette's syndrome, and was interested in finding work. The IBPA felt that this customer would benefit from a work trial and then, if this went well, intensive in-work support. The IBPA referred the customer to the Disability Employer Adviser.*

4.37 A small number also mentioned having used the DEA for customers who wanted to return to work, but who needed support around managing their condition. These IBPAs tended to be those who were not yet referring to the Condition Management Programme and using the DEA in its place (see above).

4.38 One IBPA said that their DEA had recently taken a number of them on a visit to a number of mental health organisations in the local area in order to build up their knowledge of the services available to customers with mental health conditions. This had been appreciated, particularly by those who had lacked confidence around this area (see also Chapter 5, below).

4.39 Those who had referred customers on to the DEA typically said that they received feedback from the DEA on the customer's progress. Several said that their customers had moved on to WORKSTEP or WorkPrep via the DEA and were reportedly doing well.

### ***Work Psychologists***

4.40 As with Disability Employment Advisers, a range of referral behaviour was evident in relation to Work Psychologists (WPs) and again depended to a large extent on the nature of relations between the IBPA and the WP. There was a wide range of experiences here, from IBPAs who had frequent case-conferencing sessions and telephone conversations with their WP and a good understanding of their role through to those who had had no contact with WP and only limited understanding of what the WP was there to do. Positively, some of those with limited knowledge felt that they were about to learn more, for example through case-conferencing sessions which were due to happen in the few weeks following this fieldwork. These variations in knowledge and relations with the WP were evident *within* individual areas and tended to depend on which Jobcentre an IBPA was based at.

4.41 There were three main types of customers that IBPAs saw fit to refer to the WP again often from the mandatory but also from the voluntary caseload. The first group consisted of customers who had what the IBPA regarded as serious health conditions, but who had not ruled out the idea of work. In these cases, the WP seemed to be being used interchangeably with the Disability Employment Adviser (see above). For example:

*A middle-aged female customer was undergoing treatment for cancer, but was planning to return to work on a part-time basis. The IBPA referred her to the Work Psychologist – the IBPA had felt ‘out of depth’ and felt that the Work Psychologist would be better placed to talk to her about managing the side-effects of the treatment in the workplace.*

4.42 The second group consisted of customers, usually with mental health conditions, who the IBPAs felt would benefit from specialist assessments to look at their suitability for the programme of WFIs. In this context, one IBPA referred to the WP as her ‘*safety net*’; she felt the IBPA role was to ensure that she did not embark on inappropriate work with potentially tricky customers.

4.43 Finally, a number of IBPAs said that they had referred customers to the WP when the customer had not ruled out the idea of working but was unable, on account of their health condition, to return to the type of work that they had done in the past. In these situations, the WP was seen as being there to assess the customer and recommend alternative options.

4.44 There was little data as yet on the nature of ongoing feedback between the WP and IBPAs, this will be explored further in the second stage of this study.

4.45 Findings from the interviews with WPs themselves about the referrals process with the IBPAs is largely in keeping with the IBPA accounts. WPs explained that they were keen to discuss potential referrals directly with the IBPAs in order to ascertain the appropriateness of the referral. If the case was one the WP felt would *not* benefit from their input, they could discuss alternative approaches with the IBPA to help them find the right support for that particular customer.

4.46 Appropriate referrals they described as being cases outside the IBPA sphere of expertise, for example customers with brain injuries, or customers with complex, multiple problems. One example given was of a customer who had actually started on CMP, which had revealed some deep-seated issues requiring additional support, which the WP expects will entail a referral to a mental health team for longer term support. Less appropriate referrals were described as being cases where an adviser did not know how to proceed with a customer in terms of establishing a work goal. However, this was described as being about a lack of confidence on the part of the IBPAs, which was expected to decrease over time.

## **Work-Based Learning for Adults, other local providers and employers**

### ***Work-Based Learning for Adults***

4.47 A number of IBPAs had referred customers to training courses available through the Jobcentre, notably Basic Skills training and computer training. These courses were typically thought suitable for customers who were some way from work and who needed help and support in overcoming initial key barriers to thinking about work. Some IBPAs also gave the impression that they referred customers to these courses to build up their confidence and accustom them to interacting with other people as much as for the specific skills covered in the course.

### ***Other local providers, and views about key gaps in ‘Choices’ and local provision***

4.48 IBPAs mentioned being aware of, and referring customers to, a number of other providers in their local area. These included specialist mental health organisations, debt management services, drug and alcohol services and services tailored to customers with particular health conditions, such as epilepsy or back complaints.

4.49 It was evident that levels of IBPA knowledge about local specialist providers varied greatly however. Those with the most extensive knowledge were typically IBPAs whose previous roles had necessitated knowledge about, or contact with such organisations, for example those who had worked on Action Teams, or as Disability Employment Advisers. Levels of knowledge also seemed to depend on the extent to which the IBPA regarded actively pursuing such contacts as a critical part of their role. One explanatory factor here was workloads; there was some evidence that IBPAs with smaller caseloads were more likely to be devoting time to building up local knowledge than those with larger ones. Personal attitudes towards and devotion to the role also seemed to be a factor, with very proactive IBPAs evident at one end of the spectrum, and more passive ones at the other.

4.50 The extent to which IBPAs were referring customers on to specialist local providers depended on two further factors. The first was the extent to which the IBPA had access to such organisations. Variations were particularly evident here in relation to customers with drug and alcohol dependency and what the IBPAs saw as serious mental health conditions; whilst some IBPAs said that they had access to specialist local services, others said that little was available.

4.51 A further explanatory factor was IBPAs’ knowledge of and referral practices in relation to the Condition Management Programme, the Disability Employment Adviser and the Work Psychologist, particularly in relation to customers with mental health conditions. As described above, some IBPAs saw the CMP as the first port of call for customers with ‘mild to moderate’ mental health conditions; the DEA and WP were also sometimes seen as appropriate referral choices for these customers as well as, in some cases, customers with what IBPAs viewed as more serious mental health conditions. In other cases – notably where IBPAs regarded the CMP as being for the ‘job ready’ only, and did not as yet have regular contact with the DEA and Work Psychologist - other local providers were the first port of call for these customers. Where there were no such services, this was seen as a key gap in provision.

4.52 Whilst in one of the areas researched, services for people with drug and alcohol dependencies were said to be available and good, a number of IBPAs in the other areas felt that there was little locally available. The general impression amongst IBPAs was that the CMP would not take on such customers. Moreover, they were not typically seen as appropriate cases for the DEA or WP. Finally, several said that they would have liked to refer their customers to bereavement counselling, but were unable to find an appropriate local service.

### ***Employers***

4.53 IBPA relationships with local employers were the area which had experienced the least progression since the previous study<sup>16</sup>. Several IBPAs again mentioned being aware of Field

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<sup>16</sup> Incapacity Benefit Reforms – early findings from qualitative research, Dickens, S., Mowlam, A., Woodfield, K.).

Account Managers<sup>17</sup>, whose role they understood to be to ‘sell’ the IB Reforms to customers and inform IBPAs about any recent vacancies with employers they had highlighted as being ‘disabled-friendly’. A small number also mentioned that their Jobcentre had a Vacancy Service Manager, whose role was to keep in touch with major local employers and alert the Jobcentre to upcoming vacancies.

4.54 However, IBPA personal contact with employers again appeared very limited. Examples here were an IBPA working in a small rural community who regularly spoke to the three major employers in the area and an IBPA who had built up a rapport with a disabled-friendly employer in her last role. IBPAs gave two main explanations for this situation. The first was the nature of their customer groups. They said that those customers who wanted to return to work were either those who were very confident and knew themselves which employers they wanted to target, or those who they felt would benefit from support around job searching and applications through the Job Brokers or Disability Employment Adviser. As such, IBPAs said that they rarely had cause to contact employers themselves. The second explanation IBPAs gave was time. The general feeling was that they did not currently have the capacity to pursue relationships with local employers.

4.55 A number of IBPAs felt that they would like more time to explain the IB Reforms to local employers. Their hope was that once employers understood about financial incentives and the in-work support available to customers through Job Brokers, they would be more likely to take customers on. Some felt that they were better placed to explain these issues to employers than the FAMs, or VSMs. Several also said they were planning, when time allowed, to build up their knowledge of local employers with a positive attitude to taking on people with disabilities, in order to refer on customers who were interested in working with them.

## **Financial incentives**

### ***Return to Work Credit***

4.56 Across the sample IBPAs reported a positive reaction to the Return to Work Credit (RTWC) amongst IB customers. IBPAs themselves were also extremely positive. Those with previous experience of working with IB customers said that they had felt that the lack of financial incentives to offer them had been a major gap in what they had available and were grateful that this gap had now been filled.

4.57 IBPAs said that the RTWC often motivated customers to take up part time work and that it made the difference in low-wage areas between work being financially viable or not. A few IBPAs said that they felt the RTWC had also helped to legitimise work that had previously been going on illegitimately, customers who had previously been working and claiming Incapacity Benefit now declaring their work in order to receive RTWC.

4.58 Universally, IBPAs said that the RTWC was taken up more often by voluntary customers than by mandatory customers. Uptake was said to be particularly high amongst new IB

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<sup>17</sup> Field Account Managers develop effective relationships with key local employers in order to secure new vacancies and ensure Jobcentre Plus delivers an effective recruitment service at District level.

customers who had undergone the screening tool, but had not been screened in because they were deemed too close to work. These customers were encouraged by IBPAs to come back to them when they had found work so that they could claim the RTWC. IBPAs also reported a high uptake amongst existing IB customers who they said had heard about the RTWC through word of mouth or local advertising campaigns, for example radio or newspapers. They felt that a key barrier to returning to work for some of these customers was a perception that it would not be financially viable. This perception could be overturned by the RTWC and several IBPAs had examples of long-term unemployed IB customers who had returned to work as a result of the RTWC.

*A young male in his 20s was an existing IB customer and had not worked for two and a half years. He felt physically up to working, but had been discouraged due to a concern that he would be worse off in work than on Incapacity Benefit. When he heard about the Return to Work Credit he came into the Jobcentre to ask the IBPA about it. He quickly found work with a large local service industry employer and is now working there and receiving the RTWC.*

4.59 Uptake was felt to be lower amongst mandatory customers. The main explanation for this given by IBPAs was that mandatory customers, by dint of the screening tool, were not those who currently considered themselves close to returning to work. According to IBPAs these customers either therefore needed alternative interventions to bring them closer to considering work (for example the Condition Management Programme, see above), or were unlikely to move forwards at all (see Chapter 5, below). The Return to Work Credit was therefore felt likely to benefit some of these customers further down the line rather than immediately. However, IBPAs did say that a few mandatory customers returning to their previous job following treatment had benefited from the RTWC. There was also a feeling that the Return to Work Credit helped customers to feel more positive about the idea of returning to work, even if they were not ready at that particular point in time.

*“I would say that every single person, even people who are saying that are not ready to go back to work at the moment are finding it [RTWC] an incentive, they have it in mind for when they do get back to work...it is a great selling point, it could not have been better.” (IBPA)*

4.60 A few IBPAs expressed concern about whether work would continue to be viable for some of their RTWC customers once the year of entitlement to the credit was over. They felt that the state of the local labour market was such that work was likely to be unsustainable for many without the RTWC supplement, particularly for those who felt that their health conditions precluded them from working more than part-time. However, some IBPAs expressed the view that whilst RTWC was playing an important role in getting people back into work, what would actually keep them in work was a sea-change in their attitudes and orientation towards work as they settled into the routine of work. This subject will be explored amongst RTWC customers in a future study.

### ***Adviser Discretionary Fund***

4.61 Several advisers mentioned having used the Adviser Discretionary Fund for IB customers, typically again voluntary customers rather than mandatory customers because these were the people who were closer to work, and therefore more likely to benefit from the money.

4.62 Amongst the few advisers who mentioned the fund, there appeared to be discrepancies in the way it was used. For example, some said that they used it a lot, for example to help customers buy clothes, to pay for driving lessons. Others used the fund much more sparingly. In the group discussions there were some disagreement between IBPAs about whether customers returning to an existing job should receive ADF money; some did give money to such customers but others did not, on the grounds that they were not the neediest.

## **Summary of referral practices**

4.63 This table summarises the types of customers IBPAs regarded as suitable for referral to the CMP, Job Brokers, DEA, Work Psychologist and for receipt of the Return to Work Credit.

### **Chart 4.6 – IBPA referral practices**

<p><b><u>NHS Condition Management Programme</u></b></p> <ul style="list-style-type: none"><li>• Customers some way from work, needing help to move towards shorter-term goals <i>-Usually mandatory IB customers</i></li><li>• Work-ready customers for ‘polishing off’ <i>-Usually voluntary customers</i></li></ul> <p><b><u>Job Brokers</u></b></p> <ul style="list-style-type: none"><li>• The ‘work-ready’ <i>-Usually voluntary customers, typically new and screened out of WFIs</i></li></ul> <p><b><u>The Disability Employment Adviser</u></b></p> <ul style="list-style-type: none"><li>• Customers who failed the Personal Capability Assessment <i>-Ex-mandatory customers</i></li><li>• Customers with more serious health conditions, but who have not ruled out working <i>-Usually mandatory customers</i></li></ul> <p><b><u>The Work Psychologist</u></b></p> <ul style="list-style-type: none"><li>• Customers who failed the Personal Capability Assessment <i>-Ex-mandatory customers</i></li><li>• Customers with more serious health conditions, but who have not ruled out working</li><li>• Customers in need of examination by specialist to assess suitability for WFIs</li><li>• Customers unable to return to previous line of work in need of advice about change of direction <i>-Usually mandatory customer</i></li></ul> <p><b><u>The Return to Work Credit</u></b></p> <ul style="list-style-type: none"><li>• The ‘work-ready’ <i>-Usually voluntary customers, including new and existing</i></li></ul>
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## **Chapter Summary**

4.64 The extent to which IBPAs were referring to the Condition Management Programme varied greatly. Some said that they referred the majority of their mandatory caseload to the CMP, others had referred none at all. Levels of referral depended largely upon the nature of IBPA relations with the CMP providers. Generally however, knowledge about and confidence in referring to the

CMP had increased since the Early Focus Group Study. IBPAs also differed in *who* they were referring to the CMP. One group of IBPAs felt that the CMP had a confidence and motivation-building purpose and as such was a useful intervention for customers - often in the mandatory group and often although not exclusively with mental health conditions - who were not yet ready to consider work. Others felt that the CMP was more appropriate for customers who were almost 'job-ready' and made fewer referrals from their mandatory group. Some IBPAs remained confused about who the programme was there to serve.

4.65 Knowledge about and confidence in referring to Job Brokers had also improved since the previous study, although whilst many IBPAs were referring customers frequently there were still some who had made no referrals at all. The extent to which IBPAs were referring, as with the CMP, depended on the nature of relations between the IBPA and the Job Brokers.

The general feeling amongst IBPAs was that Job Brokers were only appropriate for their 'job-ready' customers. As a result those using Job Brokers referred more voluntary than mandatory customers, particularly new IB customers who had been screened out of the WFIs on account of their closeness to work.

4.66 The extent to which IBPAs used DEAs again varied greatly and depended on their level of contact with the DEA and understanding of what the DEA was there to do. IBPAs using their DEA talked about referring two main groups of customers: those who did not satisfy the Personal Capability Assessment but needed support around returning to work; and those who had not yet ruled out a return to work, but who had more serious health conditions (both physical and mental) and faced more barriers than the *job ready* customers they referred to the Job Brokers.

4.67 A range of referral behaviour was evident in relation to the Work Psychologist, depending again on IBPAs knowledge about and understanding of the role. IBPAs referred three main groups of customer to the WP often though not exclusively from the mandatory caseloads: those who did not satisfy their PCA; customers, usually with mental health issues, who the IBPA felt would benefit from further assessment to look at their suitability for participation in the WFIs; and customers who had not ruled out work but were unable to return to their previous profession.

4.68 The extent to which IBPAs knew about and had access to, other local services varied. Some IBPAs said that there was a gap in services for customers with moderate to serious mental health conditions. Others knew of local mental health organisations, or felt that the CMP, DEA or WP might have a role to play with these customers. Several IBPAs said there was a gap in provision for customers with drug and alcohol problems.

4.69 IBPA contact with employers had not advanced significantly since the Early Focus Group study, and remained for the most part very limited. There were two key explanations: lack of time to build up relationships (although some were working to establish such relationships at the time of fieldwork); and a feeling amongst IBPAs that they would tend to send 'job ready' customers to Job Brokers rather than straight to employers.

4.70 IBPAs unanimously reported a positive reaction to the Return to Work Credit amongst IB customers. They said that voluntary customers were currently taking it up in much greater numbers than their mandatory customers, who tended to be further away from considering work. However, IBPAs felt that the RTWC might act as an incentive to mandatory customers when they were further down the line.



## 5 Customer progression

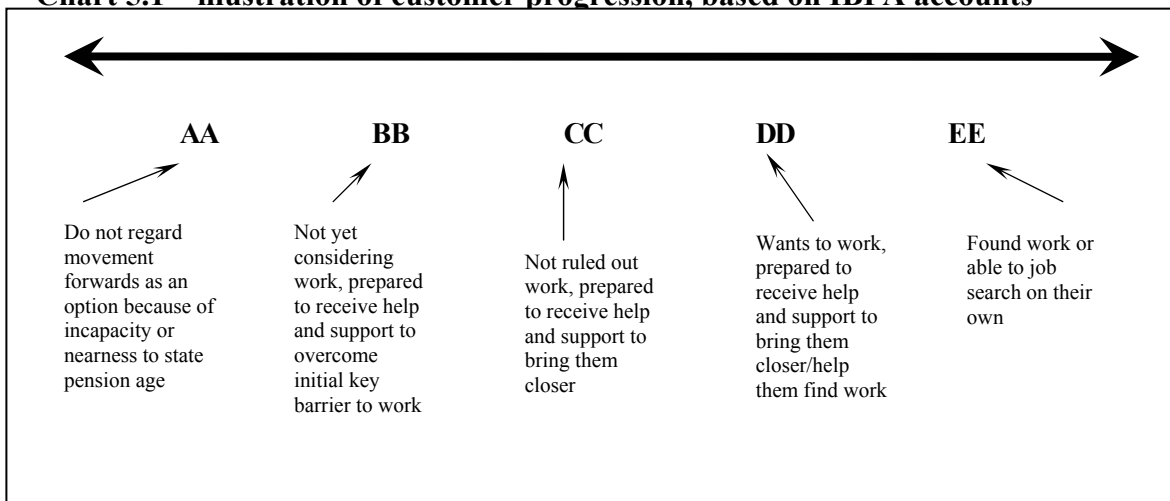
5.1 This chapter explores IBPAs' accounts of the extent to which their customers were progressing as a result of their contact with the IB Reforms. First of all, IBPAs' definitions of progression are examined. The chapter then goes on to look at the key characteristics of the customers who were progressing and those who were not. Additional key explanatory factors accounting for levels of progression are then explored. Finally, the chapter examines IBPAs' views about the number of and timing between WFIs and their use of Action Plans and Customer Progress Kits in facilitating customer progression.

### Defining 'progress' – IBPA accounts

5.2 A range of different types of customer progression was talked about by IBPAs, from being able to move into work independently, through to overcoming initial key barriers to returning to work, such as fear of leaving the house. The diagram below illustrates the spectrum of progression from a starting point of not regarding movement forwards as an option (A) through to being able to look for work independently (E). Whilst some customers were said to have progressed, or be making progression from A to B or C, others had progressed from D to E or, in more exceptional cases, A or B to D or E, circumventing some of the middle stages. Others were not felt to have progressed at all (see Section 5.3, below).

5.3 Although there was not explicit data from IBPAs about customers who had moved backwards, they reported that customers talked about age as a barrier to finding work, which could conceivably result in customers moving backwards over time. Also, it is plausible to conjecture that a deteriorating health condition would result in backwards movement down this trajectory. This is an issue that can be explored further in the next IBPA study.

**Chart 5.1 – illustration of customer progression, based on IBPA accounts<sup>18</sup>**



<sup>18</sup> Individual IBPAs did not talk specifically about a 'spectrum' or 'A, B, C' on the spectrum as illustrated in diagram 5.1. Rather, the spectrum has been developed from the way that IBPAs, as a group, talked about customer progression.

5.4 IBPAs typically regarded the progression from A to B or C as equally important and valid as the progression from C or D to E, as discussed in Chapter 2. As they saw it, customers who progressed along the left-hand side of the spectrum might not move into work in the near future. They had, however, been helped to overcome some of the key initial barriers to considering work - for example low confidence, or a belief that their health condition precluded them from working. This might mean they were more likely to consider work further down the line. (For details of IBPAs' views about the relationship between meeting targets by moving customers into work and working with customers who were further from work, see also Chapter 2).

*"I see it, I have made a difference to that person's life and they can...go out and do their shopping or go out and interact with people. Getting them into work might be a longer process, but if you hadn't overcome all those smaller barriers, there would never be a stage at which they would be thinking about work at all."* (IBPA)

5.5 IBPAs also emphasised that progression depended very much on customers' starting point, in particular the barriers that they needed to overcome to move on. For example, they might argue that a customer who had moved from A to B had actually progressed much further in terms of personal commitment and effort than a customer who had progressed from D to E.

5.6 A number of IBPAs said specifically that they avoided thinking of progression in terms of getting a customer into work alone. They said that they would rather spend a year working with a customer to move them close towards work than move them into work earlier when they were not ready. This said, the extent to which IBPAs were prepared to provide an extensive service to what they saw as 'difficult' customers in practice varied greatly, as described in Section 5.3, below.

### **Progression – customer characteristics**

5.7 This section discusses the types of customers who were felt to be progressing in relation to Chart 5.1 above.

#### ***Progression from point D or E (wanting to work/being able to look for work independently)***

5.8 According to IBPA accounts, customers starting out at this point fell into various groups. The first group consisted of new IB customers who had been screened out of the programme of compulsory WFIs (WFIs) because they were close to work. Many of these customers were said to be able to look for work themselves, only returning to the IBPA to receive the Return to Work Credit when their search proved successful. Others were passed on to Job Brokers for help with finding work. Voluntary customers from the existing stock of IB customers also sometimes reportedly fell at point D on the spectrum when they contacted the IBPA. According to IBPAs, one of the key barriers to returning to work for these customers was a perception that it was unlikely to be financially viable. Hearing of the Return to Work Credit had encouraged them to get in touch with the IBPA, and whilst some needed help and support, others did not.

*“Voluntary customers are keener [than mandatory] to get back to work. They’re at the stage where they know that if they’re going to get back to work, they are going to get all this extra money.” (IBPA)*

5.9 Mandatory customers rarely fell at these points on the spectrum at their first WFI according to IBPAs (see below). The exceptions were mandatory customers whose key barrier to returning to work had been impending treatment or tests, which they had subsequently had, and those keen to work who had experienced a significant improvement in their condition since going onto Incapacity Benefit.

5.10 The lone parent with arthritis in Vignette three (see appendices) is an example of a customer IBPAs expected to progress quite rapidly from her starting point D to E, perhaps with the help of the Condition Management Programme or Job Brokers. IBPAs felt that they would be likely to discuss routes to work with this customer at an early WFI. A number of IBPAs doubted that a customer like this would have been screened into the mandatory caseload; they thought she seemed too close to work.

### ***Progression from point C (not ruled out work- prepared to receive help and support)***

5.11 Customers more likely to start near to point C in the spectrum fell into two main groups according to IBPA accounts. The first consisted of voluntary customers from the existing stock. A typical profile here was a customer who faced barriers to returning to work, but who was prepared to try to move forward. They had heard about the new package of support available to IB customers, and contacted the IBPA for support. These customers tended to need more intensive help and support than those described above in order to move further towards work. The second group included mandatory customers who also fell around the middle of the spectrum on first contact with the IBPA. These tended to be customers who had not ruled out the idea of working, but had been screened in because they faced a number of barriers. On hearing about the package of support available to them through the IBPA however, they were prepared to access the appropriate help and support in order to move forwards.

5.12 IBPAs often said that the first stage for these customers was to refer them to the Condition Management Programme, the Work Psychologist, or programmes available via the DEA. The next step, if they got that far, would be looking for work either through Job Brokers or the IBPA. The speed at which customers moved on from C towards employment varied. At the time of fieldwork, some were still at point C, receiving help and support; whilst others had moved on to points D or E and were willing and able to look for work.

5.13 IBPAs gave a number of examples of customer movement, one gave this example of a customer starting around the middle point in the spectrum and moving to point D as follows:

*A male customer in the mandatory caseload had had a stroke several months ago and currently needed to use a walking stick to get about. He was unable to go back to his previous job and unsure how to move forwards. At his first WFI he expressed some interest in interior design. The IBPA referred him to a careers adviser, and then on to an Open Learning course, which reduced his hours because of his disability. He got funding to do this course from a Job Broker.*

### *Progression from point A or B (those for whom work not currently an option)*

5.14 The customers falling at A or B on the spectrum at first point of contact with the IBPA were typically, according to IBPA accounts, mandatory customers. The key explanation that they gave for this was the screening tool; those who said that they could see themselves returning to work in the near future were screened out, which meant that those who were included in the programme of WFIs tended to be those who were further away from work. These customers were typically felt to be the ones who needed support in overcoming early initial barriers before they could begin to think about work. As described in Chapter 4, some IBPAs were referring these customers to the Condition Management Programme, Disability Employment Adviser, Work Psychologist or Jobcentre Plus training. The extent to which these customers progressed varied. The typical movement, at the time fieldwork was conducted, had been towards being prepared to receive help or support but not yet considering work as an option.

5.15 The young man with epilepsy who could not see himself returning to work, in Vignette one (see appendices) provides an example of the type of customer IBPAs felt likely to fall at point A or B on the spectrum at his first WFI. They typically thought he would be likely to progress no further than C during the course of the first few WFIs. The ex-miner with depression in Vignette two (see appendices) is another example of a customer IBPAs anticipated might move from point A or B to C in the first few WFIs. They felt that their main task in the early interviews would be to build up a rapport with him and gain his trust.

5.16 An example given from an IBPA caseload of a customer making this type of movement is as follows:

*A female customer in her early thirties has mental health problems and is currently seeing a counsellor once a week. She does not feel able to work. The IBPA is in the process of getting a place for this customer on a Basic Skills Keyboard course - attending a small group where she can do a bit of socialising and get a qualification will, for this customer, be 'a big step forwards'.*

5.17 However, there were also cases of customers who had made dramatic progress along the spectrum in a short space of time, sometimes circumventing the middle stages altogether, for example:

*A young female customer showed such strong symptoms of stress and anxiety at the first WFI that the adviser initially thought that she was not suitable for the programme of WFIs at all. She appeared to be a long way from work, and to require intensive help and support to overcome her stress before she could consider work. By the time of the third WFI interview, however, the customer appeared much more confident; attending regular meetings with the IBPA seemed to have helped overcome some of her anxiety. She is currently working in a local shop, which is a job she found with the help of the IBPA.*

5.18 Key factors accounting for levels of customer progression are discussed in para. 5.38-5.56, below.

### Characteristics of customers less likely to progress

5.19 IBPAs mentioned a number of customers who had not progressed any further from where they began which was not viewing movement forwards as an option (See point A on Chart 5.1) during the course of their first few WFIs. These fell into several broad groups, summarised in Chart 5.2 below, and then described in detail. There were often overlaps between these groups, customers falling into two or more at once. It is important to note at this point that the extent to which IBPAs ‘ruled out’ these customers rather than trying to move them forwards depended on a number of factors discussed in Section 5.3 below.

5.20 It is also important to note that there were a number of exceptions, in the form of customers who fitted into one of the categories outlined below, but who were actually positioned at around B or C on the spectrum (see Chart 5.1 above) on first contact with the IBPA. A positive and determined attitude on the part of the customer was a key explanation for these exceptions (see also para 5.50 below).

#### Chart 5.2 – Key customer groups described by IBPAs as harder to progress

##### Customers:

- with moderate to severe mental health conditions
- with long benefit histories
- regarded as unsuitable for recommendation to service providers or employers
- misusing drugs or alcohol
- with complex or multiple problems
- with caring responsibilities
- awaiting medical treatment or assessments

#### *Customers with moderate to severe mental health conditions*

5.21 The extent to which IBPAs felt able to work with these customers and move them on varied significantly, and depended on several factors which are discussed in the next section, below. However, several IBPAs talked about customers with moderate to severe health conditions as being difficult to move on, particularly if their condition was unstable at the time of the first WFI (see also Chapter 2). They said for example, that these customers were insufficiently ‘stable’ to benefit at present from training, condition management or attendance at the WFIs. In some cases, this feeling was clearly related to IBPA anxiety or lack of confidence around working with these customers; they worried, for example, that attending the WFIs might have a negative effect on a customer, or that something that they said might ‘push them over the edge’.

*“We’re finding that we’re getting customers [with] moderate to severe mental health issues and that these are the ones that are difficult to deal with. When I see my chap who tried to commit suicide last year I’m thinking, ‘Where do I go with him, am I going to be able to make a difference?’...Because we’re not trained psychologists.” (IBPA)*

5.22 Some of these customers reportedly faced additional difficulties, which IBPAs felt further impeded their ability to progress (see para. 5.53-5.56 below).

*“I have a client I saw yesterday who is severely depressed, but he’s depressed because his daughter is self-harming herself and he can’t cope with his condition until he knows that she is okay. I think, ‘That’s not one problem, that’s two or three problems’ ...that can be very tough.” (IBPA)*

5.23 Chapter 3 describes how IBPA practices towards waiving and deferring these customers varied. Chapter 4 discusses variations in referral practices amongst IBPAs when working with these customers.

### ***Customers near to retirement age, with no inclination to return to work***

5.24 Customers in their late 50s who were near to retirement age were in some cases talked about as difficult to move on. The key explanatory factor given here was attitude; several IBPAs said that they had come across customers in this age group who were reluctant to change their situation. One IBPA, for example, worked in a scenic rural community, which was a popular retirement spot. Several of his mandatory customers had recently moved there to retire, and had no intention of returning to work, instead planning to claim Incapacity Benefit until their retirement age. According to IBPAs, these customers often expressed the view that they had ‘done their bit’.

*“A lot of [older] customers are here [IBPA’s local community] with a view that they’re just here to retire...A lot of these people are in their mid to late fifties, so when you’re talking about their potential for getting back to work you get a quite a lot of objections from them.” (IBPA)*

5.25 This reluctance to move on could reportedly be exacerbated when the customer felt that they faced additional barriers, for example perceived employer reluctance to take older people on, or, where a career change was necessary, a feeling that they were too old to learn new skills.

5.26 Another further example of a customer in this group, from an IBPA caseload, is as follows:

*A male customer in his late fifties worked as a forestry ranger, and then for years as a paramedic. He had what the IBPA saw as a ‘good work history’. He had stopped working as a paramedic because of a serious back condition. Had he wanted to return to the work, he could have found a job on his own. However, because of his age and condition he had no intention of returning to work.*

### ***Customers with a long benefit history***

5.27 Customers with a long history of claiming benefits were also often talked about as difficult to move on (although the extent to which IBPAs were able to move these customers on depended on several additional factors discussed in the next section, below).

5.28 Within this broad category, IBPAs talked about two distinct groups. The first comprised customers with a history of claiming Job Seeker’s Allowance (JSA) or moving between JSA and Incapacity Benefit. IBPAs said that these customers had often recently come onto Income Support to avoid having to show they were ‘actively looking for work’ and felt in consequence

## Customer progression

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that these were the customers who were *'playing the system'* and reluctant to move off benefits. According to some IBPAs, these customers were often just *'going through the motions'* by attending the Work Focused Interviews, and refused any opportunities offered them. A proportion was said to have drug records, and some were also said to come from families with a long history of unemployment. One adviser suspected that family members had a negative influence on these customers and described one such case:

*A young female customer, still living with her parents, had a history of claiming Job Seeker's Allowance, and had recently moved on to Incapacity Benefit. She came from a family with three generations of unemployment. She had been expelled from school. During the Work Focused Interview she seemed willing to consider options available to help her to move forward, but seemed to change her mind once she got home and discussed them with her family. The IBPA thinks that her family was putting her off the idea of moving towards work, perhaps by telling her that it would not be financially worth her while.*

5.29 A second group consisted of long-term Incapacity Benefit customers who had been referred to the programme of WFIs, according to IBPAs, as a result of a recent claim for Income Support. IBPAs said that these customers were often difficult to move on because they had as they saw it, become *'entrenched'*; accepting life on Incapacity Benefit as their lot, and displaying a conservatism about considering other options.

### ***Customers regarded as unsuitable for recommendation to service providers or employers***

5.30 A number of customers were felt by IBPAs to be unsuitable candidates for support, training or employment. For example, one IBPA working in a small rural community said that he saw a small number of customers who had a *'bad reputation'* in the local community, for example, for what the IBPA perceived to be criminal behaviour. He said that these customers were reluctant to take up any of the opportunities offered to them, and that he was loath in any case to recommend them to employers or service providers. A particular fear was that they might be unreliable and problematic, and perhaps reflect badly on the IBPA.

*"Some people who are screened in we know from local knowledge or even from employers that no employer would take them. We're just kind of paying lip-service to them, you know, keeping them up to date but not taking it too far."*  
(IBPA)

5.31 Customers with a long benefit history (see also para 5.27 above) were also sometimes regarded by IBPAs as unsuitable for training or employment. For example, some IBPAs said that they had come across customers who had no work experience, no qualifications and a negative attitude towards the idea of moving forward. They were often reluctant to recommend these customers to training or other service providers and said that they faced resistance from the customer in any case.

### ***Customers misusing drugs or alcohol***

5.32 IBPAs in two of the fieldwork areas said that they had come across a number of customers

who were misusing drugs and alcohol. Those using drugs chaotically were said to be particularly difficult to move forwards – it was felt that these customers' lives were not sufficiently stable or predictable for them to be able to attend regular WFIs or access training or support. Several IBPAs said that they had faced verbal aggression from drug-using customers who had objected to being called in to attend the WFIs.

5.33 However, the extent to which IBPAs were able to move these customers on depended on a number of other factors, discussed in the next section, below.

### ***Customers with complex or multiple problems***

5.34 Another group regarded as hard to move on were customers described as facing complex or multiple problems, which the IBPA felt precluded them, at the time the WFIs were conducted, from accessing help and support to move on. These tended to be customers facing predominant personal issues as well as issues relating to their health. One example, from an IBPA caseload, is as follows:

*A male customer had bad burns on his legs from childhood, and, according to the IBPA, an assortment of psychological and social problems. His partner is frequently violent towards him. He is frightened to leave the house on account of a recent involvement with a local drug pusher, which turned sour. He lacks the confidence to attend any training or condition management.*

### ***Customers with caring responsibilities***

5.35 Several IBPAs said that they had seen customers who they were unable to move on because they had significant caring responsibilities. Some of these were caring for elderly relatives; others were lone parents who felt unable to move on at present because of the age of their children or because their children required particular care.

### ***Customers awaiting medical treatment or assessments***

5.36 Customers awaiting medical treatment were in a slightly different situation to those in the categories described above, because of the possibility of an alleviation of their main barriers, through receipt of medical treatment or assessments. However, according to IBPAs whilst these customers were awaiting treatment or assessments they did not tend to want to take up any of the training or support on offer until they knew that they would be medically fit to do so. A key explanation for this was the uncertainty that these customers faced; they did not want to move forwards until they knew that they would be medically fit enough to do so. Another, related, explanation was the customer's state of mind; IBPAs said that they were typically unable to focus on the options on offers in the WFIs because they were so concerned about impending treatment or tests. The young father with severe epilepsy in Vignette one (see appendices) is an example of the type of customer IBPAs spoke about in this way. A common view amongst IBPAs was that they would want to await the results of this customer's tests before looking at how to move him on.



5.37 Chapter 3 describes variations in IBPA practices in terms of waiving and deferring, versus choosing to work with, these customers.

### **Key factors accounting for levels of progression**

5.38 The section above described the characteristics of customers IBPAs felt more or less able to progress. The extent to which customers moved depended on a number of additional factors summarised in Chart 5.3 and then discussed below. This subject will be examined from customers' perspectives in the forthcoming findings from the early stages of the qualitative panel study with customers.

#### **Chart 5.3 – Key factors accounting for levels of customer progression**

- IBPA referral behaviour in relation to the 'Choices' package, Jobcentre Plus specialist advisers, training providers and other local service providers
- IBPA attitudes towards working with customers in 'difficult' groups
- Levels of IBPA proactivity
- Customer attitudes
- The absence or presence of external barriers to moving into work, for example:
  - The nature of the local labour market
  - Accessibility issues
  - Housing costs
  - The length of NHS waiting lists

#### ***IBPA referral behaviour in relation to the 'Choices' package, Jobcentre Plus specialist advisers, training providers and other local service providers***

5.39 One key factor accounting for customer progression was IBPAs' use and understanding of the Choices package, Job Brokers, Disability Employment Advisers, Work Psychologists, training providers and other local service providers. IBPA variations in patterns of use and views about the types of customers it was appropriate to refer have been discussed in detail in Chapter 4 above. A key point to note in this context is that customers in similar situations or presenting similar conditions were apparently receiving different treatment from the IBPA depending on the IBPAs' use of and views about the various service providers mentioned above. The extent to which a customer was able to progress therefore depended to some extent on IBPAs' attitudes towards and referral behaviour in relation to service providers and specialists.

5.40 For example, IBPAs displayed significant variations in their attitudes towards and referral behaviour in relation to, customers presenting moderate to more severe mental health conditions (although the attitude of the customer also played a role see below). This is also discussed in Chapter 2, above. To provide an illustration of this, two different IBPAs in the sample were presented with a customer who was very tearful in their first WFI and appeared to the IBPA seriously depressed. One IBPA referred the customer immediately to the NHS team based at her Jobcentre, who began to work with the customer. According to the IBPA, the customer is still 'miles off' work, but considering working from home. The other IBPA, who did not have such

ready access to NHS advice, decided that it was not appropriate to work with the customer, and deferred her WFIs. Other IBPAs talked about contacting the customer's doctor or counsellor in cases such as this (see the case example in the next section) or as described in Chapter 4, referring to the Work Psychologist or Disability Employment Adviser or the Condition Management Programme.

5.41 The variations in IBPA referral behaviour to the Condition Management Programme, described in Chapter 4, provide a second example of how customer progression could be affected by which IBPA they saw. As described in Chapter 4, some IBPAs had good relations with the CMP and regarded it as a general confidence and motivation-building programme suitable for those who were yet some way from work. They therefore tended to refer a large proportion of their mandatory customers to the programme. Others had less well-developed relations, or viewed the programme differently and were making far fewer referrals.

### ***IBPA attitudes and levels of proactivity***

5.42 One key factor that might be expected to have an influence on customer progress was the extent to which IBPAs took time to get to know a customer's situation, and provide them with a very personalised, tailored service. The strong impression given by IBPAs was that this was the approach that they would normally try to take (see Chapter 2), so it has not been possible in this report to differentiate between IBPAs in this context. Customers' perceptions of the extent to which this was happening will be an important area to explore in the panel study.

5.43 The extent to which customers moved on depended also upon IBPA attitudes towards customers in particular groups, and whether the IBPA adopted a proactive stance on their customer's behalf. These two factors were often inter-related and are discussed below.

5.44 In relation to IBPA attitude, there was evidence of variations between IBPAs towards customers presenting similar situations and conditions. It has already been described above how some IBPAs chose to defer customers with moderate to severe mental health conditions whilst others apparently sought ways of continuing to work with them, believing that these customers required more intensive, longer-term help.

5.45 There was also evidence of differences in attitudes towards some of the other more 'difficult' groups described above. For example, an IBPA in one area said that they generally deferred customers who did not appear to be interested in progression by the time of the third WFI, for example customers with a negative attitude who were reluctant to move forwards. In another area several IBPAs said that they specifically focused on the 'good' customers, rather than all of those who had been screened in. This meant in practice that whilst they continued to retain contact with the 'difficult' customers, they regarded this contact as merely paying '*lip service*', and might be done over the telephone rather than face to face. Other IBPAs had a more tenacious approach, and said that they would certainly continue to see these customers, possibly beyond the mandatory number of Work Focused Interviews. In their view, it could take several months before some of the more 'difficult' customers had moved forwards sufficiently to be in a position to consider accessing support or training. In this context, several said that they had experience of customers who had been very negative at first, but who had begun to shift their attitude by the third or fourth WFI.

5.46 There were differences too in the extent to which IBPAs appeared to be acting proactively

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for their customers, providing them with an extensive service that met all of their needs. For example, whilst some IBPAs appeared to be proactively building relationships with service providers, tailoring what they offered to customers' personal needs and following up their referrals to check on progress, others appeared to be doing less active work in these areas. An example of a particularly tenacious and tailored intervention for a voluntary customer is given below:

*A middle-aged male customer had been on Incapacity Benefit for five years. On account of 'severe' mental health problems he had lost a high-pressure job in a public service role and his marriage had broken down. He first came to see the IBPA because a relative had told him to. He was 'negative' at first. The IBPA contacted the customer's counsellor, with the customer's permission, and they had three-way meetings to look at what they could offer him. The IBPA referred him to WorkPrep through the DEA but this did not work out. He then referred him to the Work Psychologist who again contacted the customer's counsellor. The Work Psychologist explored alternative career options with the customer. After four months he returned to work, and is doing Permitted Work. He is receiving an 'aftercare' service from a Job Broker.*

5.47 The extent to which IBPAs' displayed tenacious and proactive behaviour towards their customers, particularly the 'difficult' ones, depended on a number of factors. One was capacity; as described in Chapter 3, the size of IBPAs' workloads varied, and some had more time for contact with service providers and making referrals than others. Those disregarding the 'difficult' customers in favour of those they saw as easier to progress were sometimes – though by no means always – those with the larger caseloads. A further factor was IBPAs' perceptions of the extent to which area and Jobcentre managers endorsed the need to work intensively with some customers rather than concentrate on the quicker, easy to meet targets. This is discussed in Chapter 2. A final factor was the nature of IBPAs' previous roles. Some said that their previous jobs had involved actively pursuing relations with other local providers, and acting as advocates for their customers. These IBPAs had therefore easily transferred this behaviour to a new role whilst IBPAs with less prior experience were often still learning.

*"In a previous job I had lots of relationships with service providers and that worked well for me because I knew I could ring up and say, 'Look, you said you'd give me this and you didn't, what's happening?'" (IBPA)*

5.48 However, individual IBPA attitudes also came into play, accounting for variations in behaviour even among those with similar career backgrounds and workloads.

## Customer attitude

5.49 A factor given much weight by IBPAs in the previous study was the seriousness of customers' health condition. In particular, IBPAs talked about seeing customers with such serious conditions that it was impossible for them to move on at the present time from their current situation. As described above, the seriousness of a customer's health condition was mentioned again in relation to customers with mental health conditions (see para. 5.21 above). However, in general, IBPAs placed much less weight on this area than in the earlier study<sup>19</sup>. A key explanation for this seems to be the shift in IBPAs' waiving and deferral practices since the

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<sup>19</sup> Incapacity Benefit Reforms – early findings from qualitative research (Dickens, S., Mowlam, A, Woodfield, K.)

time of the last study (see Chapter 3), IBPAs often seeing fit to waive or defer customers with what they saw as prohibitively serious conditions.

5.50 What *was* given more emphasis this time was customers' own willingness to engage with the WFIs and the idea of moving on, a subject that will be explored in detail in the qualitative report on the panel study with new Incapacity Benefit customers. IBPAs often said that customer attitude towards moving on was one of the key factors accounting for how far they were able to progress customers. In relation to the young man with epilepsy in Vignette one (see appendices), for example, IBPAs felt that a critical factor would be the extent to which he was willing to accept help.

5.51 There was common agreement amongst IBPAs that if a customer was adamant that they did not want to move on, there was little that they could do – and even some of the most tenacious IBPAs said that they found themselves '*going through the motions*' with customers in some of the more 'difficult' groups described above. Some IBPAs mentioned that customers' relationships with their GPs could aggravate their reluctance to move on, for example if their GP had told them that they did not feel that they were suitable for work. As noted above, however, there were differences in the extent to which IBPAs were willing to persist with what they regarded as 'difficult' customers.

5.52 There was also evidence of customer attitude propelling customers forward that IBPAs might otherwise have felt were likely to be very difficult to move on. Examples were given of customers with cancer who were determined to return to work, customers who had been on benefits for years returning to work with the help of the Return to Work Credit and Job Brokers, and a young man who was battling his drug addiction and moving into Basic Skills training as a result of personal determination.

### ***Presence or absence of external barriers***

5.53 A number of external barriers were also felt to influence the extent to which a customer was able to move on. Conversely, where such barriers were absent, progression was felt to be more likely.

5.54 One of these was the state of the local labour market. IBPAs working in rural communities in two of the areas where the study was conducted said that finding appropriate work within their local area could be a problem for their customers. Jobs were few, and there was little variety; as a result customers would need to travel outside their communities to find suitable work. This in turn could be a problem for those in areas with poor public transport who lacked their own means of getting about; although the IBPAs also talked about customers who were reluctant to make a commute to a neighbouring area for attitudinal reasons, even where good public transport links were available. To illustrate this, an IBPA who had switched from a Jobcentre in a large town to a Jobcentre in a more remote community said that she had experienced a sharp drop in the number of customers she was helping into work. Several IBPAs thought that it might be difficult to move the ex-miner with depression in Vignette two (see appendices) into work, for these reasons.

5.55 Cost of housing was a second external barrier, mentioned by IBPAs in one particular local area. They said that the most common form of housing stock was property available on the private rental market, and that the high costs of private rents posed a barrier to Incapacity Benefit

customers returning to work, even taking the Return to Work Credit into account.

5.56 The length of NHS waiting lists was a final external barrier, mentioned by several IBPAs. As described earlier in this chapter, customers awaiting tests or treatment were generally considered difficult to move on and were not expected to make any significant progression until they had had their appointment. This could mean a delay of several months, and take customers past the end of their mandatory WFIs (see also para. 3.39 above).

## IBPA measurement of Customer Progress

### *Use of Action Plans and Customer Progress Kits*

5.57 IBPAs typically said that they were using Action Plans to help them to measure a customer's progress. In particular, the Action Plans were used as a form of *aide-memoir*, to remind IBPAs what they had talked to a customer about and what the customer's key goals were. A key downside of the Action Plans was felt to be that they did not allow for the recording of changes on customer attitude or confidence, which IBPAs felt were often the most significant advances a customer had made. However, several IBPAs said that they made their own notes on the Action Plans.

5.58 IBPAs who were asked their views of the Customer Progress Kit said unanimously that it was not helpful, and appeared to be a duplication of the Action Plan. Some also said that they felt that the Action Plan was easier for their managers to follow:

*“We put everything that is happening on the Action Plan, we can show how they progress or have progressed, so do we really need these [Customer Progress Kits]? If the manager went to have a look at them he probably wouldn't have a clue what it meant anyway. He would rather see it down in black and white on the Action Plan.” (IBPA)*

5.59 One IBPA said that she was using it instead of the Action Plan because it seemed pointless to record a customer's progress on both documents.

### *Other means of measuring progress*

5.60 As described in Chapter 4, above, a number of IBPAs talked about maintaining contact with customers and sometimes also their service providers once they had referred a customer on to a service. They said that they did this to track the customer's progress and to make the customer feel that they could contact the IBPA whenever they wanted to with queries, or for a more general conversation. As also described in this chapter above, the extent to which this happened tended to vary however, depending on an IBPA's caseload, relationships with service providers and levels of proactivity.

5.61 Several IBPAs expressed the view that a customer's progress was something that they were best placed to judge through their individual relationship with that customer rather than through specifically devised tools such as the Customer progress kit. In particular, they said that there were aspects of progress that might seem intangible in the context of a progression but which were very real to them – a customer appearing, for example, more confident or more talkative.

The importance of forging a personal relationship with customers (as discussed in Chapter 2) was emphasised again in this context.

### Chapter Summary

5.62 According to IBPAs, Incapacity Benefit customers fell at various points on a spectrum in terms of closeness to moving into work, and moved along the spectrum to varying degrees. IBPAs typically saw helping a customer to overcome some of the key barriers to work as equally important and valid as moving a customer immediately into work.

5.63 Customers whom IBPAs said were closest to work at the first contact with the IBPA, and most likely to move towards work, were volunteer customers who (according to IBPAs) had been screened out of the programme of compulsory WFIs because they were relatively 'work-ready'. Those who needed more support to move into work tended to be volunteer customers from the existing stock and mandatory customers who had not ruled out work, but who had several barriers to overcome.

5.64 Those furthest from work, and least likely to progress towards work in the early WFIs were typically said to be mandatory customers who were not yet ready to consider the idea of moving into work. IBPAs often felt that these customers required help and support around overcoming key initial barriers before they would be ready to consider work.

5.65 Some IBPAs said that there were customers they had not moved forward at all. These customers typically fell into the following groups (although there were some notable exceptions of customers in these groups who *had* progressed): severe to moderate mental health conditions; near to retirement age, no inclination to return to work; long benefit histories; unsuitable for recommendation to service providers or employers; misusing drugs or alcohol; with caring responsibilities; awaiting medical treatment or assessments.

5.66 A number of key factors emerged from IBPA accounts as key influences on the extent to which a customer progressed. One was IBPAs' referral behaviour in relation to 'Choices' providers, other local service and training providers, Jobcentre Plus specialist advisers and Job Brokers. As described in Chapter 4, IBPA behaviour in this area varied greatly.

5.67 A further key factor was IBPA attitudes towards working with 'difficult' groups, and levels of proactivity. Whilst some displayed a tenacious approach with customers, exploring all the options and refusing to give up on 'difficult ones', others were less proactive, and tended to concentrate on the customers they regarded as easier to move on.

5.68 A factor given much weight by IBPAs in the Early Focus Group Study was the seriousness of customers' health conditions. With the exception of customers with moderate to severe mental health conditions, this was mentioned much less emphatically this time around, perhaps reflecting increased IBPA confidence with their role and comfort in talking to customers about their health conditions. What *was* emphasised as a key factor accounting for customer progression was customer attitudes towards moving on. IBPAs gave examples of where a positive customer attitude and determination to move on had allowed them to overcome barriers that other customers in similar situations might have seen as insuperable.

5.69 The presence or absence of a number of external barriers was also felt to influence

## **Customer progression**

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progression. These were the state of the local labour market; accessibility issues; local housing costs; and the length of NHS waiting lists.





## 6 Discussion of key issues

### Key findings

6.1 A key question in evaluating the work of the Incapacity Benefit Personal Advisers (IBPAs) is the extent to which they are moving customers towards and into work who, without their intervention, would not have moved forwards at all or as quickly. Customers fell into two broad groups here:

- ***‘Quick wins’***: these are customers who the IBPAs feel are fairly close to work when they get in contact with the IBPA, and are likely to be voluntary. They are often – but not always – new customers. These customers do not typically require extensive advice and support from the IBPA, but do take advantage of the financial incentives on offer from the IBPA and, in some cases, from Job Broker services. The impression given is that many of these customers could have moved forward without IBPA help and support, with the key caveat that having someone to explain and help with the applications for the Return to Work Credit (RTWC) is often important for these customers.
- ***‘Slower burners’***: these are the customers who according to IBPA descriptions are further from work, and either need help and support to get them into work, or help and support to overcome some of their early barriers to work. These customers are typically described as being IB customers who are required to participate in the mandatory work focused interviews (WFIs). Voluntary customers can also fall into this group however – for example, voluntary customers who are interested in the idea of moving forwards, but who feel they need help and support, and contact the IBPA for this support. These are the customers who IBPAs feel would be less likely to move forwards without their support.

6.2 The latter group, then, is the critical one as far as the IB Reform package is concerned – it is these customers whose outcomes can be most substantially affected by the IB Reform package despite the fact that the former group also gain additional benefits from experiencing the package (such as access to the RTWC or increased emotional support). At the time this research was conducted, IBPAs had typically conducted no more than three or four WFIs with their mandatory customers; the extent to which they are able to move these customers on will therefore need fuller exploration in the second stage of this research. However, this research identified a number of areas critical to IBPAs’ ability to provide an effective service to this second group, and move them forwards.

- ***Meeting targets versus moving customers forwards more gradually***: this report describes a tension identified by a number of IBPAs between on the one hand providing the holistic, intensive and sometimes long-term service that they perceived some of their customers in the latter group to require, and on the other hand meeting Jobcentre targets by moving as many of their IB customers as possible into work. In particular, there was a feeling that what some local office managers wanted was a greater concentration on the *‘quick wins’* over the more *‘difficult’* customers. Some IBPAs had responded to this, for example by deferring or waiving customers who had not moved forwards by the third WFI and, in some cases, seemingly concentrating more on the voluntary than mandatory customers. Other IBPAs were more persistent, and argued strongly that the key aspect of their role was to provide intensive and longer-term work with those customers who required more help to move

forwards. They felt that whilst this approach may not always result in work during the course of the six WFIs, but could at least '*sow the seed*'.

It seemed then that IBPAs needed a clearer steer on what the balance between achieving '*quick wins*' versus providing more intensive and long-term support should be. It seems particularly important that IBPAs feel they have 'permission' to prioritise the second group given that these are the customers the IB Reforms package the most potential to make a difference to. However, there is also an important issue to consider in terms of whether there are some customers who are *not* going to make any moves towards work. Whether and/or how and when this should be addressed is an issue for discussion as is how to deal with those who want to continue contact with their IBPA after the six interviews but are not making progress forwards.

- ***Capacity and timing issues:*** this report describes how, given particular circumstances, IBPAs were able to move customers in the '*slow burner*' group forwards either moderately or substantially during the course of the WFIs. However, it has also described how IBPAs expected many of these customers to need longer-term, tailored interventions. It also describes how customers referred on to the Condition Management Programme (CMP) or other elements of the 'Choices' package were often felt to need more than six months contact with the IBPA (as a result of the length of the referral times, and the duration of the courses). IBPAs typically felt that there was a question mark over whether they would have the capacity to carry on seeing these customers once their six months were up, particularly if a significant number turned out to require longer-term interventions. They felt that direction on this issue would be appreciated.
- ***Enforcers versus enablers:*** IBPAs also expressed concern about the perceived tension between their role as 'enforcers' (through their responsibility to impose benefit sanctions on Fail to Attends) and their role as 'enablers' through the provision of friendly, supportive and tailored interventions to help their customers move forwards. In practice this concern had led, as described in the report, to a reluctance to impose sanctions and to IBPAs putting off this process for as long as possible. In particular, the concern was that imposing sanctions would effectively blast away the foundations for a supportive relationship with these customers in the future. IBPAs typically felt that their role in acting as 'enforcers' should be reassessed. This issue was seen as particularly pressing given the often large proportion of customers who presented mental health issues, and who were therefore felt by IBPAs to respond particularly badly to anything that could be construed as 'pressure'.
- ***IBPA attitudes towards particular customer groups:*** this report has described how a number of groups were perceived as particularly difficult to work with and move on. Also evident, however, were disparities between individual IBPAs in the extent to which they were willing to 'take on' what they saw as more difficult customers. This includes customers with mental health issues, who could apparently receive very different treatments between different IBPAs, from waivers/deferrals to intensive, tailored support. As described in the report, some IBPAs were tenacious and persistent, and regarded finding solutions to more challenging customers as their key *raison d'être*, whilst others were apparently putting less time and effort into working with those they saw as difficult. In particular, some IBPAs argued they had to use discretion to defer to waive, or discontinue work at a later date with customers whom they felt should have been screened out initially, yet other IBPAs saw fit to work with customers sharing similar characteristics. Capacity issues and the steer from management were undoubtedly explanatory factors here, as was IBPA referral behaviour to *Choices* (see

below). It did seem, however, that individual IBPA attitudes and tenaciousness were also important in explaining differences. Given that mandatory customers were typically those classed as falling at the more difficult end of the spectrum, IBPAs attitudes in this respect appear critical to the success of the Reforms.

- **Referral behaviour;** IBPA referral behaviour in relation to the *Choices* package was closely related to the above - utilising the package effectively could mean that more customers received the expert support they needed. It could also mean that more IBPA time was freed up for work with those customers who were not seen as appropriate for referral to 'Choices'. This report has described how, generally speaking, IBPAs were referring more often, and in a more informed way, than reported in the earlier study. It has also described how increased knowledge and confidence of the elements of the *Choices* package could also lead to increased confidence around finding solutions for customers, including those regarded as more difficult. However, the report has also described how some IBPAs continued to lack knowledge and confidence about certain critical elements of the package, for example, the CMP and as a result were referring very little. It has also reported disparities in IB referral behaviour to elements of the package both between and within areas researched. The most striking example was referral behaviour in relation to the CMP – ranging from IBPAs who had made no referrals, IBPAs who typically referred mandatory customers further from work to the programme for confidence-building, through to those who regarded the programme as appropriate only for the work-ready. Clarifying IBPA knowledge about the various elements, and whom they are appropriate for, appears critical. In particular, it seems that increased knowledge and understanding will in turn lead to enhanced confidence around finding solutions for customers regarded as more difficult to work with.

## Questions for future evaluations

6.3 As described above, this study is the first of a two-stage study with IBPAs. The second will involve IBPAs from the next four pilot areas, and incorporate a longitudinal element by returning to the IBPAs interviewed in this study to look at how their role, perceptions of their role and experiences of customer progression change over time.

6.4 At the time this study was conducted, therefore, IBPAs were still at a relatively early stage in the process, having conducted around three or four WFIs with their first group of mandatory customers. As well as exploring further the issues raised above, a number of other questions raised by this study will be important to explore further in the future, notably:

- ***the impact of 'Choices' programmes on customer attitudes and 'buy-in' to later WFIs:*** at the time this fieldwork was conducted, IBPAs typically had limited feedback from or contact with customers they had referred to 'Choices' programmes. This tended to be because customers had only recently been referred, or a referral had only recently gone through. In later studies, therefore, it will be enlightening to look at the impact of the various programmes on customers' outlook and readiness to think about work and on their behaviour and stance towards the IBPA and WFIs.
- ***the impact of IBPAs' personal styles and approaches on customer progress:*** this critical issue was difficult to explore amongst IBPAs, as they were reluctant in the interview situation to describe their personal styles in either a positive or negative light, instead attributing customer progress to issues relating to the customer themselves, or to the practical support

and advice they were able to offer. Nevertheless, as the introduction suggests, past research has indicated that the personal relationship built up between a customer and a PA can be critical in influencing movement forwards. This is therefore a topic that is explored, and will be explored further, in research with IB customers.

- ***the extent to which IBPAs and the reforms more widely are providing ‘added value’ by moving customers towards work who would not have moved in this direction, or would have moved much more slowly, without the Reforms:*** this question is a pivotal one. This report has indicated that some IBPA time appears to be going towards working with customers – the ‘*quick wins*’ – who were job-ready, keen to work, and would probably have moved forward on their own. However, it is important to note here that despite being ‘quick wins’ there was some evidence of added value for customers experiencing the pilots. It is also going towards helping ‘job-ready’ customers whose main need was to have advice about and help with applying for, RTWC. However, the other group IBPAs were working with were those who might not have moved on without more intensive or holistic advice and support from a PA or having ‘Choices’ programmes and services available to them. At the time this fieldwork was conducted, IBPA accounts suggest that few of these customers had moved into work - a more typical movement was being closer (sometimes only slightly) to being in a position to *consider* work. The degree of support these customers require, and the amount of time and resources they need will be a critical subject for further studies. The cost benefit analysis described in Chapter 1 will explore the economic ‘added value’ of the Reforms and shed valuable light on this issue.

## APPENDIX A Use Of Vignettes

The two group discussions were based around the use of three vignettes, set out below. The vignettes took the form of short descriptions of a hypothetical IBPA customer, encompassing their health condition, stance towards work and other key issues relevant to their situation. IBPAs were then asked to discuss how they might feel about working with such a customer, the likely approaches they would take, and the key factors that would influence how they chose to work with that customer.

The vignettes were developed from caseload examples discussed by IBPAs in the Early Focus Group study and were intended to present IBPAs with a range of different customer health conditions, circumstances and orientations towards work. The vignettes were analysed, as with the rest of the data, using 'Framework', described in Chapter 1. Each vignette was allocated an individual chart in the framework.

The use of vignettes in the focus groups served a number of useful purposes:

- they introduced a degree of consistency between the focus groups, allowing comparison between the reactions of different participants to the same hypothetical example.
- they gave a common basis for discussion in the focus groups, opening it up to all participants.
- they were a useful means of encouraging IBPAs to talk about the boundaries of contingencies their beliefs and practices in relation to working with IB customers.
- they encouraged IBPAs to discuss how general principles or views they expressed around working with particular customer groups might be modified in different circumstances.

The three vignettes used in the research were as follows:

### Vignette 1

*Mark is a 24 year old who lives with his girlfriend, Jenny (who is also 24), and two children in an inner city area in north-east England. Jenny is six months pregnant with a third child and since having children has not had a job. She used to work in retail. There are opportunities in the local labour market, although much of the work is semi or unskilled: factory or retail work.*

*Mark was diagnosed with epilepsy as a child but had a long period during which he had no seizures. However, in his late teens he became symptomatic again and once again started having seizures. Mark has grand mal seizures - the kind most people think of when they think of epilepsy - he would go stiff and fall then have convulsions.*

*Mark did work as a security guard for a couple of years. However, he had an accident when he was 22, when during a seizure he fell through a glass window at the company. He has not worked since then and believes that he is not fit to work. However, he has had a mixed history of benefit claims and has not always been deemed eligible by doctors to qualify for IB, so has been on JSA, IS as well as IB.*

*He is currently waiting to hear the results of recent tests. His most recent claim for IB began in November 2003.*

**Vignette 2**

*Jim is a 53 year old man from a former mining village. He lives alone and has no immediate family since his wife died four years ago. The local labour market is very depressed as a result of the closure of the pits, with a limited amount of factory manufacturing but no other major industry.*

*Jim himself worked for many years in the mines before being made redundant ten years ago. Since then, he has had very occasional temporary employment (mostly packing in a local factory) despite having been very keen to continue working. This has caused him to become very depressed and socially isolated. He often spends whole days alone in his house when he doesn't interact with anyone. He takes daily medication for his depression.*

*He has been claiming IB mainly as a result of his depression for the last 7 years. His current claim started in October, following another temporary job that finished earlier than he expected.*

**Vignette 3**

*Lorraine is in her late 30's, she is a single parent with two children now aged 14 and 16. She lives in Greater London, in an area of low unemployment.*

*Three years ago, Lorraine was diagnosed with rheumatoid arthritis, which affects her hands and feet. Her symptoms flare up intermittently, followed by periods of time of varying lengths when she is not in pain. However, it has affected the use of her hands and her mobility. She is now no longer able to use her hands to type, and walks with a stick.*

*Lorraine has mostly been in work, other than a few years when the children were young. She worked in secretarial/administrative roles in the private sector. For the last few years she has been working as a bank clerk but had to take increasing amounts of time off due to her arthritis and since December has been claiming IB following a long period of absence. She is now at the point where she recognises that going back to work is going to require retraining. She is unclear about what her options are and whether they will be options she is interested in pursuing.*

# APPENDIX B

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## IB REFORMS EVALUATION

### PA FOCUSED STUDY –STAGE ONE

#### FINAL TOPIC GUIDE – GROUP DISCUSSION

The key research issues to be explored in the groups are:

- **IBPAs’ perceptions of the reforms, their role and their preparation for the role**
- **Factors IBPAs take into account when deciding how to work with customers and what services to offer them**
- **Whether and how IBPAs signpost customers to the different parts of the Choices package**
- **IBPAs’ views about whether/how they move customers on over the course of the WFs**

#### 1. Introduction

- Introduce self, the evaluation and organisations involved (NatCen, SPRU, PSI)
- Stress independence of evaluation from DWP, broad outline of research:
  - different strands of research, qualitative elements involve interviews with range of staff and clients
  - series of small focused studies, aim to feed back throughout evaluation rather than just at end, allowing for findings to be incorporated during pilot
  - this part of the research is a study with PAs, being done in groups and face to face interviews to find out about the role of the IBPA and the work being done in WFs with customers: different types of customers, use of the Choices package and progress through the course of the WFs
- Explain about refreshments/toilets etc.
- Explain about confidentiality. If people happy, ask them to sign consent form. Explain about tape recording and length of discussion

- **Group introductions**

*Brief round table introductions*

- Name & Jobcentre Plus office (*for purposes of transcription*)
- Length of time as IBPA
- Previous role – in particular, whether acted as generalist PA, how long for
- Other roles alongside working as IBPA

- When started doing WFIs (*finding out how far down the process of the 6 mandatory WFIs they are with clients*), size of current caseload

### 3 Role of the IB PA

**Key aim:** *to explore how IBPAs perceive the IB reforms, their role in the process and their preparation for the role*

- **Understanding of why the reforms have been introduced, views about the main aims of the reforms**
- **Views about how customers understand the reforms, what they think they are there for – whether customers distinguish between them/other Jobcentre staff, whether this matters**
- **PA perceptions of their role...**
  - What they think they are there for, and how they feel about this
  - How their role compares to role of other JC+/PA roles (NDDP, other NDs, DEA) – key similarities and differences, any duplication
  - What they have to offer the client group – key skills and expertise they bring to the process
  - Levels of 'job satisfaction' in the new role, anything that could be changed to make them more satisfied and why
  - What difference they are able to make to the client group – examples of positive and negative client experiences and reactions
- **Preparation for their role...**
  - Views of training – extent to which it was comprehensive, appropriate, timely
  - Any skills gaps, how these could best be met
  - Support/mentoring offered in role, views about effectiveness

### 3 Taking customers through the IB Reforms process

**Key aim:** *to explore, through the use of vignettes, factors IBPAs take into account when deciding how to work with customers and what services to offer them*

**MODERATOR:** *Distribute Vignette 1, and allow respondents time to read. Explain that we are interested in how they might go about working with such a customer, and that there are no right or wrong answers. Allow 15-20 minutes per vignette. Explore reactions to the vignette around following issues:*

- Views of the appropriateness of the client for IB Reforms - what would make the client



more/less appropriate

- What the key issues and challenges in this case might be – factors influencing this
- How they might envisage working with such a client
  - types of support they might offer
  - what they might cover in the first and subsequent WFIs
  - key factors that would influence their thinking around what to offer and when
- In what circumstances, if at all, they would consider deferrals/waivers/sanctions – and why

**MODERATOR - explore reactions to Vignettes 2 and 3 as above, encourage participants to compare and contrast between the three different scenarios**

**Note** – *It could be that discussion of the vignettes prompts respondents to talk about examples from their own caseload or that some IBPAs actively prefer to talk about their own caseload. This is fine provided that the discussion keeps to the main objectives and explores:*

- **how the PA in question did work with the client, and key influencing factors affecting their decision-making** (as set out above)
- **how other PAs would envisage working with such a client and key factors affecting their decision-making** (as set out above)

#### **4 The Choices package and other available services**

**Note** – *aspects of the Choices package will probably have already been discussed in Section 4. The purpose of this section is to explore these issues further. PAs should be encouraged to provide examples from their caseload where relevant.*

**Key aim:** *to explore what PAs know and think about the Choices package and other services available to IB customers – and the main factors influencing referral decisions to Choices/other services.*

- **Choices package and other services**
  - Knowledge about what is available locally as part of the Choices package/other services (*probe for range of Job Brokers and the services they provide, the local CMP, voluntary organisations*)
  - Which services they have referred clients on to, reasons and circumstances
  - Key factors underpinning referral decisions (*e.g. guided by customer, feedback from other customers, extent of knowledge*)
  - Overall views about services available – good/less good services, extent to which this depends on client need, critical gaps in services
- **RTWC**
  - Views about, levels of customer interest, any processing issues

## 5 Movement forwards through the IB Reforms process

**Key aim:** to explore IBPAs' views about whether/how they move clients on over the course of the WFIs.

**MODERATOR** – encourage PAs to use examples from caseload where possible

- **Timing and sequence of WFIs...**
  - Whether they happening at monthly intervals, if not why not
  - Views of the timing and number of WFIs – whether they happen at the right time, whether there are too many/not enough, whether PAs would like flexibility to defer/waive interviews and why
  - Views on how well screening tool fits into 1<sup>st</sup> WFI
  - Timeliness of information received from PCA, how dealt with
- **Client progression through WFIs...**
  - Views on how subsequent WFIs are intended to build on 1<sup>st</sup> interview in an ideal world (*difference of content, use of action plan at 2<sup>nd</sup> WFI, introduction of different parts of the Choices package*)
  - Experience of whether this happens in practice and extent to which this depends on client - examples from caseload of clients who are progressing and not progressing and perceived explanations
  - How useful action plans are, whether developed in conjunction with customer – why, why not
  - Importance attached to idea of progression by them, management, government and clients – how progression is measured, whether use is made of the customer progress record
  - Suggestions for ways to enhance progress, in particular how subsequent WFIs can best be used to facilitate/motivate progress – examples from caseload

## 6 Conclusion and summing up

- **Extent to which IB Reforms add value**
- **Aspects that work well/less well**
- **Positives/negatives of working with this client group**
- **Suggestions for how Pathways could be improved**

# APPENDIX C

P6092

13.04.04

## IB REFORMS EVALUATION

### PA FOCUSED STUDY – STAGE ONE

#### FINAL TOPIC GUIDE – DEPTH INTERVIEW

##### Research objectives:

- Exploring the role of the IBPA: understanding their perspective of the key aspects of the role
- Explore the scope/constraints around the decision making processes of IBPAs working with customers
- Examine how customers are signposted to different parts of the Choices package and ongoing communication with providers
- Map the movement travelled by customers over the course of the six WFIs
- Investigate the impact of IB Reforms on team working

## 2. Introduction

- Introduce self, the evaluation and organisations involved (NatCen, SPRU, PSI)
- Stress independence of evaluation from DWP
- different strands of research, qualitative elements involve interviews with range of staff and customers
- series of small focused studies, aim to feed back throughout evaluation rather than just at end, allowing for findings to be incorporated during pilot
- this part of the research is a study with PAs, being done in groups and face to face interviews to find out about the role of the IBPA and the work being done in WFIs with customers: different types of customers, use of the Choices package and progress through the course of the WFIs
- Explain about confidentiality. If respondent happy, ask them to sign consent form. Explain about tape recording and length of discussion

## 2. Background information

- Name & Jobcentre Plus office (*for purposes of transcription*)
- Length of time as IBPA
- Role prior to becoming IBPA (*detailing length of time as adviser if relevant*)
- Other roles alongside working as IBPA

- When started doing WFIs (*finding out how far down the process of the 6 mandatory WFIs they are with some customers*), size of current caseload, numbers of interviews carried out on average day,

- **Role of the IBPA**

**Key aim:** to explore how IBPAs perceive the IB reforms, their role in the process and their preparation for the role

- **Understanding of aims and focus of IB Reforms** (*general views*)
- **PA perceptions of their role...**
  - PA views of IBPA key function (*exploring views of this: fit with expectations, appropriateness of focus*)
  - PA views about IBPA role in comparison to other JC+ PA roles (*NDDP, other NDs, DEA*)
  - Key skills and expertise they bring to the process (*exploring whether there are any skills gaps, suggestions for how these could be met*)
  - What difference do they see their role as making to the customer group (*giving examples of where they have had positive/less positive impact*)
- Areas of the role perceived as more/less challenging
  - Levels of 'job satisfaction' in the new role

## 7 Content of WFIs

**Key aims:**

- to explore the process and content of WFIs
- to explore views of the screening tool and how it is being used
- to understand the FTA process
- to explore how PAs are using the Choices package

*Instead of using the vignettes to explore the decision making process with the PAs as in the groups, the depth interviews will be an opportunity to explore with respondents the work they undertake with their customers, so you should be looking for examples and illustrations from their caseload throughout this section*

- **Carrying out WFIs**
  - **customer awareness** of/preparation for WFIs (*source of any knowledge they have – letters/word of mouth*)
  - **staff utilisation of waivers/deferrals** (*explore PA understanding of circumstances whereby these should/should not be used*)
  - **WFI process and content** (*ask respondent to walk through how they approach the WFI, how they introduce work focus, content of interview including both first and subsequent WFIs*)
  - continuity of PA working with customer (*are they seeing the same customer for the series of their WFIs, views on importance: building trust and rapport*)

- **The screening tool**
  - **PA views on purpose of screening tool**
  - **Views on customers being screened in AND out, fit with PA/customer expectations**
    - Map the range of customers IBPAs did not anticipate either being screened in or out (*explore examples from their caseload of where the screening tool has worked effectively/less effectively*)
  - Experiences of working with customers who are PCA exempt therefore should not be screened
- **FTAs**
  - **process for dealing with FTAs** (*ask PA to walk through what happens*)
  - experience of levels of FTAs (*lower, higher than expected*)
  - **impact of FTA rates/process on workload** (*if causing gaps in PA diaries what are they using that time for, length of time required to follow up, home visits*)
- **Experiences of working with voluntary customers** (*any issues with maintaining a balance with workload of mandatory WFI customers*)
- **Decision making around referrals, information given about services** (*ie would there be some customers they would not raise it with & why*)
- **If they do decide to discuss service provision, would that be part of the Choices package or any other provision**
- explore understanding of which customers appropriate to refer to **DEA** and **Work Psychologist** as opposed to Choices
- **Choices package**
  - **Map components of the Choices package available locally** (*probe for range of different Job Brokers and what services they provide, the local CMP, any use of voluntary organisations – are they seen as part of the Choices package, financial incentives*)
  - **Nature of existing relationship between the PA and the providers of the different parts of the Choices package** (*if any*), **changes/developments brought about by introduction of reforms**
  - **Factors underpinning referral decisions** (*eg, guided by customer, feedback from other customers, extent of knowledge of different aspects of the Choices package*)
  - **Impact on customers of participating in the Choices package** (*follow up on examples given previously of customers they referred to different services*)
  - **Gaps or inappropriate aspects of the Choices package** (*eg types of customer for whom there is no current provision, any issues with under resourcing of Choices leading to lack of availability, probe for provision of local drug/alcohol services*)
- **Explore extent to which Choices package provides added value and if so, how** (*using examples from their caseload of customers with whom they have found it easier/harder to work with, any surprises*)
- **Experiences of RTWC**
  - views of the RTWC
  - levels of customer interest (*detailing any interest from stock customers, sources of customer information about RTWC: advertising, word of mouth*)
  - any issues around processing the RTWC

- **Using sanctions with IB Reforms customers**
  - views of using sanctions (*exploring PA understanding of when and how sanctions should be used, appropriateness with this customer group*)
  - personal experience of having sanctioned customers (*using examples from own caseload*)

### 8 Movement forwards through the IB Reforms process

#### **Key aims:**

- *to map the timing and sequence of WFIs*
  - *to explore PA views of whether and how customers are progressing*
  - *to understand if, and how, progress being measured*
- 
- **Timing of sequence of WFIs** (*views of timing of the first WFI, are they then happening at monthly intervals, explore reasons why not if this is not the case*)
  - **Views of the timing and number of WFIs** (*any issues around having more flexibility of deferring/waiving interviews, are there too many/not enough WFIs*)
  - **How subsequent WFIs build on 1<sup>st</sup> interview** (*difference of content, use made and usefulness of action plan at 1<sup>st</sup> then subsequent WFIs, introduction of different parts of the Choices package*)
  - **Customer progress – discuss variety of examples of those customers who are seen to be progressing and those who are not** (*giving examples from caseload*)
  - Experience of how subsequent WFIs facilitate/motivate progress
  - How distance travelled by customers is measured/recorded
  - Views of importance attached to distance travelled (*by self, management, government, customers*)
  - Suggestions for ways to enhance progress

### 9 Developing relationships and team working

#### **Key aims:**

- *Explore nature of relations with JC+ team, Choices providers (if not covered in 4) and employers*
  - *Identify what's working well/less well*
- 
- **Nature of relationships with different providers** (*explore development over time*)
  - **What helps/hinders the development of effective working relationships** (*e.g., duplication of effort (mis)understanding or lack of knowledge about each other*)
  - **Nature of ongoing communication about customers who have been referred** (*is it happening, who initiates this, does it need to happen and why, perceived value of feedback*)
  - **Nature of PA relationship with employers**, if any
    - *If there are connections, explore nature of those relationships (reasons for difficulties/successes/lack of relationship)*
      - Perception of value of having employer contact

- *If no contact*, explore whether they liaise with JC+ staff who DO work directly with employers (*eg Vacancy Service Managers*)
- **Impact of the IB Reforms on team working**
  - Role of administrative support throughout the process (*effectiveness, gaps, suggestions for improvements*)
  - Changes to team structure
- **Views on staffing levels amongst IBPAs** (*are there enough for the caseload*)
- **Views of how the IB Reforms have been managed**
- **Changes in procedures relating to other support/programmes/ benefits** (*e.g. different ways of working with NDDP, DEAs, Work Psychologists*)

## 10 Overview of IB Reforms so far

*A lot of this will probably have emerged through the course of the interview so only need to recap if not already covered. The section on customer reaction is probably least likely to have been discussed and is a **key section***

- **Broad views of IB Reforms**
  - Aspects perceived as likely to work well/less well and why
  - What are the positive/negative aspects of working with this customer group
  - Concerns/problems identified
- **Views on customer reaction to IB pilots**
  - How is it being viewed by customers (*positively/negatively, any differences according to type of customer, relevance, numbers of volunteers*)
  - Extent to which pilot is seen as move towards work and customer views on this (*early perceptions of any customer group more/less interested*)
  - Fears/hopes expressed (*customer expectations*)
  - Any particular issues raised by customers
  - Examples of cases they have dealt with where they feel Pathways is of real value to the customer/ examples where they feel Pathways is not offering the customer anything of real value
- **Explore whether IB Reforms generally perceived to add value and if so, how**
- **Suggestions as to how Pathways could be improved**

## APPENDIX D



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### PA FOCUSED STUDY – STAGE ONE: DEPTH INTERVIEWS WITH WORK PSYCHOLOGISTS

#### Research objectives:

- Exploring the role of the Occ. Psych within the IBR (including changes over time to the role); mapping the range of advice/support and guidance they offer
- Understanding their perspective of the key aspects of their role
- Examining the relationship they have with PAs/DEAs
- Exploring difficulties/constraints faced by the Occ. Psych. in performing their role effectively

#### 1. Introduction

- Introduce self, the evaluation and organisations involved (NatCen, SPRU, PSI)
- Stress independence of evaluation from DWP
  - different strands of research, qualitative elements involve interviews with range of staff and clients
  - series of small focused studies, aim to feed back throughout evaluation rather than just at end, allowing for findings to be incorporated during pilot
  - this part of the research is a study mainly with PAs, being done in groups and face to face interviews to find out about the role of the IB PA and the work being done in WFIs with customers: different types of customers, use of the Choices package and progress through the course of the WFIs. We are also speaking to Occ. Psychs in each area about their role in the IBR
- Explain about confidentiality. If respondent happy, ask them to sign consent form.
- Explain about tape recording and length of interview

#### 2. Background information

- Name & Jobcentre Plus office(s) working with (*for purposes of transcription*)
- Length of time as Occ. Psych on IBR
- Other roles alongside working with IBR, amount of time spent in IBR role (*weekly*)
- Previous career background (*whether worked with JCP previously and if so for how long/whether worked with this client group previously*)



### 3. Understanding and awareness of the IB Reforms

- When first heard about reforms, nature of information, source of information
- Initial views (*NB: will return in more detail to broad opinions about the policy, but what their initial reaction was*)
  - purpose of new policy
  - expectations
  - views of process proposed
  - initial reactions (*positive/negative*)
- How did they become involved
  - Was it their idea or suggested by someone else (*manager, colleague*)
  - *Where approp.:* motivations for involvement (*due to nature of reforms/career change*)
- Views about becoming involved, any initial worries/concerns

### 4. Becoming involved in the IBR

- Training (self): content & appraisal - what did it consist of, how appropriate/effective was it?
  - Face to face training (*appropriateness, timing, theory Vs practical*)
  - Written information both nationally and locally provided (*relevance, clarity*)
  - Walk-throughs of procedures/processes
  - Other support provided
- If new to Jobcentre Plus, views about any support/training offered as induction to JCP processes
- Involvement, if any, with IBPA training
  - *If no involvement,* views about potential uses of involving Occ. Psych. In this capacity
- Views about the skills/qualifications IBPAs acquired/are working towards
  - how do these skills help PAs
- Suggestions for improvement to Occ Psych training and induction/PA training

### 5. Role of the Work Psychologist

- Occ Psych perceptions of their role (*general perceptions*)
  - Overview of role of Occ. Psych in Jobcentre Plus
  - How this differs from a more general Occ. Psych role
- Perceptions of Occ Psych role in IBR
  - *How would you describe your role in the IB Reforms?*
- Map range of activities their role in IBR entails (*spontaneous then probe*)
  - Providing PAs with advice around specific health conditions/difficulties
  - Providing coaching to PAs in counselling skills/talking to customers
  - Developing mechanisms for gathering customer feedback
  - Direct contact with customers (*probe for whether ongoing or not/specific content of contact*)

- Perceptions of key aspect of role (*exploring views of this: fit with expectations, appropriateness of focus*)
- Comparisons with their role as an Occ. Psych. in other contexts/environments (*e.g. in health service*)
- *Key differences and similarities*
- Comparisons with the role/function of others involved in IBR (*explore PA/DEA roles specifically*)
- Key skills and expertise they bring to the process (*exploring whether there are any skills/knowledge gaps, suggestions for how these could be filled*)
- Areas of the role perceived as more/less challenging; factors accounting for differences
- Levels of 'job satisfaction' in the new role
- Views about the appropriateness of the role being played by IBPAs/DEAs and Occ. Psychs.
- Views about the way the Occ. Psychs. are being used by IBPAs and others
- Views about whether more/less or different types of involvement would be more appropriate/effective
- Feedback on IBPAs role
  - Views about IBPA attitudes to customer group and the reforms generally
  - Views about the effectiveness of the training when put into practice
  - Views about how IBPA skills are developing over time, with experience
  - Suggestions for ways in which the IBPA role could be improved

### 6. Experiences of working with IB Customers

*(ONLY if Occ Psych working with customers)*

- Map referral process, explore appropriateness of referrals made, reasons for inappropriate referrals if any (*e.g. lack of clarity by IBPAs about their role or what they can offer customers*)
- Range of issues Occ. Psych. encountering with customers
- Range of activities/types of issues Occ. Psych. addressing with customers
- Positive/negative outcomes achieved so far with customers
- Reactions experienced from customers by Occ. Psych. (*positive/negative, any differences according to type of customer*)
- Perceptions of any customer group more/less interested or more / less likely to gain from involvement with Occ. Psych.
- Fears/hopes expressed by customers to Occ. Psych
- Any particular issues raised by clients to Occ. Psych

- Examples of cases they have dealt with where they feel IBR is of real value to the customer/ examples where they feel IBR is not offering the customer anything of real value
- Perceived gaps in the IBR package

## 7. Team working

- Nature of relationships with IBPAs and IBR team
  - *Map team set up, ways of working with IBPAs/DEAs/Choices providers/CMP*
- Views about appropriateness of current team set up

*Explore for each element of the IBR team they have contact with ...*

- What helps/hinders the development of effective working relationships (eg, *communication barriers, duplication of effort (mis)understanding or lack of knowledge about each others' roles*)
- Suggestions for improvements to current set up

## 8. Managing the role

- Views about resources available for Occ Psych role
  - *Explore any difficulties encountered in fitting IBR role alongside other roles/duties/time available for their IBR role*
- Views about resources available for IBR generally, *specifically explore* views on staffing levels amongst IBPA's (*are there enough for the caseload*)
- Views of how the IB Reforms have been managed
- Suggestions for improvements to resourcing

## 9. Overview of IB Reforms so far

### Recap if necessary

- Broad views of IB Reforms
  - Aspects perceived as likely to work well/less well and why
  - Any particular issues about certain client groups
  - Concerns/problems identified
- Explore whether IB Reforms generally perceived to add value and if so, how
- Suggestions as to how IBR could be improved

## **APPENDIX E**

### **Further information on Work Psychology Services at Jobcentre Plus**

Work Psychologists (WPs) in partnership with Jobcentre Plus focus on the challenging task of helping customers with complex needs progress towards suitable and sustainable employment. Work Psychologists have in-depth knowledge and experience of meeting the diverse needs of disabled and disadvantaged customers (including those on Incapacity Benefit), particularly those who face considerable barriers in finding or keeping work.

Work Psychologists are able to apply their knowledge and skills to deliver a customised service which aims to enhance and adds value to the work of Jobcentre Plus and its partners. This includes supporting the delivery of Welfare Reforms and developing ways of increasing the social inclusion of priority groups, such as those with mental health problems.

Outlined below are the main work areas of the Jobcentre Plus Work Psychology Service. The priority and range of services delivered by WPs are informed by the prevailing business needs of key customers in specific regions/ countries.

#### ***Development and up-skilling***

WPs contribute to the development and up-skilling of DEAs, IBPAs, Access to Work PAs and other Advisors through the delivery of bespoke training and development interventions, such as:

- Working with team leaders to identify Advisors' development needs, and to enhance their performance and personal competencies.
- Designing, delivering and evaluating disability awareness workshops (e.g. how to deal with customers with specific learning difficulties, autistic spectrum disorders, brain injury, mental health issues etc).
- Delivering training in case-load management skills, interviewing & related assessment skills and the skills required to deal with employer interventions.
- Working with external specialists to identify best practice, keep up to date with developments and to cascade these to WPs through national training events and other networking activities. This ensures that WPs can work to enhance the development and performance of advisers across Jobcentre Plus.

#### ***Coaching and mentoring***

Coaching and mentoring may be undertaken face to face (either one-to-one or in small groups) or via telephone/ email, to help advisers to develop their work-related skills, and to take appropriate action to progress "hard-to-help" customers. Coaching and mentoring activities may include:

- Case conferencing sessions and individual mentoring, including caseload management and discussion of suitable progression strategies for individual customers.

- Developmental coaching addressing individual needs which jobholders and their managers have identified.
- Providing advice on the work-related implications of a wide range of disabilities.
- Providing advice on appropriate work preparation methods, work-based solutions and work-place adjustments.

### ***Employment assessment/ case management input and follow up***

Where appropriate, WPs undertake direct one-to-one work with customers to facilitate their progress towards suitable and sustainable work. This will include a range of employment assessment activities with the aim of ensuring that customers' work goals are appropriately matched with their abilities. These include:

- Helping advisers to case manage individual customers who are hard to place because of more complex employment-related needs.
- Providing, where appropriate, direct one-to-one specialised employment assessment to help progress customers towards work (e.g. those with head injuries, mental health problems, specific learning difficulties or multiple disabilities).
- Enabling employers to retain individual employees who are at risk of losing their job as a direct consequence of disability.
- Supporting Access to Work case managers in decision-making regarding the appropriate level and type of support required to enable disabled employees to sustain employment, especially customers with complex needs (e.g. traumatic brain injury, dyslexia, mental health, etc).
- Following up their case managed customers to identify and overcome any emerging barriers to work.

### ***Improving customer services – development & evaluation***

In order to ensure that the services provided by Jobcentre Plus and its partners meet the needs of a diverse range of customers and keep pace with leading edge developments, WPs can, where appropriate, undertake projects focused on service development and evaluation. This may include:

- Working with internal/ external partners to develop and pilot new approaches to help advisers progress disabled and disadvantaged customers towards work (e.g. Contributing/ joint working on ESF projects, Ability Match, evaluating IB Reform Pilot PA training)
- Designing and implementing evaluations of service delivery (e.g. conducting Access to Work customer satisfaction surveys, evaluating effectiveness of work preparation provision).
- Providing specialist occupational psychology input to national leads groups aimed at informing/ developing policy and strategy in relation to 'harder to help' customer groups (e.g.

## **Incapacity Benefit Reforms - The Personal Adviser Role & Practices**

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mental health, specific learning difficulties, brain injury, incapacity benefit)

- Providing advice and support to management as appropriate. Examples of such activity include: suggesting strategies for dealing with work-related stress, improving adviser performance and advising on team development.

Jobcentre Plus Work Psychologists are bound by the professional Codes of Conduct and Practice of the British Psychological Society, as well as by those of the DWP.

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