

Department for Work and Pensions

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Incapacity Benefit reforms – the Personal Adviser role and practices: Stage Two

Tim Knight, Sarah Dickens, Martin Mitchell and Kandy Woodfield

A report of research carried out by the National Centre for Social Research on behalf 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 JCP & NHS) |
| CR | Capability Report |
| DEA | Disability Employment Adviser |
| FA | Financial Assessor |
| FCO | First Contact Officer |
| FTA | Failure to Attend |
| IBPA | Incapacity Benefit Personal Adviser |
| JB | Job Broker |
| JIS | Job Introduction Scheme |
| JPP | Job Preparation Premium |
| PCA | Personal Capability Assessment |
| RTWC | Return To Work Credit (£40/wk for 52 wks for those earning <£15K) |
| ST | Screening Tool, used by IBPAs to decide which new customers are eligible for the Pathways to Work programme of mandatory WFIs |

| | |
|-----------------|--|
| WFI(s) | Work Focused Interview(s) |
| WORKSTEP | Launched April 2001, to replace Supported Employment Programme, provides support to disabled people moving into work, assessments undertaken by DEAs |
| WP | Work Psychologist |

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).
- It is the second of two reports exploring the Incapacity Benefit Personal Adviser (IBPA) role and practices in the pilots. The first report¹ presented findings from interviews and focus groups carried out in 2004 with IBPAs and Work Psychologists (WPs) in the three original pilot districts. This report presents findings from a further round of interviews and focus groups carried out in February and March 2005, this time with IBPAs in all seven areas and WPs in the four later areas.
- In total, seven focus groups and 34 depth interviews were carried out with IBPAs, and four depth interviews with WPs.
- The objectives of the study were to build on the findings from the first report and explore how IBPAs and WPs have experienced the pilots over time, in terms of: their role within the pilots; how referrals and relationships with the different aspects of the Choices package are taking place in practice; and customer progression towards work.

The role of the IBPA and the WP

- IBPAs perceived their role within the pilots to be to support and enable people on Incapacity Benefit (IB) to progress towards work. As in Stage One they described developing a personal relationship with customers as a key aspect of their role. They placed increased emphasis in Stage Two on their role as a 'sign post' to the support available through the Choices package.

¹ Dickens, S., Mowlam, A. and Woodfield, K., (2004), Incapacity Benefit Reforms – the Personal Adviser Role and Practices.

- WPs were positive about the pilots, and about their involvement within them. They reported spending less of their time than expected working with customers, and more on providing training and support to IBPAs.
- The central focus of the IBPA training on interviewing skills was greatly valued, although it was commonly felt that the training they received had not fully prepared IBPAs for the procedural and administrative aspects of their role.
- As in Stage One, IBPAs and WPs both felt that there was a lack of support for IBPAs to deal with the emotional pressures of their role, and that provision for this should be made within the pilots.
- There were concerns that job entry targets could influence IBPAs increasingly to prioritise customers likely to give a 'quick win', above those needing longer term support to return to work. There were also concerns that referral targets might influence IBPAs to make referrals which were not necessarily in the best interests of the customer. Despite these concerns there was very little evidence from the Stage Two interviews with IBPAs that their practice had changed since the introduction of the targets.
- Capacity and workload issues emerged as a greater concern for IBPAs than had been the case in Stage One. Longer-serving IBPAs often said that their caseloads had increased over time from around 30 to 50-60 customers. Whilst caseload numbers did not necessarily reflect the number of customers that IBPAs saw regularly, they also commonly reported exceeding the recommended six work focused interviews (WFIs) a day, and carrying out as many as eight or ten on some days. IBPAs again raised concerns about the amount of time they found they were devoting to the administrative aspects of their role.
- There was strong support amongst IBPAs for the extension of the pilots to existing IB customers, although it was felt that they face more potential barriers in terms of moving towards work than new IB customers.

Managing the WFI process

- As at Stage One, customers were initially reported as being anxious about their participation in the pilots. IBPAs described the importance of pre-WFI IBPA customer contact to overcome these fears and reduce the number of initial Failure to Attend (FTAs).
- WFIs one and two were described as focusing on building trust, giving information about the pilot and providing reassurance about what would happen in the future.
- Subsequent WFIs focused on identifying appropriate routes and referrals, developing Action Plans and monitoring progress. IBPAs felt that by the third WFI they were usually able to make a fair assessment of a customer's likely progress, making additional WFIs superfluous in some cases.

- Strong dislike and mistrust for the screening tool, and its outcomes, persisted at Stage Two. These feelings were affecting practice with some IBPAs not using the tool at all. In contrast, there was evidence of greater use of Action planning in recording and monitoring customer progress.
- Ongoing contact after the sixth WFI was identified as problematic by IBPAs mainly because of their constantly growing caseloads.
- IBPAs reported varying levels of FTAs, with most unwarranted FTAs described as happening at WFI one before IBPAs had had the opportunity to persuade customers of the benefits of participation. By Stage Two IBPAs had developed a range of strategies for attempting to thwart potential FTAs including early telephone contact and telephone reminder calls.
- As at Stage One, IBPAs spanned a spectrum in their responses to FTAs with some strictly enforcing the sanctions regime whilst others went to great lengths to avoid implementing a sanction. Differences in practice were associated with: individual IBPA attitudes about the morality of imposing a sanctions regime on IB customers; their capacity and willingness to chase up FTAs personally; and the strength of management guidance about the use of sanctions.
- Some concerns were expressed about the potential misuse of discretion around waivers and deferrals to help IBPAs manage heavy caseloads or to avoid prolonged contact with reluctant or 'difficult' customers. The research found some evidence of this in IBPA practice. However, there was also evidence of consultation with line managers, WPs and fellow IBPAs before the issuing of waivers and a perception that there was widespread management scrutiny of these aspects of IBPA discretion.

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

- The idea that referrals should be customer-led was a core value across the sample of IBPAs. However this was not always played out in practice, due to concerns about whether customers were able to make informed choices about providers; the effect of targets for job entries; and resistance to accessing support amongst some customers.
- The level of knowledge and understanding of referral options had improved considerably since Stage One, although some IBPAs were still not using the full range of provision.
- Where understanding of different provisions had improved this was linked to better training, meetings with providers, and case conferencing around referrals.
- Improved understanding of Condition Management Programme (CMP) provision had led to greater and more appropriate referrals being made. For example, IBPAs were no longer only referring customers who were seen as 'job ready'.

- The level of referrals to Job Brokers continued to be high, and there was a better understanding that such provision was more suitable for customers whose conditions had stabilised.
- There was limited discussion of referrals to WPs and Disability Employment Adviser (DEAs), partly arising from a continued lack of understanding and confusion, over their roles.
- At Stage Two there was much greater evidence of the nature of on-going relationships between IBPAs and options providers. However, evidence of feedback from customers was limited and depended on whether IBPAs continued WFIs once referrals had been made.
- On balance the Return to Work Credit (RTWC) and Adviser Discretion Fund (ADF) were regarded as removing important barriers to work, especially for part-time, low paid work or for customers with large debts.
- IBPAs identified few gaps in the Choices provision. Where gaps were identified, these related principally to provision being too 'generic' or not lasting long enough to meet customer needs.
- Contact between IBPAs and employers was still rare. IBPAs believed that there is an important need for such work to be undertaken in order to encourage employers to be receptive to IB customers.

Customer progression

- The way that IBPAs talked about customers suggested that they fell into four groups at entry point to the WFIs:
 - **Point A:** not yet ready or willing to consider receiving help or support to overcome initial key barriers to work;
 - **Point B:** not yet ready to work, but prepared to receive help and support to overcome some initial key barriers;
 - **Point C:** considering work, and prepared to receive help and support to bring them closer;
 - **Point D:** ready to work and not in need of significant help or support to move into work.
- IBPAs felt that their relationship with the customer could be critical in helping them move customers from not being ready or willing to consider receiving help and support to being ready or willing. Successful referrals to other services were also attributed with success in moving customers forwards.
- Customers who entered the WFI process wanting to work and/or wanting to receive help and support to bring them closer were unsurprisingly seen as the easiest to work with and achieve results. However, importantly, IBPAs gave examples of customers falling into this category who they felt had been helped considerably by the options available under the Pathways to Work pilots, and might not have moved into work without them.

- Customers who entered the WFI not ready or willing to consider help or support to overcome barriers were seen as harder to work with, and some IBPAs said they would waive or defer these customers. However, IBPAs also gave many positive examples of customers in these groups whom they **had** seen progress. These examples suggested that persistence could be very beneficial, because customer circumstances and attitudes could change significantly over time, and could be positively influenced by contact with the IBPA and with other services.
- There was evidence that in order to work more effectively with these customers, IBPAs would benefit from further training and support (particularly around 'getting to the bottom' of more complicated cases), 'permission' from management to persist with these customers (as opposed to concentrating on the 'quick wins') and enough space in their schedules to give these customers time and attention.

Key issues and future considerations

- A pivotal question for the research was the extent to which IBPAs were able to help to move 'slower burners' towards and into work. The evidence from the Stage Two research is encouraging. IBPAs were able to give examples of customers in this group who have progressed – including into work – who they feel were aided by the help and support available through the pilots.
- This suggests that the pilots can have 'added value' for a wide range of customers, from voluntary customers who are motivated and helped to overcome key barriers through IBPA support and referrals through to customers who are a long way from work, who benefit from an empathetic, interested IBPA and tailored WFIs and, where relevant and appropriate, fitting referrals.
- This said, reported rates of customer progression, particularly for those further from work, appear to differ between IBPAs. In particular, there are variations in the extent to which IBPAs are willing to persist with more 'difficult' customers, and feel they have the skills, ability and 'permission' to do so.
- There seems to be a danger, from IBPA accounts, that increasing the weight placed on early job entry targets in the future might lead them to focus on the 'quick wins' versus those who really benefit from the pilots.
- This report has described how IBPA workloads have apparently increased since last year, and there seems to be a need for a clear recognition that the IBPA role is challenging, highly-skilled and sometimes draining. It also suggests a need for the IBPA role to be clearly ring-fenced, and for a cap to be set on the number of interviews IBPAs can do per day before their quality is affected; on this evidence, any more than five or six appears too many.
- The practical and emotional demands of the role also indicate a need for a formal system of support for IBPAs, in addition to the informal support they already give to one another.

- If further elements of compulsion are introduced, care is needed that it is not detrimental to the enabler role of IBPAs.
- Two key questions raised by this study will be important to explore further in the future, namely: the sustainability of employment once the initial transition into work has been made², and the appropriate balance between working with customers who are far from work, versus working with those who are closer to work, but who benefit from the pilots package³. It will also be important to explore the costs and benefits of the IB Reform package for different groups of customers, in order to understand its added value for these groups.

² This will be explored further in the focused qualitative study of In-work support and with customers in the panel study who return to work. The impact analysis will also shed valuable light on this issue.

³ The cost-benefit analysis, which will indicate whether the monetary benefits from pilot measures outweigh their monetary costs from a societal point of view, will contribute significantly here.

1 Introduction

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) pilots – Pathways to Work – in three Jobcentre Plus districts (with a further four districts rolling out the pilots 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 PSI and the Social Policy Research Unit at York University (SPRU). It is the second of two reports exploring the IB Personal Adviser (IBPA) role and practices in the pilot areas. The first report⁴ presented findings from interviews and focus groups carried out in Spring 2004 with IBPAs and Work Psychologists (WPs) in the three original pilot districts. This report presents findings from a further round of interviews and focus groups carried out early in 2005, this time with IBPAs in all pilot areas and WPs in the four later pilot districts.

1.1 Incapacity Benefit pilots and the policy context

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.⁵ IB customers

⁴ Dickens, S., Mowlam, A. and Woodfield, K., (2004), Incapacity Benefit Reforms - the Personal Adviser Role and Practices.

⁵ With the exception of last year, when numbers of people on IB decreased (press release issued on 30 November 2004 on publication of DWP research report and in-house administrative data analyses, Incapacity Benefit Reforms – Pathways to Work Pilots: <http://www.dwp.gov.uk/mediacentre/pressreleases/2004/nov/iad-3011-ibr.asp>).

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.

The new Pathways to Work pilots 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 (WFIs). The main elements of the pilots are as follows:

- new IB customers making fresh claims are required to take part in a **WFI** eight weeks into their claim (rather than at the outset of their claim, which is the case for current IB customers in Jobcentre Plus areas outside the pilot areas until October 2005); 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 their health, benefit receipt, work-focused activity, financial support, training and programmes with their personal adviser;
- **new specialist adviser teams** of specially trained **IBPAs**, as well as Disability Employment Advisers (DEAs) and WPs, 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 (CMP) 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 (e.g., through the purchase of new clothes to attend interviews);

- only those identified as being PCA exempt⁶ and those identified through a **screening tool**, as least likely to need additional help are not be required to attend additional interviews. However, those customers not required to attend a mandatory interview can request such interviews on a voluntary basis and all IB customers in the pilot areas have equal, voluntary, access to the Choices package, the RTWC and the ADF.

The pilots have been implemented in the following Jobcentre Plus Districts in England, Scotland and Wales: Renfrewshire, Inverclyde, Argyll 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 Pathways to Work pilots in April 2004. The Chancellor's Pre-Budget Report (2 December 2004) announced a planned expansion of the pilots to cover a third of the country, starting from October 2005.

In early 2005 the pilots were also extended to some existing IB customers in the seven pilot areas. IB customers who made an IB claim in the two years prior to the introduction of the pilots will now be required to take part in a series of **three WFIs**, rather than six. They will have access to the same package of support through the Choice package, RTWC, and the ADF as new IB customers, and in addition they can also qualify for the **Job Preparation Premium (JPP)**, a new financial incentive of £20 a week to encourage activity that will help achieve a return to work. This is time limited to 26 weeks and payable as long as work related activity, agreed as part of an Action Plan, is undertaken.

1.2 Summary of the evaluation programme

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 pilots.

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.

⁶ PCA exempt refers to those customers whose illness or disability is such that they can be assumed to be eligible for benefits without going through PCA.

1.2.1 An overview of the impact analysis

The impact analysis will estimate the overall impact of the Pathways to Work pilots 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 micro-simulation techniques.

1.2.2 An overview of the quantitative research

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.

1.2.3 An overview of the cost-benefit analysis

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 wellbeing 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.

1.2.4 An overview of the qualitative research

The qualitative evaluation has several components exploring staff, provider and customer perspectives on the new pilots. 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 pilots 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 areas⁷.
- A **longitudinal panel study with IB customers** began in April 2004 in the first three pilot areas⁸. Two staggered subsequent waves are also being conducted, covering all seven pilot districts. The panel is exploring customers' experiences of IB pilots in a series of interviews. An initial (face-to-face) interview is being followed up (by telephone) after three months and then again after another six months.
- A **series of short, self-contained focused studies**, designed to provide rapid feedback to staff and policy makers. The Stage One research with IBPAs and WPs which preceded this research was the first focused study. Other studies will explore the CMP, In-work Support (IWS), RTWC, the extension of the pilots to some existing customers, and the JPP.

1.3 The Personal Adviser role in context

The Personal Adviser (PA) 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.'

In relation to IB customers specifically, earlier research⁹ 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 General Practitioner (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.

⁷ See Corden A., Nice K. and Sainsbury R. (2005) IB Reforms - Findings from a Longitudinal Panel of Clients.

⁸ See Corden A., Nice K. and Sainsbury R. (2005) IB Reforms - Findings from a Longitudinal Panel of Clients.

⁹ See for example, Lissenburgh, S. and Marsh, A. (2003) Evaluating Jobcentre Plus Pathfinders: An Overview of Early Evaluation Evidence, In House Report 111, Sheffield: DWP.

Return to work issues were frequently not raised at all during the WFI. These findings formed a central backdrop to the ideas behind the Pathways to Work policies. Enhancing the PA role was seen as central to the pilots 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.

1.4 Key findings from the Stage One report

The Stage One report presented findings from interviews and focus groups carried out in Spring 2004 with IBPAs and WPs in the three original pilot areas (RIAB; Bridgend, RCT; and Derbyshire).

Key findings from the Stage One report:

- **IBPAs were positive about the pilots in general as well as about their own role within them.** Despite this they identified challenges they were facing in discharging their role. These included: the emotional impact of their PA-customer interactions (especially where customers were experiencing multiple or complex barriers to work); tensions between their role as **enablers** developing a supportive personal relationship with customers and as **enforcers** charged with upholding a sanctions regime; a lack of sufficient administrative and personal support; and workload pressures.
- **IBPAs saw their management of the WFI process as critical to the success of the Pathways to Work pilot.** Key aspects of variation in how IBPAs were working through the WFI process with customers included: when, and how, the issue of returning to work was raised; the use of waivers and deferrals; flexibility in the pattern and timing of mandatory WFIs to reflect individual customers' needs; levels of customer motivation; and the extent and nature of referral to elements of the Choices package.
- **Key factors accounting for variation were: IBPAs views about the motivation and capabilities of customers to return to work; variable workload pressures; and differing levels of confidence around referrals to the Choices package,** particularly the CMP.
- **IBPAs did not define success as solely about placing an IB customer into work.** They viewed significant reductions in the early barriers facing customers as equally valid to a swift progression into work, and felt that reduction of early barriers might lead to customers accessing work in the future. Voluntary customers were thought to be closest to work, whereas mandatory customers with particularly complex barriers or needs were seen as being further away, and least likely to progress during their early WFIs.

- **Three factors were identified as influencing how customers progressed.**

These were: whether IBPAs were working equally across all customers, or instead were concentrating their efforts towards those perceived as being 'easy wins' or on those they felt required greater support because of the complex barriers they were facing; individual IBPAs' referral behaviour and understanding of the Choices package; and customer attitudes towards moving into work. Finally, external barriers such as the state of the local labour market or length of local National Health Service (NHS) waiting lists were also believed to have an effect on customer progression.

More detailed findings from the Stage One research are presented at the beginning of each section in the following chapters of the report, to allow comparisons with the findings from this stage of the research.

1.5 The objectives of the research

This research amongst IBPAs and WPs has sought to build on the findings from the Stage One interviews with IBPAs and WPs in 2004. The second round of interviews provided the opportunity to draw comparisons between how IBPAs and WPs have experienced the pilots over time, from the early stages of the pilots to the point now, when many had been in their role for over a year. The inclusion of the four new pilot districts has also allowed the experiences of IBPAs and WPs in these areas to be explored, which was not possible at an earlier point.

Key research objectives of the study were to explore the following issues and, amongst longer-serving IBPAs, how they had changed over time:

- the role of the IBPA: understanding their perspectives and experiences of key aspects of the role;
- the role of the WP **within the pilots**: how they interface with the Pathways to Work pilot and their relationship with the IBPAs;
- IBPA practices; including examining how they make customer assessments and the factors which drive their decision-making when working with IB customers;
- how IBPAs signpost IB customers to different elements of the Choices package and maintain ongoing communication with providers of those elements;
- the movement IBPAs see their customers travel over the course of the WFIs and how they support customers throughout, and beyond, the WFI process;
- the impact of Pathways to Work pilot on team working and understand how, or if, IBPA training, management and organisation has supported or constrained the IBPA role.

1.5.1 Overview of research design

The study was conducted using a qualitative approach, which is ideally suited to detailed investigations of personal experiences, attitudes and practices. A total of 34 in-depth interviews were carried out with IBPAs; five in each of the seven pilot areas, apart from one where it was only possible to carry out four. Seven focus groups were also conducted with IBPAs, one in each pilot area. Three of these, in the early pilot areas, were reconvened groups with IBPAs previously interviewed at Stage One or who participated in an early focus group invited back to discuss how their experiences had changed over the previous 12 months. In addition, WPs in each of the four later pilot areas were interviewed.

1.5.2 Sampling and recruitment

Purposive sampling was used to provide a balanced sample, representing as far as possible the different circumstances and characteristics of IBPAs working within the pilots. 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 participants in each focus group were carefully selected to ensure that there was sufficient heterogeneity to generate diversity and debate.

The main sampling criteria in this stage of the research were: length of time in IBPA/ WP post, extent of previous experience in Jobcentre Plus, and size and location of Jobcentre Plus office.

A total of 34 IBPAs were interviewed and a further 29 took part in the focus groups. 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 WPs working alongside the IBPA team in each of the four later pilot areas were invited to take part in a depth interview. Figure 1.1 provides an overview of the IBPA and WP interview samples¹⁰.

¹⁰ IBPAs who took part in the focus groups were not asked in the same depth about their personal background and so this information is not recorded.

Figure 1.1 Sample profile

| IBPAs interviewed | WPs interviewed¹¹ |
|--------------------------------|-------------------------------------|
| Gender: | Gender: |
| Male (6) | Male (1) |
| Female (28) | Female (4) |
| Time in IBPA post: | Time in WP post: |
| Less than 6 months (7) | Less than 6 months (0) |
| 6 months – a year (15) | 6 months – a year (0) |
| Over a year (12) | Over a year (5) |
| Jobcentre Plus history: | Jobcentre Plus history: |
| Previous PA experience (29) | Previous WP experience (5) |
| No previous PA experience (5) | No previous WP experience (0) |

1.5.3 Conduct of the depth interviews and focus groups

Fieldwork was conducted in February and March 2005. 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 with IBPAs in the later pilot areas to uncover and reveal how and why IBPAs were responding to the needs of different types of IB customers. These were the same vignettes used with IBPAs in the first three pilot areas in Stage One of the research. 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 WPs who took part signed consent forms to signify their willingness to take part and acceptance of the terms and conditions of participation.

¹¹ In one area the work psychologist role was being shared by two people, who both took part in a joint interview. This explains why there are five work psychologists recorded in the sample.

1.5.4 Analysis and interpretation

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

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 WPs in the 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.

Where required pseudonyms are used to protect the anonymity of individual customers and staff.

1.6 Coverage of report

The report consists of five further chapters. Chapter 2 explores perceptions and experiences of the IBPA and WP 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 implications for future research into the Pathways to Work reforms.

2 The role of the IBPA and the Work Psychologist

2.1 Introduction

This chapter examines the role of the Incapacity Benefit Personal Advisers (IBPAs) within the Pathways to Work pilot, and as a companion to this, also explores the role of the Work Psychologists (WPs). As with the other chapters in the report, the focus is on understanding the operation and impact of the Pathways to Work pilot over time, and identifying areas of consistency and change between the first stage of the research and this stage.

The chapter begins with a discussion of how the two roles are perceived, and how they sit within the wider Pathways to Work pilot. It then looks at the training IBPAs have received, before moving on to explore the key challenges IBPAs have experienced within their roles. The following two sections discuss issues relating to IBPAs' workload, and their experiences of working with others within Jobcentre Plus. The chapter concludes with the reflections of IBPAs on their role, and their expectations for the roll out of the pilots to existing IB customers.

2.2 Perceptions of the IBPA role

Key findings from Stage One

- IBPAs understood the ultimate objective of the Pathways to Work pilot 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 to returning 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.
- IBPAs also 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.
- Communication skills were seen as important, particularly listening skills, adopting a non-judgemental attitude and showing patience and empathy, in order to establish the issues facing the customer, and then be able to fit their needs with the right service provision.

2.2.1 Understanding of IBPA role within the pilots

IBPAs’ understanding of the objectives of the Pathways to Work pilot had not shifted over time, with a reduction in the number of people claiming Incapacity Benefit (IB) again being widely cited as the basis on which the Reforms had been introduced. This was true of IBPAs who had been in role since the initial implementation of the pilot in their area in 2003 or 2004, and also for IBPAs who had only recently entered the role in early 2005. There was also consistency, over time and between IBPAs with differing levels of experience, in how IBPAs interpreted and articulated their role. They again talked about this as being to support and enable people on IB to progress towards work.

The IBPA role was generally seen to fit within the overall objectives of the pilots, although as before, a degree of tension was identified between what they saw as the focus of the pilots on **returning to** work, and the more open-ended emphasis of their role, as they interpreted it, on **movement towards** work. It was evident that the gradual introduction of job entry targets had brought these tensions into sharper focus amongst the IBPAs interviewed in this stage of the research.

‘We’re just meant to move people forward, you see...now it’s more you’ve got to get job entries and targets and things like that.’

(IBPA)

The implications of this for how IBPAs perform their role is discussed later, in Section 2.4 of this chapter.

2.2.2 Key aspects of IBPA role

As in Stage One of the research, IBPAs identified a number of key aspects of their role in helping people to progress towards work. These centred on the importance of developing a personal relationship with the customer, focusing on their attributes rather than their barriers, and trying to change customer attitudes to their employment prospects and the support available.

Most of the IBPAs interviewed in this stage of the research had now been through the series of six mandatory work focused interviews (WFIs) with a number of customers, and their experiences reinforce the importance of developing, over the course of the interviews, a positive, trusting relationship with the customer. Reflecting on their experiences of contact with customers, they also emphasised the importance of patience, not only in establishing a relationship, but also in changing customer attitudes to work and the support available over the course of the six interviews.

'You've got to get the trust from them and then they'll open up to you and discuss any issues they've got with you, but you can't go in all guns blazing at the first interview. You've got to do it over a period of time.'

(IBPA)

Interestingly IBPAs talked about a further aspect of their role, that had been mentioned little in Stage One. As well as what they felt they could do in their contact with the customer, IBPAs this time also frequently discussed their role as an intermediary 'gateway' or 'sign post' for customers to the support available through the Choices package in their area.

'I think we are here to sign post people in a lot of ways...I mean sign posting is quite a large part of our role, because we're not the people that can offer all the help.'

(IBPA)

'You act as a gateway, linking someone in to whatever specialist form of help they might need to help them move forwards.'

(IBPA)

This change was also reflected in the range of skills that IBPAs cited as being important in performing their roles. Communication skills, in terms of listening, adopting a non-judgemental attitude and showing patience and empathy, were again seen as central to engaging the customer and encouraging them to think about work. In addition, knowledge and understanding of the Choices package and the individual providers were also described this time as important to have in order to fully support the customer.

'You've got to be an expert in your knowledge, you've got to know what the provision is in the area you live in.'

(IBPA)

This change in how IBPAs see their role, and the skills they need to perform this role, appeared to be linked to the greater awareness and use of the Choices package, discussed further in Chapter 4 of this report.

2.3 Perceptions of the WP role

Key findings from Stage One

- WPs shared a similar understanding of the objectives of the Pathways to Work pilot to the IBPAs, and welcomed the initiative for 'filling a gap' and offering support to a group that they felt had previously been neglected.
- WPs outlined three main parts of their role prior to the pilots: assessing customers, providing in-work support and supporting colleagues within Jobcentres.
- The expectation was that their role within the pilot would be the same, with a particular emphasis on supporting IBPAs, through training and mentoring.

2.3.1 Understanding of WP role within the pilots

The WPs interviewed in this stage of the research were again positive about the introduction of the Pathways to Work pilot, and their role within it. The pilots were seen as providing much needed support for a group of benefit recipients who had not had access to this kind of provision in the past. WPs also welcomed the greater opportunity the pilot gave them to apply their skills and experience to benefit this group.

'I was glad they were coming about, sort of long overdue... we always worked in that field, you know, and we knew how difficult the customers were... we've been pleased to be involved in it, and pleased that, you know, our little niche of expertise has been tapped into and exploited.'

(Work Psychologist)

2.3.2 Key aspects of WP role

Over time the WP role within the pilot appears to have developed broadly along the lines that had been expected at the outset, with the main components being: the provision of customer assessments and in-work support, and the delivery of training and ongoing support to IBPAs.

WPs described their role in carrying out **customer assessments** as being to identify and assess the barriers to work faced by the customers, and to develop, with the customer, a clear set of job goals and steps to take in order to achieve them. Whilst they were likely to discuss similar issues to those the customer had discussed with the IBPA, WPs felt they were able to go into greater depth in their contact with the customer, and draw on more sophisticated methods, such as psychometric testing. They also felt they had a particular role in working with more complex cases (such as customers with multiple disabilities or multiple barriers to work) that IBPAs might otherwise find difficult to progress.

WPs also talked about providing **in-work support** to customers, by giving advice on adaptations they might need in the workplace, and brokering with employers if necessary. However, it was apparent that this was a much less frequently-exercised aspect of their role with customers than undertaking assessments.

The delivery of **training for IBPAs** is discussed further in Section 2.3 of this chapter. All the WPs interviewed at this stage of the research reported having been involved in the delivery of training and support to IBPAs within their area, although there were differences to the nature and extent of their involvement. In most areas the WP had observed the initial tranche of training for IBPAs, and given feedback and advice to those delivering the training. In subsequent tranches of training it appeared that WPs had become increasingly involved in facilitating and delivering the training themselves, working alongside the designated training providers. WPs were generally positive about their role in the training, although in one area some initial tensions had been experienced between the WP and the training provider. This was attributed to confusion on the part of the trainer about the role of the WP within the training, and a lack of clear guidance on this. However, the WP felt that these issues had now been overcome, and reported a good working relationship with the trainer.

Their role in providing **ongoing support for IBPAs** involved both formal and informal contact. Formal support was being provided through case conferences, held regularly, where IBPAs could discuss with the WP any issues or questions that had come up in their contact with customers. WPs were also visiting Jobcentre Plus offices on a regular basis to talk to IBPAs informally, and all said they actively encouraged IBPAs to telephone them with any issues they wanted to discuss.

2.3.3 Evolution of the WP role

Interestingly each of the WPs interviewed initially felt that their role had not been clearly defined at outset of the pilot. Whilst there had been a general consensus about the main aspects of the role, discussed above, there had been little guidance or information on how their role would operate in practice. Over the course of the pilot, the WPs talked about having had to 'carve out' the role for themselves, and make their own decisions about how they could best support the pilots. Whilst one WP had welcomed the flexibility and autonomy this had given her, at least one other had found the initial uncertainty over the role quite stressful. All reported that their

role had now become more clearly defined, having evolved over the course of the pilots, but equally, on reflection, it was felt there could have been clearer guidance at the outset of what the role would entail.

The proportion of time WPs were spending on the different aspects of their role varied in each area, but the general picture was that they were spending less time than expected in contact with customers. This was attributed to a continued lack of awareness amongst IBPAs of the WP role, and subsequently fewer referrals – something discussed in detail in Chapter 4 of this report. Conversely, providing training and ongoing support to IBPAs represented a bigger part of the WP role than had been expected, something attributed to the lack of support for IBPAs from other sources, discussed in Section 2.4 of this chapter. It is important to note that the WPs interviewed did not resent this aspect of their work, and felt it was a central part of their role within the pilots.

In terms of workload, one of the WPs reported feeling stressed at times, and working extra hours due to their involvement in delivering training to a number of tranches of new IBPAs over a short period of time. WPs from the other areas reported fewer problems with their workload, but all agreed that they would like additional resources to spend more time visiting IBPAs in their Jobcentre offices. Some also talked about ways in which they would like to extend their role within the pilots, if they had the time and resources to do so. For example, one spoke about becoming involved in the recruitment of IBPAs, where they could use their skills to assess the suitability of people for the role, whilst another felt it would be beneficial for them to observe WFIs, to give them a clearer picture of the types of customers the IBPAs were working with. In addition, it was suggested that WPs could play a role in evaluating and supporting the Choices providers in their area, by getting feedback from customers after they had accessed provision such as the Condition Management Programme (CMP).

2.4 Training for the IBPA role

Key findings from Stage One

- A large part of the focus of the training was on interviewing skills.
- IBPAs reported that the training had given them the confidence to present the Pathways to Work pilot in a positive light, to discuss a customers' health condition and to raise the issue of work in an interview.
- WPs were also positive about the impact of the training in preparing IBPAs for the experience of carrying out WFIs.

With greater experience of the IBPA role, and having carried out a higher number of WFIs, IBPAs were able to reflect further on how well their initial training equipped them for their subsequent experiences in the pilots.

WPs interviewed in this stage of the research had also typically been involved in the delivery of more than one tranche of the IBPA training and were able to provide an insight into how the training had developed over time.

2.4.1 Content of training

It was evident that the central focus on interviewing skills had been retained in later tranches of the training, and that as before this was greatly valued by IBPAs coming into the role. IBPAs who came into the role with little previous experience as a personal adviser in other parts of Jobcentre Plus felt the training had been 'essential' in preparing them for the IBPA role. Equally, IBPAs with previous experience as advisers in Jobcentre Plus talked about how the training had given them new skills and actively changed their attitude and approach to interviewing customers.

'I mean when I did my training...I found it very, very difficult not to jump in with all the solutions to their problems, because that was what I've been trained to do before...with this client group you don't do that. You wait for them to ask for the help or come up with the solutions themselves...It's changed everything I do.'

(IBPA)

WPs also talked about seeing a change in the interviewing techniques of the IBPAs over the course of the training.

'My assessment was that the training had been successful and I could see change within the delegates, you know, over the three to four weeks that I was observing...kind of change in attitude to the style of interviewing that they were being asked to adopt.'

(Work Psychologist)

Nevertheless, whilst praising this focus of the training, IBPAs also identified aspects of their role that they felt the training had not prepared them for so fully. The most common relating to the administrative and procedural aspects of their role¹².

'It doesn't cover a lot of the procedures for form filling, looking up information. And the sort of nitty-gritty of sort of the markers and the records that we use, it doesn't really cover that. And that, from my point of view, is as important as being able to talk to somebody.'

(IBPA)

There was a widespread view that the training should have done more to prepare them for this aspect of the job. Many IBPAs talked about their lack of knowledge and uncertainty about what the correct procedures were for processing Failure to Attend (FTAs), making referrals, implementing Return to Work Credits (RTWCs) and other

¹² This issue was also raised by IBPAs participating in the early focus group study, carried out in early 2004; Dickens S., Mowlam A. and Woodfield K., (2004), Incapacity Benefit Reforms – early findings from qualitative research.

key aspects of their role. This had often been most acutely felt in the first few months of becoming an IBPA, although there were more experienced IBPAs who still voiced doubts about their understanding of some of the more complex procedures. Indeed, IBPAs in two areas gave examples of procedures that had been implemented incorrectly by themselves and their colleagues over a period of time until this had been identified by management, and further training or guidance provided.

IBPAs also identified other areas that they felt the training should include, to better prepare future IBPAs for the requirements of their role:

- **Contact with Choices providers.** In most areas, and most tranches of the training, it was evident that sessions had been developed which gave IBPAs the opportunity to meet and/or find out about local Choices providers in their area. This aspect of the training had been valued by the IBPAs who received it, and appeared to have had a positive impact on IBPAs subsequent referral practice (discussed in more depth in Chapter 4). IBPAs who reported only limited contact with providers during their training, or none at all, felt that this was something they would have benefited from.
- **Guidance on how to deal with customers perceived as having 'complex or severe' medical conditions.** In the main, IBPAs were happy with the amount of information and guidance they received through the training on medical conditions and how to approach these with customers within the WFIs. However, IBPAs reported some concerns with seeing customers they perceived as having 'more complex' medical conditions such as depression, drug and alcohol abuse (discussed in Section 2.4 of this chapter) and felt the training could have included a specific session or sessions on dealing with these cases.
- **Training on benefits and LMS.** Some IBPAs talked about occasions with IB customers where they felt unable to give advice relating to their financial situation because of their lack of knowledge of relevant benefits such as tax credits. Other IBPAs, without a background in working with IB claimants, were not familiar with computer system, LMS, and felt that an introduction to using the system during the training would have better equipped them for their role.

2.4.2 Delivery of training

It was generally felt amongst the WPs interviewed that the training in their areas had developed and improved with each new tranche, building on the experiences from the previous tranches.

They reported improvements to the delivery of the training in terms of: better quality/more appropriate trainers; clearer structure and ordering of sessions; higher standard of teaching materials, for example, videos, guidance notes; more realistic use of actors in role-play exercises; and, in some cases, but not all, greater interaction with Choices providers.

Not surprisingly they felt that IBPAs who had been through later tranches of the training were progressively better prepared for the IBPA role than the tranches before them. However, it was notable that the WPs interviewed did not mention the concerns voiced by IBPAs about some of the areas that the training had not covered, namely the administrative and procedural aspects of the Pathways to Work pilot, and information on benefits and LMS. In practice it appeared that IBPAs had relied on the advice and guidance of other IBPAs and line managers to acquire the knowledge they felt they needed in these areas. There was also evidence that short, usually one day, training sessions had been delivered locally within Jobcentre Plus offices covering issues such as using LMS, how to do better-off calculations and the procedures for making a RTWC claim for a customer. Whilst IBPAs were generally positive about the training of this sort they had received, there was widespread agreement that the initial training was the point at which they should have been given this kind of information.

2.5 Key challenges within the IBPA role

Key findings from Stage One

- 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 or **severe** problems. Some IBPAs felt that there was not enough support in place for them in coping with the impact of seeing these types of customers.
- 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.
- 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.

2.5.1 Emotional pressures of the IBPA role

As in Stage One of the research, IBPAs talked about the emotional pressure or 'burden' of listening to the problems of customers with (what they saw as) 'severe' medical conditions, or other difficult issues and experiences in their lives. It was clear this was not a short-term or temporary issue only experienced in the early stages of their role, but an ongoing concern, even for IBPAs who had been in the post for over a year.

'Yeah, you do take it away with you. Some of them often have quite horrible stories to tell, you know, abuse or depression, really bad depression, you know, mental health issues, children being taken into care... there's all sorts of problems they throw at you, and you just have to listen – but it's hard.'

(IBPA)

IBPAs found this aspect of their role particularly challenging when they had a number of consecutive WFIs to complete in a single day with limited time between each one in which to collect their thoughts. Some felt Jobcentre Plus managers were not always sensitive to this issue, or aware of the demands it placed on the IBPAs in their office.

'With the kind of people that we're seeing, there might be some of the mental health ones, you've had that person for an hour and then you've got another person in for another hour straight after, I don't think they've considered there's not enough time in-between, you know, to sit back and think "pshaw", you know.'

(IBPA)

IBPAs and WPs both felt there was currently a lack of support in place for IBPAs to deal with these kinds of issues. It was evident that IBPAs relied on one another as a source of this kind of support, and also on occasion sought out the support of line managers and the WP in their area. Whilst IBPAs greatly valued the support they received from these sources it was evident that there was still a perceived need for a more formalised system of support, and recognition from Jobcentre Plus management of this issue.

'We've never dealt with that client group before. I think it's worthwhile doing it but I think it needs like re-evaluating to look at the job that we do... I don't think there's enough support for us.'

(IBPA)

'I think that's a big flaw in this system is that that hasn't been built in at all. Advisers are expected to deal with the issues of the incapacity benefit group as they would with any other group, and it's an awful lot to expect.'

(Work Psychologist)

2.5.2 Working with customers whose health conditions were perceived by IBPAs as being 'complex' or 'severe'

Recurrent concerns arose at Stage Two about IBPAs' ability to provide appropriate advice and support to customers with conditions that they themselves did not feel knowledgeable in. Mental health issues (including depression, suicide and self-harm) and drug and alcohol abuse were particular areas IBPAs reported having difficulties with. As discussed previously, IBPAs did not feel their initial training had prepared them for working with these kinds of customers.

'I just feel inadequate some of the time, you know we're not trained to deal with people on mental health issues...I'm not a doctor at the end of the day.'

(IBPA)

In one area it was reported that the CMP, once it was up and running, had taken some of the burden away from IBPAs, in terms of dealing with certain customers. IBPAs in this area had been told that if a customer was suicidal they could contact the CMP who would then take responsibility for contacting the customer's General Practitioner (GP) and taking steps to ensure their welfare.

2.5.3 Influence of job entry targets

IBPAs from all of the pilot areas included in this stage of the research talked about the progressive introduction of targets within their area, and the perceived impact these had had on how they performed their roles. In most cases IBPAs reported having personal targets and office targets that they were expected to contribute to, although in one area IBPAs thought that targets had only been introduced for their office so far. The general reaction to the introduction of the targets had not been positive. Whilst IBPAs recognised the need to measure the impact of the pilots, they felt the targets placed too much emphasis on job entries and did not recognise other forms of progress they may have made with customers which had not resulted in them entering work. Another common concern was that pressure to meet the targets could cause IBPAs to prioritise customers who were likely to give a 'quick win', above those further away from the labour market who need longer-term support to return to work.

'If you've got a target, you would probably going to steer all your attention to somebody you think you would find work easier, rather than somebody who would find work eventually, but need a lot of help, and I think that's wrong.'

(IBPA)

Targets for the number of referrals being made by individual IBPAs and Jobcentre Plus offices were also seen as having a potentially damaging effect on how the IBPA worked with the customer. It was felt that IBPAs might be influenced to make referrals to meet their targets which were not necessarily in the best interests of the customer. Nevertheless, a final group of IBPAs felt that the targets relating to the Pathways pilots were lower than those attached to other Jobcentre Plus activities and therefore exerted little influence over their customer-led approach to their role.

IBPAs in some offices talked about feeling under pressure from their manager to contribute to local office targets, and there were also IBPAs, particularly those newer to the role, who felt under pressure to achieve their own personal targets because they were concerned that not doing so would reflect badly on how their own performance was assessed.

'At the end of the year there is a key performance indicator that is used to assess how well we have been doing in our jobs. So yes, it is high on our minds.'

(IBPA)

Despite these concerns there was very little evidence from the interviews with IBPAs that their practice had changed since the introduction of the targets. Most reported that even though they were increasingly conscious of their targets, they had not as yet let this affect the way they worked.

'You've all got, always got the targets in, in the back of your mind but I don't think anybody would ever push anybody into something that wasn't right for them.'

(IBPA)

More exceptionally, there were those who expressed no concerns about achieving their targets and were adamant they would not affect the way they carried out their role, now or in the future.

'I'm not bothered about what my report says at the end of it. I'm not that person, I'm not target driven at all...I've been in the service too long to worry about all that rubbish.'

(IBPA)

These tended to be older IBPAs with lengthy experience of working within Jobcentre Plus in this and other adviser roles.

2.6 IBPA capacity and workload

Key findings from Stage One

- 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.
- There were some capacity issues raised, one being a lack of sufficient administrative support, which was widely reported.

Capacity and workload issues emerged as a greater concern for IBPAs in this stage of the research than had been the case in earlier stages. Across IBPAs interviewed there was a spectrum, from those who expressed no great concerns about their workloads through to those who described their workload as 'challenging', 'demanding', and even 'unmanageable' or 'unsustainable'. This section discusses the factors that appear to underpin IBPA concerns about their workload. The impacts of these concerns on how IBPAs performed their role are explored later in the report in Chapter 5.

2.6.1 Size of caseload

IBPAs who had been in post since the earlier stages of the pilot generally reported that the size of their caseload had increased over time. Whereas the typical caseload in the first stage of the research had been around 30, full-time IBPAs interviewed in this stage of the research talked about having caseloads of 50-60 customers, and in some areas more. Whilst caseload numbers did not necessarily reflect the number of customers that IBPAs saw regularly, IBPAs commonly reported exceeding the recommended six WFIs a day, and carrying out as many as eight or ten on some days¹³. IBPAs did not attribute increases in their caseload to any one factor, and to some extent considered it an inevitable outcome, as more mandatory and voluntary customers entered the process.

Few specific concerns were voiced about the potential impact of the extension of the pilot to existing IB customers on caseload sizes. It appeared that in all of the pilot areas additional IBPAs were being taken on in preparation for the extension – the assumption being amongst existing IBPAs that they would provide the extra capacity necessary to handle the inflow of new customers. In some areas and offices new IBPAs had been taken on to work solely with these customers, whilst in others the intention was that they would be ‘shared out’ between new and existing IBPAs in each office. Nevertheless, there was evidence in some of the pilot areas that staff capacity and accommodation issues were already stretching scarce resources with some IBPAs reporting difficulties with ‘hotdesking’ due to staff numbers.

2.6.2 Provision of administrative support

The most frequently voiced concern in relation to workload was the amount of time IBPAs found they were devoting to the procedural and administrative aspects of their role¹⁴. The paperwork associated with FTAs, Action Plans, referrals, RTWC, Advisers Discretion Fund (ADF) and other administrative tasks was said to be taking up a much greater proportion of time than had been anticipated when they entered the role.

‘On top of the customer interaction we have, we have mountains of other stuff that we are expected to do...We are swamped really with paperwork, action plans, emails, appointment booking, because we have no administrative support so we do everything ourselves basically.’

(IBPA)

¹³ The exceptions to this were newer IBPAs who had only recently joined the pilots, who generally reported smaller overall caseloads, and fewer WFIs a day.

¹⁴ Difficulties associated with internet access to the Screening Tool are discussed in Chapter 3 but were as widely described as these broader administrative issues.

IBPAs repeatedly expressed frustration at the perceived encroachment of this aspect of their role on the time they were able to spend working with customers, with one IBPA reporting that her and her colleagues were spending a day a week each on administrative and procedural tasks.

Whilst a minority of IBPAs mentioned support they had received from administrative staff within their office, it was more common that IBPAs talked about the lack of such support. This echoes the findings of Stage One of the research, and whilst a small number of IBPA had recently started to receive support, the majority had not, and for them the absence of this had remained an ongoing problem. IBPAs also noted that there were differences in the procedures for extension customers to those for the customers they currently saw, and thought this would add further to the administrative burden, particularly in the early stages of the extension when they would initially be unfamiliar with the new procedures.

2.6.3 Ringfencing of the IBPA role

In this stage of the research there was evidence that some IBPAs were now performing additional duties alongside their IBPA role, something that was not widely reported in Stage One of the research. These additional duties included:

- 'floor walking' in Jobcentre Plus office;
- working on Jobcentre Plus reception;
- covering for other (non-IB) advisers within Jobcentre Plus;
- line managing other Jobcentre Plus staff;
- carrying out better off calculations and processing tax credit applications.¹⁵

In some cases these had become established aspects of the individual IBPAs role, (for example, line management of other Jobcentre Plus staff) that the IBPA had taken on as part of their professional development. However, more frequently, IBPAs said they had been asked to take on additional duties to cope with a lack of capacity in other areas of the Jobcentre Plus office, for example, as temporary cover for staff sickness. Whilst some IBPAs in this situation did not begrudge the extra duties they were taking on, particularly if it meant helping other colleagues in their office, all were concerned that it was putting further pressure on their workload.

¹⁵ This was reported in one Jobcentre Plus office where apparent confusion over the role of the Financial Assessors had resulted in IBPAs performing these tasks with new IB customers.

2.6.4 Contact with customers outside WFIs

In addition to the contact the IBPAs had with their caseload through the work focused interviews, it was evident that IBPAs had further contact with certain clients, both in between WFIs and after the last mandatory WFI had been carried out. In talking about the importance of building up a personal relationship with customers (discussed earlier in this chapter), IBPAs were also mindful that with some customers, particularly those who were otherwise isolated, this kind of relationship could lead to further demands on their time from the customer.

'They just phone for everything. Anything that goes wrong. You know, it could be personal problems, they phone you to let you know, and their benefits or anything...any letters they get they ring you up or come in. I can be out of the office for a day and when I come back I've got about 20 post-its on my desk to ring customers. It does get out of hand.'

(IBPA)

It was striking that despite the extra burden this kind of contact placed on their workloads, IBPAs said they always would try to respond to phone calls and ad hoc visits from customers. IBPAs' practice around continuing contact with customers beyond the set of six mandatory WFIs was less clear cut, and is discussed further in Chapter 3 of this report.

2.7 Team working

Key findings from Stage One

- 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. It was seen as important for other staff to be aware of the Pathways to Work pilot 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.

2.7.1 Working with other staff within the Jobcentre Plus office

The experiences IBPAs reported in this stage of the research largely mirror those given in the initial stage. Some had encountered quite positive attitudes from other staff in their offices, and gave examples of ways in which colleagues were actively supporting them in the IBPA role. For example, two IBPAs spoke about how frontline colleagues within their office would talk to a customer about the Pathways to Work pilot if an IBPA was not available, and book an appointment on their behalf. IBPAs

who received administrative support from colleagues with their office were also very positive about their relationship with these colleagues, although as discussed in the Section 2.4, IBPAs receiving this kind of support were outnumbered by those who were not.

Equally, there were also less positive attitudes and relationships with Jobcentre Plus colleagues reported. For example, one IBPA felt they were resented by other advisers who perceived their role to be easier because they had 'more to offer' than JSA or New Deal advisers did. Another IBPA reported that in her office, Financial Assessors were not addressing the benefit queries of new IB customers, placing the burden on IBPAs to do so.

These tensions seem to stem from a continued lack of understanding and awareness of the IBPA role amongst other Jobcentre Plus staff. This appears to be an ongoing issue for some offices that has not yet been resolved within the pilot.

2.7.2 Working with other IBPAs

As in Stage One, IBPAs were largely positive about the experiences they had of working with one another. The practical advice and emotional support they gave each other was acknowledged to be an important factor in enabling them to meet the demands of the IBPA role. IBPAs again reported that the initial training had been a very successful mechanism in allowing them to meet other IBPAs in their tranche, and develop close working relationships which had continued once they were in their role.

However, this stage of the research also picked up a small number of cases where tensions had arisen between IBPAs working together, specifically between different tranches of IBPAs. In certain areas more experienced IBPAs had been asked to mentor newer IBPAs as they came into the role. One experienced IBPA expressed some annoyance at the perceived burden of having to answer questions from newer IBPAs which she and others had had to find out for themselves when they had started. Another IBPA perceived a slight divide between IBPAs in her office who had trained in different tranches to one another, commenting that it was 'like we've got three small teams within a team'. Finally, one other IBPA felt that criticisms made by management about the abilities of her and the other IBPAs she had trained with at the start of the pilot had led to a definite divide with later tranches of IBPAs in her office.

2.8 Reflections on the IBPA role and future expectations

Key findings from Stage One

- IBPAs were positive about the pilots 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.

2.8.1 Job satisfaction in the IBPA role

The IBPAs interviewed in this stage of the research were widely positive about their participation in the pilots. This was true of both IBPAs who had recently entered the role, and those who had been involved since the start of the pilot in their area. Whilst they generally felt their role to be more challenging and demanding than other adviser roles within Jobcentre Plus, there was a common belief that it was also more rewarding.

IBPAs were particularly positive about the greater flexibility they felt they had in working with the customer, and the customer-led nature of the interviews.

'It's really very different because my jobs previously I had a set of rules that perhaps tell the customer and they had to abide by them, very cut and dried...this role is different in that we're sort of trying to take the lead from the customer really, and not just sort of ordering them to do things.'

(IBPA)

'I like to be able to be say "Well yeah, we can do this" and because I can say that to them rather than "Oh no, you've got to do this" as it has been in the past, that's what's made the difference.'

(IBPA)

IBPAs also frequently talked about the positive attitudes they had encountered amongst IB customers, sometimes counter to their expectations.

'You tend to think...once they're on the sick that's it. But I have obviously interviewed so many people now, who do want to go back to work, they really do...it did surprise me a bit.'

(IBPA)

'I am really, really enjoying my role. At first I thought, oh, you know, incapacity benefit customers, would they turn round and say, "Oh, here we go." but they've been encouraging... .'

(IBPA)

The factor most clearly underpinning IBPAs feelings about their role was the personal satisfaction they took from seeing people they had worked with progress towards work.

'Personally this is probably the best job that I've done in DWP so far...Just probably working with customers long-term and maybe seeing someone at the beginning who's really down in the dumps and not motivated whatsoever to seeing them gradually improve to the point where...they do want to work and move on with their life and to have the sense that you maybe played a part in that.'

(IBPA)

IBPAs who had been through a series of WFIs with a number of customers were able to give numerous examples of cases such as these, and of letters or phone calls from customers thanking them for the help and support they had received. IBPAs in this stage of the research also made a clear link between their own positive feelings about their role, and their belief in the value of the pilots more generally.

'Yes, I really believe in it. I think, you know, you have to really to sort of do the job well. I think it's an excellent opportunity.'

(IBPA)

'I do genuinely think it is an excellent programme and I do think we make a difference, I really do.'

(IBPA)

2.8.2 Suggested improvements to support the IBPA role

In talking about the challenges and issues they had encountered, IBPAs made a number of suggestions about changes that could be made to support them in their role. These are summarised in Figure 2.1.

Figure 2.1 Suggested changes and improvements to support the IBPA role

| Challenges and issues within the IBPA role | Suggested changes and improvements |
|--|--|
| <ul style="list-style-type: none"> • Emotional pressures of the IBPA role • Working with customers perceived as having 'complex' or 'severe' health conditions • Introduction of job entry targets • Workload and capacity issues • Other issues relating to training | <ul style="list-style-type: none"> • Provision of formal support for IBPAs within the pilots • Time set aside after potentially difficult WFIs • Training in 'more challenging' conditions, such as mental health, and drug and alcohol abuse • Recognition in target setting, and IBPA career appraisals, of progress made with customers not resulting in job entries • Increased provision of administrative support for IBPAs • More clearly enforced ringfencing of IBPA role • Resourcing to continue contact with customers outside mandatory WFIs • Coverage of administrative and procedural aspects of IBPA role in initial training • Coverage of benefits and LMS in initial training |

2.8.3 Thoughts about future of IBPA role: the extension of the pilots to existing IB customers

In reflecting on future issues they would face within their role, most IBPAs talked about the extensions of the pilots to existing IB customers. At the time when the interviews for this stage of the research were being carried out IBPAs were at the point when they were just beginning to see these customers coming onto their caseloads.

There was strong support amongst IBPAs for the extension of the pilots to existing IB customers. This support was based on the perceived success of the pilots for new IB customers, and the belief that existing customers could, and should, benefit from the same provision.

However, most IBPAs did feel that working with existing customers would pose slightly different challenges to working with new customers, and that there would be more potential barriers to making the progression towards work. As existing

customers would have been on IB for longer, if was felt that they were more likely to have 'severe', long term health problems. IBPAs also thought that because of the length of time they had been on IB, existing customers were more likely to hold more 'entrenched' and negative views about their own capacity to return to work.

'With some of them, especially the older people that have been off long-term, I think it's going to be harder for them because they think nobody wants them, so I think it'll probably be harder.'

(IBPA)

One WP in particular talked about the 'psychological baggage' that longer term and older customers may have acquired over time, having possibly tried to return to work in the past and failed. Feelings of benefit dependency were also thought to be more likely amongst existing customers, as was greater initial resistance to the idea of attending a Jobcentre Plus office.

'I think the main problems will be getting people to come in. Because they won't have heard of Jobcentre Plus or IB pilots, and they're probably quite comfortable on benefits two or three years down the line or however long it'll be. So I think it's going to be hard.'

(IBPA)

Despite these concerns, IBPAs were still generally optimistic that progress could be made with these customers, and again this seemed to stem from their belief in the pilots.

'It's going to be more difficult to get them back to work. But I believe in what we've got to offer these customers, so I think that it will work.'

(IBPA)

IBPAs felt that they would be calling on the same set of skills in working with these customers as they were with new customers, whilst acknowledging that the support they provided might have to be 'more intense' and longer term. This view was generally shared by WPs, although one suggested that the extension to existing customers may have come too early for newer IBPAs, who had had little opportunity to develop their interviewing skills through working with new customers.

In terms of their preparation for working with these customers, almost all IBPAs reported that they had received some form of training or guidance in the lead up to the extension. In most cases this appeared to have been in the form of a day's training within their office, or a meeting with a line manager where the extensions were discussed. However, not all IBPAs felt this had been adequate, and it was typically the administrative and procedural aspects of dealing with the new extension customers that IBPAs felt least well prepared for.

2.9 Chapter summary

IBPAs perceived their role within the pilots to be to support and enable people on IB to progress towards work. As in Stage One they described developing a personal relationship with customers as a key aspect of their role. They placed increased emphasis this time on their role as a 'sign post' to the support available through the Choices package.

WPs were positive about the pilots, and about their involvement within them. They reported spending less of their time than expected working with customers, and more on providing training and support for IBPAs.

The central focus of the IBPA training on interviewing skills was greatly valued, although it was commonly felt that the training they received had not fully prepared IBPAs for the procedural aspects of their role. Some also thought the training should include greater contact with Choices providers, more guidance on how to deal with more intricate health conditions, and information about benefits and LMS.

IBPAs and WPs both felt that there was a lack of support for IBPAs to deal with the emotional pressures of their role, and that provision for this should be made within the pilots.

There were concerns that job entry targets could influence IBPAs increasingly to prioritise customers likely to give a 'quick win', above those needing longer term support to return to work. There were also concerns that referral targets might influence IBPAs to make referrals which were not necessarily in the best interests of the customer.

Despite these concerns there was very little evidence from the interviews with IBPAs that their practice had changed since the introduction of the targets. Most reported that although they were increasingly conscious of their targets, they had not as yet let this affect the way they worked.

Capacity and workload issues emerged as a greater concern for IBPAs in this stage of the research than had been the case in Stage One. Average caseload sizes had increased, and IBPAs again raised concerns about the amount of time they found they were devoting to the administrative aspects of their role.

There was strong support amongst IBPAs for the extension of the pilots to existing IB customers, although it was felt that they face more potential barriers in terms of moving towards work than new IB customers.

3 The role of the IBPA – managing the WFI process

3.1 Introduction

In this chapter we turn to the work focused interview (WFI) process. The chapter examines the role that Incapacity Benefit Personal Advisers (IBPAs) play in managing this process over time and their views about how customers react to involvement in WFIs. Building on findings from the previous study based in the early pilot areas this chapter explores whether, and how, IBPAs use of key elements of the WFI process such as the screening tool, waivers, deferrals and sanctions have changed or remained consistent. It also considers how closely the WFI process, as experienced on the ground, fits with the intended shape of customer-IBPA relationships and maps the factors that have contributed, over time, to the current manner in which the WFI process is being managed.

3.2 Customers' early reactions to involvement in the Pathways to Work WFI process

Key findings from Stage One

- Customers received information about the WFI process from a variety of sources including: from First Contact Officers (FCOs), Financial Assessors (FAs), by letter or through talking on the telephone (or in person) to an IBPA.
- Customers' initial reactions were typically negative but this could be overcome by direct contact with the PA on the telephone prior to the WFI or at the first WFI in person.

This opening section presents IBPA experiences of customer reactions to involvement in the WFI process and considers key developments and changes since the Stage One study. At Stage Two the key findings from Stage One (above) were broadly reflected in the accounts of IBPAs across all seven areas.

3.2.1 How customers learn about the WFI process and Pathways to Work pilot

As at Stage One, customers had heard about the Pathways to Work pilot from a range of sources. Typically customers had learnt about the Pathways to Work pilot from a member of Jobcentre Plus staff either an IBPA, FCOs, FA or other customer facing staff. Information was either relayed through a letter, telephone call or in person (where the customer themselves initiated the initial contact).

At earlier stages of the evaluation¹⁶ IBPAs expressed concerns that staff charged with the task of initially introducing the Pathways to Work pilot to customers (notably FCOs and FAs) were not always well equipped to do so having had limited training. However, over time these concerns appear to have diminished, and IBPAs said that they were broadly happy with the level of information that customers were being provided with by these staff. Similarly, IBPAs across all seven areas reported far fewer difficulties with making appointments for customers, suggesting that earlier problems had been resolved.

Nevertheless, great importance was attached to IBPAs themselves having direct contact (usually by telephone) with customers new to the Pathways to Work pilot **prior** to the initial WFI. IBPAs from across the sample described the added value which could come from early contact with customers although not all were able, or inclined to, make that contact. Caseload pressures were described as the main barrier to this early contact, other factors related to practical barriers experienced when trying to contact customers by telephone, typically:

- the absence of a telephone number for some customers;
- inaccurate telephone numbers; or
- customers using caller screening and not responding to calls from numbers not known to them.

Less commonly, IBPAs felt that there was little need for additional contact from the IBPA at this stage. In these cases IBPAs were satisfied that colleagues such as FAs or FCOs could effectively introduce the Pathways to Work pilot without additional support from the IBPA.

¹⁶ See for example: Dickens, S., Mowlam, A. and Woodfield, K. (2004), Incapacity Benefit Reforms – early findings from qualitative research, DWP Research Report, Sheffield.

Where IBPAs were convinced of the value of making an early approach to customers they described it as critical in overcoming negative reactions to the pilot and in pre-empting any later resistance to participation in the WFI process. It was common for an IBPA to describe the importance of this early telephone contact in reducing the number of customers who failed to attend (FTA) initial WFI appointments.

IBPAs who did endeavour to make initial contact with new customers prior to the initial WFI described the content of these conversations as involving:

- a description of the Pathways to Work pilot and why the customer was being invited to a meeting at the Jobcentre;
- reassurance that participation would not mean that the customer would be 'forced' to return to work;
- an emphasis on the possibilities and opportunities participation might lead to.

How does pre-WFI contact by IBPAs help to lower FTAs at WFI 1?

Firstly, as mentioned above, pre-WFI contact allowed IBPAs to talk to customers and reassure them about the purpose of the pilot and what taking part would entail. As at Stage One, the IBPAs varied in how they described the pilot to customers. Whilst the dominant emphasis was on describing the choices and options available through the pilot, IBPAs varied as to whether they also always mentioned that WFIs were mandatory. IBPA confidence and experience was the main factor accounting for this variation in practice. Longer serving and more confident IBPAs talked with greater assurance about choosing whether or not to mention the mandatory aspects to customers in pre-WFI contact. For instance in some cases they described always stating the mandatory nature of interviews (particularly mentioned in relation to younger customers) whilst for other customers, where the IBPA felt this might be inappropriate or perceived as patronising then they described focusing on other features of the pilot. Another factor accounting for differing practices related to IBPA views about the mandatory aspects of the new regime. Whilst one group of IBPAs believed that using a 'carrot and stick' approach with a dual focus on the options available and implications of non-participation encouraged customers to attend the initial WFI, another group were strongly against this approach. In these cases, IBPAs described the importance of taking a 'softly-softly' approach in getting people to their first WFI, amongst this group were those who felt quite strongly that it was wrong to compel people with ill health, persistent or (as IBPAs perceived them) 'severe' health conditions.

A second function of pre-WFI contact in reducing FTAs at the initial WFI was that it enabled IBPAs to check appointment details, make sure the customer could still attend and make different arrangements where necessary. It was also described as a useful reminder system for customers.

Finally, a pre-WFI telephone call allowed IBPAs to make revisions to the appointment in cases where mobility issues or a customer's incapacity might mean that attending the Jobcentre Plus office would be too difficult for them. IBPAs gave examples of

customers with mobility impairments, agoraphobia, and mental health problems as those who generally found it difficult to attend initial, and later, WFIs. IBPAs described a range of steps that might result from establishing that a customer would find the current arrangements difficult. These included moving the appointment from an upstairs floor in the Jobcentre, conducting the WFI at a home visit and, even at this early stage, the deciding to waive or defer a customer's initial WFI. IBPAs described doing the latter in cases where people were waiting for hospital treatment or undergoing treatment, such as chemotherapy. Exceptionally, in two of the seven pilot areas, there was evidence that some IBPAs used the screening tool at this point in the process as a way of avoiding inviting non-eligible customers to attend initial WFIs.

Despite describing the advantages of pre-WFI contact IBPAs also discussed how these benefits could be diminished where:

- IBPAs had capacity problems and found it difficult to undertake this activity;
- districts had a clear policy of only making one attempt to make telephone contact and IBPAs were discouraged from making multiple efforts to contact customers (found in one area);
- IBPAs found contact details were unreliable or absent from customer records;
- IBPAs failed to make contact even after multiple attempts (call screening as mentioned above).

3.2.2 Customer knowledge of, and reactions to the Pathways to Work pilot at initial IBPA-customer interactions

IBPAs described customers as having varied levels of awareness of the pilot when they first made contact with them (either during pre-WFI contact or at initial WFIs). Voluntary customers were described as more informed than new Incapacity Benefit (IB) customers. These customers generally approached IBPAs themselves to volunteer for the pilot and had a more developed understanding of what the pilot offered than other customers.

As at Stage One of this research, IBPAs described customers' initial reactions as typically negative although occasionally customers were described as viewing access to the pilot as a 'lifeline'. Exceptions to this, as noted above, were voluntary customers and those who made contact because they wished to apply for the Return to Work Credit (RTWC).

Customers who were anxious, fearful or resistant to participation were described as being most concerned about whether they would be 'forced' to return to work, lose their benefit or have to attend a Jobcentre Plus office (a particular concern for customers who had never needed to seek state support) as this IBPA described:

'...A lot of them just panic about coming in, I had a women crying on the phone, and she was in a wheelchair, I waived it in the end, I had a word with my line manager, and she was crying because she thought it would affect her money and everything...they do really sweat about it...the thing is they didn't have to attend interviews before, some have been on incapacity benefit for a while, and that's never been the process, once you go on the sick that's it, nobody ever bothers you...All of a sudden now they've got to come into the office, so some of them do panic a bit.'

(IBPA)

IBPAs also felt that mandatory customers were more sceptical and scared about the programme than those who volunteered. Despite this being anticipated some IBPAs felt that early formal communications notably the initial letter issued to new customers, as opposed to informal IBPA contact, was in some part responsible for heightened customer concerns. IBPAs in all seven areas described being concerned that the wording of the initial letter did little to reassure customers and could strengthen negative feelings towards participation. Of particular concern was the wording around returning to work which some IBPAs felt 'terrified' customers.

Media coverage of further planned pilots to IB around the time of these interviews with IBPAs¹⁷ was thought to have affected customer reactions to being invited to take part in the pilot. IBPAs reported heightened fears and felt that negative media coverage was frustrating their attempts to reassure new and existing customers that taking part in the pilot did not mean they would be forced into work or lose their benefits.

3.3 Experiences of the WFI process

Key findings from Stage One

- Few IBPAs had experienced more than an initial three WFIs with customers.
- Early evidence suggested that IBPAs were managing the gaps between WFIs to tailor provision to the customer's needs. Similarly, there was evidence that IBPAs were beginning to use waivers and deferrals to manage their caseload (under guidance from management to make more use of these measures).
- There was broad support for the first WFI occurring at week eight whilst views were mixed regarding the appropriate number of mandatory WFIs.

¹⁷ Interviews were carried during the week the DWP Five Year Strategy was published to much media interest, outlining proposals to abolish IB for new customers in favour of two new benefits from 2008.

This section explores the content of, and customer reactions to, the WFI process. It examines how IBPAs manage the process and considers the factors influencing decisions made and actions taken. At Stage One most IBPAs had yet to progress beyond the third or fourth WFI with customers. This had changed by Stage Two where most had seen at least a small number of customers all the way through the six WFI process. As a result the findings from this stage give a fuller account of the WFI process, the IBPA role within it and the key issues affecting the process.

3.3.1 The opening WFI – content and value

Key findings from Stage One

- IBPAs varied in how they introduced and explained the work focus of WFIs. The approach taken depended on their own confidence and their assessment of the individual customer's situation (health, proximity to the labour market, attitudes towards the pilots).
- IBPAs sought to strike a balance between providing enough information to customers in WFIs whilst trying not to overload them. Typically information about the CMP and financial incentives were prioritised.

Early in the pilots IBPAs in the three initial implementation areas had discussed the importance of the opening WFI to future outcomes, in particular they stressed the value of building a good rapport with customers as critical in facilitating a successful series of WFIs. There was little change at Stage Two with IBPAs across all areas emphasising the importance of the first WFI. How and when IBPAs introduced the work focus of the WFI to customers varied in similar ways to Stage One and the factors contributing to variation in practice persisted at Stage Two. Key amongst these were how confident the IBPA felt with introducing the notion of a return to work to customers, IBPAs assessments of whether each individual customer was 'ready' to hear about the work focus (depending on their overall reactions to the new process, their particular health circumstances and their proximity to the labour market).

Likewise, IBPAs at Stage Two described how they continued to strive to hit the correct balance between giving information during the initial WFI and yet not wanting to overload customers. Customers at their initial WFI were described as being 'shell-shocked' initially and IBPAs saw value in trying to find an approach which could provide enough information to allow them to understand the process and opportunities available whilst also reassuring them and laying the foundations for their ongoing interactions.

The first WFI was usually described as consisting of the following (with the exception of those marked * whose presence varied, see page 45), listed in order of the relative priority given to each item by IBPAs:

- **reassurance and explanation** about why customers had been invited into the Jobcentre Plus office;
- **information giving** (verbally and in leaflet/pack form) about:
 - the range of support, choices and opportunities available;
 - the WFI process, the timing and location of interviews and the purpose of WFIs;
- **discussion of the customers' health condition***;
- **discussion of the customers' employment history** and closeness to a return to work*;
- **completion of the screening tool** (not all screening was done during the initial WFI, some took place at other points in time and some IBPAs were not using the tool at all. These issues are discussed in detail in Section 3.3);
- development of an Action Plan (again this was not always completed at initial WFI);
- very exceptionally, **referrals to other providers** were made at this point notably referral to debt counselling or the CMP.

As with any pre-WFI contact, corresponding to findings at Stage One, IBPAs differed in the emphasis they gave to the customer's health condition or employment prospects. This reflected the variation in whether IBPAs felt confident enough to, or thought it appropriate to, focus on the 'return to work' aspect in this early meeting.

IBPAs described the importance of the opening WFI for:

- building rapport and trust between the IBPA and their customer;
- providing reassurance that people would not be forced into work;
- providing assurances that the WFI was not being used to assess a customer's capability for work;
- ensuring customers understood that the process was confidential;
- identifying other existing problems like financial or benefit problems which might otherwise have acted as underlying barriers to progression;
- describing the 'carrot' (incentives and support available) and the 'stick' (informing customers about the mandatory aspects of the pilot).

3.3.2 Customer reactions to the pilots following the initial WFI

As at Stage One following the initial WFI, or initial IBPA contact, significant changes in customer reactions were noted by IBPAs. Typically, IBPAs described customers being pleasantly surprised that they were not being compelled to return to work. Similar surprise was registered at what was available in terms of financial incentives, Choices options and the support available. As one IBPA put it, some customers were pleased to be offered the 'extra money and extra attention'.

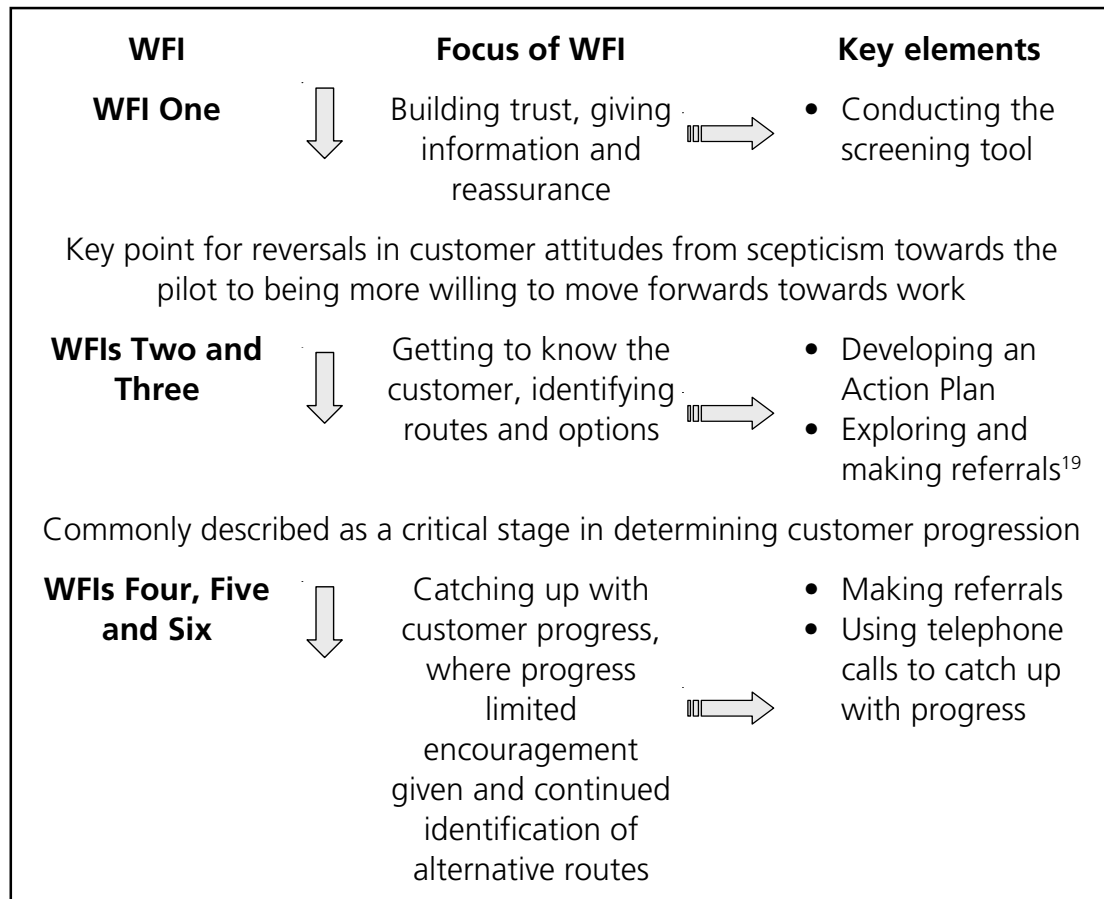
However, not all customers were reassured by their initial contact and it was not uncommon for IBPAs to report customers being in tears or highly anxious during their initial meeting. Likewise there was some persistent resistance to participation, this was described as particularly strong where customers were confused about the request to attend the Jobcentre Plus office when they understood that their General Practitioner (GP) had 'signed them off'. In these cases there was more suspicion and defensiveness amongst customers and IBPAs reported that it took longer to 'sell' the package to them as they moved beyond the initial WFI.

3.3.3 Later WFIs – contact and content

This section explores the WFI process beyond the opening interview. As IBPAs had limited experience of the later stages at Stage One this was the first opportunity to explore the WFI process as a whole. The diagram below maps how IBPAs described the unfolding WFI process, concentrating on the content and focus of interviews at different stages and indicating points seen as critical by IBPAs. It is important to note that not all customers experienced similar routes through this pathway, the purpose of the diagram is not to map customers' pathways through the process but instead to chart IBPAs views about the typical content and importance of WFIs at varying points. As early findings from work with customers has shown¹⁸ there are varying routes through the pilot, to illustrate the variation whilst some customers can reach WFIs Five or Six without referral others can, and do, leave the pilot earlier during the WFI process.

¹⁸ See Corden A., Nice K. and Sainsbury R. (2005) IB Reforms – Findings from a Longitudinal Panel of Clients.

Figure 3.1 The WFI pathway



WFIs Two and Three were described by IBPAs as having similar importance in the process as WFI One in building the foundations for positive customer progression. It is during these interviews that IBPAs described building strong relationships with their customers, being able to make plans for the future and identify appropriate referrals or support for the customer. As noted above, this process was often supported by a shift in customer attitudes following the initial WFI with some customers becoming more positive about their participation and less anxious or resistant to change.

Subsequent WFIs were felt to build on previous encounters, making IBPA continuity important for positive outcomes. Action Planning was described as critical to this process. Unlike at Stage One where there was little evidence of IBPAs making use of the Action Plan as a tool at Stage Two IBPAs cited this as an important tool in mapping customer progress and maintaining progression. The Action Plan will be discussed in more detail below, see Section 3.4.

¹⁹ The content and use of referrals are discussed fully in Chapter 3.

By the end of the third WFIs IBPAs largely felt that they could make a fair assessment of the customer's likely progression and know which customers they would be able to move on and which were likely to make little further progress.

By the fourth WFI IBPAs reported that most of their customers had either been referred to other elements of the Choices package (see Chapter 4) or external providers, moved into work or off IB. For those customers who had not moved out of the WFI process at this point IBPAs broadly agreed that these customers were likely to be 'stuck' for a variety of reasons. The reasons why some customers remain 'stuck' at this point and make no further progress whilst others do will be explored in detail in Chapter 5. Practically, IBPAs were dealing with this situation by reducing the length of WFI interviews to avoid long appointments to discuss, conducting quick 'catch-up' telephone calls rather than face to face meetings and making use of waivers or deferrals which will be discussed further in Section 3.4. Where customers were not 'stuck' but making very gradual progress by this stage then IBPAs described keeping the WFIs short to maintain the momentum, 'keep customers on a roll' and keep the focus on forwards progression.

Post WFI contact

The period immediately following the final mandatory sixth WFI was identified as problematic by IBPAs at Stage Two. In the main IBPAs described a strong desire to maintain contact with customers on a voluntary basis to provide ongoing support but they frequently described being frustrated in this because of the size of their mandatory workload. More exceptionally, IBPAs were less in favour of maintaining contact after the sixth WFI, in these cases IBPAs were concerned that customers could become over-reliant and dependent on the IBPA in a way which would lead to negative rather than positive consequences. As a result of these mixed views and varying workload pressures IBPAs described variable practices post WFI Six:

- keeping customers on as voluntary caseload;
- using telephone contact rather than face to face to keep in touch and offer advice;
- having an open door drop in policy for previous customers;
- responding to customers only where they initiate contact;
- more exceptionally, referring to others for long term contact (especially for those in work, where a handful of IBPAs mentioned making use of some form of in-work support though it was not always clear whether they were referring to the new In-Work Support element of the Pathways to Work package or other existing forms of in-work support).

Continuity of IBPA

As seen already, IBPAs saw continuity as important in helping to build up trust and rapport with their customers. They found it helpful to be able to relate later conversations back to earlier WFIs or elements of the customer's employment or health history which the IBPA had previously heard about and this type of continuity was described as being critical with more 'difficult' customers or complex cases.

Broadly speaking, IBPAs seemed able to maintain continuity with their customers. Continuity was less easy for part-time IBPAs and those who were over capacity. Equally continuity could be threatened by IBPA illness or maternity leave. In some pilot areas IBPAs argued that their management were failing to manage part-time IBPA workloads effectively and that this was also making continuity difficult to maintain.

Timing issues

Administrative data returns have shown that not every customer is moving through the WFI process at the expected monthly intervals. This was reflected in IBPA accounts of the timing of their WFIs. It was typical for IBPAs interviewed at this stage of the research to describe WFIs as happening more commonly at every 5-6 weeks or 6-8 weeks, very exceptionally they were happening closer together in circumstances where the IBPA felt the customer needed greater emotional support or were closer to the return to work. Variations in the intervals between WFIs were felt to arise from one or more of the following factors:

- the level of customer motivation and enthusiasm to make progress towards work;
- individual customer needs (as described above);
- the proximity of the customer to returning to work;
- the impact of circumstances unrelated to the WFI process (such as illness, family emergencies, bereavements on the part of the customer or the IBPA);
- FTAs requiring IBPAs to 'chase' the customer for new appointment dates;
- capacity constraints in the sense that IBPAs with very full caseloads were frequently unable to re-book missed appointments for weeks, leading to delays and a lack of flexibility to respond quickly to missed appointments.

Number of WFIs

As at Stage One there were mixed views about the 'right' number of WFIs and the dominant feeling was that IBPAs should have enough flexibility to persist beyond the six mandatory WFIs where it was necessary or to end contact earlier where limited progress was being made or where circumstances were making progress impossible. Some IBPAs were making use of the waiver and deferral system (discussed further in Section 3.4 below) to create additional flexibility in how many WFIs were used.

The location of the WFI

At Stage One the lack of private space for conducting WFIs was mentioned repeatedly where IBPAs had limited or no access to private office space. This issue persisted with IBPAs in new and existing pilot areas experiencing similar problems. Where this was a difficulty then IBPAs described how this caused customers to be more wary of 'opening up' to the IBPA, more anxious and even intimidated. IBPAs described open-plan general Jobcentre Plus office space as noisy, full of interruptions and unsuitable for WFIs. Some reported how customers had complained about being overheard by others in the office. Not all IBPAs shared this difficulty. Some had always been able to make use of private office space whilst others had had the facility to book office space in advance where they anticipated the customer might be distressed or upset by the WFI. Exceptionally, in one office the lack of privacy was less problematic than the location of IBPAs, across several different floors of the office, meaning customers had to search their IBPA out and climb stairs between floors.

Greater variety in where WFIs were being conducted was found at this stage of the research than previously. The alternatives to conducting a typical Jobcentre Plus WFI were:

- **Conducting telephone WFIs:** particularly for clients with mobility barriers or those located in rural areas.
- **Conducting WFIs in people's homes:** whilst there was evidence at Stage One of IBPAs conducting home visits after a customer failed to attend (a home visit being the standard procedure for customers with mental health issues who failed to attend), this task had now been wholly transferred to Home Visiting Officers (HVOs) whose role was seen as to '*chase up*' these customers, find out what was preventing them from coming in, and deliver basic information about the pilot. IBPAs had mixed reactions to not doing home visits, some were relieved from a health and safety perspective whilst others were less pleased and felt that a tool at their disposal for working with customers had been taken away (although they also noted that capacity restraints had often meant they were unable to undertake these visits in the past). As noted in Section 3.2.1, some IBPAs also said that they occasionally conducted initial WFIs at customers' homes where it was felt that attending the Jobcentre would be too difficult for them. This practice seemed to be rare however.
- **Conducting WFIs in other formal locations:** in two areas IBPAs were able to arrange WFIs in the local offices of their Job Broker or a companion voluntary agency. These outreach locations were highly valued. They were described as being more effective than the Jobcentre location as they avoided any stigma attached to attending the Jobcentre Plus offices, were less noisy, more comfortable, relaxed and provided greater privacy. IBPAs also argued that working outside of the Jobcentre Plus offices meant that they were able to have more autonomy in how they worked and managed WFIs.

- **Conducting WFIs in other informal locations (for example, local coffee shops):** this was mentioned on occasion when IBPAs talked about colleagues whom they knew met customers outside of the protected area of the Jobcentre Plus office. It was difficult to establish how widespread this practice might be as IBPAs were uncomfortable when discussing this practice.

3.4 Tools available to IBPAs during the WFI process

The tools available to IBPAs during the WFI process are examined in this section. The tools were intended to be used for a range of purposes, either for identifying suitable candidates for the pilot (the screening tool), providing context and information about customers' health conditions (the Capability Report (CR)) or for recording and measuring customer progress (the Action Plan and Customer Progress Kit).

3.4.1 The use of the Capability Report in WFIs

At Stage One there was little evidence to suggest that CRs arrived with IBPAs in time to be useful to them in managing the WFI process. As a result there was little active use of the CR as a tool. Similar experiences were reported at Stage Two. Limited use was explained by two factors, first the timing of the arrival of the CR in the WFI process and second, the content of the CR when it arrived.

'By the time the PCA report has arrived...I've probably seen that person two...more times...[and it] often it confirms what I already know or they've told me.'

(IBPA)

IBPAs described how the CR for customers rarely arrived in time for the second WFI (although this was not the case in two out of the seven areas where delivery times were quicker). This undermined their usefulness to IBPAs who reported that they tended to find the CR confirming what they had already gleaned from their contact with customers rather than providing any additional information.

Strong concerns were raised by IBPAs in all seven pilot areas about the quality and level of detail contained in reports. IBPAs described the content of reports as so 'generic', 'standardised' and 'repetitive' that they argued they were of minimal use. They described the CR as using 'stock phrases' and providing hardly any personal information which they argued did not tell them anything beyond what they could gather for themselves during early WFIs.

Other concerns described by IBPAs included that the CR could occasionally contradict what a customer had told an IBPA leaving the IBPA unsure which to trust. There was also a worry that reading the CR before getting to know the customer might lead, especially newer or inexperienced, IBPAs to make preconceived judgements about the customer and their attitude to work or their capability.

In contrast, there were those IBPAs who saw some value in using the CR as a

'pointer' to a customer's capability, although this was tempered with the caution that a CR can only reflect how the person was on the day they saw the GP. This was felt to be a particularly problematic issue where customers' conditions were more erratic. IBPAs also said that they sometimes used the GPs' comments in the CR as a way of encouraging customers to consider options such as retraining, or attending the CMP. This was particularly useful where IBPAs felt their customers were underestimating, or being overly pessimistic, about the progress they might make in the future. Exceptionally, one IBPA described using the CR to challenge a customer about their capability during a WFI where they believed the customer was 'swinging the lead'.

Key findings from Stage One

- A persistently negative response to the screening tool from IBPAs. Both in relation to using it (slow to access, sometimes not available, difficult to use in interview setting), and, in relation to the outcomes it produced (i.e. screening out customers that IBPAs would like to work with and screening in those who were further away from returning to work or facing multiple barriers to work).

3.4.2 The screening tool

Strong negative feelings towards the screening tool found at earlier stages of the research had persisted and were found across the sample of IBPAs interviewed at Stage Two. Equally, IBPAs reported being relieved that the screening tool would not be used for existing customers when the pilots were extended to them.

Operational issues

Despite ongoing negativity towards the screening tool IBPAs reported that it was less unreliable and easier to access since the early days of the pilot although they continued to experience periodic problems with accessing it. This was a greater problem in the new pilot areas, for example in at least two pilot areas IBPAs described rarely using the tool during the interview because of operating difficulties. Here IBPAs completed the screening tool after the initial WFI and informed customers by telephone whether they were required to attend further WFIs. There was also evidence that some IBPAs in particular Jobcentre offices had abandoned the tool because it rarely worked and were instead using their own discretion about which customers to bring in for further WFIs. In two further areas IBPAs were undertaking clerical screens during the WFI which were then input into the screening tool after opening hours because of persistent problems in accessing the tool during interview. These operational difficulties were described as being particularly hard to manage in the context of the initial WFI when IBPAs wanted to be able to concentrate on building rapport with their customer. They found using the tool broke the rhythm of the interview particularly when it failed to work properly.

The function and efficacy of the screening tool

As at Stage One, IBPAs continued to express confusion about what the screening tool was supposed to add to their role²⁰. They reported being surprised by the outcomes the tool gave and frequently felt that tool was either inconsistent in terms of who was or was not screened out, or that it deliberately screened out the most enthusiastic and close to a return to work leaving IBPAs with more difficult cases often customers with multiple barriers to work. There was also a sense amongst some IBPAs that the tool 'errs on the side of caution' by screening out only a small proportion of customers, leading to higher (and often more complex) caseloads for IBPAs. As at Stage One similar concerns were expressed relating to the questions that the screening tool asked, with IBPAs thinking for example that it asked the 'wrong' questions or was too inflexible to take into account the subtleties of people's individual circumstances. For example, IBPAs frequently described having to 'guess' which category to place a health condition not listed into.

As at Stage One there was a strong feeling that IBPAs could make the decisions just as well (if not better) than the tool and that having a tool undermined their role as professionals trained to deal with customers and recognise those with the potential to progress. The tool was felt to 'deskill' IBPAs, and thought to add an unnecessarily 'clinical' tone to the interview. There was strong support for more adviser discretion enabling IBPAs to make the final judgement. This, it was felt, would also remove the difficulties IBPAs experienced when an enthusiastic customer was screened out. These customers were described as being dispirited and IBPAs talked about customers' responding with comments like 'oh so you don't want me after all?' It was common for IBPAs to take these customers on as voluntary cases, where their capacity permitted, which enabled them to avoid discouraging customers and helped them to maintain a proportion of their caseload which was close to work and keen to progress.

Very exceptionally more experienced IBPAs expressed a grudging recognition that the tool might be more effective than they had first thought. These IBPAs reflected on their past caseload and described how they **had** seen some customers make progress over time whom they had thought initially were impossible to progress. This was a new finding at Stage Two but this viewpoint was only shared by a handful of IBPAs. Even more exceptional was the opinion that the tool got it right just about every time. One IBPA, who had been involved in developing the screening tool, described how the addition of the tool to the WFI made the WFI experience 'triadic' with a three-way interaction between the screen, the IBPA and the customer leading to the best possible outcome.

²⁰ The screening tool is intended to screen out those closest to work.

3.4.3 Managing customer progress – Action plans and the Customer Progress Kit²¹

Key findings from Stage One

- Typically IBPAs were making use of Action Plans to help them monitor a customer's progress and serve as an aide memoir for the IBPA. IBPAs were not making use of the Customer Progress Kit which was viewed as duplicating the function of the Action Plan.

Action plans

As at Stage One, IBPAs were primarily using Action Plans as aide-memoir for themselves helping them to recall, and act upon, earlier discussions with the customer in subsequent WFIs. IBPAs varied as to whether they gave the customer copies of the plan. Some did, feeling it was important to set out for the customer what had been agreed and argued that it was a useful tool in helping to gain their commitment to progression. For instance some IBPAs felt that customers were more likely to do something if it had been discussed and formalised on an Action Plan. In contrast, other IBPAs did not share the Action Plan with customers or had stopped doing so over time because they felt that the customers did not look at them. One IBPA said specifically they she did not use the action plan in the initial WFIs as she felt it was important to concentrate on building face-to-face rapport with the customer.

Customer Progress Kit

Unlike at Stage One, a group of IBPAs were using the Customer Progress Kit. Often these were IBPAs who had expressed concern about the introduction of targets. This was to provide them with a detailed record to show their managers that noted **all** types of customer progression and did not focus solely on job entries. In contrast IBPAs in one of the early pilot areas reported that they had stopped using the kit. They argued that it was meaningless to assign letters to demonstrate progression because one person's perception of what, for example, a 'C' entailed might be very different to someone else's.

²¹ The Customer Progress Kit is a tool designed to help IBPAs systematically measure customer progression.

3.5 Managing the WFI process: FTAs, waivers, deferrals and sanctions

In this final section the IBPAs' use of waivers, deferrals and sanctions is explored as are their experiences of, and reactions to customers who failed to attend WFIs.

3.5.1 Failures to attend

Key findings from Stage One

- There were some patterns observed by IBPAs in relation to FTAs. FTAs were perceived as more common where the IBPA had had no prior telephone contact with customers before WFI1, where customers were older, had mental health conditions or were using drugs. How IBPAs dealt with FTAs varied widely, one factor affecting choices was their personal opinion of sanctions and ease with sanctioning as part of their role.

As noted already, pre-WFI contact was described by IBPAs as helping to reduce the number of initial FTAs. It was common for an IBPA to report making contact with all their customers by telephone prior to the initial WFI but some IBPAs went further and were making contact with all their customers before **all** WFIs to remind them about the appointment. A version of this strategy was used by other IBPAs who attempted to make pre-WFI contact throughout the WFI process with those they perceived to be at high-risk of FTA either because of the nature of their incapacity (customers with drug or alcohol related health conditions for example who were described as varying in their ability to remember appointments) or because they had already missed earlier WFIs.

Overall, IBPAs reported varying levels of FTAs across and between areas. Their estimates of the FTA rate varied from minimal to up 40 per cent of interviews²². There was no evidence in the qualitative data of regional patterns, or of differences between less or more experienced IBPAs. As at Stage One how IBPAs dealt with FTAs appeared to vary depending upon individual practice and this was linked to individual IBPAs' confidence about implementing a sanction regime and their personal ease (or not) with sanctions as part of the Pathways to Work package.

Broadly, IBPAs felt that the vast majority of FTAs were explainable and that customers usually had a good reason for failing to attend. IBPAs agreed that most deliberate failures to attend tended to occur at WFI One and felt that once a customer had engaged with the pilot then future failures to attend were far less likely. The exceptions to this, according to IBPAs, were those customers with mental health conditions or who were misusing drugs or alcohol. Customers in these two

²² The actual FTA rate across the seven Pilot Areas is around 20 per cent.

groups were felt to be at greater risk of failing to attend appointments because of the nature of their health condition or because they had little by way of regular daily routines. On the whole IBPAs argued that FTAs where there was good cause (such as being ill on the day, or having family crisis) were easily dealt with by making a fresh appointment.

The extent to which IBPAs were able to follow up FTAs, where no reason for the FTA had been given by the customer was highly dependent upon their own workload and their access to other resources for following up customers. As a result, not all IBPAs chased FTAs themselves, in these cases the FTAs were followed up by other Jobcentre Plus staff, such as Administrative Assistants or HVOs and exceptionally, some IBPAs were able to make use of their Job Brokers to undertake this task. Another method used in two areas was the suspension of someone's IB payments which was described as being effective in getting FTA customers into the Jobcentre again, although there was recognition by some IBPAs that this was not recommended practice.

IBPAs spanned a spectrum from strict enforcement to giving customers as much leeway as possible around FTAs. At one end of the spectrum IBPAs reported doing no more than laid out in the FTA process, that is to send a letter after a FTA, wait five days for a response and then implement a sanction if the customer does not respond. In contrast, other IBPAs reported always giving the customer the benefit of the doubt and described using a range of different measures to avoid having to implement the sanction process after a FTA such as making repeated telephone calls to customers to establish their reasons for non attendance such as re-setting appointments, organising a home visit, issuing multiple warning letters and the like. These IBPAs placed a premium on getting the customer re-engaged with the WFI process, although this was often coupled with a negative view towards the sanctions regime and a desire to avoid becoming involved in implementing it which will be discussed in the following section.

3.5.2 Sanctions – experiences of and views about

At Stage One there was almost no evidence of sanctions being applied in the early pilot areas. At Stage Two experience of sanctions remained very low across the sample. Commonly, IBPAs had not sanctioned any of their customers although one group of IBPAs had implemented the regime but generally only on one or two occasions. The need for, and experience of, individual customers receiving multiple sanctions was described as being very rare. IBPAs felt this was either because the initial sanction had had the desired affect of improving attendance or, less commonly, that people had left IB after having been sanctioned.

Views about sanctions

Views about sanctions amongst IBPAs were as mixed as at Stage One. Some of the IBPAs described themselves as being 'lucky' that they had not yet had to sanction anyone and this reflects the views of one group of IBPAs who were uncomfortable with the sanction regime and their role. These IBPAs were deeply opposed to the presence of sanctions for people on IB and argued that the use of the sanction was likely to undermine any potential for building a positive IBPA-customer relationship and would undermine the chance of future progress. In contrast, a second group argued that sanctions were an integral part of the Pathways to Work package and should be used as part of a 'carrot and stick' approach. Exceptionally, these IBPAs argued for a more rigid sanction regime and felt that the financial sanction should be raised to make an impact on behaviour.

Unsurprisingly, these opposing views were filtering into practice. In addition to the lengths some IBPAs went to before issuing a sanction, as described above, there were other methods used to avoid implementing a sanction. These IBPAs described a number of strategies they used for avoiding issuing a sanction including: fashioning justifiable reasons for FTA for people who had forgotten about their WFI or making use of 'loopholes' relating to the nature of people's medical conditions which meant they could not be sanctioned. Others described using deferrals and waivers as a way of managing FTAs and avoiding the sanctions route (see Section 3.5.3). Even those IBPAs more comfortable with the sanctions regime tended to argue that they would use it only as a 'last resort' giving examples of customers who had failed to attend on more than one occasion or where they felt the customer was being deliberately resistant to the process.

Finally, in some pilot areas IBPAs described being given clear directions to make more use of sanctions to reduce the District or local office FTA rate.

3.5.3 Use of waivers and deferrals

Key findings from Stage One

- Typically, customers with the most 'severe' or 'serious' conditions were being waived but still given information about the pilots and options available.
- The reasons for deferral were much more varied.

Similar findings emerged at the second round of research. The range of reasons given for waiving or deferring customers are shown in Figures 3.2 and 3.3.

Figure 3.2 Reasons given for waiving customers**Commonly, when:**

- a customer is 'really ill', for example, someone with cancer;
- a customer is immobilised and unlikely to be able to attend a WFI in the immediate future;
- the perceived severity of the person's incapacity or the extent of their treatment regime is unlikely to improve within the next 6-12 months;
- a healthcare professional recommends it (for example, a Community Psychiatric Nurse feels that participation might be harmful to the customer's mental health);
- there is a concern about IBPA safety.

Rarer (though not exceptional), where the customer:

- is making little or no progress after a number of WFIs, normally three or four;
- is persistently resistant to the thought of returning to work;
- is older and cannot envisage a change in their capability before they reach retirement age.

Exceptionally, where:

- there are thought to be immovable cultural barriers to considering work as an option (for example, older asian women).

Figure 3.3 Reasons given for deferring customers**Commonly:**

- for a period of maternity;
- where someone 'genuinely' has problems with attending appointments (for example, someone with agoraphobia or an unpredictable mental health condition);
- where people are awaiting or undergoing treatment/counselling/therapy or an operation which will improve their capacity to participate in the pilot in the near future;
- where someone has been referred to a third party (either part of the Choices package or not) but will return to the WFI process when that stage is finished.

Rarer, where:

- there has been a bereavement or other dominant issue in the customer's life which is occupying their immediate attention or focus.

Views about waivers and deferrals

IBPAs placed great value on the flexibility that waivers and deferrals offered them in their role managing the WFI process. The discretion involved in making decisions about waivers and deferrals was perceived as an important aspect of IBPA autonomy. It was also seen as recognition of IBPA expertise in making judgements about individual customers and the best path forwards for them.

It was common to hear IBPAs describe how central the exercise of this discretion was in their day to day management of the WFI process. Less commonly, other IBPAs expressed concern about the leeway this could give IBPAs who could use them '*wrongly*' to either manage their workloads (for example by deferring customers when their caseloads were high) or to avoid dealing with difficult or complex cases (for example by waiving customers who had made little or no progress or who presented with complex or multiple barriers to work). To a degree, these concerns were reflected in the practices described by IBPAs especially those who discussed using the waiver system to avoid persisting with customers who were, in their judgement, unlikely to make future progress because of their motivation or attitudes to returning to work. There was also patchy evidence to suggest that some IBPAs were using deferrals to help manage high caseloads but this was less apparent. For example, one IBPA described how pressure on her diary means that she prioritises the more job ready and leaves a longer gap between interviews for those further from work:

'I find sometimes people who are harder to move and have no intention of moving when they know they're screened in, I tend to put them in a low priority.'

(IBPA)

However, IBPAs also described widespread management scrutiny of both the rate of FTAs and the use of waivers and deferrals. It was common for IBPAs to seek advice from line managers, WPs or more experienced IBPAs before issuing a waiver, less so for deferrals indicating a level of local scrutiny and consistency in practice. IBPAs also found the frequently changing management guidance on the use of waivers and deferrals of little help to them in making judgements about when and how they should be using both tools.

3.6 Chapter summary

As at Stage One customers were initially reported as being anxious about their participation in the pilots. IBPAs described the importance of pre-WFI IBPA customer contact to overcome these fears and reduce the number of initial FTAs. Early contact was critical in building rapport between a customer and their IBPA although the content of early conversations and the focus on the return to work aspect varied between IBPAs depending upon their confidence levels and judgements about the customer's likely reaction.

IBPAs interviewed at Stage Two had more experience of the latter half of the WFI process and as a result were able to give a more detailed description of the critical points in the mandatory WFI cycle. Normally, WFIs one and two were described as focusing on building trust, giving information about the pilot and providing reassurance about what would happen in the future. Subsequent WFIs focused on identifying appropriate routes and referrals, developing Action Plans and monitoring progress. IBPAs felt that by the third WFI they were usually able to make a fair assessment of a customer's likely progress, making additional WFIs superfluous in some cases.

Mixed views remained about the tools available to IBPAs during WFIs. Strong dislike and mistrust for the screening tool, and its outcomes, persisted at Stage Two. These feelings were affecting practice with some IBPAs not using the tool at all. Likewise, Capability Reports continued to play a limited role in the WFI process. In contrast, there was evidence of greater use of Action planning in recording and monitoring customer progress.

Greater variety was found in where WFIs were being conducted was described at this stage of the research with some IBPAs able to make use of private offices, outreach locations or partners' offices. Nevertheless, concerns remained about customer privacy where WFIs continued to be conducted in open plan Jobcentre Plus offices.

The timing of WFIs was still different in some cases to the monthly intervals envisaged initially. IBPAs described varying timings depending on the circumstances of individual customers and their proximity to a return to work as well as IBPAs own capacity to undertake monthly meetings.

Ongoing contact after the sixth WFI was identified as problematic by IBPAs mainly because of their constantly growing caseloads making sustained contact with customers difficult.

IBPAs reported varying levels of FTAs, with most unwarranted FTAs described as happening at WFI One before IBPAs had had the opportunity to persuade customers of the benefits of participation. By Stage Two IBPAs had developed a range of strategies for attempting to thwart potential FTAs including early telephone contact and telephone reminder calls. They had a similar range of ways of dealing with the consequences of FTAs. As at Stage One IBPAs spanned a spectrum in their responses to FTAs with some strictly enforcing the sanctions regime whilst others went to great lengths to avoid implementing a sanction. Differences in practice were associated with: individual IBPA attitudes about the morality of imposing a sanctions regime on IB customers; their capacity and willingness to chase up FTAs personally; and, finally, the strength of management guidance about the use of sanctions.

A range of reasons were given for the use of waivers and deferrals and IBPAs described a variety of situations when they felt one or the other option would be appropriate. Great value was placed on the flexibility these measures gave to IBPAs and both processes were felt to add to IBPA autonomy and job satisfaction. Some concerns were expressed about the potential misuse of discretion around waivers and deferrals to help IBPAs manage heavy caseloads or to avoid prolonged contact with reluctant or 'difficult' customers. The research found some evidence of this in IBPA practice. However, there was also evidence of consultation with line managers, WPs and fellow IBPAs before the issuing of waivers and a perception that there was widespread management scrutiny of these aspects of IBPA discretion.

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

4.1 Introduction

This chapter examines the different referral options and financial incentives available to Incapacity Benefit Personal Advisers (IBPAs), within and outside the Choices package. Firstly, it explores the factors affecting the process and level of referrals in general. Subsequently, it explores factors affecting the level and nature of referrals in relation to specific options, both in relation to provision within and outside the Choices package, and in relation to financial incentives. The quality of on-going relationships between IBPAs and different providers and the perceived value of specific referral options is also investigated. Key issues and concerns are identified, as are possible developments and examples of good practice.

4.2 General factors affecting the process of referrals

In this section the general factors affecting the level of referrals made to different providers and financial incentives are discussed. At a general level, the factors that affected the level and type of referrals included:

- the extent to which referrals were customer-led;
- the 'referral' role of IBPAs and their confidence in taking on this role;
- levels of knowledge and experience in relation to service provision;
- provider feedback and perceived outcomes for customers;

- the capacity of IBPAs to engage with the variety of referral options and the referral process;
- the individual attitudes of IBPAs to the Incapacity Benefit (IB) reforms and Choices provision.

4.2.1 Customer-led referrals

The idea that referrals should be **customer-led** was a core value across the sample of IBPAs and fitted with the customer perspective that they appreciated referrals that addressed their circumstances and aspirations²³ IBPAs commonly expressed the view that they should not have expectations on behalf of their customers or decide their needs for them:

'And you'll think, oh yeah, I think they need CMP, or...perhaps Permitted Work would be the best thing. So you're listening for the little signs, pings, that the customer leads you in the right direction...not making them do what you want them to do.'

(IBPA)

This view was also reflected in practice, often IBPAs did not make referrals until later work focused interviews (WFIs) (usually third or after) so that they were certain that customers had a chance to absorb the different options available to them. Customers were only usually referred at the first WFI if they expressed an interest in a specific option (see Chapter 3).

However, the ideal of customer-led referrals was not always played out in practice. In relation to specific provision, such as Job Brokers, where IBPAs and customers had greater choice in terms of providers, a number of IBPAs expressed scepticism or concern about the extent to which customers could make informed choices without their 'steer'. Whilst many IBPAs acknowledged that it was policy not to express a preference for a particular broker, they also believed that customers did not often have sufficient knowledge about different brokers in order to assess whether they would be able to meet their needs. In many cases IBPAs said that they had been told that they could offer guidance to customers, while others said that customers would ask them which JB they thought would be best. Nonetheless, in one district IBPAs stated they would still not offer an opinion, and that they simply presented the different options, leaving the final decision and contacts with Job Brokers to their customers²⁴.

²³ Corden, A., Nice, K. and Sainsbury, R. (2005) IB Reforms Findings from a longitudinal panel of clients (Chapter 2).

²⁴ In fact, the policy of not advocating a particular job broker changed last year, and the advice is now that IBPAs should help customers to understand which job broker might be the most beneficial for them.

Another way in which the ideal of customer-led referrals was described as being compromised was through the impact of targets or benchmarks for job entries or certain types of referrals. For example, some IBPAs described the way in which they were benchmarked for the number of referrals made to Job Brokers and how this impacted on the number of referrals they made to brokers compared to other providers. However, other IBPAs emphasised that they believed that the level of referrals to Job Brokers was actually meeting customer needs, and that, if this meant that they met targets or benchmarks, this was incidental. Significantly, a number of IBPAs discussed the importance of measuring the success of referrals and financial incentives in ways other than just job entries (see Chapter 5).

Other issues relating to the extent to which referrals were customer-led reflected concerns about customer attitudes to the IB reforms and the role that IBPAs had in encouraging initially sceptical customers to take part in programmes that may benefit them²⁵. Similarly, while IBPAs generally commented on the positive reaction of customers to the Choices provision, they believed that some customers would never engage with the provision available simply because they were adamant that they were too ill or incapable of work²⁶.

4.2.2 The 'referral' role of IBPAs

The level and type of referrals also depended on the extent to which IBPAs were familiar with their referral role. In many ways the exact nature of the role of IBPAs was still being worked out, with levels of referrals dependent on past experience and the confidence of IBPAs to take on this part of their role. Concerns and issues were raised in terms of the extent to which IBPAs should be undertaking work with customers or referring them on to other providers and agencies. Where IBPAs had limited prior experience of working within the Jobcentre, there was often confusion about when customers should be referred to other Jobcentre specialist Advisers such as Disability Employment Advisers (DEAs) or Work Psychologists (WPs). For example, in one district prior experience of working with DEAs meant that IBPAs were more aware of the provision available through them and made regular referrals. In other districts confusion over the role of the IBPA meant that referrals to DEAs had declined (see below). In particular, IBPAs in one region said that some staff coming from a Benefits Agency background were not used to a referral role compared to staff working within Jobcentre Plus.

There was also concern in terms of whether IBPAs had sufficient expertise by themselves to make more complex referrals (for example, deciding whether a customer should be referred to a WP or the Condition Management Programme (CMP)). While some IBPAs said they would like more training on various health conditions, others sounded a note of caution that decisions about appropriate support should involve professionals more qualified to make these decisions.

²⁵ Ibid Chapter 2.

²⁶ Similar findings were seen in the first panel study, see Cordon A., Nice K. and Sainsbury R. (2005) IB Reforms - Findings from a Longitudinal Panel of Clients.

4.2.3 Levels of knowledge and experience in relation to service provision

The level of knowledge in relation to specific referral options and incentives had improved considerably since Stage One of the evaluation. At Stage Two IBPAs discussed a wide range of referral options, both within the Choices package, and in relation to other options. The CMP and Return to Work Credit (RTWC) were widely mentioned as regular referral options, as were Job Brokers and a range of in-work support and training courses. Referral options and financial incentives discussed by IBPAs are shown in Figure 4.1.

Figure 4.1 Referral options discussed by IBPAs

| |
|--|
| <p>Choices Package</p> <ul style="list-style-type: none"> • Condition Management Programme – being widely used for customers with mental and physical health conditions. • Return to Work Credit – being widely used. • Advisers Discretionary Fund – being used to varying extents among different IBPAs and in different regions. <p>Jobcentre and Non-'Choices' services</p> <ul style="list-style-type: none"> • Job Brokers²⁷ – being used widely. • Disability Employment Advisers – including NDDP, WORKSTEP and WorkPrep; being used less by some IBPAs at Stage Two. • Work Psychologists – occupational therapy, cognitive behavioural therapy. Used in limited ways by IBPAs, but dealing with complex cases. • Work-Based Learning. • Permitted Work Rules. <p>Other Options</p> <ul style="list-style-type: none"> • Adult learning courses. • Services for specific conditions or customers²⁸. • Support for self-employment. |
|--|

²⁷ Job Brokers provided services such as job searches, preparation of CVs, help completing application forms, interview techniques, confidence building, in-work support, job grants, etc.

²⁸ Including debt management (for example, C.A.B), mental health services (for example, Mind), drug and alcohol services (for example, Turning Point), counselling services, services for the visually or hearing impaired, groups for minority ethnic groups (for example, Asian women's groups) and women (for example, Women's Aid).

Despite these improvements there was still uncertainty among some IBPAs about: (a) the full range of provision available; (b) the nature of specific services offered by some providers; and (c) which options were part of the Choices package and which were not. IBPAs in the early pilot areas expressed a need for more information about different providers in order to be able to make appropriate referrals. However, because they felt that there were 'so many programmes to sell', they also thought that this information needed to be consolidated.

Where there was a lack of adequate knowledge about the full variety of provision available there was a danger that important services and opportunities were missed in discussion with customers²⁹. Uncertainty about services available through new providers meant that there was a tendency among some IBPAs to stick to 'old favourites'. Higher rates of referral within the full range of options related to whether IBPAs had had specific training from, or meetings with, the different providers and how representatives and services came across to IBPAs during these contacts (see below for discussion of the quality of on-going relationships with providers). Case conferencing had provided a particularly useful learning opportunity for some IBPAs and acted as a way of ensuring appropriate referrals. IBPAs described how they had made more referrals across the range of options as they had found out more about services offered by different providers.

4.2.4 Provider feedback and perceived outcomes for customers

Knowing and trusting service providers was vital in terms of making referrals. As discussed above, this led some IBPAs to continue working with providers that they had used in the past where they already had built up a relationship of trust (for example, some Job Brokers). An important element in terms of building up trust was discussed in terms of whether IBPAs received sufficient feedback from providers about the outcome of referrals for their customers. However, there were concerns that they did not always have sufficient time to gain feedback or have the expertise to evaluate the interventions of health and social care professionals.

While individual providers often gave one-to-one feedback, a key issue emerged in terms of the perceived absence of a **central tracking system** that would allow IBPAs to assess the outcome of referrals for customers³⁰.

'The NHS will phone and chat to us back and forth, they're brilliant...but there doesn't seem to be any formal control sheet to show the distance travelled from the day they came in...until the six month interview.'

(IBPA)

²⁹ Ibid, Chapter 2.

³⁰ In fact CMP practitioners are required to complete a Programme Outcome Form for customers exiting the programme. This form was not mentioned by IBPAs. One explanation for this apparent lack of awareness could be low customer numbers as yet exiting the CMP.

In some cases IBPAs said that they would ask customers to tell them if a referral was not what they had expected, while others arranged a WFI after the referral had started to gain feedback. However, in many circumstances the caseload of IBPAs made the collection of such feedback difficult, with WFIs often being deferred while customers were involved with the Choices programmes or other referral options (see Chapter 3). This left a considerable gap in terms of IBPAs being able to assess systematically the value of different referral options.

4.2.5 Capacity of IBPAs to engage with referral options

Difficulties building up rapport and trust with providers were also linked to the capacity of IBPAs to undertake this work within their particular office or district. In one district IBPAs felt that they were understaffed and as a result lacked the time to liaise with different providers. In this respect, capacity issues affecting the level of referrals were also related to the amount of time involved in making a referral or accessing particular options and the willingness of some providers (especially Job Brokers) to share some of the voluntary caseload of IBPAs so that they could concentrate on, as they saw them, more 'complex' customers. Sometimes IBPAs said that they would refer customers to DEAs because they had more time to deal with customers with 'complex disabilities' and the associated paperwork and intensive follow up. Conversely, the difficulty of accessing funds for certain types of training not covered by the Choices programme (for example, through Advisers Discretion Fund (ADF)) acted as a barrier to referrals because it was seen to increase the workload of IBPAs.

4.2.6 Individual attitudes of IBPAs

The individual attitudes of IBPAs to different referral options also impacted on levels of referrals. For example, some IBPAs were reluctant to refer to the CMP because they were concerned that was a form of NHS 'queue jumping', whilst others saw it as a valuable way to meet the condition management needs of customers and would often 'sell it' in this way. Similarly, while some IBPAs felt that the ADF (an award of up to £300 to enable people to purchase suitable clothes or equipment to enable them to take up work) should not be awarded unless it was absolutely necessary as a financial incentive, others discussed it with all of their eligible customers as a kind of 'bonus'. Consequently, the individual attitudes of IBPAs could have a significant impact on the extent to which options were made available or presented to customers in a more proactive way.

4.3 Levels and types of referrals within the Choices provision

This section explores the levels and types of referrals being made to the CMP, Job Brokers and to specialist Jobcentre advisers, such as DEAs and WPs compared with Stage One. At Stage Two levels of referrals tended to depend on the degree of knowledge and understanding that IBPAs had of the different providers and the services they offered. This in turn affected the types of customers that IBPAs believed were appropriate for referral. Higher levels of referral were frequently linked to IBPAs' experiences of different referral options, training given by providers, and the quality of on-going relationships between providers and IBPAs.

4.3.1 The Condition Management Programme

Key findings from Stage One

- At Stage One levels of referral to the CMP varied greatly, including variation between districts. Level of referrals depended on the extent of understanding that IBPAs had of CMP provision and the nature and quality of the relationships between IBPAs and CMP providers.
- At Stage One different types of customer were being referred to the CMP. This was partly because of a lack of understanding between IBPAs and CMP providers about what types of customers should be referred. Some were only referring people who they considered 'job ready', while others referred customers with physical or mental health conditions that meant they were not yet ready or able to work and in need of further support in order to progress. There was uncertainty about whether the CMP provided treatment as well as management.

At Stage Two all IBPAs said they referred customers to the CMP³¹ although levels of referral continued to vary between individual IBPAs and districts. Some IBPAs said that they referred only a handful of customers to the CMP, while others said that they referred a significant proportion. One explanation given by IBPAs for lower numbers of referrals was that FTA rates for CMP appointments were high. In some of the more rural areas, this was linked to the distance customers needed to travel to access the CMP, and the cost of travel³².

³¹ The CMP will be the subject of a more extensive focused study later in 2005.

³² In fact, travel fares are reimbursed by the CMP, but it was not clear that IBPAs were always aware of this.

Despite continued variation in the level of referrals to the CMP, there was a general improvement in the level of knowledge and understanding of the CMP among IBPAs. This was demonstrated in the relatively detailed accounts given by IBPAs of the types of assessment procedures and services available within the CMP at Stage Two compared to Stage One, and in an improved understanding of the types of customers that it was appropriate to refer.

At Stage Two, the CMP was variously described in terms of helping customers understand their capabilities and limitations, rethink their thought processes in more positive ways, or in terms of the management of a particular mental or physical health condition that acted as a barrier to work. There was an improved understanding between IBPAs and providers that many different types of referrals would be appropriate, and that most CMP providers were not only interested in customers who were 'job ready'. In some districts IBPAs said that they only referred people with complex mental health conditions or disabilities that were more difficult to deal with. By comparison more 'job ready' customers were referred to Job Brokers. In other districts IBPAs understood from CMP providers that certain types of customers should not be referred (for example, people who were 'too emotional', with stomach problems, etc.). In one district an agreement had been reached with providers that people with mental health or drug and alcohol issues would not be referred. Very exceptionally, IBPAs said that they used CMP providers in an advisory role only.

At Stage Two there continued to be some uncertainty about whether the CMP provided treatment as well as condition management. As mentioned above, some IBPAs were reluctant to make referrals to the CMP because of the concerns that it was duplicating existing health service provision, such as the work of Community Health Teams or physiotherapists, or that it is a form of queue jumping within the NHS. By contrast other IBPAs sold the CMP to their customers as a way to gain better, more in-depth support in relation to their condition than could be provided by their GP.

4.3.2 Job Brokers

Key findings from Stage One

- There was a high level of referral to Job Brokers at Stage One, typically because IBPAs were confident that they knew what services they could offer and the nature of their role. There was general agreement that Job Brokers were for people who were 'job ready' and Job Brokers were chosen carefully on the basis of customer needs.

At Stage Two referral to Job Brokers remained high across the sample and IBPAs (with the exception of some new members of staff) displayed a good level of knowledge about local providers and their role as brokers. Higher rates of referral

often related to whether IBPAs had had specific training from, or meetings with, brokering organisations and individuals, and how representatives and services came across to IBPAs during these contacts (see below).

Customers who were referred to Job Brokers continued to be those considered 'job ready' or who had already started to look for work. On rare occasions IBPAs also described referring customers who might benefit from undertaking training to help them gain work or decide on a final choice of work. More exceptionally, Job Brokers were described as particularly suitable for people who needed one-to-one support and who were not yet ready to go into a group training environment. There was a general reluctance to refer customers to JB's until their health condition was stabilised. Customers perceived to have complex health conditions that acted as barriers to work were generally considered more suitable candidates for the CMP than JB's.

4.3.3 DEAs

Key findings from Stage One

- Previously the level of referral to DEAs varied a great deal depending on the degree understanding among IBPAs of the DEA role, and the quality of relationships between IBPAs and DEAs.
- At Stage One two main types of customers were referred to DEAs. Firstly, customers who had not satisfied the Personal Capability Assessment (PCA) and were going onto Jobseeker's Allowance (JSA), but who IBPAs still felt needed specialist support; and secondly, customers with serious health conditions or disabilities who had not ruled out returning to work. Some IBPAs were also using DEAs in a similar way to the CMP for condition management.

Levels of referrals to DEAs at Stage Two were affected by confusion that had arisen about the distinction between the IBPA and DEA role. The depth of confusion was often associated with an IBPA's prior work experience and relationship to the role (for example, some IBPAs were part-time DEAs, had been DEAs, or worked extensively with them). In one district prior experience of working with DEAs meant that IBPAs were more aware of the provision available through them and continued to make regular referrals. Nevertheless, the development of the IBPA role was persistently described by IBPAs as reducing the requirement for a substantial role for DEAs with these customer groups.

'I think if you hand the customer to them [DEA] it's double handling. Why are you wasting time? If you've already got an adviser working with the customer then why are you having two separate advisers? You only need one person working with them.'

(IBPA Focus Group)

Some IBPAs reported being unsure when customers should be referred to DEAs. Other IBPAs said that they did not actually refer to the DEAs but increasingly used them in an **advisory** capacity for more complex cases. Others still said that they had used the DEA role less since the Pathways to Work pilot had started.

At Stage Two, referrals continued to be made to DEAs for customers who had failed a PCA but who IBPAs believed still needed help. However, in most cases where a distinction was drawn between the IBPA and DEA roles the latter was described as for people with 'real disabilities rather than illness'. DEAs were described as being for customers with 'severe' disabilities, who were seen as harder to help or place, and who it was thought might need special equipment in their workplace. Referrals were also made where IBPAs believed that DEAs had better links with employers in terms of responding to needs of people with disabilities.

Some IBPAs also described only referring cases when the DEA could access provision that 'we can't' use, or 'don't want to' use for customers. For example, IBPAs said that they only referred customers to DEAs for provision such as WORKSTEP, WorkPrep, or specific longer, training courses, that were not directly available through them. Similarly, customers were referred by some IBPAs where the amount of paperwork and intensive follow up required was seen as too onerous.

4.3.4 Work Psychologists

Key findings from Stage One

- At Stage One WPs received a range of referrals. The most appropriate referrals were made in areas where there was good understanding of the WP role based on frequent case conferencing and contact between WPs and IBPAs.
- Previously a number of different types of customers had been referred to WPs. These included customers described as having 'serious' health conditions; customers with mental health conditions who needed assessment for their suitability for the programme of WFIs; and customers who were unable to return to their old job because of their health condition and needed help to assess alternative options. WPs considered appropriate referrals as customers with 'complex, multiple problems' or with brain injuries.

At Stage Two there was generally limited discussion of direct referrals to WPs, with IBPAs often saying that they had never used WPs. Low levels of referrals were also confirmed by the WPs. The reason for this was thought to be, partly because IBPAs were still unclear about what the WP role could offer, and partly because they were unfamiliar with the types of services provided compared to other provision such as the CMP or work preparation. However, there were also examples where IBPAs had a good working knowledge of the nature of the WP role but believed that they had

still not had any customers appropriate for referral. WPs felt that the continued reticence of IBPAs to refer customers to WPs meant that they were not always using the full range of services available to them.

The types of customers referred, or considered appropriate for referral, to WPs followed a similar pattern to those outlined at Stage One. However, referrals were also made for customers with dyslexia or where PAs were simply 'stumped' in terms of what to do. Although the level of referrals received by WPs at Stage Two was often low compared to other providers, they noted that the cases that they saw were often complex with multiple barriers to work. Significantly, WPs also described their role in terms of providing advice about referral decisions for IBPAs (see Chapter 2).

4.4 The quality of on-going relationships with Choices providers

Key findings from Stage One

- There was limited evidence of the nature and quality of on-going relationships between IBPAs and CMP providers at Stage One. Where the quality of relationships was discussed, there was considered to be a need for improved communication about the nature of provision, the appropriateness of referrals, and customer progression.
- Access to Job Brokers was a key issue in terms of the quality of relationships with IBPAs at Stage One. Job Brokers were perceived as an element of the Incapacity Benefit reforms that could relieve the burden of IBPAs and share their caseload of voluntary customers leaving more room for work with mandatory customers. Typically IBPAs said that they had ongoing contact and feedback from Job Brokers once a referral had been made.

The quality of on-going relationships with different providers reflected the trust and rapport that had been built up with IBPAs, which in turn was dependent on a range of factors. Firstly, there was an emphasis on access to providers in terms of location of services and the level of communication, for both IBPAs and customers. The quality of relationships also reflected factors associated with **familiarity** with service providers and their provision (e.g., levels of training, personal contact with providers, understanding of provider roles, etc.) and the extent to which there was joint decision-making about appropriate referrals. Feedback on the **value** of different referral options was also important, particularly in terms of whether services or provision were seen to be meeting customer needs. Other important issues included the extent to which providers were prepared to share some of the workload of IBPAs (see above) or offer shared funding in relation to financial incentives. Poor on-going relationships were generally described where there was an absence of these factors, although **inflexibility** in terms of meeting the

conditions necessary to promote good quality relationships was also important. These issues are addressed in more detail in relation to specific Choices provision below.

At Stage Two the CMP was often the first part of the Choices package that was mentioned, with the general perception that the programme is much better now that it is 'up and running'. Familiarity with providers that was built up through personal meetings and training (for example, a type of 'speed-dating' described in one pilot area where IBPAs and CMP providers took it in turns to briefly describe their roles) were thought to be particularly important in terms of establishing 'rapport' and improving the level of referrals. Overall, **positive** qualities associated with relationships with CMP providers included:

- good access in terms of their location (e.g., in the Jobcentre or nearby) and frequent contact (e.g. visits to the Jobcentre, contact by telephone and email);
- good accessibility of services for customer (e.g., by providing services at the Jobcentre);
- familiarity with providers and the services they could offer through personal meetings and/or formal training;
- joint decision-making in relation to referrals (e.g., through case conferencing style meetings with IBPAs, CMP providers and customers);
- good feedback on the appropriateness of referrals and the progression of customers (e.g., through informal contacts, report forms or case conferencing).

In contrast, poor relationships with CMP providers were described where:

- providers and their programmes were perceived as being inflexible (e.g., by not tailoring the length or programmes to the needs of customers);
- there was a lack of local provision (especially two pilot areas covering rural areas);
- there was a lack of systematic feedback on customer progression.

At Stage Two the quality of relationships with different Job Brokers varied considerably and was often linked to the number of referrals made by IBPAs. As at Stage One, *ease of access* to brokers for customers, the willingness of brokers to **share some of the voluntary caseload** of IBPAs, and the **quality of feedback on referrals** continued to be important issues. However, a number of additional factors contributed to good quality relationships and high levels of referrals. These included:

- familiarity with Job Brokers through training, regular informal meetings or regular communication;
- customer needs perceived by the IBPA and the appropriateness of brokers in meeting those needs (e.g., offering most one-to-one support, fit best with personality of their customers);
- whether brokers offered matched or additional funding to support the ADF;

- where there was positive feedback on the support offered by Job Brokers by customers;
- trust built up in relation to particular brokers based on the qualities described at Stage One and Stage Two and those listed above.

In contrast poor or variable relationships with Job Brokers were particularly described where there had been:

- insufficient information or training in relation to service provision;
- difficulty accessing Job Brokers for IBPAs and/or their customers;
- inadequate numbers of IBPAs in an office that made time for liaison difficult (see earlier discussion in this Chapter);
- situations where IBPAs believed that Brokers were not 'doing what's best for the customer';
- limited or non-existent feedback on customer referrals;
- negative feedback on the provision by customers.

In relation to specialist Jobcentre providers such as DEAs and WPs, key issues affecting the quality of on-going relationships with IBPAs were prior experience and understanding of their roles (especially in relation to DEAs) or increased familiarity and understanding of the referral processes and its outcomes. WPs talked about the importance of case conferencing as a way for IBPAs to learn more about their work and to ensure appropriate referrals. One WP stated that future referrals would depend on IBPAs seeing successful outcomes from this process. In terms of contact with other Choices providers, one WP said that most of this contact had related to the delineation and clarification of people's respective roles, which had only recently become completely transparent.

4.5 The value of the Choices package

The perceived value of the Choices provision in moving customers forwards is discussed in greater detail in Chapter 5. However, there was some discussion of the value attached to the CMP and Job Brokers among IBPAs in relation to referrals.

Key findings from Stage One

- At Stage One there was insufficient feedback to IBPAs to be able to make an informed judgement about the impact of the CMP on customers. There was general agreement that the CMP met a need that had not previously been served. Where feedback had been received the perception of IBPAs was that the impact of the intervention had been positive. IBPAs also said that they were aware of customers who had found work through referral to Job Brokers.

On the whole, at Stage Two there was continued enthusiasm for the CMP with IBPAs describing it as 'fantastic', 'positive' and 'really useful'. One IBPA described the CMP as at the 'heart of Choices', while another said that it was the most successful element of the reforms. The value of the CMP was widely described by IBPAs as having given customers increased confidence, improved self-esteem, making them more 'energised', and giving them an improved outlook on life (see Chapter 5). CMP provision was also compared favourably to certain forms of counselling because of its focus on practical, day-to-day 'mechanisms' and 'thought processes' to cope with work and life.

There was variation in terms of whether IBPAs continued WFIs once customers were referred to options such as the CMP (see Chapter 3) and this tended to affect the level of feedback from customers that they received. Reports of direct positive feedback to IBPAs from customers were limited at Stage One and the early longitudinal panel report found some customers suggesting that they only participated in the CMP because of misunderstandings that their benefits would be affected³³. However, IBPAs discussed positive reactions among to the CMP among their customers at Stage Two, with some remarking that they had received 'brilliant feedback'.

At Stage Two, IBPAs continued to be aware of customers who had found work through Job Brokers, although there was a degree of scepticism about services provided by some brokers. Examples of positive impacts included those where brokers were described as having offered one-to-one support that meant customers were gradually able to do more and more job searching for themselves, or where an IBPA had received good feedback from customers on a course designed to build confidence. Where IBPAs believed that Job Brokers were not doing what was best for their customers, this was expressed in terms of them not fulfilling their 'scope' (e.g., by only wanting to work with highly job ready customers) or being inflexible in terms of the amount of support they offered to customers who needed more 'leading by the hand'. Some IBPAs also said that they felt that the type of work Job Brokers suggested to customers was not always appropriate to their specific needs. This confirms the finding from the panel study of customers that expectations of some customers were not met by Job Brokers³⁴.

³³ Ibid Chapter 3.

³⁴ Ibid Chapter 3.

4.6 Other providers and gaps in the local Choices package/local provision

Key findings from Stage One

- Other possible referral options and provision included specialist mental health organisations, debt management, and drugs and alcohol projects. There were also training courses available through the Jobcentre for customers perceived to be some way from the job market (e.g. basic skills, computer training). Gaps in provision were considered to exist for customers with mental health problems, drug and alcohol dependency, and for people going through bereavement.

At Stage Two IBPAs were able to describe an array of possible referral options besides Choices provision (although this issue was not discussed at every interview). The types of provision and possible referral options discussed included:

- support for transition to work and in-work support (e.g., Work Based Learning for Adults, Permitted Work Rules, Access to Work, etc.);
- support to become self-employed (e.g., Business Link, Career Finder);
- job search and careers advice;
- short training courses (e.g., Certificate for Work, European Social Fund supported courses in IT and admin, Local Government funded Adult Learning and Leisure courses);
- voluntary work;
- courses to deal with particular social issues (e.g., debt management, Progress to Work and Turning Point for people with drug and alcohol problems, English language courses).

There were widely diverging experiences of access to training 'outside' of the Choices package and the Jobcentre among IBPAs. Some said that there was a degree of flexibility in terms of accessing training options when provision was not available through the Jobcentre. Others felt that access to funds for possible training courses was difficult. In some cases gaining access to funds involved drawing up a business case that was extremely time consuming for IBPAs and this could act as a barrier to doing so.

Broadly IBPAs felt that there were few gaps in training provision and they were more likely to talk about the wealth of provision available. However, where gaps in provision were identified, IBPAs said that the training available through the Jobcentre was too 'generic' and did not sufficiently address individual customer needs. Customers had sometimes identified specific training needs that IBPAs felt they could not respond to within the provision available. In particular, there was a

shortage of training in relation to areas of key skills shortages such as plumbing, bricklaying, construction and IT and the need for taster courses to find out if customers wanted to pursue a particular type of work. Additionally, some customers were thought to need support and training that lasted longer than the period of the WFIs, or longer, and more intensive, help than IBPAs felt the Choices package was able to provide. Many courses run by colleges and other providers were also felt to be inflexible in terms of start dates.

In terms of gaps in provision relating to specific customer groups, similar issues were identified as at Stage One (i.e. mental health, drugs and alcohol problems). This was particularly the case for what IBPAs described as the 'more difficult' health conditions that could not be handled within the CMP. For example, there was frustration about the amount of time needed to gain access to help and support for people with drugs and alcohol problems and IBPAs felt that these were issues that needed to be addressed by health professionals, not the Jobcentre.

4.7 Employers

Key findings from Stage One

- Relationships with employers had undergone the least progression between the early implementation study and Stage One of the evaluation. Field Account Managers had the role of highlighting vacancies considered disabled-friendly, but there was little personal contact between IBPAs and employers. It was felt that more time to explain the financial incentives and in-work support to employers would increase the likelihood of them offering employment or work placements.

Frequent and extensive contact with employers was still rare at Stage Two. Some IBPAs had made individual contacts with specific employers but in limited ways. IBPAs would often contact employers about individual customers who were involved in work preparation or job interviews. More rarely, IBPAs reported that they had fostered good relationships with local (usually large) employers. Exceptionally, a final group of IBPAs had made concerted efforts to build up relationships with employers or used contacts that they had developed in previous roles (e.g. as a DEA, New Deal Adviser, or part of a team dedicated to contacting employers).

There was only very limited evidence that contact between IBPAs and employers had been built up in a **systematic way** or at an **organisational** level. Even in the few cases where IBPAs stated that marketing of Jobcentre customers to employers was taking place, they felt that this did not always take into account the specific issues and circumstances faced by these customers. Others were disappointed by the lack of new developments, e.g., one IBPA noted that the IB reforms were supposed to establish employer forums but that she had not seen any evidence of this.

The extent of IBPA caseloads was emphasised across the sample when IBPAs explained their limited opportunities to build up relationships or links with employers, or expressed frustration that there was insufficient time for this type of networking. This promotional contact with employers was not always seen as part of their role though. For instance, one IBPA described this part of their role as a 'grey area', while another expressed surprise about being asked about such issues during the interview. Commonly though IBPAs felt that there was a need for this type of work to be undertaken by someone, even if not IBPAs.

Supporting this viewpoint was the belief of some IBPAs that there was still work to do in terms of persuading employers to take on IB customers and to develop flexible, part-time working for people who employers perceived to have been 'on the sick'. Others described the importance of overcoming negative stereotypes in relation to a number of health conditions. There was discussion in relation to Vignette 3 (Lorraine) that some employers did not want people with health conditions that affected their work to return to work. A few employers were reported to have actively sought out customers claiming IB who wanted to work, but they were described as the exception rather than the rule. One IBPA even described her view that most employers had not kept their end of the 'bargain' in relation to the IB reforms.

4.8 Financial incentives

Findings from Stage Two revealed that there was confusion in relation to the financial incentives like the RTWC and ADF in terms of whether they acted as incentives, rewards or bonuses in relation to entry to work. Overall, the provisions were regarded as removing important barriers to work, especially where work was part-time or low paid, or customers had significant debts. Other key issues discussed included the level of administration involved in processing and monitoring financial provisions and the importance of equity in the way that IBPAs applied eligibility criteria.

4.8.1 Return to Work Credit³⁵

Key findings from Stage One

- There was generally perceived to be a positive reaction to the RTWC among customers. IBPAs were also positive about the credit as an incentive to find or return to work. RTWC motivated customers to take up part-time work and low paid work that would otherwise not be viable. Main uptake was among voluntary customers. There was concern about whether work would continue to be viable once the year of entitlement was over.

³⁵ The RTWC will be the subject of a focused study later in 2005.

Overall, IBPAs continued to be positive about the RTWC at Stage Two. Many felt that the credit acted as a positive 'incentive' ('carrot') to return to work and said that it was popular with customers. Examples of the value of the RTWC from the IBPA point of view were given and are described in Chapter 5. These sometimes included the combination of a RTWC after successful job entry following a referral to the CMP.

Some IBPAs said that RTWC was more of a 'bonus' than an incentive and questioned whether it was mostly being taken up by people who would have returned to work anyway. Others emphasised that, while it might not change the attitude of some customers towards work, it did act as a removal of significant **barriers** to work and would help them to sustain work and gain stability in their lives. In this respect the credit continued to be considered important among IBPAs in terms of: (a) supporting customers who were only able to enter work part-time; (b) sustaining people who entered low paid jobs; or (c) helping people back to work who had been on benefit for a long time.

There was a divergence of view on the effect of the ending of RTWC after one year. Generally, IBPAs did not feel that it would have a major effect on the ability of people to continue working or their attitude to work. For those whose customers had reached the end of the entitlement period, a number of IBPAs said that they had not seen customers who had entered the pilot re-claiming IB. Others said that they were not aware of people giving up their jobs. IBPAs discussed the way in which they believed customers would move from a culture of dependency on benefits to one of feeling the positive aspects of being in work such as financial independence, socialising with colleagues, and improved health. As a result they believed that customers would progressively take on more work.

It was less common for IBPAs to think that the end of RTWC would have a major effect on the sustainability of work for customers. However, where they did believe that it would have an effect on the ability of customers to sustain work, this was particularly the case for people who were working part-time or who had debts. One IBPA stated that he believed the end of the entitlement would 'definitely' have a major effect on the ability of customers to sustain work because many were 'reliant' on it. Several IBPAs said that they explicitly discussed the end of RTWC with customers at the beginning of the year and suggested ways in which they could cushion the potential shock when it ended (e.g. gradually building up their hours, paying off debts as early as possible).

IBPAs described some initial problems with the processing of RTWC and in terms of inconsistency of advice given about the credit, over payments because of the lack of a clear end date, and issues around whether it would impact on Housing and Council Tax benefits. It was unclear whether these issues had been resolved at Stage Two. It was considered to be helpful to IBPAs in one district that much of the administration of RTWC had been undertaken by an administrative team. Where such administrative support was not available the paperwork associated with RTWC was described as 'horrendous'. Key issues included the assessment of earnings for self-employed people and for people who changed jobs during the year.

4.8.2 Adviser Discretionary Fund

At Stage One only a few IBPAs had used the ADF, typically for voluntary customers close to work. At Stage Two the level of use had increased but varied considerably between IBPAs. On the whole IBPAs reported having only used it for one or two customers, but some said that they used it often or that take up had been high. Some IBPAs told customers about the ADF at the first WFI. Caution was expressed by others about mentioning the fund, these IBPAs felt that it should only be offered where there is a genuine need or that it would make the 'difference between going to work or not going to work'. One IBPA said that it should not be given out 'willy-nilly' simply to gain job entries. However, other IBPAs believed that the fund was addressing important customer needs.

The main ways in which the ADF was being used were to help with purchase of clothing (e.g. for interviews, work overalls), purchase of equipment or tools, and travel and food expenses during the first weeks of work. IBPAs gave examples where customers had lost or gained weight because of their health condition and had used an ADF payment to buy new clothes for interviews or for the start of a new job. The ADF was also described as being used to fill perceived gaps in training provision, for example, by paying for short, or online, training courses (e.g., Learn direct courses in IT), or for entry to examinations (e.g., a film animation course). The fund was generally described by IBPAs as being a 'useful tool to have' and a useful financial incentive in terms of addressing specific 'barriers' to work for individual customers. One IBPA stated that she thought that it was more useful than the RTWC because it offered immediate help and/or the help that customers needed before they started work.

An important development in one district was 'share-funding' where the ADF and funding from Choices and other providers would be jointly used to support the financial needs of customers. Other issues raised included the need to avoid the general use of the acronym 'ADF' when discussing the fund with customers in preference for more specific examples of how the fund might benefit customers, and making payments in ways that avoided stigmatising customers as benefits claimants.

The only problems raised in relation to the ADF were that the amount for each customer should be higher and that there should be more flexibility in terms of how the fund could be spent (e.g., paying for food while customers were waiting for their first pay cheque).

4.8.3 Job Preparation Premium

The Job Preparation Premium (JPP) is an incentive available to existing customers and represents a new addition to the Choices package available only to existing IB customers new to the pilot. At Stage Two IBPAs were asked about their knowledge and views about JPP although none had used it at this stage. In most cases where the JPP was discussed IBPAs demonstrated a good level of knowledge about the premium and they had already begun to think through its implications in relation to day-to-day management. The key issues and concerns are outlined below.

Overall there was a mixed response to JPP. While some IBPAs thought that it was a good idea in principle, generally IBPAs who were aware of it expressed reservations and concerns. These were strongly held by some IBPAs and in these cases the idea of the JPP was described as having gone down 'like a lead balloon'. In particular, IBPAs felt there was confusion in terms of whether JPP was regarded as a financial incentive towards work or a reward for returning to work. The eligibility criteria were described as 'absolutely absurd' because they rewarded customers who were more likely to work anyway. It was noted that there had to be a commitment to action before JPP could be awarded. Additionally, IBPAs reported being given guidance not to mention it early in the WFI process and, therefore, were worried about how it could be seen as an incentive. Where the premium was understood as a reward for a customer 'doing a lot', or 'actually doing something constructive', it was more warmly received.

IBPAs were also concerned about what would happen if customers discussed their circumstances and found out that one had been awarded the premium while the other had not. Where different IBPAs might apply the eligibility criteria more or less stringently there is a danger that the award of the premium would be regarded as inequitable and that this could lead to a break down in the relationship between the IBPA and the customer. This danger was further highlighted in cases where IBPAs said they would use the premium to help compensate customers for expenses (e.g., child care) or loss of income support under the permitted work rules in a similar way to the ADF.

IBPAs were not anticipating that the JPP would be widely used, partly because of the difficulties of monitoring whether customers were eligible in the first place, and additionally whether they should continue to receive it after it had been awarded. There was concern about how performance would be monitored on a weekly basis and about the capacity of IBPAs to take the potentially large workload that could become 'quite involved'. There were also concerns that the premium would be open to abuse and that some customers would take advantage.

4.9 Chapter summary

There were a number of general factors that affected the process of referrals to different options. The ideal that referrals should be customer-led was balanced against whether customers are able to make informed choices about providers; the impact of targets and benchmarks for job entries; and the difficulty of making referrals against negative customer attitudes. Despite considerable improvement in the level and appropriateness of referrals, some IBPAs were still not using the full range of provision. Where understanding of different provisions had improved this was linked to better training, meetings with providers, and case conferencing around specific referrals. Where understanding had not improved this was linked to a lack of consolidated information about different referral options.

In relation to provider feedback and perceived customer outcomes, the lack of a central tracking system left a gap preventing IBPAs from systematically evaluating different options and building up knowledge about providers. The capacity of IBPAs to liaise with providers or to undertake complex referral procedures also affected the level of referrals, as did the willingness of providers to share caseloads and funding. The perceptions of individual IBPAs in terms of whether provision was seen as meeting customer needs or offering special treatment was also important.

In general the level and type of referrals made was affected by the experience, confidence and understanding of IBPAs in relation to the different options. Improved understanding of CMP provision had led to higher levels and more appropriate referrals. The level of referrals to Job Brokers continued to be high. In some cases levels of referrals to DEAs were described as having decreased because of confusion arising from a perceived overlap between the IBPA and DEA role. There was limited discussion of referrals to WPs, partly arising from a continued lack of understanding of the role.

At Stage Two there was much greater evidence of the nature of on-going relationships between IBPAs and providers. Higher rates of referral were linked to the building of trust and rapport. Key positive factors influencing this process included: providers being accessible to IBPAs and their customers (e.g., in terms of location, communication, etc.); familiarity of providers to IBPAs; joint-decision-making in relation to referrals; good feedback and the perceived value of referrals for customers. Key negative factors included, inflexibility among providers, a lack of local provision, a lack of feedback or negative feedback by customers. Familiarity built up through training was particularly important in relation to the CMP. Case conferencing acted as an important learning opportunity in this respect.

There was continuing general enthusiasm in terms of the value of the CMP and Job Brokers but only limited discussion among IBPAs of the value of referrals to DEAs or WPs. Evidence of direct and systematic feedback from customers was limited and depended whether IBPAs continued WFIs once referrals had been made. The CMP was particularly well received by IBPAs. IBPAs said that customers continued to find work through JB's but there was a degree of scepticism that some JB's did not always fulfil their 'scope'. There was only very limited direct discussion of the value of referrals to DEAs and WPs.

Broadly IBPAs identified few gaps in the Choices provision. They were able to describe a range of provision outside of the Choices package but there were widely diverging views about the ease of accessing such provision. Where gaps were identified, these related principally to provision being too 'generic' or not lasting long enough to meet customer needs. Others gaps were discussed in terms of training relating to key skills shortages, taster courses, and provision for people with mental health or drugs and alcohol problems.

In relation to employers, frequent, extensive and systematic contact was still rare. There was considerable discussion about whether IBPAs had the capacity to liaise with employers and whether this was a part of their role. However, IBPAs believed that there is an important need for such work to be undertaken in order to encourage employers to be receptive to IB customers.

Key issues in relation to financial provisions included whether they were seen as incentives, bonuses or rewards and their most appropriate and effective use in this respect. On balance the RTWC and ADF were regarded as removing important barriers to work, especially for part-time, low paid work or for customers with large debts. The use of ADF was more common at Stage Two and was regarded as providing immediate support that helped people before they entered work. There was a divergence of views in terms of the effect that the end of RTWC would have after one year. Other key issues included the level of administration involved in processing and monitoring financial information and the importance of equity in the application of eligibility criteria by IBPAs (especially in relation to the development of the JPP).

5 Customer progression

This final chapter focuses on customer progression. The first few sections describe the types of customer progression Incapacity Benefit Personal Advisers (IBPAs) talked about, based on a model developed from their accounts. The chapter then explores the key reasons for setbacks to progression, and which types of customers IBPAs felt were particularly difficult to progress. Finally, the main factors accounting for customer progression are described.

5.1 Defining 'progress' – IBPA accounts

As in the Stage One study, IBPAs' definitions of what 'customer progression' entailed were wide. Whilst there was a widespread feeling that moving a customer into work was the clearest example of progression, helping to move a customer one step *closer* to work was also seen as a significant and valid goal, and one that could potentially result in job-entry at a later date. In this context a range of different types of progression was talked about, from house-bound customers building up the confidence and esteem to leave the house or improve their personal appearance, through to being able to look for work on their own. The impression given was that whilst some of these customers might move into work in the near future, in other cases it could take significantly longer, or might not happen at all.

Some IBPAs had a wider definition of progression still, defining it as anything that 'gave the customer satisfaction' and 'improved their quality of life'. For example, one IBPA said that he would regard advising a customer about their rights to Disability Living Allowance (DLA), and helping them make a successful application, as progression.

As described in Chapter 2, IBPAs typically felt that they were being given the scope to work with customers to achieve whatever type of progression was right for them. However, as also described in this chapter, some were concerned that a result of the imposition of targets could be a greater inclination amongst IBPAs to focus on customers who were closer to work to the detriment of those who needed longer or more intensive interventions.

5.2 Types of progress

As in the previous report, a model is used in this chapter (below) to illustrate the types of customer progression that IBPAs talked about, from a starting point of not considering movement forwards as an option (A) through to being able to look for work independently (D). The model is similar to the one used in the previous report, but has been refined as a result of access this time to a larger and therefore richer data set. It is important to note that longer-serving IBPAs had a greater number, and wider variety, of examples of customer progression than last time, as described below. It seems likely that this was a result of having worked with customers over a longer period of time and their improved confidence around referrals, as set out in Chapter 4.

IBPAs also gave examples this time of customers who they felt had moved backwards, either following a forwards movement, or from the point at which they started out at their first work focused interview (WFI). Again, this seems to have been a result of IBPAs having worked with more customers over a longer period of time. Examples of this type of movement are also described below.

To set this section in context it is important to reiterate that progression forwards did not, according to IBPAs, always occur. Section 5.3 below describes the types of customers IBPAs felt were less easy to progress, and Section 5.4 the key factors which appeared to affect the extent to which progression occurred. A further contextual point is that, as described in Chapter 3 and Section 5.4 below, there were significant variations between IBPAs in terms of the extent to which they were prepared to work with customers they perceived as being 'more difficult' to progress. Many of the examples of significant progression set out below were achieved by the IBPAs who were prepared to work more intensively with customers who did not always immediately present the likelihood of progression.

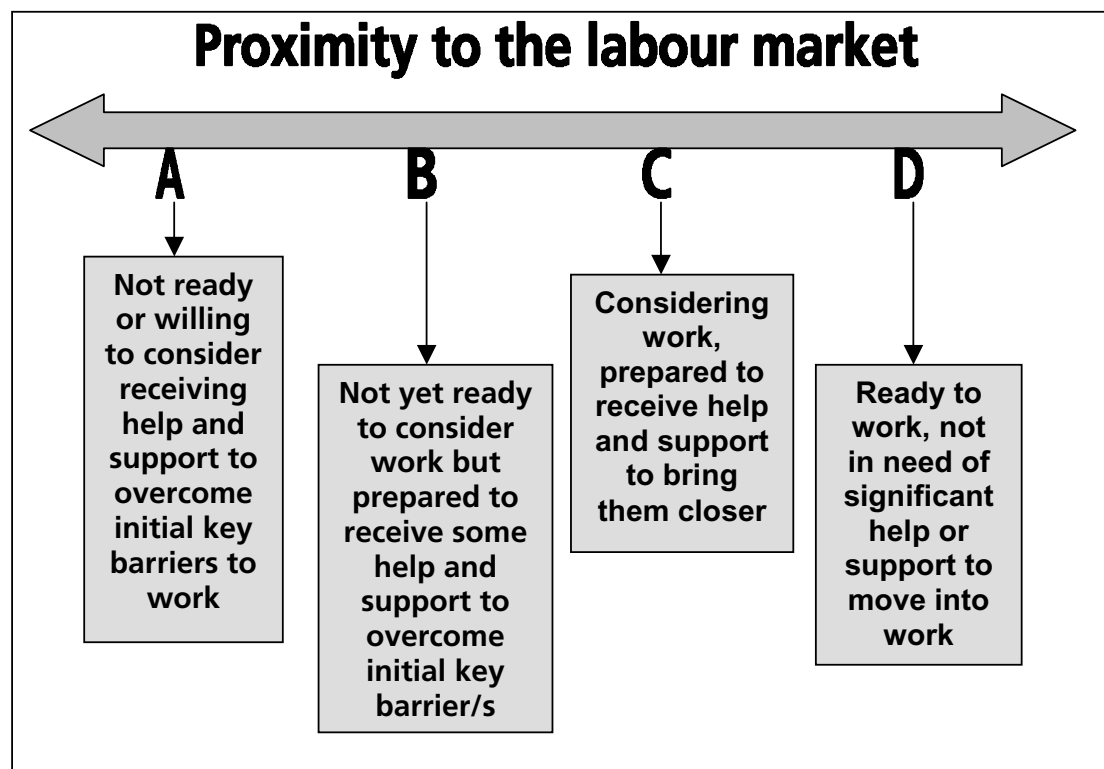
A further important caveat is that whilst some of the examples described below illustrate progression in terms of customer movement into a service offering support – for example, the Condition Management Programme (CMP), Job Brokers or WorkPrep – IBPAs were not always able to say how those customers were faring within those services. This was because, as described in Chapter 4, the extent to which IBPAs maintained contact with services and customers following a referral varied.

It is also important to emphasise that these accounts of progression are based on the IBPAs' perspectives only, and therefore tend to be focused on service-related reasons for progression. The first longitudinal panel study of IB customers³⁶ shows how other customer-related factors could also have a key impact on progression, in particular customer health trajectories and changes in personal circumstances.

³⁶ Corden A., Nice K. and Sainsbury R. (2005) IB Reforms – Findings from a Longitudinal Panel of Clients (Chapter 2).

Finally, the sustainability of progression is an important subject for the Pathways to Work pilots, but in this study the data was limited. It will be important to explore this issue in the future work with customers, particularly the focused study of In-work support provision.

Figure 5.1 Illustration of customer progression, based on IBPA accounts



5.2.1 Movement from 'Point C' or 'D' (considering work, but in need of help or support/ready to work and able to move into work independently)

Key findings from Stage One

- At stage one, two main groups of customer were described as entering the WFI process at 'Point C' or 'D'.
- The first group was said to be voluntary customers who had either found work or were looking for work independently ('Point D') and were contacting the IBPA for the Return to Work Credit (RTWC).
- The second group was voluntary customers who were clear that they wanted to work, but wanted some additional support with moving into work, e.g., better-off calculations, or help with job searching. These were either new customers who were screened out of the mandatory interviews because they were deemed too close to work, or they were existing Incapacity Benefit (IB) customers who volunteered.

At Stage Two, the majority of these customers were again said to be volunteers, either existing customers who volunteered or people who volunteered after being screened out of the mandatory interviews. However, there were also examples of mandatory customers who fell at 'Point C' on the spectrum (mandatory customers did not fall at 'Point D' because they were screened out if considered very close to work). IBPAs were again often grateful for their contact with these customers, describing them as 'light relief', and a significant help in enabling them to meet their job entry targets. The extent to which IBPAs saw these customers falling at 'Point D' as 'dead weights' (customers who would have returned to work on their own) as far as the Reforms were concerned varied. In some cases it was clear to them that the customers would have returned to work had the package not been available. In others the availability of RTWC was felt to have been a significant influencing factor in 'tipping' the customer towards work.

Importantly, IBPAs also gave examples this time of customers falling at 'Point C' on the spectrum (considering work, and prepared to receive help and support to bring them closer), who they felt would have been unlikely to have moved forwards without the package of support available through the Pathways to Work pilots. These were customers who expressed a desire to return to work and receive help, but who faced larger barriers than those described above, e.g., more debilitating health conditions, or lack of work experience. They felt that these customers benefited from interventions such as a series of WFIs, meetings with a Job Broker, support from the CMP, training or a programme such as WorkPrep. In some cases, customers in this group were helped into work, although this progression was not always quick or easy as illustrated by **Example A**. In others the customer had not moved into paid work although were felt by the IBPA to have made progress forwards, see **Example C**.

These cases are important in illustrating that customers who wanted to return to work and who were willing to receive help and support were important beneficiaries of Pathways to Work, and might not have moved forwards without them. This finding is corroborated by the customer research³⁷, which found that the pilots had helped those who were already focused on work by giving them confidence, useful information and contacts and by helping them maintain the momentum to return to work.

Figure 5.2 Examples given by IBPAs of voluntary customers progressing from 'Point C' (*considering work, prepared to receive help and support to bring them closer*) for whom the Pathways to work package appeared to be a significant factor

- **Case example A:** male voluntary customer used a wheelchair because of an ongoing health condition. He contacted the IBPA because he wanted to return to work, but felt that he needed support in doing so. His IBPA described supporting him over several interviews in looking for work, and gave him advice about the job interviews that he was attending. He eventually found administrative work, after several failed applications and job interviews.
- **Case example B:** a male in his 20s was described as being 'severely depressed' as a result of workplace problems, but told his IBPA that he wanted help to return to a 'less stressful' job than his previous one. He agreed to go on the CMP, and underwent Cognitive Behavioural Therapy treatment. The IBPA described a significant turnaround and the customer returned to his previous job.
- **Case example C:** a young female customer was awaiting a major operation. She told her IBPA that she was unhappy and bored, and wanted to do 'something', but was unclear what. The IBPA discussed options with her, and they decided together that voluntary work would suit her well. The IBPA described helping her to find this work.

It is important to note, however, that there were also examples in this group of customers who IBPAs felt could be difficult to move into employment, in spite of their inclination to do so. Reasons given were the serious nature of the customers' physical condition, e.g., a seriously brain-damaged customer who wanted to return to work, and also a concern that employers would be reluctant to take on customers with serious conditions, see also Section 5.3.10.

³⁷ Ibid, Chapter 4.

5.2.2 Movement forwards from 'Point B' – (not ready to consider work, but prepared to receive help and support to overcome initial key barriers)

Key findings from Stage One

- At stage one, two main groups of customer were described as entering the WFI process at 'Point B'.
- The main group comprised mandatory customers who felt that they faced significant barriers to work but who were prepared to consider receiving help and support to move forwards. Barriers included moderate to serious depression, a long period of time outside the labour market, serious physical impairments or a drug or alcohol problem.
- IBPAs also described voluntary customers who fitted into this category; they chose to work with the IBPA not because they were sure about moving into work, but because they wanted support in learning what they were capable of, and advice about whether work was a possible option for them.

This group was described by IBPAs in very similar terms to Stage One. The CMP was often said to be at the 'heart' of interventions accessed by these customers this time, either on its own or in combination at a later point with other interventions, for example continuing contact with the IBPA or financial incentives such as Permitted Work or RTWC. IBPAs also mentioned adopting other types of approaches with these customers, e.g., confidence building through Programme Centres, referrals to WORKSTEP, WorkPrep or specialist support for people with drug or alcohol problems, e.g., through Progress to Work; reasons behind IBPA referral decisions are discussed in Chapter 4.

IBPA skill levels in terms of making appropriate referrals, and introducing the services to customers in a positive way were also important here, and are discussed further in Section 5.4.

Interestingly, there were also examples where IBPAs felt that attending WFIs alone, combined with financial incentives, had been significant in helping move customers in this group forwards. They said, for example, that talking to the IBPA could help increase a customer's confidence, and give them a clearer idea of what their capabilities were; whilst options such as Permitted Work or the RTWC simultaneously made work appear a less challenging option that it had initially seemed.

There were more examples this time of customers in this group who had moved into work. These were usually given by longer-serving IBPAs, who suggested that it could take several months for this progression to occur. There were also examples given of customers in this group who had moved forwards, but not into paid work. Finally, it is important to note that whilst IBPAs talked about having moved customers with this profile into other services, for example, the CMP, the impact of these services on the customer was not yet always known to the IBPA.

Figure 5.3 Examples given by IBPAs of customers helped to move forwards from 'Point B' (who were initially unsure about working, but prepared to receive help and support)

- **Case example A:** a female mandatory customer had never really worked, but was described as being prepared to try to build up her confidence. She accepted a referral to a Programme Centre to take a confidence-building course. The Programme Centre told the IBPA several weeks later that the customer had moved into work.
- **Case example B:** a female customer was reported to have 'severe' claustrophobia. She was described as feeling unready to move back into work, but as prepared to receive help to manage her condition and at the second WFI accepted a referral to CMP. She carried on seeing the IBPA whilst she was on the CMP, and told her IBPA after several weeks that her self-confidence had improved. Whilst she wanted to give work a try, she wanted a 'safety net' and took up Permitted Work. It went well, and she increased her hours to full time at the end of 26 weeks.
- **Case example C:** a highly qualified male customer had had a breakdown. He was described as feeling unready to return to work but welcomed the chance to attend the CMP because he was already on a long waiting list for NHS counselling. The IBPA had heard from CMP that he had improved to the extent he was going to the gym and swimming regularly.

5.2.3 Movement forwards from 'Point A' (not ready or willing to consider receiving help or support to overcome initial key barriers to work)

Key findings from Stage One

- At stage one, IBPAs said that those who fell into this group at the first WFI were mandatory customers.
- One sub-group were customers who appeared to face significant barriers to returning to work such as serious depression, post-traumatic stress, serious illness or physical conditions, complex multiple issues or drug and alcohol problems, and did not at the first WFI show signs of feeling able or willing to move forwards.
- The second sub-group consisted of customers who did not display any of the significant barriers cited above, but who were simply reluctant to receive support from the Jobcentre; they said, for example, that they were reluctant to move off benefits, or 'comfortable' in their current situation.

IBPAs described customers who started out at 'Point A' (not ready or willing to consider receiving help and support) in very similar terms in this stage of the research. The first type of progression described was from being not ready or willing to consider receiving help and support to being prepared to receive some help and support. For example, IBPAs gave examples here of customers who had initially been very unwilling to open up to them, but who, at a later point, were more forthcoming about their issues and needs, and had either taken up a referral option, or appeared to be moving closer to doing so. However, this may also reflect the fact that not all IBPAs are equally skilled in talking to customers about personal or sensitive issues early in the WFI process. Sometimes IBPAs said that this shift could take place fairly rapidly, e.g., between the first and second or third WFIs. In others cases they said it could take up to six for such a shift to happen, e.g., in **Case example B** below. They often felt that in these cases it would take a lot longer still for customers reach the point where they might consider work, and that some might never reach that point. In these instances IBPAs tended to urge customers to get in touch in the future if they wanted to consider anything the IBPA had talked about.

IBPAs felt that their rapport with the customer was the critical factor influencing the movement from not wanting to receive help and support to being prepared to receive it. Particularly important was the extent to which they were able to demonstrate to the customer empathy and understanding of their needs, and find out 'all about' the customer, to gain a holistic understanding of their issues and barriers. This chimes with findings from the customer research³⁸, which found that customers responded well to IBPAs who were 'helpful', 'not pushy', 'sympathetic' and 'understanding'.

Figure 5.4 Examples given by IBPAs of customers who progressed from 'Point A' (not yet ready or willing to consider receiving help or support to overcome initial barriers) but not into work

- **Case example A:** a female refugee was described as experiencing post-traumatic stress. The IBPA told how she had not spoken at all in the first WFI, but described how she very gradually got more talkative until by the sixth she 'treated the IBPA as a friend', and talked to her about her family.
- **Case example B:** a young woman attended the first and second WFI with her social worker, but by the third was able to attend on her own. The IBPA felt that this was a significant achievement.

³⁸ Ibid, Chapter 2.

IBPAs also gave examples of customers who had moved from not being ready or willing to consider receiving help and support through to being ready to consider work, or actually entering work. Longer-serving IBPAs tended to have more examples of this type of movement than newer IBPAs, because this type of progression was often described as taking time, and involving a number of stages and sometimes setbacks.

The face-to-face work that IBPAs themselves carried out with customers appeared important in moving customers from not being ready or willing to receive help and support to being ready to receive it. However, once customers had reached this point, IBPAs gave the impression that successful referrals played an equally important role in moving customers closer to work. The types of interventions used here are discussed in Section 5.2.2. As stated in the introduction to this section, it is important to put these findings in the context of those from the first longitudinal panel study of IB customers, which found that customers' own health trajectories and personal circumstances were also explanatory factors for progression, or the lack of it.

Figure 5.5 **Examples given by IBPAs of customers who progressed from 'Point A' (not yet ready or willing to consider receiving help or support to overcome initial barriers) into work**

- **Case example C:** a male customer in his thirties was described as having 'serious' depression and asked the IBPA at the first WFI for support in applying for DLA. She decided that she would call him in for further WFIs, and by the third he had decided to try the CMP. The customer had his fourth WFI near the end of his involvement with the CMP, and told the IBPA that he saw life from a different perspective and was ready to think about work. By the fifth he had found a job, and the IBPA helped process his RTWC application.
- **Case example D:** a female customer was described as being in 'a hell of a mess' at the first WFI. She had recently suffered two bereavements and a relationship breakdown. The IBPA described how she had cried through the interview and did not appear to be registering anything the IBPA was saying. By the second WFI she seemed to be listening, and by the third said she had decided to try the CMP. After a few weeks she contacted the IBPA and said she wanted to return to her old employer, but for fewer hours per week. The IBPA put her in touch with In-work Support, who supported her in her negotiations with the employer.

Figure 5.5 Continued

- **Case example E:** a female customer was brought to the first WFI by her husband, who spoke for her and said she had been afraid to leave the house. By the third she was able to come on her own and by the fourth had taken up computer training and agreed to attend the CMP. The Jobcentre at which she had been seeing the IBPA then closed down. When it was reopened she was called in for another WFI and the IBPA discovered she had since experienced a loss of confidence and stopped attending the CMP. They talked about it, and the customer agreed to give it another try. She stuck with it and when her sessions had finished moved onto a Job Broker and is currently working 30 hours a week.

5.2.4 Customers who suffered setbacks

IBPAs gave many more accounts this time of customers whose progression had not been simply linear, but had ebbed and flowed. A number of types of setback were described, these are set out below:

- **Customers who had moved into work, but found that they had taken on too much, and had to stop or reduce their hours:** according to IBPAs this situation tended to occur when the customer had pressing financial imperatives for returning to work, and insisted on taking up more hours than either the IBPA or, where relevant, CMP provider, thought that their health permitted them to.
- **Customers who felt unable to continue in work once their period of Permitted Work ended:** IBPAs said that customers who fell into this group did not feel physically able to increase their hours, and felt that once they lost their IB, working a small number of hours was not financially worthwhile.
- **Customers who left work once the RTWC period ended on the grounds that it was no longer financially viable:** as described in Chapter 4, IBPAs had very few such examples, and felt on the whole that RTWC customers were staying or were likely to stay in work at the end of the RTWC period.
- **Customers who experienced a significant setback to their physical condition following contact with the pilot:** IBPAs said that in some cases customers were forced as a result of a physical setback to withdraw temporarily from any progress they had made. One IBPA gave the example of a customer who was about to return to work, but then suffered 'serious' back spasms. As a result she was put on a waiting list for an operation and did not think she would be able to return until she had had the operation.
- **Customers who experienced setbacks due to the onset of adverse personal circumstances:** the types of cases mentioned here were customers whose progression was hindered by the onset or aggravation of personal problems; examples were given of customers who had stopped attending the CMP or other services because of relationship breakdown, or bereavement.

- **Customers who were making progress, but who then failed their medical and were no longer eligible for help and support:** IBPAs across several pilot areas had examples of customers this had happened to, and expressed their frustration that the progress they had made with these customers was unravelled as they became embroiled in appeals or, if the appeal failed, were no longer eligible for help and support. A particular concern amongst some IBPAs was that where medicals were taking place later than when they were supposed to, customers were failing **because** they had been significantly helped by services such as the CMP.

The extent to which IBPAs felt able to anticipate and tackle such setbacks varied. In relation to the first three, it was described in Chapter 4 how In-work Support was still in its very early stages, and only known about and used by some IBPAs. It seems likely that once this support is up and running and more widely used, it will have a role to play in preventing these types of setbacks.

In relation to customers who failed their Personal Capability Assessment (PCA), some IBPAs said that they would make a point of seeing the customer and talking them through their options. Beyond this, however, there was a sense that IBPAs felt there was little that they could do. Some called for PCAs to happen at either at an earlier or later point in the process, to prevent the type of unravelling of progression described above.

5.3 Characteristics of customers less likely to progress

Key findings from Stage One

At stage one, IBPAs talked about the following main customer groups as being particularly difficult to progress:

- those perceived to have 'moderate to severe' mental health conditions;
- long benefit histories;
- misusing drugs or alcohol;
- complex or multiple problems;
- caring responsibilities;
- awaiting medical treatment or assessments (not yet come to terms with their condition).

All these groups were again described at this stage of the research, showing that IBPAs had continued to find them often more difficult to progress. The exceptions were those customers awaiting medical treatment who, as Chapter 3 describes, IBPAs commonly felt confident about deferring. A further four groups were also mentioned this time, namely non-English speaking women, customers who appeared

to be practising fraud, customers who IBPAs felt that they did not 'connect with', and customers with serious physical conditions who wanted to move on, but who faced large barriers.

Four qualifiers are important for this section. First, it is difficult from IBPA accounts alone to disentangle the extent to which customers in these groups *were* difficult to progress versus the extent to which some IBPAs **expected** to find them difficult to progress. We do know that the extent to which IBPAs were prepared to persist with such customers varied, suggesting that some had stronger preconceived ideas than others. Second, IBPAs were often keen to emphasise that there could be exceptions within these groups who did not fit the more usual pattern and who did progress; again, the extent to which IBPAs were prepared to try to work with them was a critical explanatory factor.

Third, whilst some customers in these groups were reportedly against the idea of working, in many more cases feelings were reportedly more complex or mixed, with customers saying, for example, that they would like to work, but felt that the barriers they faced were insuperable. This is borne out by the customer research³⁹, which included customers who said that they would like to return to work, but felt that barriers such as the constraints of their health condition, debilitating effects of medication, priorities in caring responsibilities, lack of qualifications, age and low skills posed insuperable barriers, even after several WFIs. Finally, not all IBPAs are equally skilled or completely comfortable in their role and therefore their own skill level is likely to have some impact on progression.

5.3.1 Customers perceived to have 'moderate to severe' mental health conditions

Like last time, the extent to which IBPAs felt able to work with these customers varied significantly, and depended on their perception of the 'seriousness' of the customer's condition, their willingness to engage and the confidence of the IBPA. A further factor was whether the customer was receiving other support such as counselling or psychiatric care; where they were, IBPAs often said that they would defer. Overall, it was evident that whilst some IBPAs were prepared to persist with people in this group, others felt that waivers or deferrals were appropriate, worrying that they could unwittingly do damage to a customer.

Some of the IBPAs who did persist said that they sometimes found it very difficult to get customers in this group to open up, particularly people who they felt saw their depression as a personal failure, or to consider any of the referral options they had on offer. Several said that they felt out of their depth, and were not trained to go as 'deeply' into the customers' problems and thought processes as they felt they needed to go in order to instigate change. However, they also gave examples, as described in Section 5.2, of customers in this group who did make progress; key

³⁹ Ibid, Chapter 4.

explanatory factors seemed to be an empathetic and understanding IBPA, timely advice from 'experts', for example, CMP providers or Work Psychologists (WPs), customer willingness to move forwards and making use of appropriate referral options. The cognitive behavioural therapy element of the CMP was mentioned as being particularly valuable for this group.

5.3.2 Customers near to retirement age

Like last time IBPAs said that some customers in this group could be very hard to move on, particularly where they had been retired due to ill health from their previous job. Customers in this group reportedly often said to IBPAs that if they were to return to any job, it would be their old one. They also reportedly felt that accepting help such as retraining on work experience would not be worthwhile, because of barriers such as age, health condition and ability to learn new aptitudes. IBPAs were often sympathetic to customers in this group, feeling that their reasons for wanting to remain on IB were entirely legitimate. In particular, IBPAs often felt that it was '*not worth*' discussing alternative career options, particularly if they were only due to be in work for another one or two years. Some IBPAs waived these customers if they were certain that they did not want to return to work. Others persisted but gave the impression that both parties paid mere lip service to later WFIs; e.g., they were conducted over the telephone, or consisted mainly of 'talking about the weather'.

5.3.3 Customers with a long benefit history

IBPAs again often said that customers with a history of moving between JSA and Income Support could be difficult to move on. In particular, IBPAs often felt that these customers had come onto IB with the specific purpose of avoiding being required to actively look for work. They said as a result that these customers were therefore likely either to refuse all the options offered to them or conversely take them up, but with no intention of ultimately looking for work. The customer research included some customers in this broad category, who appeared doubtful about the helpfulness of what they were told about by the IBPA on the basis of previous experiences of Jobcentre contact or services⁴⁰.

Some IBPAs said that they had seen a lot of young people who fell into this category, and in general were impatient with this group; one IBPA, for example, described them as a 'waste of space', another as 'earning damn good pocket money'. In addition, some mentioned adopting a 'stricter' approach with these customers, which raises the interesting question of whether this stance in turn hardened customers' attitudes towards the process. A final reaction to this group was that some IBPAs said that they would waive or defer these customers on the grounds that it was more important for them to focus on customers who wanted their help.

⁴⁰ Ibid, Chapter 2.

5.3.4 Customers with drug or alcohol problems

Like last time, IBPAs often felt that this group could be difficult to progress, the grounds that their lives were often perceived to be to be insufficiently stable or predictable for them to attend regular work-focused interviews, or access training and support. However, as with other groups customer **willingness** to move forwards was often seen by IBPAs as key, and examples were given of customers in this group who had been helped to move forwards through the help of specialist services, e.g., Progress to Work.

A lack of local drug or alcohol services, or long waiting lists for services was cited as a problem in several areas. IBPAs said that there was little that they could do for these customers prior to their receiving specialist help, but that the waiting lists for these types of services could be as long as eighteen months.

5.3.5 Customers perceived as having 'complex' and 'multiple' problems

IBPAs said that some customers were facing a range of social problems in addition to their health, which IBPAs felt meant they faced particularly tough obstacles to progression. Examples included customers who had recently experienced or were experiencing bereavements, serious family problems, relationship breakdowns, abuse or homelessness. Some were also reported to be misusing drugs and alcohol.

There had been some successes with this group, CMP often being at the heart (see Section 5.2). However, IBPAs also said that they saw customers in this group who would not take up any of the referral options they mentioned, because they said that they did not feel ready, or needed more time. There were also instances cited of customers in this group who had been referred to CMP but deemed inappropriate and referred back to the IBPA; in these cases, the IBPA found it difficult to know what to do next.

5.3.6 Customers with caring responsibilities

Customers with caring responsibilities were described as falling into two main groups. The first group consisted of those who were caring for spouses or elderly relatives. The second comprised lone parents. Customers in both of these groups were said to be difficult to move on, because they regarded their caring responsibilities as the primary priority.

In the case of lone parents, IBPAs reported a common priority of customers to wait until their children had reached 16 before considering a return to work. However, IBPAs also described having met lone parents who came onto IB with depression *once* their children had turned 16. These customers had been out of the labour market for years, or never worked, and reportedly lacked confidence in their ability to enter it. Key barriers to moving this group on were lack of labour market experience but above all low self-esteem and confidence and related nervousness or reluctance about taking up referral options. However, instances were cited of

customer in these groups who had been helped to move on from not being ready or willing to consider receiving help or support to overcome barriers through to receiving help and support, or even moving into work.

5.3.7 Cultural/language barriers

A group mentioned commonly in one area in particular were older Asian female customers who, according to IBPAs, often spoke little English and came from communities where female work was not regarded as the cultural norm. IBPAs said that if these customers were unwilling to take up the option of English classes, there was very little that they could do to move them on. Some said that they would waive or defer these customers after the first WFI. Interesting questions here are the extent to which these customers understood why they were being interviewed at the Jobcentre, and whether they had any cultural or linguistic issues that were not addressed by their contact.

5.3.8 Customers suspected of committing benefit fraud

A number of IBPAs said that they had seen customers who they strongly suspected of committing benefit fraud, e.g., a 'known drug dealer' in a local area, or 'an ex-mechanic with dirty hands'. These customers were usually reported as being unenthusiastic about the WFIs, and reluctant to take up any of the options the IBPAs talked about. However, interestingly, there were also IBPAs who suspected customers in this group were taking up referral options such as the CMP because they thought they had to, or because they thought that a show of cooperation would help to keep the Jobcentre 'off their backs'. Some IBPAs said that they would defer these customers, on the grounds that they were a 'waste of time', and that they were better off focusing on others. Others said that they continued to see them on the grounds that they did not think that these customers should be 'let off the hook' but said that little progress had been achieved.

5.3.9 Customers who 'did not engage'

There were several instances where IBPAs talked about having customers who had failed to engage with the WFIs for reasons that were not entirely clear to them. One IBPA, for example, talked about a customer who refused all referral options and was adamant that he wanted to deal with his depression 'in his own way'. Examples were also given of customers who IBPAs felt had failed to 'connect' with the WFI process, or whose barriers were difficult to get to the bottom of. Without hearing the customers' side to these accounts it is difficult to say why this was occurring. IBPAs felt that a possible reason was that the customer failed to engage with them, and thought that perhaps in some of these instances referral to another IBPA might be appropriate. It also seems possible that some of these customers required a more in-depth exploration of their issues than IBPAs were able to perform, given their time constraints and skills (see also Section 5.4).

5.3.10 Customers described as having 'serious' health conditions

Different again were a group described by IBPAs who reportedly wanted to work, but who faced major barriers to re-entering the labour market or even in some cases support services such as the CMP. This was due to the severity of their health condition, which had either been evident at the first WFI, or developed since; examples here included serious physical impairments or illnesses. Whilst IBPAs described some examples of successes with these customers (see Section 5.2), they also spoke of having seen customers in this group who had not moved on. They said that employer attitudes could also be a significant barrier, because they were reluctant to take on customers who they felt might need significant amounts of time off. There were also examples where IBPAs said that customers in this group had been 'returned' to them by services such as Job Brokers or CMP on the grounds that their conditions were felt to be too serious for them to work with the customer.

5.4 Key factors accounting for levels of progression

As at stage one, IBPAs emphasised that customer attitude was one of the most important explanatory factors for progression, particularly the extent to which they were willing to engage with the WFI process, and consider options mentioned by the IBPA with a positive and open mind. This finding is corroborated by the customer research, which found that those who responded most positively to the WFIs were those who were motivated to get into work in the short term, and those for whom work was an aspiration in the future, though not immediately⁴¹. As at stage one IBPAs felt that customers' relationships with health professionals could in some instances have a detrimental affect on attitudes, particularly if their General Practitioner (GP) had told them that they were not suitable to work, or if passing their PCA reinforced already established beliefs about their abilities.

However, it was also evident that IBPA behaviour and practice could affect customer attitude; some of the examples of progression described in Section 5.2 showed that customers were able to progress even where they had started out with a more negative attitude towards the idea of receiving help and support to move on. This again chimes with the first longitudinal panel study of customers, which found that the views of customers who were not initially thinking about work could change over time. Below, the IBPA-related factors accounting for progression are discussed.

⁴¹ Ibid, Chapter 4.

5.4.1 **IBPA attitudes and skills in moving on customers not ready or willing to consider receiving help or support to overcome initial key barriers to work**

In relation to IBPA attitudes and skills, it is helpful to refer to the progression diagram in Section 5.2. IBPAs unanimously wanted to work with customers who were ready to consider receiving help and support to overcome key barriers, although the suitability and success of this work appeared to depend on IBPA skills and confidence around referrals, and customer circumstances.

The extent to which IBPAs were willing to persist with customers who were initially not ready or willing to consider receiving help and support to move forwards on the diagram varied significantly however, as described in Chapter 3. Where IBPAs felt that they **should** persist with this group the rationale was that early reluctance around taking up support might transform, at later WFIs, into willingness to consider moving forwards. These IBPAs argued that it could take a considerable period of time for the options available to 'sink in', or for a customer to change their stance towards accepting support, and tended to emphasise the importance of building up trust with the customer over a period of time.

Attitudes towards working with these customers were not generally related to the amount of time IBPAs had been in the role, with both older and newer IBPAs displaying the behaviour described above. However, it was noticeable that the very new IBPAs were the least likely to 'write customers off' at early WFIs.

A further issue is the extent to which IBPAs had the requisite skills to move these customers forwards in the early WFIs. Two aptitudes were felt to be particularly important here; the first was the ability to empathise with the customer, and gain their trust and confidence. The second was the ability to 'get to the bottom' of a customer's issue and barriers, in order to be able to respond appropriately with suggestions. IBPAs did not tend to express doubts about their ability to do the former although, as described above, some questioned whether they always succeeded in 'hitting it off' with all of their customers. That IBPAs were generally successful in this area is confirmed by the findings of the customer research⁴², which reported that IBPAs were broadly spoken of very positively. However, there were some IBPAs who questioned whether they were always able to do the latter, particularly when the customer appeared to face particularly complex barriers, or where the IBPA felt that external factors such as their workloads or the interview setting (see Section 5.4.3) acted as a hindrance.

Some argued that in order to really understand these customers' attitudes and motivations they would need more time; others felt that this task perhaps did not fall within their remit at all, and was the remit of psychologists or counsellors. Again, both older and newer IBPAs expressed these views, although interestingly longer-serving IBPAs were more likely to express concern about their ability always to get to

⁴² Ibid, Chapter 2.

the bottom of customers' issues and barriers, perhaps suggesting that these IBPAs' self and customer-awareness had enhanced over time. A further factor affecting the strength with which IBPAs expressed this issue was the extent to which they felt they had access to support and advice around dealing with customers, e.g., case-conferencing. As described in Chapter 2, this varied between areas.

The data from WPs chimed with IBPA accounts on this issue. Their feeling was that whilst generally IBPAs were skilled and dedicated, there were variations in the quality of IBPA interviewing skills, and more training was perhaps needed around working with customers with 'can't do' attitudes. IBPAs themselves also sometimes called for more training around working with these customers, as well as those with more serious mental health conditions.

5.4.2 IBPA workloads

A further factor affecting IBPA ability to move customers forwards was IBPA workload size, particularly in relation to caseload numbers and amounts of time devoted to procedural, administrative and additional, non-IBPA tasks, described in detail in Chapter 2. IBPAs who had been in post for some months raised this issue in particular. Possible explanations for this were that workloads had increased in real terms over that time, but also that IBPAs were becomingly increasingly aware of the ways in which the demands of their workload were impacting on their performance with customers.

Some IBPAs felt that the size of their workloads worked against their being able to spend the time and effort that was required to work with customers who were initially not willing to consider receiving help and support to move forward. There were two key issues here, usually related. The first was that IBPAs felt that these customers often required time, and a peaceful non-interrupted environment; their ability to provide this, however, could be restricted by the size of their caseloads and the need to perform additional duties, e.g., answer telephones during the WFIs. Second, IBPAs said that work with these customers required intense concentration and listening skills, and could also be emotionally draining. As a result, they expressed concern that the sheer number of WFIs they were expected to do in a day could lead to fatigue, which in turn could affect their ability to pick up on the signals of these customers and respond in the right way. Some IBPAs went further, and said that their workload could lead to lack of concentration or even 'compassion fatigue', which affected their ability to demonstrate empathy and pick up on signals. These findings reverberate with the perception amongst some customers from the customer research⁴³ that their IBPAs were 'going through the motions' or appearing to the customer to be 'reading off a script'.

⁴³ Ibid, Chapter 2.

Heavy workloads were also sometimes talked about as a barrier to working with customers who were prepared to receive help and support. IBPAs said, for example, that they would have liked more time to follow up on referrals, or even visit customers at service providers, e.g., WORKSTEP, but that they lacked the time to do so. However, this was often seen as a less serious issue, particularly when the IBPA expressed confidence in the service provider's abilities to work positively with their customers.

5.4.3 Interview location

A further issue, which was raised this time by some IBPAs as a factor affecting progression, but not at Stage One, was the location of the WFIs. When this was mentioned it again tended to be by IBPAs who had been in post several months or more, suggesting that awareness of this issue increased over time. This subject is covered in more detail in Chapter 3. In brief, IBPAs who felt that they worked in a location which lacked privacy, or which was subject to interruptions such as movement, overhearing other conversations and ringing telephones sometimes expressed concern about their ability to give customers who they felt require time and intense concentration what they needed.

5.4.4 IBPA referral behaviour and referral options

There were two key factors affecting the extent to which IBPAs were able to progress customers from the point at which they were willing to consider receiving help and support to move forwards. The first was IBPA skills and knowledge in relation to referral options and making referrals, the second the availability and quality of suitable referral options.

These issues are not described in detail here, because they are covered fully in Chapter 4. However, a number of issues are important to note in brief. Overall, it was evident that the knowledge and skills of IBPAs in the first pilot areas had increased significantly since Stage One. IBPAs in the newer pilot areas demonstrated more knowledge and confidence around making referrals than IBPAs in the older pilot areas had been at a similar stage, suggesting that training, relationships between IBPAs and providers, and dissemination of information about providers could be working better since the early days of implementation.

However, there continued to be disparities in referral practices both between areas and between individual IBPAs within the same areas, suggesting that customers with very similar barriers and proclivities might still receive contrasting suggestions and referrals depending on which IBPA they saw. Again, these issues are covered in detail in Chapter 4, to sum up they were:

- The extent to which IBPAs were aware and making appropriate use of the full range of referral options available to them, versus predominantly using 'old favourites'. The extent to which referrals were 'customer-led' versus IBPA-led. Findings from the customer research showed that customers preferred information that was relevant, timely, responsive, personalised, and which emphasised the voluntary nature of participation in services⁴⁴.
- IBPA confidence levels in referring to programmes such as CMP and in 'selling' such programmes to the customer. There were some examples in the customer research of customers who had misunderstood what IBPAs had told them about a service, and not taken it up as a result⁴⁵.
- The existence of strategies to reduce the barriers to customers taking up referrals, e.g., CMP or Job-broker presence in Jobcentres.
- The availability of appropriate and accessible referrals options within the customers' vicinity; several key gaps were described, as covered in Chapter 4.
- IBPA perceptions of the quality of local service provision, which affected their likelihood of making referrals.
- The extent to which IBPAs received feedback from services they had referred to, where required, and proactively sought this feedback.

The implication of these disparities is that whilst some customers were apparently receiving timely and appropriate referrals, others were perhaps missing out, or accessing services that might not be the most appropriate for their situation. It is difficult to say anything more concrete about this from the IBPA evidence, because the majority of the examples IBPAs gave were of customers who had moved on through contact with a provider. Only rarely were less successful examples talked about, for example, customers who had been 'returned' to the IBPA from providers such as CMP or customers who had had negative experiences at Job brokers. However, it was evident from IBPA accounts that a significant proportion of customers fell out of contact with the IBPA for the time they were in touch with a service, and therefore that IBPA knowledge about progression and its sustainability was limited.

There was also some data on this issue from WPs. Whilst they felt that on the whole IBPAs were making good and appropriate referrals, they said that workloads, working environments and lack of requisite skills in working with very reticent customers could limit the extent to which they were able to pick up on cues and make appropriate referrals. One WP also expressed some concern about the extent to which referrals were made with a view to getting customers to focus on 'work goals'. They were concerned that, without this focus, customers might enjoy contact with the service provider, but not necessarily move forwards as significantly as they could.

⁴⁴ Ibid, Chapter 2.

⁴⁵ Ibid, Chapter 3.

5.4.5 Presence or absence of external barriers to moving into work

Finally, as at stage one, IBPAs said that the presence or absence of external barriers could affect the extent and speed at which customers were able to move forwards. The key ones mentioned were:

- **Length of NHS waiting lists:** as at stage one, IBPAs said that customers awaiting significant tests or treatment were unlikely to move on until after they had had their appointment or surgery. This could mean a delay of several months. These customers were often deferred, see Chapter 3.
- **Local labour markets and transport issues:** IBPAs working in rural communities or small towns in two of the older districts and one of the newer pilot areas 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 work. This in turn was felt to be a barrier, as IBPAs said that customers rarely had cars, and that public transport was often expensive and also in some cases arduous, particularly for customers with mobility problems. One IBPA in a newer pilot district, e.g., said that most of the available employment was in a large town several miles away, which could take between an hour and an hour and a half to access by bus.

5.4.6 Summary table

The table below sums up the ideal set of IBPA circumstances permitting customer progression, based on the findings in this chapter. The extent to which these factors were already in place varied between individual IBPAs and areas. Importantly, they chime closely with the findings from the customer research⁴⁶ which suggested that IBPAs could achieve results by persisting with customers who appeared at first reluctant to engage and that customers responded well to IBPAs who adopted a supportive, responsive, personalised, and empathetic approach.

⁴⁶ Ibid, Chapter 4.

Figure 5.6 IBPA-related factors facilitating customer progression

Progression from 'Point A' onwards (not yet ready or willing to consider receiving helping or support to overcome initial key barriers)

- IBPAs willing to persist with the customer over several WFs.
- IBPAs adopting an empathetic, friendly, tailored and non-judgemental approach.
- Early focus on finding out 'all about' customer, to demonstrate interest in the customers and permit holistic approach.
- Conducting interviews in peaceful, non-interrupted environment, IBPAs allowed to focus entirely on the customer.
- Allowing sufficient time for these interviews.
- IBPAs feeling 'fresh' (rather than fatigued and overburdened with other tasks).
- Additional training for IBPAs in exploring issues and barriers in more depth, and working with reticent customers.
- Having ready access to regular advice and support (e.g., by phone contact, through case-conferencing).
- IBPAs feeling that they have 'permission' from Jobcentre management to work with these customers as well as with the 'quicker wins', who achieve faster job-entry.

Progression from 'Point B' onwards (prepared to receive help and support in overcoming barriers)

- IBPA personal approach with customer as above.
- Referrals made in responsive, personalised and customer-led way.
- Services described to customers in accurate and positive way.
- 'Barriers' to attendance on programme reduced where possible by customer contact with service provider pre-referral.
- Customers encouraged to enter service provision with goal in mind.
- IBPAs given feedback from service providers about quality of referrals and customer progress, to improve IBPA confidence around making referrals, and knowledge of what different service providers can achieve.

5.5 Chapter summary

The way that IBPAs talked about customers suggested that they fell into four groups at entry point to the WFIs:

- **Point A:** not yet ready or willing to consider receiving help or support to overcome initial key barriers to work.
- **Point B:** not yet ready to work, but prepared to receive help and support to overcome some initial key barriers.
- **Point C:** considering work, and prepared to receive help and support to bring them closer.
- **Point D:** ready to work, not in need of significant help or support to move into work.

IBPAs felt that their relationship with the customer could be critical in helping them move customers from not being ready or willing to consider receiving help and support to being ready or willing, particularly the extent to which they were empathetic, supportive, and understanding. Successful referrals to other services were often attributed with success in moving customers forwards from the point at which they were ready to consider receiving help and support through to being ready to consider work, or entering the labour market.

Customers who entered the WFI process wanting to work and/or wanting to receive help and support to bring them closer were unsurprisingly seen as the easiest to work with and achieve results. However, importantly, IBPAs gave examples of customers falling into this category who they felt had been helped considerably by the options available under the Pathways to Work pilots, and might not have moved into work without them.

Customers who entered the WFI not ready or willing to consider help or support to overcome barriers were seen as harder to work with, and some IBPAs described how they would waive or defer these customers. However, IBPAs also gave many positive examples of customers in these groups who they **had** seen progress. These examples suggested that persistence could be very beneficial, because customer circumstances and attitudes could change significantly over time, and could be positively influenced by contact with the IBPA and with other services.

There was evidence that in order to work more effectively with these customers, IBPAs would benefit from further training and support (particularly around 'getting to the bottom' of complex cases), 'permission' from management to persist with these customers (as opposed to concentrating on the 'quick wins') and enough space in their schedules to give these customers time and attention.

6 Conclusions

6.1 Discussion of main findings

A key question in evaluating the role of the Incapacity Benefit Personal Advisers (IBPAs) is the extent to which they are able to play a role in moving customers towards and into work who, without their intervention, would not have moved forwards at all or as quickly. Last year's report identified two main groups of customers here:

- **'Quick wins'**: these were customers who the IBPAs felt were fairly close to work when they contacted the IBPA, and were likely to be voluntary. They were often – but not always – new customers. These customers did not usually require extensive advice and support from the IBPA, but did take advantage of the financial incentives on offer from the IBPA and, in some cases, from Job Broker services. The impression given was 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) was often important.
- **'Slower burners'**: these were customers who according to IBPA descriptions were further from work, and either needed help and support to get them into work, or help and support to overcome some of their early barriers to work. These customers were typically described as being Incapacity Benefit (IB) customers who were required to participate in the mandatory work focused interviews (WFIs). Voluntary customers could also fall into this group however – for example, voluntary customers who were interested in the idea of moving forwards, but who felt they needed help and support, and contacted the IBPA for this support. These were the customers who IBPAs feel would be less likely to move forwards without their support.

There is additional evidence on this subject this year, as a result of the fact that that IBPAs had seen more customers, and had more experience of working with customers over the course of the six WFIs. Specifically, it is possible to break the category of 'slower burners' into three main groups:

- **Group 1, customers who enter the WFI keen to work, but who require advice and support (other than financial incentives) to get there:** these are often, although not always voluntary customers. IBPAs enjoy working with them, because although they can present a 'challenge', they also often achieve a result. Signposting them to appropriate advice and support is a key part of the IBPA role. The impression given is that this group often progresses into work, although the length of time this takes can vary.
- **Group 2, customers who enter the process without feeling ready to go back to work, but who are willing, early on, to consider accessing help and support to overcome key barriers:** these are usually mandatory customers. Appropriate signposting to advice and support is again key. The impression given is that these customers can take longer to progress than those in the first group. Progression can be into work, but is sometimes – at the end of the WFI process – towards being closer to work, and sometimes towards an earlier 'milestone', such as feeling more confident.
- **Group 3, customers who enter the process not ready or willing to consider receiving help and support to overcome initial key barriers:** these are generally regarded as more 'challenging' customers who can require intensive 'ground work' from IBPAs in terms of building up their trust, and understanding their motivations and barriers. If a customer in this group becomes willing to consider receiving help and support, signposting appropriately is important. IBPAs report that it can take several WFIs to build up a customers' trust and for their attitudes towards receiving help and support to change. These are therefore typically customers who require longer interventions, and in some cases commitment and persistence on the part of the IBPA. Progression can be into work, but also can be towards being closer to work, or towards an earlier 'milestone'. Sometimes more than six WFIs are needed to achieve progression.

Research with customers has also found an additional group of customers who are unwilling to participate in the pilots and resistant to the process. As seen in earlier chapters the IBPAs have also encountered customers with similar stances. These customers pose a significant challenge to the Pathways to Work pilots and currently IBPAs appear to be taking three main approaches to this group. They reported either using waivers and deferrals to manage these customers out of their caseloads; continuing to see the customers but reducing the number of WFIs, or contact time where they are resistant to allow them more time to spend with other customers; or, following the normal WFI process.

A pivotal question raised by last year's report was the extent to which IBPAs were able to move the 'slower burners' towards and into work; at the time fieldwork was conducted, accounts suggested that the most typical movement of these customers was in overcoming initial early barriers to work or being closer to work. This year, as described in detail in Chapter 5, the evidence is encouraging. IBPAs are able to give examples of customers in all of three groups who have progressed – including into work – who they feel were aided by the help and support available through the

pilots. This suggests that the pilots have 'added value' for a wide range of customers, from voluntary customers who are motivated and helped to overcome key barriers through IBPA support and referrals through to customers who are a long way from work, who benefit from an empathetic, interested and tailored WFIs and, where relevant and appropriate, fitting referrals.

The overall impression, however, is that whilst individual rates of progression vary dramatically, on the whole the amount of time and resources required to move customers in **Group 3** forward is greater than for **Group 2** and particularly **Group 1**. They can also require more than six WFIs. At the moment, there appears to be lack of clarity amongst some IBPAs in relation to the extent to which they should be focusing on **Group 3** profile customers as opposed to those who are closer to work, for whom, as this research has shown, the pilots do have added value. As described below in relation to targets, some are tempted to concentrate their time and resources on the customers who are closer to work. However, it is evident from this study and the customer research that working intensively with those who are not initially willing to consider moving forwards can achieve significant – albeit rarer – results.

Overall, there were two broad groups of IBPA related factors described as affecting the progression of customers in the groups described above:

- **IBPA interviewing skills and approach to their work:** this research has shown that IBPAs are a largely dedicated group who are proud of the work that they do. They feel that they have the ability to 'make a difference' to their customers, and that they have more latitude to do so than other Jobcentre colleagues on account of the greater variety of referral options available to them, their ability to exercise discretion – for example, around waivers and deferrals – and, perhaps most importantly of all, the fact that they typically regard their work as customer-led. The values imbued in the training appear to have been digested and retained, with IBPAs emphasising the importance of listening and responding to customer cues and tempering their pace and approach according to customer needs.
- **IBPA skills levels in relation to referrals:** in addition, there is evidence this time around of an increased appreciation amongst IBPAs of their role as 'signposters' to appropriate elements of the Choices package, and of improved knowledge and confidence around its use. This was both amongst IBPAs in the early implementation areas and newer IBPAs in the later implementation areas, in comparison to new IBPAs interviewed last year.

However, it is important to ensure that external factors (such as changes in customers' lives, for example) are also recognised as playing a role in progression when it happens as detailed in the first report on the customer study. IBPAs may have little effect or role to play when the context of a person's life changes outside of the pilot.

This said, IBPAs reported success rates in progressing customers, particularly those further from work, appear to differ by individual IBPA. In particular, there are variations in the extent to which IBPAs are willing to persist with more 'difficult' customers, and feel they have the skills, ability and 'permission' to do so. The remainder of this section discusses the key areas affecting IBPA work in this respect, and makes recommendations relating to each.

- **Targets:** IBPAs often gave the impression that they were more aware of job-entry targets this year, perhaps because of an increased importance attached to them by Jobcentre managers. In addition, some IBPAs are now aware of having to meet personal targets, both in terms of job-entries and referrals to specific elements of the Choices package, such as the CMP. Some are unconcerned by this, even feeling that their targets are less onerous than those of Jobcentre colleagues, and are continuing to work according to the ethos their training, following a customer-led approach, and devoting resources to customers who are further from work as well as those who are close. In other cases it seems that IBPAs are being influenced by targets, for example by devoting more resources to those with whom they feel they can achieve an 'early result', and in some cases adapting the way they present the referral options to customers to make them seem more attractive.

There seems a danger that if too much weight is placed on early job entry targets, IBPAs might feel encouraged to focus on the 'quick wins' versus those who really benefit from the pilots. There is also a danger, if elements of the 'Choices' package are 'mis-sold' to customers prior to referral, that customers could feel on contact with the services, that their expectations had not been met. It seems important that IBPAs feel they have permission from Jobcentre managers to persist with customers who are further from work and/or who require more intensive advice and support, and that their work with these customers is recognised and valued. In particular, it might be helpful to convey to IBPAs that they are expected to have a mixed caseload in this respect. In addition, it seems that some IBPAs would benefit from training around how best to describe the various elements of the 'Choices' package to customers.

- **IBPA workloads and capacity:** this report has described how IBPA workloads have apparently increased since last year in relation to the number of WFIs they are expected to carry out, levels of administration associated with aspects of the pilots, and, in some cases, the encroachment on their IBPA role by other, general Jobcentre tasks such as floor-walking and answering phones. IBPAs often appear to find their workloads onerous, and suggest that heavy workloads can have an adverse affect on the quality of their work with customers. In particular, they express concern that: they can on occasions feel fatigued during WFIs, which can affect their ability to listen carefully and pick up on cues. Some also express concern about their ability to work with voluntary customers, including those who wanted to continue contact after the six WFIs.

It appears that whilst on the one hand IBPAs are being asked to conduct sensitive and intense work, with a specific interviewing approach, on the other they are often expected to 'muck in', and conduct as many interviews per day as other Jobcentre staff. There seems to be a need for a clear recognition that the IBPA role is challenging, highly-skilled and sometimes draining, involving interviews which cannot be 'number-crunched' but which are often intense and sensitive. This suggests a need for the IBPA role to be clearly ring-fenced, and for a 'cap' to be set on the number of interviews IBPAs can do per day before their quality is affected; on this evidence, any more than five or six appears too many.

- **Emotional demands of the role:** it is clear from these findings that the pride IBPAs feel in their work often goes hand in hand with its emotional demands; in essence, they often feel that they are putting a lot in order to get a lot out. However, it seems that occasionally the emotional demands can be too high. In particular, some IBPAs talk about finding it difficult to get harrowing stories out of their mind, and worrying about whether they respond to them effectively. Others talk about experiencing 'compassion fatigue', whereby they have heard so many distressing stories that it can become difficult, when they are tired, to take them in or pick up on the right cues.

The emotional demands of the role appear to be further evidence in favour of ring-fencing the role, and placing a cap on the number of interviews IBPAs are expected to do per day. It is also striking that at the moment, IBPAs rely on each other informally for emotional support. Setting up a formal system (e.g., access to external counselling or more regular case-conferencing) seems important; IBPAs should be consulted about what format they would find most helpful.

- **IBPA skill and confidence levels:** this report has described how IBPAs can be very influential in terms of positively influencing customers who are far from work at the first or early WFIs, in particular the extent to which they are able to be empathetic, take a holistic approach, get to the bottom of complex issues and barriers and pick up on subtle cues. The extent to which IBPAs feel equipped to work with these customers – particularly those who appear reluctant to take up help or support, or who present particularly complex issues and barriers – appears to differ however. This evidence is backed up by work psychologists, who feel that the quality of IBPA interviewing skills vary and that IBPAs would often benefit from more support around working with customers with 'can't do' attitudes.

The current systems of case-conferencing with work psychologists, Job Brokers and CMP providers are valued, and these could be used regularly in every pilot district. It seems that work psychologists might also play a greater, and valuable, role in terms of running ongoing training sessions for IBPAs covering tactics for dealing with customers who are harder to engage, picking up on cues, and understanding complex cases. Occasional one-on-one work psychologist training with IBPAs might also be valuable; e.g., by listening in to interviews, and giving constructive feedback.

- **IBPA referral behaviour:** IBPAs skills and confidence around referrals are critical; this study has shown how providers such as the CMP, Job Brokers and others can play a pivotal role in progressing customers. On the whole, IBPA knowledge and practice appears to have improved significantly since last year. They appear better informed about what the different providers can do, and, as a result of having made more referrals, have more experience and knowledge to draw on. This said, there is still evidence that referral practices vary between individual IBPAs, in particular in relation to the extent to which they are 'customer-led', whether they are using the full range of referral options and the extent to which they follow up on referrals. In relation to the financial incentives, there is also evidence of differences between IBPAs around whether they should be regarded as incentives, bonuses, or rewards.

Given the importance of appropriate, customer-led referral making to customer progression, it is important that IBPA practice is consistent, and good quality. One strategy that might be useful would be to allow IBPAs a regular 'slot' in their schedule to contact providers, either to find out more about them, or follow up on referrals, as would regular discussion of the various referrals options and their effect on customers, at case-conferences. It might also be useful to clarify with IBPAs the nature and purpose of financial incentives, and ensure that eligibility criteria are applied consistently to prevent inequity.

- **Enforcers versus enablers:** this research has shown how some of the early IBPA concerns about the tension between their role as 'enforcers' (through their responsibility to impose benefit sanctions and conduct compulsory WFIs) and 'enablers' (through the provision of friendly, supportive and tailored interviews) has dissipated. In some cases this is because IBPAs are now more comfortable with the use of sanctions, arguing for example that it is 'not right' that some customers do not participate, whilst others do. More often it is because IBPAs are more confident around the exercise of individual discretion (e.g., around procedures for following up on FTAs and waiving and deferring), and use it to avoid mandatory attendance where they do not feel it is appropriate. It is critical to note that IBPAs generally regard themselves as 'enablers', and that this self-perception is an important part of their job satisfaction. Importantly, they also feel that an emphasis on moving forwards at the customers' own pace, and on the voluntary nature of participation in services is essential in gaining customers' trust, and therefore in helping to progress those customers who are further from work. They stress how these customers require tact, empathy, and '*delicate*' treatment. Evidence from the customer research also suggests that they respond well to these emphases.

It seems critical that as the pilots are extended further, a balance between the 'enabler and enforcer' roles of IBPAs is maintained. If further elements of compulsion are introduced, care is needed that it is not detrimental to the 'enabler' role of the IBPA, which is important to their job satisfaction, and which they believe is critical in gaining the 'buy-in' of customers.

6.2 Questions for future evaluations

Two key questions raised by this study will be important to explore further in the future, namely:

- **The sustainability of employment:** this research has demonstrated how customers – including those who were far from work at the first WFI – have been helped into work by the pilots. There is limited evidence here however around the sustainability of work. This will be explored further in the focused qualitative study of In-work support and with customers in the panel study who return to work. The impact analysis will also shed valuable light on this issue.
- **The appropriate balance between working with customers who are far from work, versus working with those who are closer to work, but who benefit from the pilots package:** it will be critical to weigh the degree of support, time and resources customers far from work require, versus the amount of job entries achieved with these customers. This would help clarify the extent to which IBPAs should be focusing on them (versus customers who are apparently less far from work, but who will nevertheless benefit from the package) and therefore help with resourcing issues. It will also be important to explore the costs and benefits of the IB Reform package for different groups of customers, in order to understand its added value for these groups. The cost-benefit analysis, which will indicate whether the monetary benefits from pilot measures outweigh their monetary costs from a societal point of view, will contribute significantly to these issues.

Appendix A

Use of vignettes

The group discussions with Incapacity Benefit Personal Advisers (IBPAs) in the four new pilot areas 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. 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 Incapacity Benefit (IB), so has been on Jobseekers' Allowance (JSA), Income Support (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 seven years. His current claim started in October, following another temporary job that finished earlier than he expected.

Vignette 3

Lorraine is in her late 30s, she is a single parent with two children now aged 14 and 16.

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

Topic guide for depth interviews with IBPAs (all areas)



P6092

7.12.04

IB REFORMS EVALUATION

PA FOCUSED STUDY – STAGE TWO

TOPIC GUIDE – DEPTH INTERVIEWS

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.
- Explore PA initial views and reactions to the extension of the IBR to existing customers.

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 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.
 - Explain confidentiality. If respondent happy, ask them to sign consent form.
- Explain about tape recording and length of discussion.

Note to interviewers:

PAs from Bridgend, RIAB and Derbyshire may have been in post for almost a year/just over a year. In these cases please remember to **probe THROUGHOUT for change in practices/views over time** and **explore factors accounting for any changes**.

2. Background information

- Name and 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 WFLs (*finding out how far down the process of the six mandatory WFLs they are with some customers*):
 - Whether working with voluntary and mandatory customers.
 - Size of current mandatory caseload.
 - Numbers of voluntary customers working with.
 - Numbers of customers they see regularly, how many of these they see each week.
 - Numbers of interviews carried out on average day/week.
 - Whether already preparing for working with the extension to existing customers

3. Role of the IBPA KEY SECTION – probe fully

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:**
 - Source of information about the purpose.
 - General views about the focus of the IBRs.
- **PA perceptions of their role:**
 - PA views of IBPA key functions, *explore*:
 - ~ Views of the role, appropriateness of focus.
 - ~ Fit with expectations, key surprises.

- **Development of PA role in contrast to other specialist roles** i.e. DEAs/WPs in JCP:
 - Key differences between roles.
 - Nature of, and reasons for, any role duplication/difficulties.
 - Views about the added value provided by the IBPA role.
- **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:
 - *Probe for examples of where they have had positive/less positive impact.*
- **Areas of the role perceived as more/less challenging:**
 - Factors accounting for differences.
- **Job satisfaction**, levels of 'job satisfaction' in their new role:
 - Aspects of the role which lead to job satisfaction.
 - Improvements/changes which would increase satisfaction and reasons why.
- **Support for the IBPA role:**
 - Nature of training and support offered to/needed by PAs:
 - ~ Views about ongoing support and training received/required.
 - ~ **Explore** availability, appropriateness and effectiveness.
 - ~ **Probe** for any views about working with new group of existing customers and training to meet specific needs around extension to existing customers.
 - Views on staffing levels amongst IBPAs (*are there enough for the caseload*).
 - Views about scope for professional development in role (e.g. qualifications/specialism) and extent to which initial aspirations have been met.
 - Nature of ongoing skills/information gaps, how these could best be met.

4. Content of WFIs

Key aims are to:

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

Note for interviewers:

- 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 – i.e. letters/word of mouth.*
- **Staff utilisation of waivers/deferrals:**
 - ~ *explore PA understanding of circumstances whereby these should/should not be used, probe for examples from caseload.*
- **WFI process and content** – *ask respondent to:*
 - ~ Walk through how they approach the WFI.
 - ~ Discuss how they introduce work focus, and what they discuss in relation to work (e.g. *employment history, career aspirations*).
 - ~ Discuss content of interview of first WFIs.
- **Experience of and views about 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*).
- **How subsequent WFIs build on 1st interview** (*difference of content, use made and usefulness of action plan at 1st then subsequent WFIs, introduction of different parts of the Choices package*).

- **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.
- **Experiences of the Capability Report** (*whether and when they are being received, how used, views of usefulness*).
- **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** (*whether voluntary customers differ in characteristics to mandatory customers, any issues with maintaining a balance with workload of mandatory WFI customers*).
- **Views about working with existing customers:**
 - **Initial reactions to new elements in the pilot provision for existing customers** (*probe for views about JPP, no, timing of WFIs, pre-WFI contact*).
 - **Views about whether working with existing customers might present additional challenges for PAs.**
 - Extra training and support given/needed around existing customers.
- **Decision making around referrals, information given about services** (*i.e. would there be some customers they would not raise it with and why*).
- **If they do decide to discuss service provision, would that be part of the Choices package or any other provision.**
- **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.
 - ~ Financial incentives.

FOR EACH COMPONENT MENTIONED, DISCUSS:

- **Referral behaviour** – which types of customers they have referred and why:
 - **Factors underpinning referral decisions** (e.g., 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).
- **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).
- Details of **other** services/agencies available locally, and explore referral practices, factors underpinning referrals decisions and impact of customers of referral, as above – e.g., voluntary organisations, specialist organisations, specialist provision provided by disability groups for training/support or appraisal for customers with specific conditions or greater barriers to work.
- Understanding of which customers appropriate to refer to **DEA** and **Work Psychologist** as opposed to Choices, and explore referral practices, factors underpinning referrals decisions and impact of customers of referral, as above.
- **Gaps or inappropriate aspects of the Choices package/other available provision** (e.g. 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).
- **Nature of ongoing communication between the PAs and services/ individuals to whom customers have been referred** (is it happening, who initiates this, does it need to happen and why, perceived value of feedback).
- **Experiences of RTWC/ADF:**
 - Views of the RTWC/ADF.
 - Customer interest (levels, which types of customers are benefiting, any interest from existing customers, sources of customer information about RTWC/ADF: advertising, word of mouth).
 - Any issues around processing the RTWC/managing the ADF.
- **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).

5. Movement forwards through the IB Reforms process

Key aims:

- *to explore PA views of whether and how customers are progressing, and what works for whom;*
- *to map the timing and sequence of WFIs;*
- *to understand if, and how, progress being measured.*

- **Customer progress – discuss variety of examples of those customers who are seen to be progressing and those who are not** (*giving examples from caseload*):
 - Examples of customers who have moved into work – customer profile at point of contact with PA, nature of services received.
 - Examples of customers who have not moved into work, but who they feel have moved forwards – how they have moved forwards, customer profile at point of contact with PA.
 - Examples of customers who have moved backwards/made no progression – customer profile at point of contact with PA, nature of intervention, key explanations for lack of movement/negative movement.
 - Any surprises (i.e. customers they might have expected to move quickly into work who did not, or who they might have expected to make no movement who did).
 - Key **explanations** for movement/lack of movement/negative movement (*i.e. relationship with PA, referrals pathways and services accessed, engagement of customer in services, nature of customer*).
- **Issues which encourage or undermine sustained impacts for customers.**
- **Descriptions of, and views about, how the PA-customer relationship develops over time:**
 - Key difficulties.
 - Key factors facilitating/undermining positive ongoing relationships.
- **How distance travelled is measured/recorded** – satisfaction with measurement procedures.
- **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, any examples of customers for whom six WFIs is too many/too few, and why*).

ASK PAs WHO HAVE COMPLETED SIX MANDATORY INTERVIEWS WITH CUSTOMERS...

- **Whether offered customers voluntary caseloading** – *whether offer to all customers or only some and why, types of customers that have taken this up, views about usefulness in achieving movement forwards*

6. Developing relationships and team working

Key aims are to explore:

- the nature of relations with JCP, Choices providers (if not covered in 4) and employers;
- identify what's working well/less well.

- **Nature of relationships with different providers, development over time.**
- **Factors which help/hinder effective working relationships** (*e.g., duplication of effort (mis)understanding or lack of knowledge about each other*).
- **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 (e.g. Vacancy Service Managers).*
- **Impact of the IB Reforms on team working:**
 - Role of administrative support throughout the process (*effectiveness, gaps, suggestions for improvements*).
 - Relationships with other JCP staff, i.e. IB Processing staff, Medical services, Financial Assessors, First Contact Officers.
 - Changes to team structure.
 - Changes in procedures relating to other support/programmes/benefits (*e.g. different ways of working with NDDP, DEAs, Work Psychologists*).
- **Views of how the IB Reforms have been managed.**

7. 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.
 - Explore whether IB Reforms generally perceived to add value and if so, how.
- **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.
- **Views about working with existing customers** (*if not covered adequately already*).
 - **Initial reactions to new elements in the pilot provision for existing customers** (*probe for views about JPP, no, timing of WFIs, pre-WFI contact*).
 - **Views about whether working with existing customers might present additional challenges for PAs.**
 - Extra training and support given/needed around existing customers.
- **Suggestions as to how Pathways could be improved.**

Thank participants for their time and remind about confidentiality. Explain how findings will be used.

Appendix C

Topic guide for group discussions with IBPAs in new pilot areas



P6092

7.12.04

IB REFORMS EVALUATION

PA FOCUSED STUDY – STAGE TWO

TOPIC GUIDE – GROUP DISCUSSION

(East Lancs, Gateshead, Essex, Somerset)

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 WFIs.

1. Introduction (5 mins)

- 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 WFIs with customers: different types of customers, use of the Choices package and progress through the course of the WFIs.
- 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/no right or wrong answers interested in their perspectives and experiences.

2. Group introductions (5-10 mins)

Brief round table introductions

- Name and 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 six mandatory WFIs they are with clients*):
 - Size of current caseload.
 - Whether had experience of voluntary as well as mandatory customers and whether involved in preparation for the extension to existing customers.

3. Role of the IB PA (10-15 mins) KEY SECTION EXPLORE FULLY

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... KEY QUESTION – *probe fully*:**
 - What **they** think they are there for, and how they feel about this:
 - ~ *Probe to identify what PAs see as the **key aspects** of their role for example: providing one-to-one support/encouraging people to return to work etc.*
- **Development of PA role in contrast to other specialist roles** i.e. DEAs/WPs in JCP:
 - Key differences between roles.
 - Nature of, and reasons for, any role duplication/difficulties.
 - Views about the added value provided by the IBPA role: 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 feel they are able to make to the client group** – examples of positive and negative client experiences and reactions:
 - *Probe any anticipated differences between initial reform client group and new group of existing customers where appropriate.*
- **Preparation for their role... (COVER BRIEFLY):**
 - Views of training – extent to which it was comprehensive, appropriate, timely:
 - ~ *Explore specifically for any views about working with new group of existing customers and training to meet specific needs around extension to existing customers.*
 - Any skills gaps, how these could best be met.
 - Support/mentoring offered/used in role, views about effectiveness, suggestions for improvements.

4. Taking customers through the IB Reforms process (45-60 mins)

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.
- 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).

5. The Choices package and other available services (15 mins)

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.*
- **Other services:**
 - Knowledge about what other services are available through JCP/externally:
 - ~ *Probe for DEA, Work Psychologist, other specialist provision such as that provided by disability groups for the training/support/appraisal of customers with specific conditions and barriers to work.*
 - 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:
 - ~ *More/less effective services, extent to which this depends on client need or other factors.*
 - ~ *Critical gaps in services, suggestions for improvements.*

- **RTWC and JPP:**

- Views about, levels of customer/employer interest:
 - ~ Ongoing issues/difficulties in promotion/processing/uptake.
- Experiences of, views about duration of RTWC (*probe for customers rchg end of RTWC receipt and impacts*).
- Perception of value of RTWC to customers and employers (any differences between groups/observed impacts).
- Perceptions of value of JPP for existing customers.
- Suggestions for RTWC and JPP in the future.

6. Movement forwards through the IB Reforms process (15 mins)

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 if 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:
 - ~ The number of WFIs is appropriate.
 - ~ WFIs happen at the right time.
 - ~ PAs are using deferrals and waivers/would like more flexibility to defer/waive interviews.
 - ~ Reasons for use/non-use of waivers and deferrals/case examples where used if appropriate.
- **Views on how well screening tool fits into 1st WFI:**
 - ~ *Capability Reports – whether received in time for 2nd WFI, If not – is WFI deferred? Views of usefulness.*

- **Client progression through WFIs...**

- Views on **how subsequent WFIs are intended to build on 1st interview** in an ideal world:
 - ~ *Probe for difference of content, use of action plan at 2nd WFI, introduction of different parts of the Choices package.*

- **Experience of whether this happens in practice** and factors affecting extent to which it does, e.g. client interest/motivation/health circumstances etc.:
 - ~ Examples from caseload of clients who are progressing and not progressing.
 - ~ Perceptions of reasons for progress/lack of progress.
- **How useful action plans are**, whether developed in conjunction with customer:
 - ~ Reasons for use/non-use.
- **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:
 - ~ *Probe for examples from caseload.*

7. Conclusion and summing up (5 mins)

- **Extent to which IB Reforms add value.**
- **Aspects that work well/less well.**
- **Positives/negatives of working with this client group.**
- **Views about working with existing customers** (*if not covered already*):
 - Initial reactions to new elements in the pilot provision for existing customers.
 - ~ *Probe for views about JPP, no./timing of WFIs, pre-WFI contact*).
 - Views about whether working with existing customers might present additional challenges for PAs:
 - ~ Extra training and support given/needed around existing customers.
 - Views about the model of WFIs and support being offered to the extension to existing customers.
- **Suggestions for how Pathways could be improved.**

Thank participants for their time and remind about confidentiality. Explain how findings will be used.

Appendix D

Topic guide for reconvened group discussions with IBPAs in three early pilot areas



P6092

7/12/04

IB REFORMS EVALUATION

PA FOCUSED STUDY – STAGE TWO

TOPIC GUIDE – RECONVENED GROUP DISCUSSIONS

(Bridgend, RIAB, Derbyshire)

These groups are intended to provide an opportunity for PAs to reflect on their role and their practice as IBPAs after a year of delivering the reforms. **The groups should focus on *the nature of, and reasons for, changes over time* in relation to:**

- IBPAs' views about the reforms and their role as PAs.
- Decision making around which customers to work with.
- Decision making around what services to offer them.
- Mechanisms for sign-posting customers to the different parts of the Choices package.
- The role of the WFI.
- Mechanisms for facilitating customer progression/obstacles hindering progression.
- IBPA practice generally.

In addition the groups will be an opportunity to explore:

- PA views about/reactions to the extension of the IBR to existing customers.

1. Introduction (5 mins)

- 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 involves bringing groups back together again to explore what’s happened/changed/developed over the last 12 months.
- 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.

2. Group introductions (5-10 mins)

Brief round table introductions – explain would be useful to recap to refresh everyone’s memory:

- Name and Jobcentre Plus office (*for purposes of transcription*).
- Length of time as IBPA.
- Previous roles – in particular, whether acted as generalist PA, how long for.
- Other roles alongside working as IBPA:
 - *Explore any changes over last 12 months.*
- Size of **current** mandatory caseload:
 - Whether working with voluntary customers, if so size of voluntary caseload.
 - Number of customers they see regularly, how many each week.
 - Whether working with existing customers yet or not.

3. Role of the IB PA in reflection (20-25 mins) **KEY EXPLORE FULLY**

Key aim:

To explore how IBPAs perceive their role in the process a year into the reforms.

- **Key elements of the PA role**... Description of key elements of the role:
 - *Spontaneous then explore the following:*
 - ~ Identifying customers.
 - ~ WFI management.
 - ~ Referral to Choices and other services.
 - ~ Providing one to one personal support around work/health/other issues.
 - ~ Managing sanctions/policing the process.
 - ~ Promoting the scheme to employers/GPs etc.
 - ~ Other.

- **Nature of evolution of the role over time**, *e.g. shifting prominence of specific aspects of the role*:
 - Factors accounting for changes.
 - Views/feelings about how the role has developed.
 - Skills fit with how the role has evolved.
- **Surprises/regrets**, if any, **about how the role has evolved** (*positive and negative*):
 - *Explore in detail mapping nature and views about why happened/came about.*
- **Development of PA role in contrast to other specialist roles** i.e. DEAs/WPs in JCP:
 - Key differences between roles.
 - Nature of, and reasons for, any role duplication/difficulties.
 - Views about the added value provided by the IBPA role.
- **Support for the IBPA role...**
 - Nature of ongoing training and support offered to/needed by PAs.
 - Views about ongoing support and training received/required:
 - ~ *Explore availability, appropriateness and effectiveness.*
 - ~ *Probe specifically for any views about working with existing customers and training to meet specific needs around extension to existing customers.*
 - Views about scope for professional development in role (e.g. qualifications/specialism) and extent to which initial aspirations have been met.
 - Nature of ongoing skills/information gaps, how these could best be met.
- **Job satisfaction**, levels of 'job satisfaction' in their PA role:
 - Nature of any changes over time, factors accounting for changes.
 - Improvements/changes which would increase satisfaction and reasons why.

4. The IBR package (25-30 mins) **KEY EXPLORE FULLY**

Key aim:

To explore how the IBPA role and experiences of the reform package have developed/changed over time.

When we last spoke to you most of you were only halfway through the WFI process, having now had the experience of taking customers through the whole process we'd like to explore your feelings about the IBR package...

MODERATOR – to remind PAs that it would be extremely useful if they could draw on real-life cases when talking.

4a) *The WFI process and content*

- **Experiences over time of the screening process:**
 - Changes in use of sc. tool and reasons for any changes (e.g. growing understanding of purpose/expertise in using the tool/IT changes/decision to bypass).
 - Key difficulties/ongoing issues/suggestions.
- **Reflections on the process of setting up appointments:**
 - Changes to how appointments are managed and reasons for changes:
 - ~ *Explore relative role of FCOs/FAs/IBPA in appointment setting.*
 - Key difficulties/ongoing issues/suggestions around the appointment process:
 - ~ *Check whether FTAs continue to be problematic/strategies used to overcome any FTA difficulties.*
 - Views about how the process will be managed with existing customers, key concerns/suggestions.
- **Reflections on WFI timing and location** (ie 1st at 8 wks, then 4 wk intervals):
 - Evolution of WFI timing, fit to original intentions, reasons for any changes:
 - ~ *Check whether receipt of PCA reports/Capability Reports is now happening in time for 2nd WFI? If not – is WFI deferred? Usefulness of Capability Reports.*
 - Where WFIs are taking place (*any changes/related issues arising, eg. confidentiality*).
- **Experiences over time of waivers and deferrals:**
 - *Probe for examples of typical cases where might be used:*
 - ~ Views about confidence in using waivers and deferrals.
 - ~ Support/guidance provided/needed around use of waivers etc.
 - ~ Views about importance of IBPA discretion around waivers and deferrals.
- **Management of information given to client:**
 - Nature of information given to customers about the pilot and at what stage in the WFI process, *probe to explore when and why:*
 - ~ *Work focus established.*
 - ~ *CMP/Choices package introduced.*
 - ~ *ADF/RTWC discussed.*
 - ~ *Compulsion/sanctions mentioned.*

- How they introduce the work focus, and what they discuss in relation to work (e.g. *employment history, career aspirations*).
- Views about whether their management of information to customers/presentation of pilot elements has developed with experience:
 - ~ Key changes and refinements over time and factors facilitating/inhibiting change refinement.
- **Reflections on the purpose of WFIs and IBPA role** within that (e.g. personal support/checking job search activities/providing information and referral etc.):
 - *Probe for any differences between earlier and later WFIs.*
- **Experiences of customer reactions to the WFI process:**
 - Views about customer perceptions of value/how this evolves over the course of the process (factors accounting for changes).
 - Strategies for dealing with negative customer responses (i.e. engaging the sceptical etc.).
 - Impact of customer response on outcomes from WFIs relative to other factors (i.e. state of health, inclination to work, age, confidence etc.).
- **Views about the relative value of the different WFI model being introduced for existing customers:**
 - Fears/concerns and hopes for the new WFI model.
 - Views about likely customer response to the model.
 - Suggestions for changes.

4b) Reflections on the Choices package and referral process

- **Reflection on how the Choices package has developed over time** – *spontaneous then probe for provision offered and current relationships with:*
 - WP/Job Broker/NDDP.
 - CMP.
 - Other external providers.
- **Relationships with DEA/Work psychologist**, *how developed over time.*
- **Relationships with/knowledge about other specialist provision**, such as voluntary organisations and that provided by disability groups for the training/support or appraisal of customers with specific conditions or greater barriers to work.
- **Surprises/disappointments** about development of the Choices package:
 - Overall views about services available – good/less good services, extent to which this depends on client need, critical gaps in services.

- **Referral behaviour in relation to Choices, DEA, Work Psychologist and other specialist provision:**
 - Which types of customers they have referred and why.
- **Key factors underpinning referral decisions** (e.g. *guided by customer, feedback from other customers, extent of knowledge*) and changes over time:
 - Reflections on key factors affecting effective referral.
- **Views NOW about what added value comes from having a Choices package:**
 - *Probe for added value of different components.*
 - Impact on customers of participating in Choices package.
 - Suggestions for further improvements.
- **Gaps or inappropriate aspects of the Choices package/other available provision** (e.g. *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*).

4c) Reflections on the financial support available (RTWC/ADF/JPP)

- **Reflections on the RTWC and JPP:**
 - Views about, levels of customer/employer interest:
 - ~ Ongoing issues/difficulties in promotion/processing/uptake.
 - Experiences of, views about duration of RTWC (*probe for customers rchg end of RTWC receipt and impacts*).
 - Perception of value of RTWC to customers and employers (any differences between groups/observed impacts).
 - Perceptions of value of JPP for existing customers.
 - Suggestions for RTWC and JPP in the future.
- **Reflections on the use of the ADF:**
 - Views about, levels of take up/use made of ADF (*map range of uses made of ADF*).
 - Ongoing issues/difficulties in promotion/processing/uptake.
 - Suggestions for use of ADF in future.

5. Movement forwards through the IB Reforms process

- **Customer progress – discuss variety of examples of those customers who are seen to be progressing and those who are not** (*giving examples from caseload*):
 - Examples of customers who have moved into work – customer profile at point of contact with PA, nature of services received.
 - Examples of customers who have not moved into work, but who they feel have moved forwards – how they have moved forwards, customer profile at point of contact with PA.
 - Examples of customers who have moved backwards/made no progression – customer profile at point of contact with PA, nature of intervention, key explanations for lack of movement/negative movement.
 - Any surprises (i.e. customers they might have expected to move quickly into work who did not, or who they might have expected to make no movement who did).
 - Key **explanations** for movement/lack of movement/negative movement (*i.e. relationship with PA, referrals pathways and services accessed, engagement of customer in services, nature of customer*).
- **Issues which encourage or undermine sustained impacts for customers.**
- **Descriptions of, and views about, how the PA-customer relationship develops over time:**
 - Key difficulties.
 - Key factors facilitating/undermining positive ongoing relationships.
- **How distance travelled is measured/recorded** – satisfaction with measurement procedures.
- **Views *NOW* about the six WFIs and their value to customers:**
 - *Probe for changes in views from early days of the pilot/factors underpinning changes.*
 - *Explore for views of differing value for different types of customers (i.e. work ready, voluntary versus those with embedded/multiple barriers/voluntary versus mandatory).*
 - *Explore views on the timing and sequence of WFIs – timing of first WFI, whether happening at monthly intervals, whether for any customers six is too many/ too few.*

ASK PAs WHO HAVE COMPLETED SIX MANDATORY INTERVIEWS WITH CUSTOMERS...

- **Whether offered customers voluntary caseloading** – *whether offer to all customers or only some and why, types of customers that have taken this up, views about usefulness in achieving movement forwards.*

6. Reflections on impact of IBR on JCP/working relationships (10 mins)

- Working with colleagues/external providers, explore impact of IBR delivery over time on:
 - Nature of relationships with admin staff/colleagues/WPs/managers in JCP.
 - Team structures.
 - Procedures relating to other support/programmes/benefits (e.g. NDDP, DEAs).
 - Nature of relationships/contact with external providers (including job brokers, vol. agencies, health professionals etc.).
 - Nature of relationships/contact with employers.
- Factors/changes which would improve working relationships.

7. Conclusion and summing up (15 mins)

- **How understanding of/views abt purpose of the reforms have developed over time:**
 - *Probe for ways in which understanding of purpose/shape and structure of the reforms has changed, factors causing change.*
- **Extent to which IBPAs now think that IB Reforms add value:**
 - Reasons for changes to feelings at outset (if any).
- **Views about working with existing customers** (*if not covered already*):
 - **Initial reactions to new elements in the pilot provision for existing customers** (*probe for views about JPP, no./timing of WFIs, pre-WFI contact*).
 - **Views about whether working with existing customers might present additional challenges for PAs:**
 - ~ Extra training and support given/needed around existing customers.
- **Suggestions for how Pathways could be improved.**

Thank participants for their time and remind about confidentiality. Explain how findings will be used.

Appendix E

Topic guide for depth interviews with work psychologists



P6092

7.12.04

IB REFORMS EVALUATION

PA FOCUSED STUDY – STAGE TWO: DEPTH INTERVIEWS WITH WORK PSYCHOLOGISTS

(East Lancs/Essex/Somerset/Gateshead)

Research objectives:

- Exploring the role of the Work Psych within the IBR (including changes over time to the role); mapping the range of advice/support and guidance they offer.
- Explore initial views and reactions to the extension of the IBR to existing customers.
- Understanding their perspective of the key aspects of their role.
- Examining the relationship they have with PAs/DEAs.
- Exploring difficulties/constraints faced by the Work 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 focussed 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 Work 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 and Jobcentre Plus office(s) working with (*for purposes of transcription*).
- Length of time as Work 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*).
 - Initial reactions to news about the extension to existing customers/views about extension to existing customers.
- 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 and 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 with IBPA training (*note that all WPs were asked to deliver a specific session in workshop 3 of the PA training and take part in the evaluation of the training by assessing the behavioural change in the PAs*):
 - Views on usefulness of their involvement/extent to which their involvement added value to the training and training evaluation.
 - Any suggested amendments to WP involvement in PA training and evaluation of training.
- Views about the skills/qualifications IBPAs acquired/are working towards:
 - How do these skills help PAs.
- Suggestions for improvement to Work Psych training and induction/PA training.

5. Role of the Work Psychologist

- Any conflicts between IBR work and other work, any difficulties caused by split role, suggestions for resolving conflict/difficulties.
- Work Psych perceptions of their role (*general perceptions*):
 - Overview of role of Work Psych in Jobcentre Plus.
 - How this differs from a more general Work Psych role.
- Perceptions of Work 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.
 - Providing support to individual PAs following on from a distressing WFI.
 - 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 Work 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 Work Psychs.
- Views about the way the Work 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 Work 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 Work Psych. encountering with customers.
- Range of activities/types of issues Work Psych. addressing with customers.
- Positive/negative outcomes achieved so far with customers.
- Reactions experienced from customers by Work Psych. (*positive/negative, any differences according to type of customer – probe for experiences/views about existing customers*).
- Perceptions of any customer group more/less interested or more/less likely to gain from involvement with Work Psych – *probe for views about existing customers*.
- Fears/hopes expressed by customers to Work Psych.
- Any particular issues raised by clients to Work 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.*
 - *Map team set up and ways of working with DEAs/Choices providers/CMP - levels and nature of contact, satisfaction with levels and nature of contact.*
- 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 (e.g., *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 Work 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

- 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.

Thank respondent for their time and remind about confidentiality. Explain how findings will be used.