Evaluation of the Universal Support delivered locally trials

Final report

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Summary

This report presents findings from the evaluation of the 'Universal Support – delivered locally' trials, which ran in eleven areas of Great Britain between September 2014 and August/ November 2015. The trials were intended to test new ways of identifying, engaging and supporting claimants that may have transitional personal budgeting or digital support needs under Universal Credit. The trials also explored different models of partnership working between Local Authorities, Jobcentre Plus and organisations that can provide transitional support.

The evaluation was carried out by the Learning and Work Institute, working in partnership with BMG Research and Policy in Practice.   The aim of the evaluation was to capture common and comparable evidence from the trials so as to inform the future delivery of Universal Credit – in particular by identifying the most effective approaches to identifying, engaging and supporting claimants; and helping the government to understand the costs and benefits of different models.

The evaluation comprised three waves of face-to-face, in-depth research with each trial area; a two-wave survey of participants; and analysis of management information on trial costs and delivery. The research was supplemented with six learning reports and an interim evaluation report for trials, as well as regular workshops to discuss findings.

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List of abbreviations

APA	Alternative Payment Arrangement
DHP	Discretionary Housing Payment
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
GLM	Generalised Linear Model
JCP	Jobcentre Plus
JSA	Jobseeker's Allowance
HACT	Housing Associations' Charitable Trust
IDV	Identification Verification
IS	Income Support
LA	Local Authority
LAN	Lincolnshire Advice Network
LSRC	Legal Services Research Centre
PBS	Personal budgeting Support
PIP	Personal Independence Payment
RBKC	Royal Borough of Kensington and Chelsea
RCT	Randomised Control Trial
SLs	Social Landlords
UC	Universal Credit
USdl	Universal Support delivered locally

Glossary of terms

Alternative Payment Arrangement

An alternative arrangement for the payment of Universal Credit, where there would otherwise be a risk of financial harm to the claimant or their family. In these cases, payment can be made more frequently than monthly, payment can be split between members of a couple, and/ or payment of rent can be made directly to the landlord.

Digital capability

A measure of capability to realise the benefits of the internet and associated technologies. The measure comprises of accessibility, skills, motivation and attitude, and trust.

Digital support

Services delivered by trials to support claimants to improve their digital capability, and specifically their ability to make and manage a Universal Credit claim online.

Discretionary Housing Payment

A discretionary payment made by a Local Authority where a claimant is considered to need support with meeting housing costs. Funding for these is allocated by the Department for Work and Pensions.

Financial capability

A multidimensional measure comprising attitude, knowledge, skills, and self-efficacy to make and exercise money management decisions within an enabling environment that includes access to appropriate financial services. This definition is adopted from the Centre for Financial Inclusion.

Full Service

The Universal Credit full service is open to all new claims from all claimant types, this will also include anyone who is currently on existing benefits or Tax Credits and has a change of circumstance. Full service started in two London Local Authority areas and is expanding gradually to other areas from May 2016.

Live Service

The Universal Credit model rolled out nationwide by 2016, for new benefit claimants whose cases are not complex and in most areas other than the North West of England, single person households.

Personal budgeting Support

Services delivered by trials to support claimants to improve their personal budgeting skills, and

	specifically their ability to manage a single, monthly payment of Universal Credit, where the rent element is paid directly to the claimant.
Theory of Change	A theory of change is a diagram that describes defined long-term goals and the necessary preconditions to plausibly produce these goals through a sequence of intermediate outcomes. It is typically a product of a critical thinking exercise that begins with programme/policy goals and maps backwards the necessary intervening outcomes.
Triage	The process by which USdl project staff determined the support needs of claimants that were engaged by trials. While the approaches varied between trials, they typically included both an initial screening triage and then a diagnostic assessment of need.
Universal Support delivered locally	The framework for the delivery of local support to Universal Credit claimants that may require transitional support, in particular due to digital and personal budgeting support needs. As part of this framework, eleven areas were selected to trial different aspects of partnership working, needs assessment and delivery of support.

Executive summary

The 'Universal Support – delivered locally' (USdl) trials ran between September 2014 and August 2015 in eleven areas, with six areas extended for a further three months to November 2015. The trials were intended to enable early evaluation of how best to identify and support those who may need digital and/or personal budgeting support in order to make and manage a Universal Credit claim, and to provide evidence of user need to inform the strategy for support.

The evaluation comprised three waves of in-depth research with trial areas, a two wave telephone survey of participants, analysis of trial-level management information, assessment of the extent to which those receiving support through the trials improved their capabilities, and cost-benefit analysis.

By the end of August 2015, 14,854 claimants had been assessed for support across the eleven trial areas. Of these, 9,382 were referred on to support with 4,723 participants referred on to digital and/or personal budgeting support. Two trials accounted for 44% of all claimants assessed and 37% of referrals (Carmarthenshire and Lambeth, Lewisham and Southwark).

Trial delivery

Trials overall took very different approaches to the design, delivery and management of their trials, and adapted their models during live running in response to changing circumstances.

Identification and engagement

Trials either targeted particular claimant groups (such as Employment and Support Allowance (ESA) claimants who are sick and disabled or those with problem debt) or were more universal in their approach – particularly by screening new benefit claimants. Some adapted a mixed approach: combining targeting of specific groups with a general route in, such as through a Local Authority "hub" office.

Targeting those with problem debt seemed relatively successful in identifying individuals in crisis who would benefit from USdl support. Proactive outreach was used by a number of more targeted trials. When facilitated by effective partnership working, this appeared to be effective in reaching hard-to-engage claimants.

Key to effective engagement was how the services were "sold" to the claimant. The location of the support also proved to be an important factor in whether or not a claimant chose to engage with support, with familiar settings and a relaxed environment making claimants more willing to attend. Face-to-face contact with approachable and informative staff seemed most likely to lead to engagement of vulnerable claimants, who were then more likely to disclose information and build up trust.

Triage and needs assessment

Trials adopted either a one-stage or two-stage process. Two-stage processes were most common in more highly-targeted trials, with an initial 'screening' often conducted by wider delivery partners according to set criteria, followed by referral to an adviser to conduct more in-depth diagnostic assessment.

One-stage triage was more common where claimants were engaged through new claims processes or when they came into contact with Council or Jobcentre Plus services.

Triage was generally delivered face-to-face. This was seen as most effective, particularly in cases where advisers had high discretion to explore potential support needs and barriers. Most triage models had lower levels of adviser discretion and were based on structured questionnaires or scoring systems, followed by onward referral. These were seen as more straightforward to put in place and to replicate. However, a number of trials felt that lower-discretion models did not identify the full range of claimants' needs. Adviser discretion was more common in the diagnostic part of assessment, and relied on skilled and capable advisers.

The survey data suggests that the key predictors of digital and personal budgeting needs included having wider problems such as a health condition and low educational attainment. Low household income and housing tenure were strong predictors of personal budgeting needs, while older age was a predictor of digital needs.

Referrals and case management

Encouraging and Increasing take-up of support was a challenge for all trials. There were four distinct referral models in use:

- A simple model, used by most trials initially, where claimants were assessed and referred straight on to services. Claimants often dropped out or struggled to navigate the system.

- Many trials developed this into a multiple staged referral model, which included active follow-up and often some reassessment of needs and re-referral to support.

- An integrated support and referral model was common in trials that had more integrated services and dedicated advisers. Here core support was delivered by a central adviser, with managed referral to additional services.

- The sequenced model evolved during trials, with support more actively managed by an adviser or caseworker, and then sequenced so as to address priority needs first, with personal budgeting and digital support built around this.

Sharing and monitoring of appropriate information was critical across all trials. This was most effective where partners could access information themselves, and/ or were required to act on it. Again, systems evolved over time in response to challenges in monitoring, and often systems did not support effective tracking of participants or delivery.

A less common but effective approach was to use more integrated case management systems. These could allow for tracking of support and sharing of

information. Trials felt that such systems would be key in future, but would require a more clarity and design around sharing data between local and national government.

Delivery of support
The majority of trials referred claimants to existing digital and financial provision that was tailored to meet claimants' needs around the transition to Universal Credit. There were instances where this was less focused on preparation for Universal Credit. A smaller number of projects commissioned digital and personal budgeting services specifically for the trial.

On digital support, trials generally offered either structured support through specialist providers, or more free-flowing support such as walk-in centres with public computers and an adviser on hand. Mixed opinions were given of both models. Claimants emphasised the skills of the adviser in delivering support, and also valued small group sessions.

Personal budgeting support was predominantly delivered in one-to-one sessions that gave claimants advice on topics such as reducing and tracking their expenditure and managing and overcoming debts. Support appeared to be more effective and had higher engagement where it was delivered in accessible, staged way with 'quick wins' so that claimants could see how the support could benefit them. Adviser skills were again considered critical, as was delivering support in a discreet environment.

The Trials have begun to build an evidence base of the user need for wrap-round support. However the Trails were carried out alongside legacy benefits and services not alongside the full Universal Credit service Claimants had not yet encountered the need to   budget monthly or to pay their rent directly, and they had not yet encountered the full online service through which they would be expected to make and maintain their claim.

Trial management and oversight

Integration, co-ordination and co-location
There were four models of integration and co-ordination of services. In a small number of cases, Jobcentre Plus and Local Authority staff were fully integrated within a single team, with support services co-located. More commonly, services were co-located – typically within a Local Authority setting. In the third model, Jobcentre Plus led on the engagement and triage of claimants with onward referral to services. Finally, in some rural trials services were dispersed or delivered through networks.

In all models, management and co-ordination of services was critical. Co-location of support services within single 'hubs' often led to more streamlined access to support, better communication and sharing of information between teams, and more effective resolution of issues as organisational expertise could be shared and issues resolved quickly.

A number of trials, particularly those serving more dispersed communities, tested 'hub and spoke' models. Here, smaller spokes provided assessment and/or support and referred into and received referrals from a central hub. These models appeared effective in engaging a wide range of claimants, including those otherwise hard-to-reach or isolated geographically. However take-up of support appeared to be lower than in more integrated and co-located models. Underpinning these 'spoke' support systems were data systems and processes to ensure that trials could have oversight of support.

Partnership working and governance

Trials varied in the breadth and depth of their partnerships. All included Jobcentre Plus and Local Authority partners, plus key digital and personal budgeting service providers. Others extended their partnership models to include large networks of advice and guidance partners. Partnerships were most successful where they had good management of delivery of the Trials – with approachable and committed Trial managers who could help to foster a shared vision for the trial, ensure consistency in implementation and efficiently resolve problems.

Governance was characterised by Jobcentre Plus and Local Authorities being equal partners. Good governance included committed leadership from both organisations, effective and open communications between partners, and wider steering groups comprising both operational and strategic leads.

The delivery of partnership working with voluntary and community sector providers was more variable across trials. A number of areas suggested that service level agreements could be useful to ensure that roles and responsibilities are understood between organisations.

Impacts

The qualitative research suggested a range of positive outcomes amongst participants. Outcomes of the digital support included claimants feeling more confident about using computers and picking up IT skills. Personal budgeting outcomes included claimants setting up bank accounts, resolving debts and increasing their benefits income.

Analysis of survey data was restricted by the relatively short amount of time between measures that may have limited the likelihood for change to occur. However, in the time period studied the results suggest that participation in USdl had no statistically significant impact on either digital or financial capability. Caution should be noted in interpreting findings.

Participants also reported a range of barriers. For digital support this included literacy and ESOL issues, a fear of technology and a lack of interest, as well as issues with affordability and accessibly of computers and broadband particularly in rural areas. Key barriers for personal budgeting support included claimants simply not having enough money each month with which to budget, and often not thinking that Universal Credit would affect them. A key challenge in delivering personal

budgeting support was ensuring that it empowered individuals to take control of their own personal budgeting, rather than creating dependency on a 'free' personal budgeting service.

Overall, the estimated annualised cost of the eleven trials was just over £4 million. Staff costs made up £2.7 million of the total. Trial costs varied significantly, from nearly £900,000 in the most expensive trial to £125,000 in the least costly.

Key lessons

Preparation and Scope

- The approach to USdl requires a clear focus on which groups are being targeted, by whom, where, how and why – with clear measures of success that are related to preparation for making and managing a claim for Universal Credit

Identification and Triage

- There is a role for both reactive screening of claimants that come into contact with services and more proactive outreach to harder-to-reach groups. Identifying and engaging claimants through regular Jobcentre Plus interventions appeared to work well. Framing it as part of a wider set of commitments appeared to increase initial engagement.

- There appear to be benefits from reactive screening of those that contact 'crisis' support, while proactive outreach can add value in reaching the harder-to-engage where it is built on to existing services – but this likely needs to be carefully targeted.

- There is value in separating the initial screening from the in-depth diagnostic assessment. The initial screen can be delivered by non-specialists and with low discretion for advisers. For the in-depth, diagnostic assessment there appeared to be value in a more discretionary, adviser- or claimant-led approach.

Integration and Processes

- Integrated support appeared to be very effective, where a single adviser delivered core personal budgeting and/ or digital support.

- Sequenced support models appeared to work well, particularly where claimants had higher level needs. The sequencing worked best where it focused on highest priority needs first and used each stage to lead on to the next.

- Systems and processes for referrals need to be clearly articulated, shared with partners and maintained, with active follow-up of referrals. Having a common and understood process is key.

- The use of common information systems should be explored further and appeared to work well in some trials.

Delivering Support

- For digital support, there were clear benefits of including small group sessions, open access to computers, free-flowing support and giving claimants the time and

space to learn online – as well as delivering the more intensive and focused one-to-one support that was common across trials.

- For personal budgeting, support was most effective where it was one-to-one, delivered discreetly and sensitively, and had a focus on consolidating learning and skills over time.

- It is critical to ensure that support leads to independence from future support.

- Wider support services appeared to be helpful both in bringing claimants into support and augmenting the support offer. However, there would be value in looking at how this is co-ordinated and integrated as part of a wider offer.

Planning, co-operation and co-location

- Future planning will need to map the changing landscape of local digital and personal budgeting services. It may be increasingly challenging to rely on existing support services in all cases to be able to meet future UC demands.

- The ambition should be to co-locate support services within a single 'hub' wherever it is feasible to do so. In areas serving rural communities, or where outreach is likely to be more necessary, 'hub and spoke' models are likely to be appropriate.

- In the longer term, there would appear to be value in further developing options around more integrated Local Authority/ Jobcentre Plus joint teams – with integrated management and co-ordination of USdl support.

Leadership and Partnerships

- Good project managers provided leadership, oversight and co-ordination of support; ensured that systems and processes ran smoothly; communicated with and engaged partners; and resolved conflicts and challenges. Such leadership will be critical during the early rollout of USdl support to support transition to UC.

- Whilst a Partnership Agreement was signed by DWP and the Local Authority Trial Leads, Service Level Agreements (SLAs) were not used by trials for operational service delivery between partners. It was generally felt that these would be critical for on-going delivery – in particular to co-ordinate working practices, make responsibilities clear, and plan resourcing.

- Governance systems need to be included at the strategic level, with clear structures, active leadership and members that have authority to make decisions. The most effective models had inclusive and constructive working arrangements – where members had equal input and could talk candidly about challenges.

Data Sharing

- There would be value in developing clear, implementable data sharing guidance for partnerships. There may be scope to explore how the Universal Credit digital interface could over time allow support providers to share information and feed back to Jobcentre Plus.

1   Introduction

This section sets out the context for the introduction of the 'Universal Support delivered locally' trials. It then describes out the approach taken in the evaluation of the trials and the structure of this report.

1.1 Context

1.1.1 Universal Support – delivered locally

This research report sets out findings from the independent evaluation of the 'Universal Support – delivered locally' (USdl) trials. The research was conducted by the Learning and Work Institute (formerly the Centre for Economic and Social Inclusion, which merged with the National Institute for Adult Continuing Education in January 2016), in partnership with BMG Research and Policy in Practice.

The USdl trials ran between September 2014 and August 2015 in eleven areas, testing new ways to identify, engage and support claimants that may require additional support in order to manage future claims to Universal Credit. Six trials were extended until the end of November 2015 to provide additional learning.

The introduction of Universal Credit is changing the way that claimants access the benefits system – with claims usually made and managed online, and benefits paid monthly in a single payment into a claimant's account (or a claimant couple's joint or appointees account). The government has recognised that these changes may present challenges to some claimants who are not used to personal budgeting monthly or to using computers or the internet for these purposes. The USdl trials were intended to test how claimants' needs can be identified and digital and personal budgeting support delivered in different areas of England, Scotland and Wales.

The trials had three key objectives:[1]

- To enable early evaluation of how best to support those who need digital and personal budgeting support in order to make and manage a claim to UC;
- To inform the future development of the framework for local support; and
- To provide learning on a number of UC-related services and activities, that could be used to provide robust evidence for future strategic and funding decisions.

In May 2014, areas were invited to submit Expressions of Interest to become formal trialling sites. Eleven areas were selected. Each trial was based on a partnership

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[1] 'Universal Credit Local Support Services Expressions of Interest Trialling Prospectus', Department for Work and Pensions, May 2014

between a Local Authority (or Authorities) and Jobcentre Plus (usually, but not always, a single District).

The trials specifically tested the delivery of:

- **Triage** – mechanisms to identify those claimants that are likely to need transitional support;
- **Digital inclusion** – the delivery of support to enable claimants to manage a claim online;
- **Financial inclusion** – delivery of support to manage monthly payments to the head of a household; and
- **Partnership working** – different models of working in partnership within and between agencies, and in particular between Local Authorities, Jobcentre Plus and organisations that can provide support.

Most trials tested all four of these elements. Three trials also intended to test 'payment by results' (that is, linking payments made to organisations to the outcomes achieved for claimants) but were unable to develop their proposals sufficiently in the timescales, so these plans were withdrawn.

It is important to note that whilst Universal Credit was in the process of a phased roll-out at the time of the trials, it did not roll out in the eleven areas selected for trial during the lifetime of the trials. Therefore, the testing and trialling of new support happened within the current benefits system, rather than alongside the live-running of Universal Credit.

1.2 Evaluation overview

The Department for Work and Pensions commissioned the Learning and Work Institute (formerly the Centre for Economic and Social Inclusion) to evaluate the trials. The overall aim of the evaluation was to capture common and comparable evidence from trials that can be used to inform the delivery of Universal Credit, in order to:

- Inform the design and rollout of Universal Credit
- Inform Local Authorities and local partnerships in their planning for Universal Credit delivery
- Identify the most effective approaches to identifying, engaging and then supporting those claimants that are most likely to need additional digital and personal budgeting support in order to manage their future Universal Credit claim
- Help the government to understand the costs and benefits of different approaches to local service delivery and models being tested

The evaluation comprised four linked stages, set out below. More information on the evaluation methodology is included at Appendix A.

Evaluation of the Universal Support delivered locally trials

1. Project scoping

In this stage, between **November 2014 and January 2015**, the evaluation team worked at a trial and programme level to understand the objectives, theories of change and key research questions for the project. This was supported by immersive visits to each of the eleven trials to explore their objectives, success measures, delivery plans and timescales, as well as to explore issues around data collection, data availability and where appropriate their use of control groups.

2. Action research with trial areas

There were two waves of action research with trial areas. The first wave was conducted between **January and March 2015** and involved a three-day visit to each of the eleven sites. The purpose was to collect early findings on trial implementation and experience, as well as to provide insights on what lessons could be learned, practices shared and improvements made. The second wave was conducted between **June and October 2015**. This comprised of a two-day visit to each site, reflecting on lessons learned and the implications for the design of Universal Support.

In total, across all sites, 90 claimant interviews, 55 claimant observations and 11 focus groups were conducted, with 146 interviews and 33 half-day workshops with DWP and USdl partnership staff.

3. Two wave telephone-based survey of trial participants

The survey was conducted by BMG Research. The first wave was conducted between 6 March and 31 July 2015, with a break from 30 March to 10 May due to the General Election. The sample was all individuals who were initially engaged by the trials up to 30 April 2015, in both the treatment and control groups, and who gave their permission to be contacted. Interviews lasted on average twenty-five minutes. In total, 2,285 respondents were surveyed (1,803 from the treatment group and 482 from the control group). This was below the survey target of 2,700, primarily due to smaller than anticipated samples.

The second wave ran between 30 September and 8 December 2015. The sample was all of those interviewed in the first wave and that gave permission to be contacted again, plus new participants from the treatment group that were engaged by trials between 1 May and 31 July 2015. This survey captured the experiences of and any progression achieved by wave one survey participants, plus baseline characteristics and experiences of support for new participants. In total, 1,440 participants were interviewed in wave 2 – of whom 651 were also wave one participants (516 from the treatment group and 135 from the control) and 789 were new treatment group participants.

5. Impact assessment and cost-benefit analysis

Trial costs were collected through a costs-capture template, which captured fixed and variable costs of delivering services and support as well as estimated costs for shares of existing activity or resource. Workshops were conducted in each trial area in August and September 2015 to ensure consistency in understanding and reporting of costs data, with trials then completing and returning the templates for analysis.

In order to make costs more comparable across the trials and to make interpretation of costs more understandable, a **total annualised spend** estimate was calculated based on the estimated cost of steady state delivery of support over the course of a full year. This was done by factoring up the estimated weekly costs to a full 52 weeks of delivery.

Alongside this, the impact assessment used the survey data to measure the extent to which those receiving support through the trials improved their capabilities – particularly around digital and personal budgeting skills – relative to non-participants with similar characteristics, as a consequence of trial participation.

In addition to this final report, the evaluation has produced a series of bi-monthly learning reports for the Department and trials, as well as an interim evaluation report distributed to a wider USdl 'learning network' in June 2015.

1.3   Report structure

Chapter 2 gives an overview of the eleven trials, the key features of their models, and a programme-level theory of change – setting out programme objectives and how the trials sought to deliver these. It also describes the characteristics of trial participants, drawing on the telephone survey.

Chapter 3 describes the approaches of trials to identifying those likely to require support with managing their UC claim, and their approaches to then engaging with claimants.

Chapter 4 focuses on the approach taken to assessing claimants' support needs. It explores in particular the distinction between initial screening (the identification of a need) and subsequent diagnostic assessment (identifying what support is needed); and lessons on how triage is delivered, the role of advisers, and the focus on Universal Credit.

Chapter 5 explores the different approaches taken to managing the process from triage through to the delivery of support – looking at different models of co-ordination, delivery, referral and follow-up.

Chapter 6 then sets out findings from the delivery of support to claimants – and in particular of digital and personal budgeting support. This focuses on the scope of the support offered, its delivery, the barriers to achieving success, and the outcomes of support. It also looks at other support that was offered by trials – in particular around employment, foundation skills, health and transport.

Chapter 7 describes trials' different approaches to integrating, co-ordinating and/ or co-locating services. It considers the role and effectiveness of co-located models, 'hubs and spokes' and more traditional delivery models.

Chapter 8 then looks at a how trials were managed and governed, and the effectiveness of local partnership approaches.

Evaluation of the Universal Support delivered locally trials

The analysis of trial impacts, costs and benefits is set out in **Chapter 9**. This focuses on the impacts on digital and personal budgeting capability – so the extent to which the trials prepared claimants for Universal Credit – as well as the costs of delivering these services.

Chapter 10 then draws out some key implications for the future delivery of Universal Support services in Universal Credit, before **Chapter 11** offers final conclusions.

2 Overview of the trials

This section gives an overview of the eleven trials, the key features of their models, and a programme-level theory of change – setting out programme objectives and how the trials sought to deliver these. It also describes the characteristics of trial participants, drawing on the telephone survey.

2.1 The eleven trial areas

Eleven partnerships were selected as formal trialling sites. Each partnership proposal was developed jointly by the relevant Local Authorities and Jobcentre Plus Districts. Seven of the eleven trials were individual Local Authorities, set out below (with Jobcentre Plus Districts are shown in brackets).

- Derby City (Midland Shires District)
- Islington (North London District)
- South Staffordshire (Midland Shires and Black Country District)
- Argyll and Bute (West of Scotland)
- Dundee City (East and South East Scotland District)
- Blaenau Gwent (South East Wales District)
- Carmarthenshire (South West Wales District)

In addition, four trials were partnerships of Local Authorities, as follows:

- Lambeth, Lewisham and Southwark (South London District)
- Northumberland and South Tyneside (Northumbria Tyne & Wear District)
- West Lincolnshire – including West Lindsey, Lincoln City, North Kesteven and Lincolnshire (Lincolnshire, Nottinghamshire and Rutland District)
- Westminster and the Royal Borough of Kensington and Chelsea (North London District)

The trials represented a mix of authority structures, geographies and claimant demographics.

All of the trials were testing approaches to partnership working, triage and digital support; and all trials except for Dundee also tested approaches to personal budgeting support (PBS). It was intended that the trials would run as randomised control trials (RCT) in order to aid the measurement of the additional impacts from providing additional support. This would involve the random assignment of eligible individuals into either a treatment or control condition. Those assigned to the

treatment group would be invited to participate in USdl, while those in the control group would receive 'business as usual' support. In practice, this was not feasible due to participant volumes, lack of assignment procedures and progressive changes in the treatment conditions. However, all but one trial had a counterfactual group that served as a control group against whom impacts could be measured.

Box 2.1 describes briefly the key features of each of the eleven trials. Appendix B sets out more fully the different claimant journeys through support in each of the trial areas.

Box 2.1 Key features of the eleven trials

All trials tested triage approaches and digital support, while ten of the eleven trials also tested personal budgeting support (the one exception being Dundee City).

Argyll and Bute was one of two trials in Scotland. A key reason for this trial was to test how to most effectively support residents in rural and dispersed communities, as it is one of the most sparsely populated areas in Scotland.

Blaenau Gwent was one of two trials in Wales. It was targeted specifically at claimants receiving Employment and Support Allowance (ESA), and was intended to explore how to support residents furthest away from the labour market in a in an urban/rural deprived community.

Carmarthenshire was the second Wales trial. A specific objective was to test the delivery of support in a highly rural area alongside the key aspect of Welsh language medium provision.

Derby City was delivered in a predominantly urban, single-tier authority with a wide network of partners involved in delivery. A key feature of this trial was its use of a single integrated case management system (E-CINS).

Dundee City was the second Scotland trial. The rationale was twofold: to build on strong existing partnerships between Jobcentre Plus and the Local Authority; and to test ways to improve digital skills in an area with high need and generally poor access to support.

Islington in London was intended to test the delivery of services in an area with a strong Local Authority-led employment service, and 'one stop shop' access for local residents.

Lambeth, Lewisham and Southwark involved three neighbouring London Boroughs and built on a long record of partnership working. The trial was one strand of wider partnership work, which had a particular focus on employment and skills.

Northumberland and South Tyneside intended to test the delivery of a single model with two different lead organisations covering diverse geographical areas, but underpinned by a single case management system.

South Staffordshire was the only trial that operated within the boundaries of a single, lower-tier authority, and the only trial that spanned two Jobcentre Plus Districts. It was a predominantly rural area, with residents served by five different Jobcentre Plus offices (none of which were physically located within the area).

West Lincolnshire brought together four Local Authorities and was the only trial to include both County and District/ City Councils. As such it was an opportunity to test how upper and second tier authorities work together. The trial built on a previous Local Authority-led trial in 2012-13, delivered by West Lindsey Council.

Westminster and RBKC trialled four separate projects: a digital support project; in-work digital and personal budgeting support; and digital/ personal budgeting support delivered through a housing services and an employment service. This diverse offer was intended to reflect the needs of the local area.

2.1.1 Trial delivery models

While all trials aimed to meet the same objectives through similar means (i.e. to support claimants through triage, personal budgeting, digital support and partnership working), they each tested distinctly different models in different ways – with different approaches to measuring progress (including the outcomes achieved).

Broadly, there were four key stages in how claimants were supported:

- **Identification and engagement** – how participants entered the trial – most commonly when they started a new benefit claim, when they access a service, or through direct outreach and engagement

- **Triage** – how participants' digital and personal budgeting support needs were then assessed – either in a two-stage process of needs assessment and then diagnosis or a combined process

- **Referral and case management** – how participants were then supported through the trial if they had support needs – where approaches varied and had often developed during the life of the trials

- **Delivery of support** – the digital and personal budgeting support that claimants then received, usually delivered through pre-existing services, as well as through onward referral to wider support (notably support to find employment)

Differences in trials' approaches across these four stages led to often very different delivery models between trials. This is illustrated with three stylised claimant journeys in Figure 2.1, for hypothetical participants with identified personal budgeting support needs.

Figure 2.1 Stylised claimant journeys through support

	Carmarthenshire	Argyll and Bute	Derby City
Identification / engagement	New claim made for JSA	New claim made for JSA	Identified by assessing agency: Derby City Council / Jobcentre Plus / Citizens Advice and Law Centre
Triage	Scripted assessment by Work Coach	Points - based assessment by Work Coach	Detailed needs assessment carried out by identifying agency
		Unscripted diagnostic by triage manager	

Budgeting support need identified

Referral / case management	Referred to dedicated budgeting adviser	Referred to local voluntary sector service	Referrals generated from needs assessment and sent through case management system
Delivery of support	UC - specific budgeting support delivered	Budgeting and debt support delivered	Support need met by referred to agency
			Next steps reported into case management system and ongoing case management

In addition, trials adapted their approach during the delivery period, often in response to their own experiences and to learning from other trials. This meant that over time, delivery models changed – and there was some evidence of convergence around common good practices. This is explored in more depth in the relevant chapters.

Six trials were extended for a further three months – from September to November 2015. The extended trials were Argyll and Bute; Blaenau Gwent; Derby; Islington; Lambeth, Lewisham and Southwark; and West Lincolnshire. The purpose of the extension was predominantly to give these trial areas more time to test the effectiveness of their models in steady-state delivery. However a small number of areas used the extension period to further redesign their process and test different approaches.

2.1.2 Trial and programme level theories of change

Evaluators worked with trials to map the 'theory of change' for each trial and to produce a programme level theory of change for the trials overall. This is an evaluative technique that works back from the objectives of an intervention or trial to then map the outcomes that are intended to be achieved for different groups, how the trial outputs will lead to these outcomes, and how the activities will lead to these outputs. This can then be used to identify the critical success factors, issues and risks, gaps in the process, and potential unintended consequences.

The programme level theory of change is set out in Figure 2.2. Across all of the trials, the high level intended outcome was the same – successful transition to Universal Credit. However because trials intervened with different groups and in different ways with different measures of success, their theories of change were also different. Note that claimant journeys are intended to reflect the trials in steady-state delivery, rather than at the design stage.

Evaluation of the Universal Support delivered locally trials

Figure 2.2 Programme-level theory of change
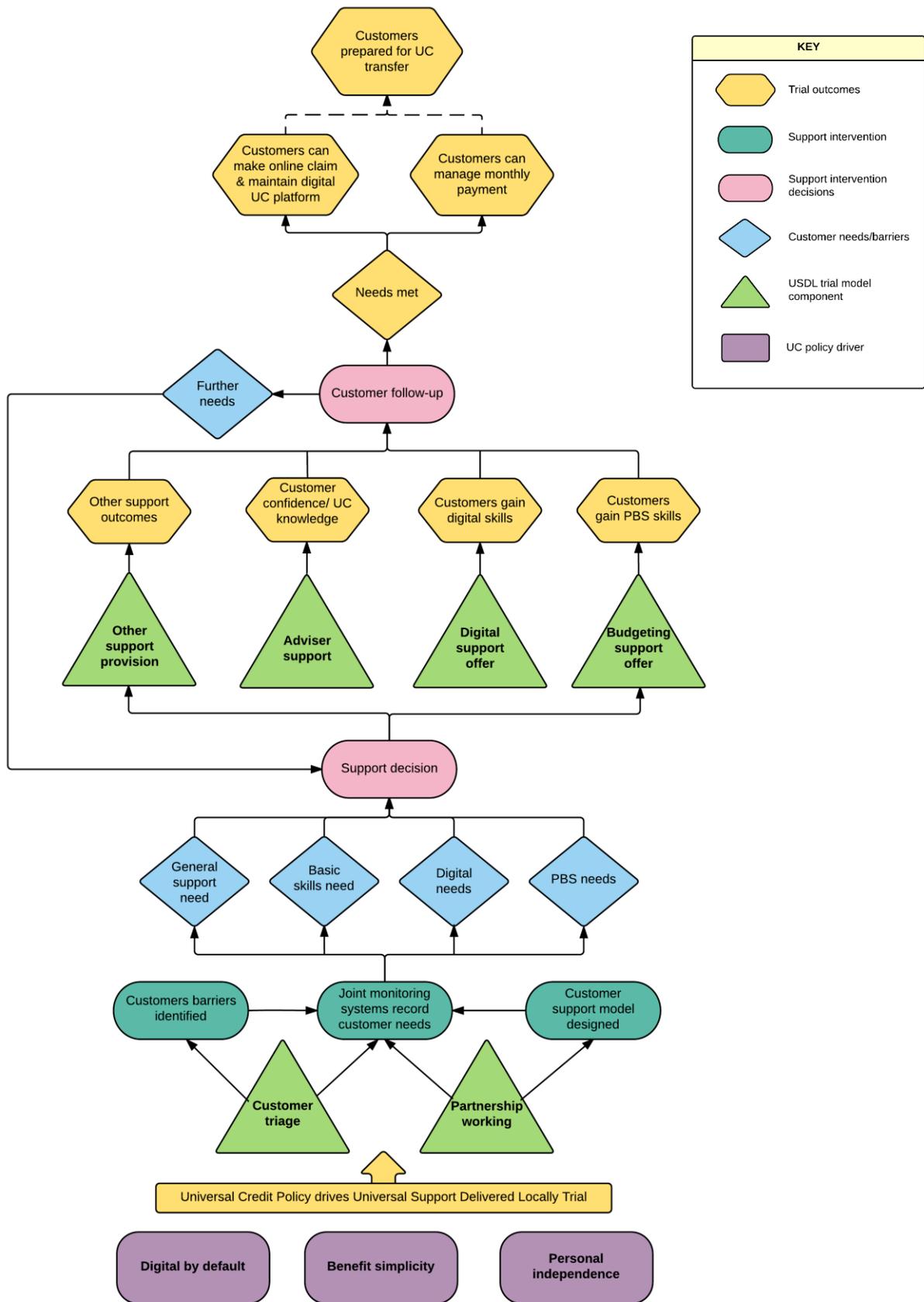
2.1.3 Trial dimensions and delivery 'types'

Despite the differences in trial delivery, it is possible to identify different types of trials along three key dimensions – their geography, targeting strategies, and approach to organising services. Where indicated, these dimensions are further explored in later chapters.

Geographical type

Trials were predominantly urban, predominantly rural, or mixed urban-rural. As Table 2.1 below shows, the most common trial type was urban – and the three London trials were very urban (all inner city, central London authorities). However, a majority of trials were either rural or had rural communities within them. Some of these trials – particularly Argyll and Bute – were very rural.

This relative bias towards rural areas meant that the trials produced extensive findings on the challenges of delivering services in more isolated and remote areas, and on the particular disadvantages and support needs of residents of those communities.

Table 2.1 Geographical type of trial areas

Urban	Rural	Mixed urban-rural
Derby	Argyll and Bute	Blaenau Gwent
Dundee	South Staffordshire	Northumberland and South Tyneside
Islington	West Lincolnshire	
Lambeth, Lewisham and Southwark	Carmarthenshire	
Westminster and RBKC		

Targeting strategies (Chapter 3)

Broadly, trials could be grouped into those that had highly targeted and usually proactive approaches to identifying and engaging participants, those that had selective but usually reactive approaches, and those that had high volume, reactive models.

The 'highly targeted' group typically sought out particularly disadvantaged and hard-to-engage claimants, usually through partner outreach, and sought to deliver intensive remedial support. The 'selective but reactive' group were focused on delivering support to a specified range of claimants so as to target support and limit scope and demand, but did so primarily through reactive means – i.e. where claimants came into contact with Local Authority, Jobcentre Plus or partner services. The 'high volume reactive' group sought to screen claimants from a far wider population, before channelling those with identified needs into support services.

Table 2.2 illustrates this, although it is important to note that trials often combined elements of different approaches and often developed their approach over time.

Table 2.2 Trial targeting strategies

Highly targeted	Selective but reactive	High volume reactive
Blaenau Gwent	Derby	Argyll and Bute
Northumberland and South Tyneside	Islington	Carmarthenshire
Westminster and RBKC	Lambeth, Lewisham and Southwark	Dundee
	South Staffordshire	
	West Lincolnshire	

Organisation of services (Chapter 7)

Finally, a key distinction between trials was their approach to how services were organised within their partnership and estates. There were three broad types: those where Jobcentre Plus led with outward referrals; those with fuller co-location or service integration, with core services located in a central hub; and 'hub and spoke' models where the co-located central hub was supplemented by more local 'spokes' to serve particular groups or areas.

Table 2.3 sets this out. Broadly, the most integrated models were in the most urban areas; while hub and spoke models were largely serving more rural communities. Note that Westminster operated a more mixed model, with four discrete services.

Table 2.3 Trial approaches to how services were organised

Jobcentre Plus-led with outward referrals	Full co-location/ integration	Hub and spoke	Mixed models
Carmarthenshire	Blaenau Gwent	West Lincolnshire	Westminster
Argyll and Bute	Derby	Northumberland and South Tyneside	
Dundee	Islington	South Staffordshire	
	Lambeth, Lewisham and Southwark		

2.2 Trial participation

2.2.1 Participant and trial volumes

Summary data on trial participation is set out below. Given the diversity of approaches being taken by trials and differences in how management information was recorded by trial areas, caution should be used in drawing comparisons between trial areas.

As Table 2.4 sets out, by the end of August 2015 14,854 claimants had received triage across the eleven trial areas. Note that this only counts those who consented to having their information shared. Of these, 9,382 claimants were referred on to any form of support, with 2,443 of these referred on to digital support and 2,280 referred on to personal budgeting support.

Two trials account for 44% of all claimants triaged, and 37% of all referrals – Carmarthenshire and Lambeth, Lewisham and Southwark.

Table 2.4 Trial volumes to end August 2015

Trial	Claimants receiving triage	Claimants referred to all types of support	Claimants referred to digital or budgeting support
Argyll and Bute	1,093	320	451
Blaenau Gwent	1,049	805	233
Carmarthenshire	3,950	1,858	1030
Derby City	1,051	1,051	571
Dundee	1,401	951	223
Islington	1,149	992	731
Lambeth, Lewisham and Southwark	2,605	1,573	482
Northumberland and South Tyneside	935	176	57
South Staffordshire	350	226	185
West Lincolnshire	887	1,053	429
Westminster and RBKC	384	377	331
Total	**14,854**	**9,382**	**4,723**

Note that triaged volumes reflect only those participants who consented to be a part of the treatment group of the trial evaluation. Participants who repeated triage are only counted once.

2.2.2 Participant characteristics

The telephone survey was used to profile participant characteristics. In total, 3,138 claimants were interviewed in the baseline survey, of whom 2,580 were assessed for USdl support (the treated cohort). The remaining 558 claimants were from the comparator or control groups that were allocated by trial areas but did not take part in the trial.

Claimants were almost equally split between males and females and their ages were distributed evenly across the working age range (aged 18-64). The ethnic mix of claimants was predominantly White (78 per cent), with a small number of Black (13 per cent), Asian (three per cent) and Mixed Race (two per cent) claimants.

There was no significant differences for these demographic measures for treatment and control groups.

2.2.1 Households structure and tenure

Around a third (34 per cent) of survey respondents lived alone. This proportion rose to almost half (46 per cent) for those who were retired or out of work due to a disability or illness. Older claimants were more likely to live alone (57 per cent). A quarter (24 per cent) were single parents and one tenth (11 per cent) lived with their partner and children. A minority were living with parents or other family members (17 per cent); these were mostly 24 years old or younger.

Two thirds (67 per cent) of claimants lived in rented accommodation, with one in nine (11 per cent) in their own homes. For those who rented, the type of landlord was split almost equally between private, Council and Housing Association. Around a fifth (22 per cent) said they did not have a permanent address (either staying with friends or family, or in temporary accommodation). These proportions varied markedly by trial area: Blaenau Gwent and South Staffordshire had very low levels of homelessness, while Islington and Westminster had three in ten (31 per cent for both) claimants who were homeless.

2.2.2 Benefits claimed and employment status

Jobseeker's Allowance (JSA) was claimed by two-fifths (40 per cent) of survey respondents. This is over double the proportion seen in the wider population of those claiming out of work benefits.[1] This likely reflected the fact that the highest-volume trials used universal triage approaches which were linked to the JSA new claims process, and so predominantly recruited JSA claimants.

The majority of JSA claimants in the trial (40 per cent) stated that they had been out of work for over two years.

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[1] Estimates from the ONS give the May 2015 value for JSA claims as 18 per cent of the total number of out-of-work benefit claimants.

Figure 2.3 Benefit receipts

Benefit	Percentage
Housing Benefit	48%
Jobseekers Allowance	40%
Child Tax Credits	25%
Employment and Support Allowance	22%
Not receiving any benefits	14%
Income Support	13%
Disability Living Allowance	10%
Working Tax Credits	6%
Personal Independence Payment	5%
Incapacity Benefit	2%
Don't know/refuse	*
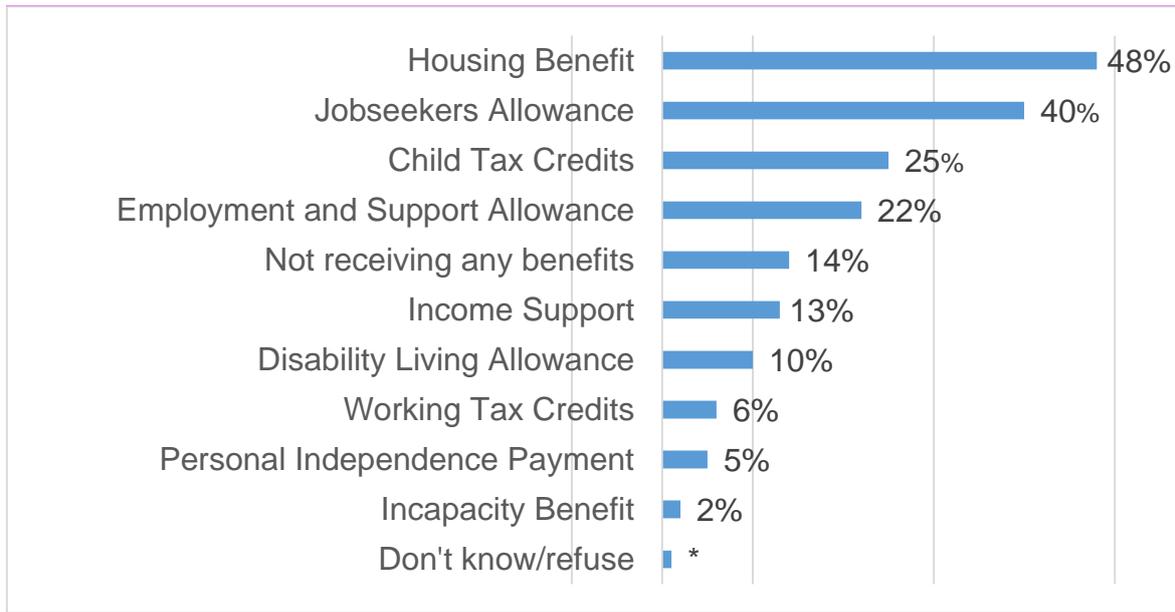
Base: All respondents n=3138 (weighted) * fewer that 50

Almost half (45 per cent) of claimants were disabled; around a third (34 per cent) had a disability that limited their ability to carry out day-to-day activities. The most commonly reported conditions were mental health problems such as stress and anxiety (60 per cent), depression (58 per cent) or other mental illnesses (28 per cent). Almost half (46 per cent) stated that they had a mobility impairment.

Given that there are around three times as many ESA claimants as JSA claimants in the population on benefit, ESA claimants are under-represented to some degree.

Housing Benefit was the most commonly claimed benefit among claimants involved in the trials, claimed by almost half of all claimants. This proportion is slightly higher than the proportion of claimants nationally.[2]

Almost half of claimants surveyed described themselves as unemployed (45 per cent) and one-fifth (22 per cent) stated that they were out of work due to an illness or disability. One-fifth were in some form of work – ten per cent were working full time, 11 per cent part time. Claimants in the control group were slightly less likely to be employed and more likely to be economically inactive due to a disability or illness.

For those who were out of work, the majority (43 per cent) had been out of work for over two years. Older claimants were more likely to have been out of work for two years or more. Two thirds of claimants over the age of 45 had been out of work for two years or more, compared with two-fifths of under 45 year olds.

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[2] ONS last estimate of HB claims was 4.8 million (August 2015). However these claims are at a household level while in work benefits are individual claims.

Figure 2.4 Length of time out of work
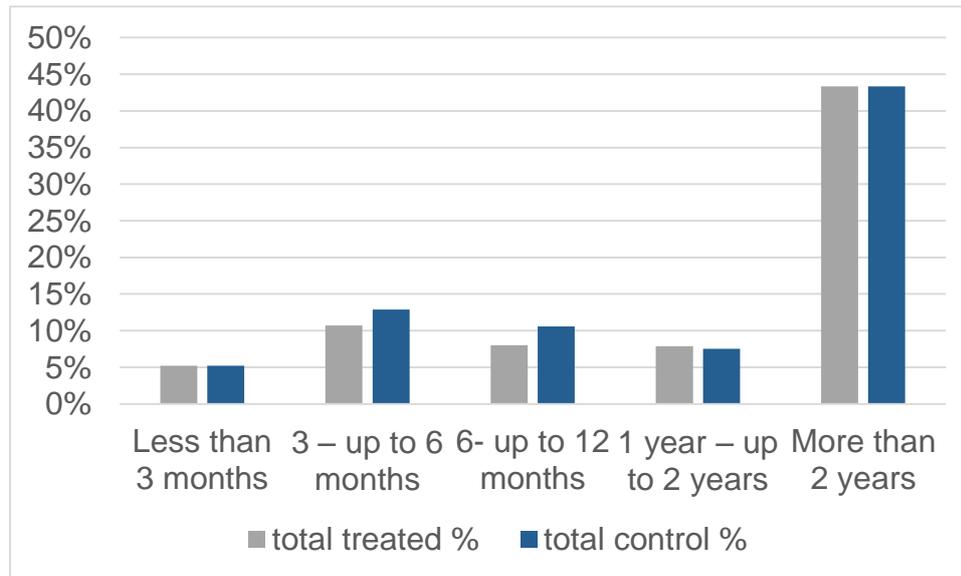
Base: All not working = 2,383 (weighted)

2.2.3 Personal budgeting support needs

A high proportion (78 per cent) of survey respondents said that they regularly set a budget to plan their income and expenditure. Many claimants (44 per cent) chose to plan their budget on a weekly basis; a smaller number of people (15 per cent) made a monthly budget; however this rose to around a quarter (27 per cent) of those who had some form of work.

Personal budgeting was also positively related to access to the internet: claimants who reported accessing the internet regularly (at least once a week) were more likely to also budget. Those who had been out of work for the longest were most likely to budget; with only one in eight (12 per cent) not completing a regular plan for their money.

Even though the large majority of respondents set budgets, only a quarter of these respondents (25 per cent) said that they were able to stick to their plan all of the time. Over half (52 per cent) stated they had recently run out of money, or needed to use other credit sources to get by. Sticking to a budget was less likely for those who did not have a bank account of some sort: two thirds (65 per cent) of claimants without an account did not stick to their budgets. Those with dependent children were also less likely to stick to their budgets (69 per cent), as were tax credits claimants (68 per cent). Despite being less likely to budget, claimants who said they were disabled were no less likely to stick to their plans.

Over a fifth (22 per cent) of claimants surveyed were behind with their rental payments. Nearly half of those who had gone into arrears (43 per cent) said this had happened because of low income.

Finally, one in ten (10 per cent) respondents stated that they did not have a bank account that could receive Universal Credit payments.

2.2.4 Digital support needs

The majority of survey respondents were regular users of the internet. Four in five (79 per cent) said that they used the internet at least once a week; a little over half said that they used it daily (54 per cent). Around one-in-seven stated that they had never used the internet (14 per cent). There were significant differences in internet usage between trial areas: in Blaenau Gwent, for example, nearly half (44 per cent) of claimants had never used the internet, while in Carmarthenshire and Dundee almost all were regular internet users.

Age appeared to be a factor when looking at frequency of usage. A very small proportion (two per cent) of under 25 year olds stated that they had never used the internet; while for claimants aged 55 years or older this figure was almost a third (30 per cent).

Claimants who used the internet reported completing a variety of activities online. Most were confident in the tasks that they performed, with around 95 per cent of respondents very or fairly confident in using the internet for online banking, shopping and paying bills. This fell to 85 to 88 per cent being very or fairly confident in looking for jobs or applying for jobs.

The most up to date estimates suggest that 14 per cent of UK households do not have internet access,[4] which was the same proportion seen among survey respondents. Around a third of people without internet access said that this was because of a lack of computer skills, while a tenth said that the cost of access was too high. A similar proportion did not have their own email address.

2.2.5 Attitudes to transition to Universal Credit

When asked, respondents were generally confident about being cope with making changes to their claims under Universal Credit. The majority agreed that they would be able to budget and deal with finances. Around a sixth (17 per cent), however, felt they were disorganised with their finances and were far less likely to agree with the statements listed in Figure 2.5 below.

Respondents who considered themselves disabled also had lower level of agreement; while those who said that they had a limiting condition disagreed even more.

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[4] http://www.ons.gov.uk/ons/rel/rdit2/internet-access---households-and-individuals/2015/index.html

Figure 2.5 Confidence in preparing for Universal Credit
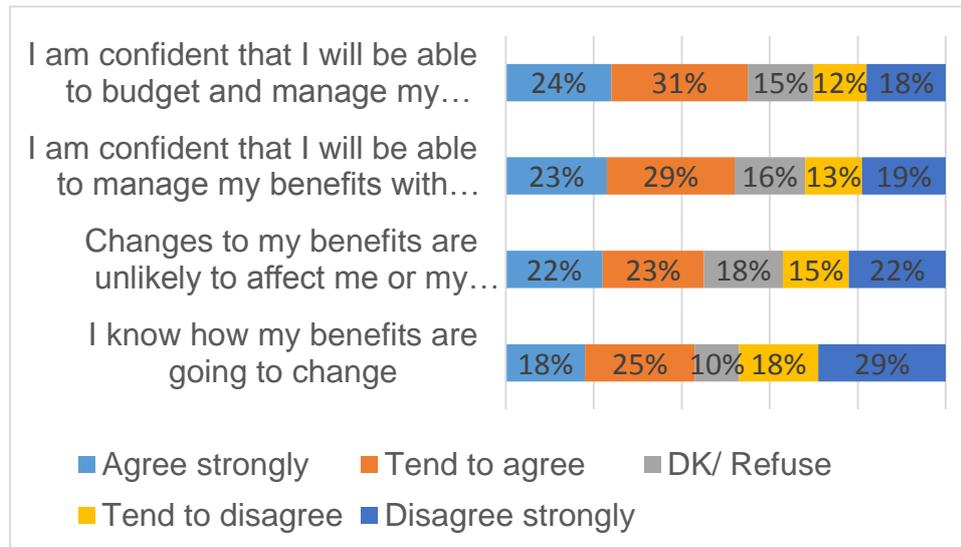
Base: All respondents n=3138 (weighted)

While agreement was highest for being able to budget and manage finances, there was less agreement when asked if respondents understood how their benefits would change and how this would affect them. In particular, the greatest uncertainty was shown by claimants when they were asked if they agreed that benefits were unlikely to affect themselves, or their household. Overall just 43 per cent agreed that they understood how their benefits would change.

However, very few respondents stated that they intended to look for advice or support in preparation for the change to UC. The most common response from claimants was to say that they would be more careful with their personal budgeting (10 per cent), while some (seven per cent) said that they would either adapt to the circumstances as they presented themselves, or try and get a job or improve their work situation.

3 Identification and engagement

This section provides an overview of the different approaches that the trials took to identifying eligible participants and then engaging them in a trial. It also describes the key barriers that prevented engagement, and compares the cost of different identification and engagement approaches.

3.1 Summary of findings

Trials either chose to target particular claimant groups – such as ESA claimants or those with problem debt – or to be more universal in their approach – particularly by screening new benefit claimants. Some adapted a mixed approach: combining targeting of specific groups with a general route in, such as through a Local Authority hub.

Trials that had more universal approaches to identification also tended to be more reactive, relying on Work Coaches to identify eligible claimants. Trials that targeted claimants coming into contact with co-located services – such as applications for Discretionary Housing Payment or Local Assistance Fund – were also generally reactive in their approach.

Proactive outreach was used by a number of more targeted trials. When facilitated by effective partnership working, this appeared to be effective in reaching hard-to-engage claimants. The involvement of community organisations and social landlords appeared to bring benefits.

Targeting those with problem debt seemed relatively successful in identifying individuals in crisis who would benefit from USdl support, although encouraging them to then engage with the support was more difficult – as they often had more immediate concerns or barriers to overcome.

Key to effective engagement was how the services were sold to the claimant. When used, incentives to encourage participation were seen to work well, and there were examples of claimants taking part because they thought that it was mandatory or part of their Claimant Commitment. The location of the support also proved to be an important factor in leading to a claimant choosing whether or not to engage, with familiar settings and a relaxed environment making claimants more willing to attend.

Face-to-face contact with approachable and informative staff seemed most likely to lead to engagement of vulnerable claimants, who were then more likely to disclose information and build up trust. Mixed experiences of telephone engagement were reported, with letters seen as being far less successful than other forms of communication.

3.2   Approaches to identification

Trials varied widely in their approaches to identifying claimants – in particular in the extent to which they sought to target particular groups of claimants considered more likely to be in need of support; and the extent to which they used reactive or proactive methods of identification.

Most trials sought to **target particular groups** to some extent. This was often a consequence of their approach to recruitment and engagement – for example by working through local or community based partners, and/ or referring from those accessing emergency support – but in some cases this reflected a deliberate effort to identify those with the most significant needs. For example, Northumberland and South Tyneside targeted individuals who were in need of crisis support and individuals in two areas of high deprivation respectively; while Derby predominantly identified individuals making Local Assistance Fund applications. Blaenau Gwent had a clear focus on Employment and Support Allowance (ESA) claimants, for example through Social Landlords and trial staff undertaking proactive outreach in the community.

In contrast, Dundee and Carmarthenshire were near universal in their approach, screening all new claimants to DWP benefits, with this supplemented in Carmarthenshire with Local Authority referrals of claimants that had identified housing, digital or financial needs. Similarly, Argyll and Bute screened all claimants making a new DWP claim as well as identifying those accessing crisis support.

Mixed approaches to targeting were apparent in South Staffordshire, where claimants were identified through Work Clubs while those claiming Discretionary Housing Payments were encouraged to take part. Islington also developed a more mixed approach – moving from a model that was predominantly supporting claimants that came into contact with its integrated Local Authority hub, to one during its extension period that sought to actively engage with the two hundred longest-term unemployed residents as well as residents of three deprived estates. Lambeth, Lewisham and Southwark also became more targeted in the extension period – increasingly targeting ESA claimants, people leaving the Work Programme and lone parents claiming Income Support (having previously engaged high volumes of JSA new claimants).

A **reactive approach** to identifying and engaging participants was common to many trials. More universal trials were the most reactive, relying largely on the volumes of claimants making new claims for benefits or coming into contact with Work Coaches. Many trials also used their own Local Assistance Fund or Discretionary Housing Payment systems to engage claimants as they came into contact with that support – with Derby, South Staffordshire, Argyll and Bute and Northumberland and South Tyneside all good examples.

Trials reported mixed experiences of screening claimants at the new claims process. This was seen as successful in Carmarthenshire, where the trial was well integrated into their services, and it was felt that staff were well trained and that claimants were

more used to being questioned about support needs. However, it did not work as well in Lambeth, Lewisham and Southwark – where advisers felt that they were screening claimants that did not require support or were difficult to engage.

Engaging claimants that were accessing discretionary or emergency support was seen as an effective way of reaching those who were likely to have support needs, and at a time when they are likely to be more receptive to support.   In contrast, however, trying to engage claimants that were using Local Authority hubs for other purposes (for example to pay bills or use Council services) did not prove as effective – as they were less likely to have or disclose support needs, and were not primed to receive support.

Proactive outreach appeared to be an effective way to identify hard to reach, vulnerable claimants, but relied on good partnership working. For example, the involvement of Social Landlords in trials including Northumberland and South Tyneside and Westminster and RBKC worked well, because they often had established relationships with their tenants as well as an awareness of their needs and barriers. West Lincolnshire demonstrated the widest 'net' of proactive partners – with its 'LAN' network enabling referrals from multiple routes includes Jobcentre Plus, the third sector, the Local Authority and Work Clubs. Over 260 staff were trained in identifying support needs as part of their day-to-day delivery.

3.3   Approaches to engagement

There were numerous approaches adapted to encourage engagement in trials, with several trials testing multiple and innovative methods.

How the service was sold to the claimant was a key factor in encouraging engagement. For example Lambeth, Lewisham and Southwark used a free service to obtain claimants' credit ratings as a hook to then encourage them to engage. In some cases conditionality, or assumed conditionality, were important in encouraging participants to engage. Carmarthenshire and Dundee both reported that it was easier to encourage claimants to engage through Jobcentre Plus because they thought that the support was part of their Claimant Commitment. In claimant interviews, some also believed that participation was mandatory and felt that this had led to them to participate in the trial initially.

Face-to-face contact, through outreach or within co-located hubs, proved particularly effective to engage hard to reach and vulnerable groups. Islington trial (as part of a number of engagement approaches) utilised a local charity with a positive local reputation for door-to-door outreach on a local estate. The informative and helpful manner of staff and volunteers combined with engagement in the home, was highly valued and claimants reported that it made them more comfortable to disclose information. For example, this approach successfully engaged full-time carers who accessed several support services but infrequently visited Council offices.

> *'If I wasn't part of Connect and the door-to-door, I would never know.'*

> (Claimant interview, Islington)

There were mixed views on using **telephone calls** to engage claimants. Cold-calling was seen as relatively unsuccessful by a number of trials, with a particular issue being that claimants did not tend to answer calls from withheld numbers. However some trials had better experiences. In Blaenau Gwent, it was felt that telephone calls were often preferable to face-to-face outreach, as advisers could access administrative records including the claimant's benefit history without having to do that on the doorstep. South Staffordshire found that telephone calls worked better than sending out letters to tenants and provided a more personal touch, but were comparatively resource intensive.

Using **letters** to engage claimants (rather than to forewarn them of future contact) was seen as costly and relatively unsuccessful by all trials. Staff explained that it was hard to relay a suitable amount of appropriate information about Universal Credit in a way that a range of claimants would be receptive to. Furthermore, the inclusion of DWP or Local Authority logos on mail-outs was seen to put claimants off, especially when they had previous negative experiences and did not trust such services as a result.

> *'They're saying there's help on this and help on this, how can we improve your situation and I'm saying "typical letter from the Council" straight away.'*

(Claimant interview, Westminster and RBKC)

To try and overcome this barrier, Westminster and RBKC created more neutral mail-outs from their VCS delivery partners.

The **location** of the engagement, where it was face-to-face, was also recognised as an important factor in whether participants chose to engage in the trial. When it was held somewhere that the client was familiar and therefore comfortable with, they were more willing to attend. Using Work Clubs appeared to be an effective way to engage claimants in rural areas, such as South Staffordshire and Blaenau Gwent. These were settings that claimants regularly attended and were familiar with which had a relaxed environment.

> *'I suppose by filling in the form she then realised my circumstances, realised I wasn't 100%... But we were just sitting chatting… like mums would talk in a way... and I probably haven't got anybody to talk to.'*

(Claimant interview, South Staffordshire)

3.3.1 Barriers to engagement

There were numerous barriers that reduced the likelihood of claimants engaging with the trials. This included the fact that Universal Credit was not yet being implemented in trial areas, which resulted in many potential participants not feeling like they would benefit from the trial or being unclear on how UC would affect them directly.

> *'Trying to get them to understand a system that's not in place that may or may not apply to them at any given time is not very easy to do and actually it's probably information overload for the clients at times.'*

(Operational staff member, Westminster and RBKC)

To try to overcome this, frontline staff attempted to generate urgency to make claimants realise that this was something they were going to have to deal with. In addition, staff linked the digital and personal budgeting skills to wider benefits from taking part, such as finding work online or being able to save money on bills through using price comparison websites.

Another key barrier to engagement, particularly in more urban trials, was around claimants' communication, language and literacy skills. This often presented a barrier even to engaging in the initial needs assessment, and presented challenges in claimants' ability to then go on and benefit from digital and personal budgeting support. English language and basic skills provision were generally less well-integrated into the support offers available in trial areas.

The location of support could also act as a barrier to engagement, as a range of issues could impact on claimants' ability to travel for support (including financial, health, caring or transport barriers). While co-located support services were valued for placing most or all support in one place, venues which could be easily accessed by public transport were extremely important for claimants. A number of trials would reimburse travel costs, but only after participants had attended the appointment – which caused difficulties for those who did not have the money upfront.

Some claimants interviewed stated that they would prefer to either manage without additional support, or to get support on managing their transition to Universal Credit from friends and family. These claimants typically had lower needs and felt that they would be able to cope without the support offered by the trial (which was felt to be too intensive for them). Those who preferred to use friends or family generally had higher needs but felt comfortable with their existing support networks which in some cases had been long established. In some interviews, participants attended with members of their family who were able to explain that they had existing support that they felt comfortable with.

3.3.2 Costs of identification and engagement models

The estimated annualised spend on engagement across all the trials was £415,000. This varied significantly across the trials, with some (Argyll and Bute and Carmarthenshire) reporting no costs at all, and others spending relatively small amounts – such as Derby (£3,000) and Dundee (£2,000). West Lincolnshire reported the highest amount of spending at £89,000. Figure 3.1 sets this out.

Figure 3.1 Annualised engagement costs per trial
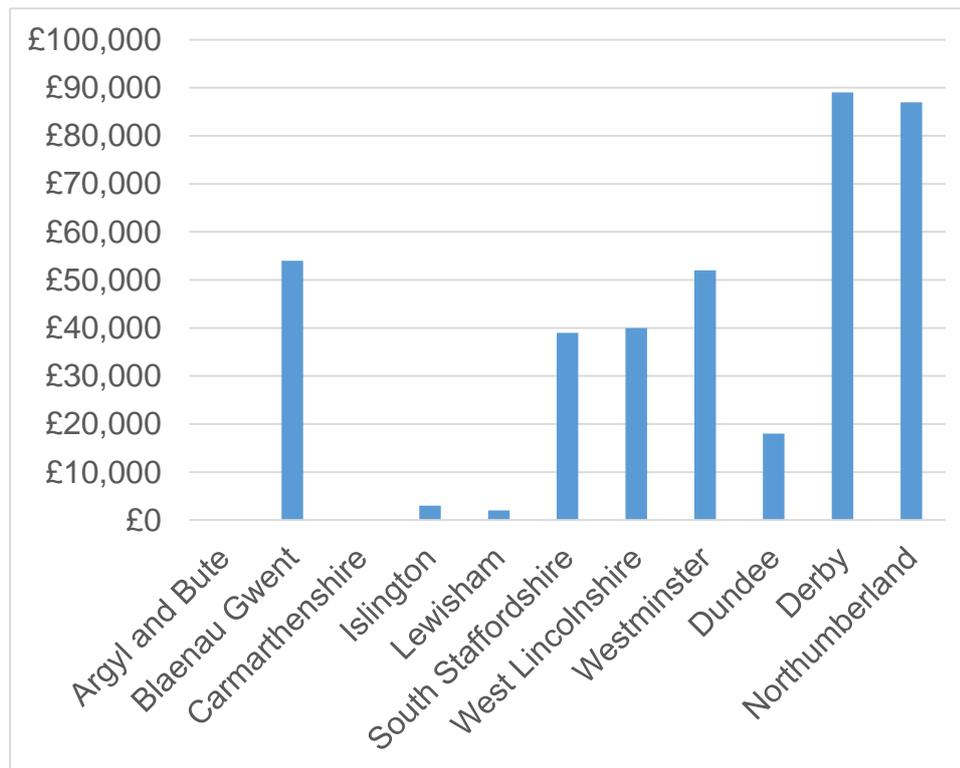
Source: Costs supplied by trial areas.

It is likely that many trials viewed their engagement costs as part of their core or ongoing services. As noted, Carmarthenshire and Dundee used the new claims process, Derby primarily used their Local Assistance Fund or Discretionary Housing Payment systems, while Argyll and Bute used both.

The high cost for West Lincolnshire was due to the wide range of partners involved, with a total of 260 staff trained in identifying support needs. Westminster and RBKC used six Welfare Reform Officers within their trial delivery model, which accounted for over half of their engagement costs. The high engagement cost in Islington was mostly due to the use of its outreach approach described above.

Note that Northumberland's engagement costs include the cost of the Project Manager employed by the Local Authority, which also likely includes some elements of triage and the delivery of support.

3.4 Lessons for future practice

- The approach to identification requires a clear and precise focus on which groups are being targeted, by whom, where, how and why; underpinned by effective local partnerships to deliver this, systems and processes for onward referral, and regular communications between partners.

- There is a role for both reactive screening of claimants that come into contact with services, and more proactive outreach to harder-to-reach groups. the trials show

that there appear to be particular benefits from reactive screening of those that contact 'crisis' support – including those services dealing with Council Tax and rent arrears, local welfare schemes and Discretionary Housing Payments.

- Proactive outreach can add value in reaching the harder-to-engage, particularly where it is built on to existing services – for example by Social Landlords and community-based organisations. However, it requires investment to make it work – both in terms of its delivery and the investment needed in managing wider partnerships. This therefore appeared to work best where it was carefully targeted.

- Identifying and engaging claimants more formally through their regular Jobcentre Plus interventions appeared to work well. Framing this as part of a wider set of commitments appeared to increase initial engagement.

- Sending letters was seen to be the least effective approach. Speaking directly to people – either face to face or by telephone – were deemed more effective and should be the primary focus. This further emphasises the need to build on existing means of contact and engagement.

4   Triage

This section describes how claimants' digital, personal budgeting and wider support needs were assessed upon entering the trial. It explores the different approaches taken to initial screening and diagnostic needs assessment, the different modes of delivery and in particular the role of advisers. It concludes by identifying which factors were associated most clearly with having a digital or personal budgeting need, drawing on survey data.

4.1   Summary of findings

Trials adopted either a one-stage or two-stage process, but there was wide variation in approaches between trials. This reflected their different models for engaging participants and how support was being targeted.

Two-stage processes were most common in more highly-targeted trials, with an initial 'screening' triage conducted often by wider delivery partners according to set criteria, followed by referral to an adviser to conduct more in-depth diagnostic assessment.

One-stage processes were more common where claimants were engaged through new claims processes or when they came into contact with Council or Jobcentre Plus services. In these cases both the initial screening and diagnostic assessment would happen together – often in long interventions.

Triage was generally delivered face-to-face. This was seen as more effective, particularly in cases where advisers had high discretion to explore potential support needs and barriers. Adviser discretion was more common in the diagnostic part of assessment, and relied on skilled and capable advisers.

Most triage models had lower levels of adviser discretion and were based on structured questionnaires or scoring systems, followed by onward referral to support. These were seen as more straightforward to put in place and to replicate, and requiring less upskilling. However a number of trials felt that lower-discretion models did not identify the full range of claimants' needs.

In a number of trials, the triage assessment ranged far wider than just assessment of digital and personal budgeting barriers relating to Universal Credit.

The survey data suggests that the key predictors of digital and personal budgeting needs included having a health condition and low educational attainment. Low household income and housing tenure were strong predictors of personal budgeting

needs, while older age was a predictor of digital needs. This is consistent with many of the measures used by trials in their own tools.

4.2 Triage and needs assessment

4.2.1 Initial triage and diagnostic assessment

Triage describes the process by which project staff determined the support needs of those engaged through the trials. A distinction can be made between two distinct aspects of the triage process: the initial screening triage, which identified whether there was a digital and/ or personal budgeting need that required support; and the subsequent diagnostic needs assessment, which then identified what support was needed.

The way that this process worked varied significantly between trials. For example Blaenau Gwent conducted a detailed diagnostic that identified factors that may predict digital and financial capability – including levels of confidence, employment and benefits history, skills, health background and whether the individual owned a computer or had internet access. It then scored claimants a rating between one and five for different aspects, before placing them into tiers based on whether they were high or low risk. A number of other trials adopted similar approaches.

In contrast, some trials conducted a more basic initial screening triage, which acted as a basis for then referring claimants on for more in-depth support. For example claimants in West Lincolnshire completed a one page tick-box form that was then passed on by referral partners.

4.2.2 One and two stage triage models

Trials implemented either a one- or two-stage triage model. Two stage models separated the initial needs assessment from the in-depth diagnosis, whilst one stage models combined these. There was a relatively even split between each model, with six trials completing two-stage models and five choosing one-stage models.

Two-stage triage models were more common in those trials that targeted disadvantaged groups. There were two-stage processes in trials including Northumberland and South Tyneside, West Lincolnshire, South Staffordshire and Argyll and Bute. This involved a generalist intervention to identify whether the individual could be supported by the trial, which was then followed by a more specialist needs assessment to determine what support the claimant would benefit from.

In South Tyneside for example, an initial triage was completed whereby questions would be asked about digital and personal budgeting ability as well as emotional resilience. Claimants would then be categorised as low, medium or high risk. Those categorised as low risk would be signposted to other services but not provided with any further support, while those identified as being medium or high risk would be referred to one of the delivery partners to complete the second-stage diagnostic.

There were also differences in who delivered the triage in two stage processes. Often the referral partners completed the initial assessment, and then referred the claimant to a central point such as a co-located hub, for diagnostic assessment. For example in Argyll and Bute, partners including Citizens Advice and Social Landlords completed an initial points-based triage template and then individuals that scored sufficient points were passed on to a diagnostic 'low-level triage' conducted by a central triage manager. However, it is worth noting that there was some resistance from referral organisations to doing the initial triage, as they were reluctant to implement processes that were different to the assessment approaches that they already used.

Single stage models were more common in those trials that aimed to engage claimants at the new claims process and complete the triage at this point. Trials that adopted this model included Carmarthenshire, Dundee and Lambeth, Lewisham and Southwark. Following the triage, claimants would be directly referred for support and in some cases this could be delivered immediately so as to keep them engaged. In Dundee, the triage process was comprehensive and claimant-led – involving two separate questionnaires in a single intervention. However claimants reported that it was not always clear what the triage session was about, as it was delivered alongside the new claims process.

The single stage triage models also involved often very long interventions. In Dundee it could take up to 40 minutes to complete an assessment, and a staff member in Carmarthenshire explained that it was not always possible to complete the triage within the time allotted for setting up the new JSA claim. In Derby, which similarly to Dundee usually delivered both an initial questionnaire and in-depth assessment in a single intervention, a referral partner explained that because they did their own assessment alongside the trial assessment it usually took 45 minutes to complete.

4.2.3 Mode of delivery

Face-to-face triage was by far the preferred method reported by claimants, and it appeared particularly important for those with communication barriers, low confidence and/ or mental health issues. A number of claimants interviewed reported initial feelings of shame and low self-esteem, particularly around their personal finances and employment. Therefore, a non-judgemental and helpful adviser was seen as critical to overcoming reservations and enabling disclosure. Face-to-face assessment also enabled advisers to gauge body language and reactions to the suggestions and questions raised. For example in South Staffordshire, advisers took an observational approach – in the claimant's home, the Work Club or Local Authority – to witness their behaviour and actions, build trust, and then work together to produce the assessment. It should be recognised however that this was a relatively resource intensive model.

More practically, the length of one-stage assessment processes often meant that face-to-face assessment was the only viable option – a number of trials reported that

it was not feasible to conduct 40 minute or longer assessments by telephone. In Derby for example, they found that doing both the initial Local Assistance Scheme assessment and the triage assessment on the phone was taking too long and leading to low engagement.

Some trials offered the option of conducting the triage on the phone if the claimant could not come into an office for a face-to-face appointment – including in Lambeth, Lewisham and Southwark and in Argyll and Bute.

Where claimants completed their assessment in a Work Club or IT club this was often done online or at the very least digitally. This occurred in South Staffordshire and in Islington, where claimants referred for digital support completed three modules on email, the internet and computer basics, and the results determined what support was offered. Derby also had an online form that claimants were asked to fill in when applying for Local Assistance funding before attending a face to face assessment, but this was relatively unpopular as it was felt not to adequately reflect needs.

There were differing views about the where triage or needs assessment should take place. Some trials felt that open plan, co-located hubs were suitable, while others felt that assessment needed to be delivered in a separate, private area – both because claimants needed to feel comfortable and relaxed, and because they may need to disclose sensitive matters.

4.2.4 The role of the adviser

There was a consensus among trials and from claimants that the approach and skills of the adviser were the key elements in effective triage, and that this was more important for example than the location in which triage took place. Claimants also reported that they valued being listened to and feeling like the adviser was responding to their needs rather than going through a generic process.

> *'She's brilliant, she is absolutely fantastic … Rather than, yes, no, yes, no, ticking boxes. She was very understanding.'*

> (Claimant, Derby)

There were frequent comparisons to previous experiences at Jobcentre Plus, which was seen to have had a narrower focus without recognising individual needs, barriers and circumstances.

Adviser skills were particularly important for trials that used models with a high degree of adviser discretion in assessing support needs. High discretion adviser approaches were also felt to be less intrusive and more like a natural conversation.

Low discretion models, involving more structured questionnaires or scoring systems, were widely implemented across the trials as they were more straightforward to put in place and were felt to lead to more consistent and comparable approaches, especially when there were multiple trial sites. This also allowed for a more streamlined triage process across delivery partners.

However, a number of trials felt that lower-discretion models did not identify the full range of claimants' needs and that some needs were not disclosed or not fully explored. To overcome this, Lambeth, Lewisham and Southwark introduced competency-based questions to their model so as to make the assessment more holistic and less narrow, by asking claimants about their skills (such as whether they could use price-comparison websites or shop online) in a way that was more about daily life.

4.2.5 The focus on Universal Credit transitional needs

Trials varied in the extent to which the triage process was focused on the digital and personal budgeting skills needed to manage a Universal Credit claim. Blaenau Gwent, Carmarthenshire and Derby all focused on personal budgeting and digital needs, whilst Dundee's triage was particularly centred on digital capability. Derby made their needs assessment more focused on Universal Credit preparation needs as the rollout of Universal Credit got closer.

Other triage approaches however were less focused on Universal Credit preparation and were more holistic in attempting to identify and support wider needs. For example, the assessment in Northumberland also asked questions about emotional resilience and support networks to get a wider picture of the claimants' life. In several cases, the triage process built on previous (non-USdl) assessment processes and so ranged wider into employment barriers, skills needs and social inclusion.

4.3 Predictors of personal budgeting and digital support needs

4.3.1 Approaches taken by trials

As set out above, trials measured digital and personal budgeting needs in different ways and using different tools. Across the trials, key factors that were considered important predictors of **digital capability** were around access to computers or the internet; self-reported internet and computer skills; and self-reported experience. This was sometimes supplemented by specific probing around the tasks for which claimants used digital skills – such as banking, shopping or comparing prices of goods and services.

Financial capability was similarly assessed through measures of access to and use of financial products or services (such as bank accounts or direct debits), perceived financial confidence or skills, and in addition by asking about arrears or debt.

Triage approaches also asked a range of wider questions around socio-demographic characteristics, employment history, and goals and ambitions. These were usually not used as predictors of digital and personal budgeting support needs as such, but rather as part of wider and more holistic assessments of claimants' needs.

4.3.2 Predictors of support needs among survey participants

Responses to a number of questions relating to personal budgeting and digital skills in the participant survey were also used to rate participants' capabilities in these two areas. The rationale for the approach used, and some of the questions asked, were based on the work of the Personal Finance Research Centre in Bristol University[1]. The scores were used to run statistical regressions assessing what personal characteristics were related with low scores in either area. This modelling then produced scores for both personal budgeting and digital support needs, where low scores indicated a high level of need.

Predictors of personal budgeting support needs
Health conditions were generally associated with lower personal budgeting scores, with substance issues resulting in the lowest scores followed by learning difficulties and long term conditions. Mental health problems had a small but significant impact. Simulating from the model estimates, the mean score of claimants with no reported health conditions was 14.8 compared with 13.0 for substance abusers.

Increasing levels of **educational attainment** had a positive association with scores. Claimants with a degree scored 14.5 compared with 13.1 for those with no formal qualifications.

Claimants who **lived alone** had lower scores when compared to single parents, couples without children and those who lived with other family members. Couples with children and single people in shared accommodation scored lowest. Our model estimated single people in shared accommodation scored 12.5 compared with 14.1 for single parents.

Tenure was also significant. When compared with owner occupation, those who were homeless (either staying with friends or family, or in temporary accommodation) had the lowest scores. These claimants scored 13.9 compared with 15.2 for home owners.

Ethnicity showed some significance, with White claimants scoring slightly better than BME groups. Due to a relatively low number of non-white claimants in the sample it was not possible to break down this relationship to specific ethnic groups.

Higher **household income** had a positive association with personal budgeting, although this was not a straightforward relationship. The simulated scores here were 13.7 for lowest earners, 14.3 for middle and 13.8 for top earner brackets. This may reflect earlier evidence that suggested that personal budgeting was most likely amongst lower-incomes households, where expenditure often had to be more closely planned.

Benefit receipt was also included in the regressions. In-work benefits and Housing Benefit did not show any association with personal budgeting scores. Claimants who

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[1]See for example Atkinson, A. (2011) *Measuring financial capability using a short survey instrument: Instruction manual*, Personal Finance Research Centre, University of Bristol

were in receipt of the Personal Independence Payment (PIP) or Disability Living Allowance (DLA) had higher scores than all other claimants.

Predictors of digital support needs
Similar relationships between characteristics and scores were also seen when assessing the drivers of digital needs.

Educational attainment was positively associated with digital scores, and had the greatest magnitude of impact. The model estimated scores of 7.5 for degree educated claimants compared with 5.3 for those with no formal education.

Health conditions had a negative association. The model suggested that substance issues impacted the most – these claimants scored 6.0, while those without a health problem scored 7.6. Claimants with sensory impairment scored 6.6; those with learning difficulties scored 7.1. However there was no significant impact from identifying as disabled alone.

On **benefit receipt**, ESA and Income Support claimants scored lower than JSA claimants. Modelled scores were 6.5, 6.7 and 7.5 respectively.   PIP and DLA were significantly related to lower scores, but to a far smaller magnitude. Receipt of Housing Benefit did not impact on scores in the model.

Older claimants had lower scores than younger claimants. For example, claimants 55 years and older scored 6.7 compared with 8.2 for 16 to 24 year olds.

Our models also found that tenure impacted on scores – with **homeless** claimants scoring lowest at 6.4, compared to 7.3 for home owners. Renters had the second lowest scores, followed by claimants living with family members.

Household structure was also significant but made only a small difference to scores. Claimants living alone scored lowest, while those in shared accommodation scored the highest. This may in part be explained by the different age profiles of these claimant groups – younger people were more likely to live in shared accommodation while older people were more likely to live alone.

4.4 Cost of triage models

The total estimated annualised staff costs for the triage phase were £805,000 (salaries and expenses). The average cost per trial was £73,000. There was wide variation in per-trial costs, from £187,000 (Northumberland and South Tyneside) to £4,000 (Blaenau Gwent). The wide differences between triage costs will in part be explained by the different triage models employed – particularly the differences between one-stage and two-stage triage, and those that used shorter scripted models and those with more intensive, claimant- or adviser-led approaches.

For example, the three lowest cost trials on a unit cost basis all used a predominantly one-stage process, with Carmarthenshire in particular running a single-stage triage alongside the new claims process for benefits. The four most costly trials all used a two-stage triage process, often involving outreach both in recruiting participants and

in delivering the second stage (for example with triage conducted in participants' homes). Argyll and Bute operated a two stage process in a rural area but was relatively low cost. This may be explained by the fact that the first stage was a relatively quick, points-based assessment by partners, with the second stage usually telephone-based and therefore low cost.

4.5 Lessons for future practice

- The objective of triage needs to be clearly and directly focused on identifying those that are likely to need transitional support to self-serve under Universal Credit – i.e. support to make and manage a claim online; and the ability to budget monthly for the whole household and pay rent directly. However the trials suggest that to identify these needs, it may be necessary to look at wider measures of digital and financial exclusion.

- There is value in separating the initial screening triage (the assessment of whether a need exists) from the in-depth diagnostic assessment (what support is then needed). The initial screen can be delivered by non-specialists and with low discretion for advisers. For the in-depth, diagnostic there appeared to be value in a more discretionary, adviser- or claimant-led approach.

- The adviser's interpersonal skills were seen as central to successfully identifying and recording needs, and in particular more sensitive barriers. This included advisers' ability to build rapport, speak on the same level as claimants and be non-judgemental. It appeared that this worked best in face-to-face assessments, although it is important to note that telephone-based models were less common.

- Consideration should be given to privacy and office layout. Both staff and claimants raised concerns about disclosing sensitive issues in open plan offices.

5 Referrals and case management

This section describes the different approaches taken by trials to managing the process from triage through to the delivery of support. The chapter explores different models of co-ordination, delivery, referral and follow-up, including how trials adapted their approaches during delivery so as to increase take-up.

5.1 Summary of findings

Overall, two thirds (63 per cent) of trial participants were referred on to any form of support. However of the 9,382 people referred to support, 51 per cent did not subsequently take it up for a variety of reasons. Increasing take-up of support was a challenge for all trials.

There were four distinct referral models in use:

- A simple model, used by most trials initially, where claimants were assessed and then referred straight on to services. Claimants often dropped out or struggled to navigate the system.

- Many trials developed this into a multiple staged referral model, which included active follow-up and often some reassessment of needs and re-referral to support.

- An integrated support and referral model was common in trials that had more integrated services and dedicated advisers. Here core support was delivered by a central adviser, with managed referral to additional services.

- The sequenced model evolved during trials, with support more actively managed by an adviser or caseworker and support then sequenced so as to address priority needs first, with personal budgeting and digital support then built around this.

Monitoring of information was critical across all trials. This was most effective where partners could access information themselves, and/ or were required to act on it. Again, systems evolved over time in response to challenges in monitoring, and often systems did not support effective tracking of participants or delivery.

A less common but effective approach was to use more integrated case management systems. These could allow for tracking of support and sharing of information. Trials felt that such systems would be key in future, but would require a clearer framework for sharing data between local and national government.

5.2 Referrals and claimant take-up

Take-up of support was challenging for all trials, and at the end of delivery take-up remained lower than anticipated. In total 9,382 people were reported as being referred to some form of support, accounting for around two thirds of trial participants. Of these, 49 per cent of claimants went on to take up any form of support. A higher proportion of those referred took up digital (65 per cent of those referred) than personal budgeting support (53 per cent). It is also important to note that the rate of take-up did increase over time, which likely reflected the steps taken by trials to address these challenges.

5.2.1 Referral models

The evaluation identified four distinct referral models in operation. These are set out below. All four were underpinned by an adviser or Work Coach (usually from Jobcentre Plus, a Local Authority team or trial resources) supporting participants to access services. However, the precise role of these staff varied across trials.

5.2.2 Simple referral model

Figure 5.1 Simple referral model
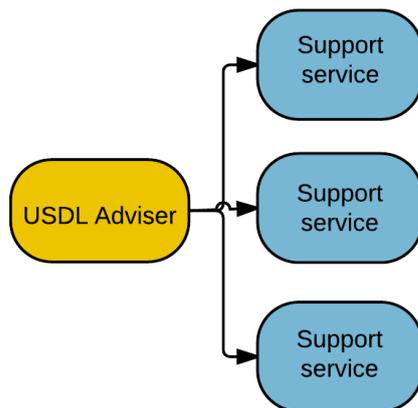
The simple referral model was implemented by some trials initially. Triage or support staff would assess claimant transition needs and seek to refer claimants onwards to all necessary forms of support in one stage. The referral process then varied across trials. In some co-located trials (discussed in more depth in Chapter 7), advisers would direct or walk claimants to the appropriate support services – for example in Islington's claimant centre access point. In other cases, such as in Blaenau Gwent and Derby in their earlier stages, the referral process was less hands-on – with claimants informed that a referral to a support service had been made and that they should await follow-up contact from the support service themselves.

This model overall was found to be less effective at maintaining claimant engagement. Where claimants were triaged as needing multiple forms of support, they could often feel confused or overwhelmed by multiple follow up contacts from support organisations. The simple 'all-at-once' model was also not as effective at meeting claimants' full UC transition needs. Moreover, simple referral models were

associated with low rates of take-up of support. Many trials therefore made changes to improve take-up and co-ordination (explored in other models below).

Interviews with claimants and delivery partners identified that some claimants' needs were not being fully disclosed or identified at triage, and in the all-at-once model there was often no formal mechanism to identify claimant needs and re-refer to appropriate support.

5.2.3 Multiple staged referral model

Figure 5.2 multiple staged referral model
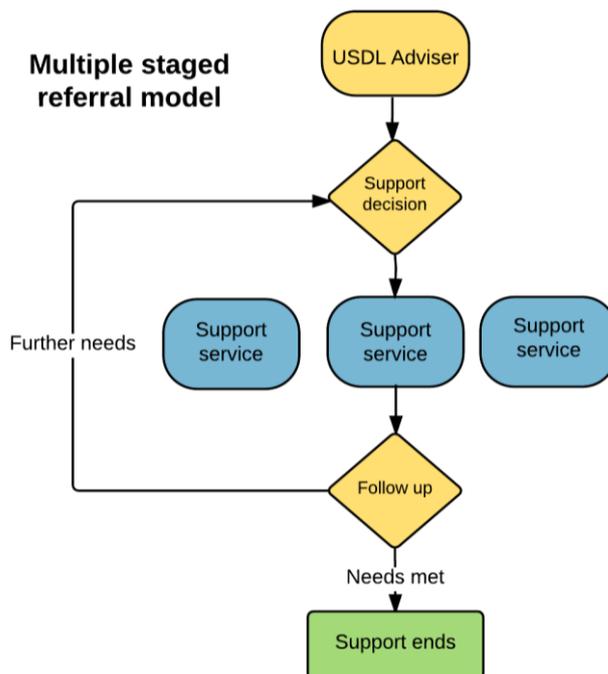
Most trials operating simple referral models identified during live running that these were not effective at managing the claimant journey through USdl. In response, systems were put in place to follow-up claimants as they went through different support, and in some cases to 're-triage' claimants. So for example in Derby, systems were reviewed and revised to include the role of a caseworker to help co-ordinate the support, while in Lambeth, Lewisham and Southwark a 're-triage' system involved follow-up calls to claimants so as to identify any undisclosed barriers and better monitor their experiences of support.

This system was similar to the sequenced model described below. However, by not being built into the process from the beginning, claimants were not always clear on why they were being followed up by USdl support advisers and in some cases had forgotten about the support offer.

5.2.4 Integrated support and referral model

Figure 5.3 Integrated model
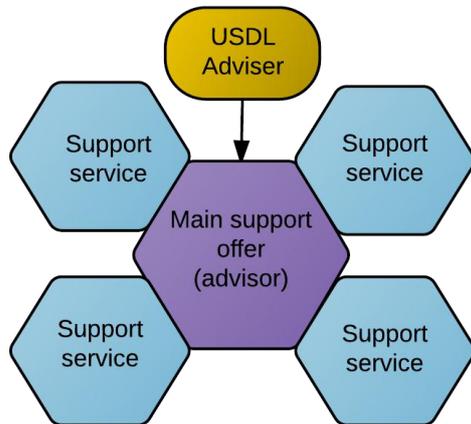
The integrated model combined initial support built in at the point of triage and subsequent follow-up support by an adviser. Typically this kind of support was delivered face-to-face and by an adviser with good training and understanding of a variety of needs. In some cases, the integrated approach was developed through a pre-existing support service (for example in Islington, through their 'iWork' employment support service). Appointments would be longer than in other triage processes, and were designed to give some initial personal budgeting and/ or digital support at the earliest stage of claimant engagement.

Claimant feedback from integrated models was positive. Claimants reported that they felt that they could trust their adviser and understood the nature of the support that they could receive. The more the offer was presented as an integrated, joined-up and seamless support package, the more likely they were to view the support as offering a high quality service. They also valued the ability to come back to the support adviser when they needed to.

> *'I have an adviser, they invited me here for a session or sessions, they explained it to me, we went through certain worksheets – you know, test how it would work, how I would manage, what help we can get. I can always contact her if I need any advice and they directed me to other information sources.'*

(Claimant interview, Islington)

A number of trials adapted their models to reflect this learning. In Lambeth, Lewisham and Southwark in particular, they trialled this process during the extension period for their trial. The rationale for the model was to provide some early digital and personal budgeting support outcomes at the engagement point, so that with these 'quick wins' claimants would feel more likely to take up support from recommended support services and know that they could come back to the adviser for further support.

> *'The initial engagement with them and doing things with them [in-house] has been key really, where there is someone who has got the knowledge and the time to support them. And then it's getting them to talk more really, and open up and to be honest with what their needs are, and then we're able to tap into that and get them referred.'*

(USdl support adviser, Lambeth, Lewisham and Southwark)

Integrating referral and support also allowed advisers to break down support into smaller steps – which appeared to work well for claimants with more complex or additional needs. In Northumberland and South Tyneside, they identified that claimants had much more complex needs than they had anticipated and so implemented an interim form of support to stabilise claimants sufficiently so that they could then take up digital and personal budgeting support in the future. In the most complex cases, support advisers were available to take claimants to their next support appointment.

5.2.5 Sequenced support model

Figure 5.4 Sequenced model
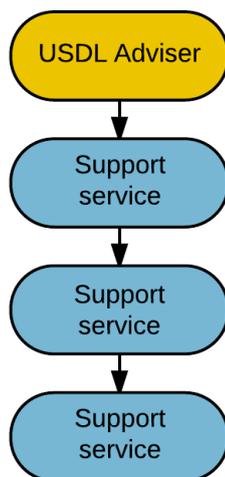
In the sequenced support model, support needs were sequenced for the claimant in order of priority – typically led by a caseworker or adviser. In some cases claimants could also receive literacy, numeracy or ESOL support so that they would be able to fully participate in PBS/ digital services. Examples of sequenced models included Northumberland and South Tyneside and Islington's iWork caseworker service. These models could be built on both the 'integrated' and 'simple' models described above – so where advisers themselves delivered more intensive support, or where they referred on to more support services (whether in a central hub or at a local site).

The key rationale for a sequenced model was that claimants would prioritise their immediate needs – and therefore if the service could resolve these first, the support would act as a hook to further engagement with support.

> *'If they've got the bailiffs knocking on their door, or they've got a possession hearing coming up, then that's what you've got to deal with first. .....It's a hook*

that I think, because, I'm sure you'll ask about this later on, but because of the big issue of take up, that's the hook that actually gets people coming in to see somebody.'

(USdl Staff interview, Islington)

In some cases, claimants were given a choice over which kind of support they would like to access first. For example, in South Staffordshire's network of work clubs there was a variety of different support available (personal budgeting, digital, housing or general support) which claimants could choose to access in the order they liked.

In either approach, in the sequenced model, support journeys were more developed and claimants knew that the support that they were receiving was part of a journey or series of interventions. Some claimants reported that they liked to have awareness of the whole offer, so they knew what to expect in terms of outcomes, while others reported that breaking the support offer down into smaller chunks made it easier to manage and navigate.

5.3 Conditional and voluntary referral approaches

Very few trials formally imposed conditions on claimants to attend support. The Islington trial was the only case where claimants were mandated to attend a first appointment with their personal budgeting or digital support provider. In this case, long-term JSA claimants could be required to attend appointments where they were mandated to do so by a DWP Work Coach co-located within the Council's iWork service.

In a wider range of trials – particularly where claimants were receiving triage from Work Coaches in Jobcentre Plus – claimants often felt implicitly that their attendance at support was a mandatory requirement.

However most trials did not implement any form of mandation and were explicit about this. For some delivery providers, particularly Citizens Advice, it was a condition of partnership that claimants were not required to attend support services, and many local authorities had operational policies that excluded mandation.

Views on mandatory approaches were mixed. Some partners felt that mandatory referral would be the only way to ensure that claimants who needed support would access it. However other providers who had in the past received claimants who had been mandated to digital provision felt that their claimants were unmotivated and uninterested, and that they had difficulties keeping them fully engaged.

It was more common, particularly in sequenced delivery models, for advisers to explain to claimants that there would be a commitment expected to complete the full support, with the claimant's responsibilities made clear around dealing with priority areas before digital and personal budgeting support was delivered.

5.4 Approaches to claimant case management

Trials developed a number different approaches to monitoring claimants and managing the claimant support journey. This was an area that developed during the trial period – early on, a number of trials struggled with understanding whether claimants had accessed support and where they were within the system. There were three main methods that trials used to address this: information and monitoring systems; case management systems; and the use of dedicated 'caseworkers'.

5.4.1 Information and monitoring systems

Claimant monitoring and follow up was a central part of successful delivery. Trials had a range of different information systems that were used to monitor claimant engagement, ranging from simple spreadsheet-based recording systems (in Blaenau Gwent and West Lincolnshire) to bespoke case management software in Northumberland and South Tyneside and in Derby.

Claimant information and monitoring systems were most effective where different partners could access the information themselves, and/ or were required to act on different actions produced by it. In simpler systems such as that used in Carmarthenshire, triage officers would input an e-form that would automatically produce a summary of identified needs which was then sent both to the Work Coach who was due to see the claimant and (if personal budgeting needs identified) a co-located PBS officer. This relatively simple process allowed information to flow between staff, increasing the efficiency and consistency of referrals and follow-up.

In more developed systems such as in Argyle Bute, staff used a web-based referral system. This was seen as effective as it led to immediate notification and it was difficult for delivery partners to ignore the actions.

> *'Yes the speed and the fact that you can't ignore it …So in terms of efficiency and effectiveness of making a referral it's good.'*

> (USdl operational staff interview, Argyle Bute)

However, these information systems did not include a mechanism to then track claimants' engagement in support. Therefore Work Coaches did not know whether claimants had attended support unless they heard this back from a support officer.

In some places, monitoring was less effective. Some delivery providers reported that they were not able to follow up or even engage with claimants because they could not access sufficient information about who had been referred where.

5.4.2 Case management systems

Full case management systems had a number of benefits for trials. The Derby cloud-based case management system E-CINS was particularly effective at allowing a range of different Jobcentre Plus, Local Authority and third sector providers to access real-time information about claimants. This improved how information was shared

between providers, with a central source of information on participants and an up-to-date record of their needs and the support received – improving the consistency and quality of support that could be offered. This kind of case management system allowed staff to have oversight of claimants' progressions through support, which also increased the learning about different kinds of support journeys.

> *'I can sit down and look at somebody's profile on E-CINS and I can work my way through their ten assessments and I can see exactly where it's improved, what they've engaged with and you can see patterns.'*

(USdl project manager, Derby)

Derby support staff felt that the system could be further enhanced to produce sequenced actions for staff to take forward with claimants.

Similarly, Northumberland and South Tyneside reported that once their Hanlon case management system was fully operational, it increased referrals to support and the likelihood of take-up. In addition, the system allowed for future claimant follow-up and further diagnostic assessment of needs.

Trials that did not implement case management systems felt that these would have been very useful ways to improve referral and take up of support. Some trials felt that DWP could assist the development of these systems, by developing improved data sharing agreements with partners.

5.4.3 The use of caseworkers

In some trials with integrated delivery models, dedicated caseworkers were deployed in order to provide one-to-one support and to co-ordinate the wider offer. Caseworkers were from a range of organisational backgrounds (seconded JCP Work Coaches, Local Authority staff or third sector specialists).

Some trials reported that caseworker support was an important way to ensure that claimants would fully disclose all of their support needs. In the main, caseworkers were seen as being able to build up a high level of trust with claimants, and had the time to work with claimants to ensure that all of their needs were assessed and then met – in particular for those with more complex needs.

However while trials recognised that case workers were very effective at building rapport with claimants and keeping them engaged, the full caseworker approach was extremely resource intensive:

> *'In an ideal world, everybody who has complex needs would have a particular caseworker to follow up for them and track their case, make sure they're moving on effectively. And that's an ideal world and that's not going to happen because there just isn't the resource or funding available.'*

(USdl Staff interview, Derby)

Similarly in Islington, where caseworkers were provided by iWork, the level of demand and resource intensity meant that caseworkers could get large backlogs. The introduction of a service monitoring system on a shared database helped to ease

caseload backlogs as this case management system allowed oversight of different claimant journeys through support, which was more cost effective but relied on each service inputting into the system.

Additionally, and more pragmatically, both Islington and Lambeth, Lewisham and Southwark introduced additional time for Jobcentre Plus Work Coaches to spend with claimants' triage, allowing for some forms of additional support before referral but without the resource implications of a full caseworker approach. Universal Credit processes that were being tested in Lambeth, Lewisham and Southwark at the end of the trial period allowed Work Coaches to take a more holistic approach and to work with claimants across a range of support needs. It was felt that this model was working well by the time that fieldwork was conducted.

Overall, trials with intensive caseworker models tended to have lower participant volumes but higher rates of take-up of support. In Northumberland and South Tyneside for example, fifty seven referrals were made to digital and/ or personal budgeting support, with 63 per cent of those referred for personal budgeting support taking up the offer of support, and 94 per cent of those referred for digital support doing so.

5.5 Lessons for future practice

- Integrated support appeared to be very effective, where a single adviser delivered core personal budgeting and/ or digital support, and was closely connected to the triage process. These were often not full 'caseworker' models but acted to deliver core support and co-ordinate and follow up on onward referrals.

- Sequenced support models for onward referral appeared to work well, particularly where claimants had higher level needs. The sequencing worked best where it focused on highest priority needs first (like debt, housing or health), and then also used each stage to lead on to the next – so that for example debt advice led to personal budgeting advice, then to using online tools, then to wider digital support.

- Systems and processes for referrals need to be clearly articulated, shared with partners and maintained. Having a common and understood process is key; as is ensuring that staff making referrals understand, and can explain, the service that claimants are being referred on to. This was easier where services were co-located and/ or working in close partnership.

- Onwards referrals need to be hands-on and effectively managed. Passive models – relying on call-backs or claimant action – often led to drop-out. More active models could include warm handovers by phone or walking over to co-located services. Claimants appreciated having their next appointment arranged straight after the assessment.

- Foundation-level support services need to be available and brought into the wider referral process. In some cases, trials felt that claimants were not taking up digital and personal budgeting support offers as they were not proficient in the English language, reading, writing or numeracy.

- The journey of support needs to include an opportunity to reassess an individual's needs, and identify whether there are previously undisclosed problems that may need to be addressed. This was easier in more integrated and sequenced models.

- Information sharing between partners was a key success factor. Whether through team working, a database, a co-ordinating adviser or other process, a system to follow up claimants was essential to reduce risks of dropout and improve the quality of support. The use of common information systems should be explored further, and appeared to work well in some trials.

- A more intensive caseworker model may be appropriate in more complex cases with higher support needs. However this is a relatively resource intensive model, and so is likely to be of value only in targeted (and probably time-limited) cases.

6 Delivery of support

This section outlines the digital and personal budgeting support that claimants received, claimant and partner views of that support, how success was measured, the outcomes that were achieved and the barriers that prevented participants from achieving these outcomes. It also covers the wider support options that were available in many trials – particularly around employment, housing health and transport, and how these fitted with wider USdl aims and objectives.

6.1 Summary of findings

The majority of trials referred claimants to existing digital and financial provision that was then tailored to meet claimants' needs around the transition to Universal Credit. There were instances where this support was less focused on preparation for Universal Credit – with digital provision more focused on general computer skills or job search, and personal budgeting support providing debt advice and support with saving and personal budgeting more generally.

A smaller number of projects commissioned digital and personal budgeting services specifically for the trial, including digital provision in Dundee, and personal budgeting provision in Carmarthenshire and South Staffordshire.

On digital support, trials generally offered either structured support through specialist providers, or more free-flowing support such as walk-in centres with public computers and an adviser on hand. Mixed opinions were given of both models, and some trials offered a mixture of both structured and free-flowing support – enabling claimants to have flexible access to equipment as well as the opportunity to receive intensive one-to-one support. Claimants emphasised the importance of the skills of the adviser in delivering support, and also valued small group sessions.

The content of the digital support included learning about MS Office programmes and managing documents, and creating an email address or using the internet. In some trials, claimants were taught how to apply for benefits online and how to fill in forms more generally. It was common for trials to link employability with their digital provision, for example by teaching claimants how to use Universal Jobmatch and compile CVs. This was done both to reflect claimant needs and also to improve engagement.

Outcomes of the digital support included claimants feeling more confident about using computers and picking up IT skills – with barriers to this including literacy and

ESOL issues, a fear of technology and a lack of interest. There were also issues with affordability and accessibly of computers and broadband, particularly in rural areas.

Personal budgeting support was predominantly delivered in one-to-one sessions that gave claimants advice on topics such as reducing and tracking their expenditure and managing and overcoming debts. Support appeared to be more effective and had higher engagement where it was delivered in accessible, staged way with 'quick wins' so that claimants could see how the support could benefit them. Adviser skills were again considered critical, as was delivering support in a discreet environment.

Personal budgeting outcomes included claimants setting up bank accounts, resolving debts and increasing their benefits income. Key barriers reported included claimants simply not having enough money each month with which to budget, and often not thinking that Universal Credit would affect them. A key challenge in delivering support was ensuring that it empowered individuals to take control of their own personal budgeting, rather than creating dependency on a 'free' personal budgeting service.

The limited information on how the live Universal Credit service would work, and the fact that claimants were not yet expected to budget monthly or often pay their rent directly, meant that trials were often not able to demonstrate the extent to which claimants would be able to cope with the transition to Universal Credit.

6.2 Digital support

6.2.1 The scope of digital support

Additional support was generally not commissioned specifically for the USdl trial. Therefore where trials provided digital support, it was usually **referral to existing provision**. For example, Blaenau Gwent referred claimants to an IT support service already being run in local libraries that aimed to give residents basic IT and internet skills. Likewise Argyll and Bute referred participants to local Community Learning and Development, while Northumberland and South Tyneside identified local voluntary and community sector provision to refer claimants to.

In many instances, the digital support built on existing provision but was tailored to meet trial needs by providing support intended to enable claimants to make and maintain a claim for UC online. Examples of trials that did this included Derby, Islington and Lambeth, Lewisham and Southwark. Islington delivered support through their Adult Community Learning provision, designed with advice from DWP on the levels required to maintain a claim online. In addition Islington had 'buildable' courses which meant that claimants could go from a low base to fully proficient.

In other cases however, provision was less focused on preparation for online UC claims, and sometimes was not well tailored to the local area. In one rural trial, concerns were raised that the digital provision was delivering a 'one size fits all' approach that did not recognise the specific challenges for more rural claimants.

In a small number of trials, digital provision was **commissioned specifically for the trial**. For example in Dundee, a key digital support partner was directly funded by the trial and worked closely with the USdl team in developing the assessment process and support offer.

A common theme within the digital support provision was improving employability. Often, staff explained that this wider focus was based on what claimants wanted – so it provided the 'hook' to engage claimants, and around which other support (including support with making online claims) could be built.

6.2.2 The delivery of digital support

Trials tended either to deliver structured or free-flowing support, with a mix of one-to-one and group-based sessions.

Examples of more structured digital support included Westminster and RBKC and Dundee, which both offered **specialist basic-to-intermediate digital services**. In Westminster and RBKC, pre-support questionnaires were used to identify each claimant's areas of need. Thereafter 'digital champions', who were predominantly unemployed volunteers, took claimants through the support they required. Initially claimants received one session for between four and eight weeks. While this structured approach appeared to work well, the use of voluntary champions did lead to high staff turnover – which was reported on by some claimants. In Dundee, claimants could access courses on basic entry level skills and were awarded a certificate on completion. Furthermore, if a specific need was identified referrals could be made to additional digital support providers.

Other trials, including Carmarthenshire and West Lincolnshire, offered more **free-flowing support** whereby claimants attended local walk-in centres with free computer access, WIFI and printers. Advisers were then on hand to provide support when required. There were mixed views on this – the flexible approach meant that at peak times computers were sometimes not available or advisers did not have time to provide support, which could be a source of frustration for claimants. Drop-in sessions also meant that groups had mixed and varying levels of need. However the services were generally very popular and in some cases were extended to meet this demand.

Finally, some trials adopted more **mixed models**. So for example in South Staffordshire, claimants considered to require basic support were referred to a work-club IT coach, whilst those with greater needs had the option of being referred for a BTEC in IT run by a local college. In some cases, trials moved to this more mixed model over time. So in Westminster, the structured courses were supplemented later in the trial with flexible drop-in sessions, in response to claimant demand.

The content of the support delivered included learning how to complete application forms online or to complete online fields with personal details, and being taught how to pay bills online. Claimants also reported being able to use Universal Jobmatch independently and to create CVs. In some cases, for example in West Lincolnshire, JSA claimants received one-to-one support to help them to make a claim online.

As noted, a key part of the support offer was around employability. Much of this was familiar territory for service providers – with tasks including completing CVs online, writing cover letters and searching and applying for jobs online. Furthermore, numerous trials incorporated the setting up of Universal Jobmatch accounts (including in Islington, Westminster and RBKC, Blaenau Gwent and Carmarthenshire).

Staff approach and attitude was considered to be central to positive outcomes. Not feeling judged, and accessing person-centred support, were highly valued by claimants – as were character traits of patience, enthusiasm, helpfulness and not using technical language.

The ratio of staff to claimants and the ability to access one-to one support was more important from the claimant's point of view than mode of teaching. Claimants also reported positive experiences of small group sessions, where there was the ability to receive individual attention when needed. For some, the group element was helpful to share ideas, to feel a sense of camaraderie and to access an additional support network.

Location was an important factor influencing claimant's opinion of the support. In some cases digital support was conducted in Jobcentre Plus, such as 'Digi Buddies' in Lambeth, Lewisham and Southwark. Although several claimants found this location familiar and therefore less intimidating, others explained that the loud atmosphere made it difficult to focus and that they would have preferred somewhere quieter and calmer. This view was more common amongst claimants with mental health conditions, and individuals with language barriers who found it difficult to follow the course.

6.2.3 Barriers to digital outcomes

Delivery staff in a number of trials reported that trial participants had much higher needs than they had anticipated – in particular around basic skills (literacy and numeracy), English language, their confidence with technology and often their basic understanding of computers. Claimants reported similar issues around **confidence and competence** in using technology, especially when they had mental health conditions or ESOL or literacy issues.

There was a large amount of apprehension around financial information being digitised and the implications of this – so **fear of technology** was a key barrier. Claimants strongly expressed concerns about online security and the likelihood of hackers and computer errors. The additional aspect of Universal Credit claims having to be made online therefore concerned many claimants. Several of those interviewed explained that benefit calculations can be incorrect and complicated, and so they believed that adding the digital element in there makes this less predictable.

> *'I've got no money anyway but I keep thinking, "If they take what pittance I have got…" I prefer to have it physically there.'*

> (Claimant Interview, South Staffordshire)

Older claimants in particular reported a **lack of interest** in developing digital skills, explaining that they were happy to rely on relatives or friends to undertake digital tasks on their behalf when this was necessary. Even among those that did attend IT support, many reported that they did not think they would be able to make a claim online independently and would need to rely on others.

There was also a set of barriers across all trials around **accessibility and affordability** of internet access. In a number of trials, both participants and staff noted that claimants were reliant on mobile phones for digital access, which excluded them from building up further digital knowledge. Many staff and claimants also reported that trial participants could not afford to pay for home computers or broadband connections.

> *'I would say the majority of the people we see have a mobile but many of them (a) can't use it or (b) can't pay for their broadband connection or (c) can't pay it, don't have the money to pay for a call or don't have one at all.'*

> (Manager, Argyll and Bute)

Claimants without home computer access reported several barriers to using public access computers, including being unconfident in their own ability, being unable to complete tasks, and the travel costs of attending the library.

A key challenge highlighted by delivery and operational staff in more rural areas was around the **lack of internet access**. This was particularly apparent in Northumberland and South Tyneside and in Argyll and Bute, where superfast broadband is rare and internet access more generally is limited. Therefore, digital support in preparation for UC needed to also include making local residents aware of where IT provision was available.

6.2.4 Measuring digital progression

Trials including Dundee and Blaenau Gwent measured digital outcomes using a tracker spreadsheet that was sent back to managers at regular intervals. The digital provider in Lambeth, Lewisham and Southwark also completed monthly returns on claimant progress, which included competency markers as well as outputs. In South Staffordshire, the IT provider rated participants out of five in their first session and then monitored their progress.

Although Westminster and RBKC and West Lincolnshire expected feedback from delivery partners, both trials reported difficulties with getting this information as partners had limited resource and did not see this as a priority.

A key issue reported by delivery staff was that they did not know what the Universal Credit claim form would look like or what precisely the claims process would involve. Therefore it was very hard to explain to claimants what they would need to do, or to measure the extent to which they were prepared for UC.

6.2.5 Outcomes of support

Digital outcomes reported generally involved claimants improving their ability to complete tasks on the computer and internet. This included being more able to manage email accounts, to shop online and to use Microsoft Office programmes. Linked to employment, claimants learned how to use Universal Jobmatch, create a CV and apply for jobs online, especially in those trials that incorporated employability with their digital support. Furthermore, some claimants explained that improved knowledge of the internet meant that they had begun explore volunteering opportunities and looking at properties when they had a housing issue, whilst a positive experience of the support made some claimants more willing to access additional courses or use public computers independently for the first time.

There was also an overlap with financial outcomes where claimant had been able to set up online banking and direct debits and use price comparison websites to save money on their bills.

Wider outcomes included increasing social skills as claimants were going out and mixing with others, feeling more confident in their ability and reducing fear about computers and transitioning to UC.

> *'I'll still need a bit of help, but if I'm actually on the page where it's just application forms, I think I'd be pretty confident to fill it all in, my details and everything.'*

(Claimant Interview, South Staffordshire)

However, claimants who were previously very unfamiliar with digital services reported that they often forgot what they had learned between sessions and were not fully digitally capable by the end of their support. Therefore, the outcomes achieved were much more around taking their first steps – overcoming their fear of things going wrong, or understanding where they would need to go for support in future.

> *'At least I have much more clue… I wouldn't say 100% confident and independent of using it on my own, but it's likely that if I didn't have any support [in future] I would manage and figure out how to do it, because we already put it in my brain.'*

(Claimant Interview, Lambeth, Lewisham and Southwark)

In addition, some claimants were concerned about whether they would be able to make and manage a claim online, because they had not yet seen the live service and so did not know what it would involve and what skills they would need.

6.3 Personal budgeting support

6.3.1 The scope of personal budgeting support

As with digital support, personal budgeting support (PBS) was generally not commissioned specifically for trials. Most commonly, claimants were **referred to**

third parties, often in the voluntary sector – including Citizens Advice, Credit Unions and the Money Advice Service. They offered support at varying levels, which was often a mixture of debt advice and support with saving money and setting and keeping budgets. There was generally less of a focus on working with claimants on preparing for monthly payment and direct payment of rent under Universal Credit.

Two trials –South Staffordshire and Carmarthenshire – **employed dedicated PBS officers** to provide personal budgeting support. South Staffordshire had one person fulfilling this role, while in Carmarthenshire there were two members of staff.

6.3.2 The delivery of personal budgeting support

Most trials based their offer around **one-to-one support**. Personal budgeting support included help to complete income and expenditure sheets, advice on tracking expenses, and advice on managing money and making savings. In many cases this was claimant-led to encourage claimants to take responsibility for their situation and budget independently. One-to-one support was by far the preferred model among claimants. The critical factor of success was considered to be the adviser's approach – with successful advisers being those that put the claimant at ease, built trust and were non-judgemental. This helped to break down psychological barriers to accessing support, including feelings of shame, being too proud to ask for help or feeling they had let down their family.

> *'They were as nice as anything. Because you do feel bad picking up that phone and phoning up somebody saying can you give me a free blanket, you know, you do kind of feel bad. Like I said, as if you are letting your kids down sort of thing.'*

(Claimant interview, West Lincolnshire)

By contrast, due to the important personal nature of finances, claimants became quickly disengaged when they felt patronised, received a rushed handover or wrong information.

A number of trials included specific support with dealing with debt. As discussed in Chapter 5, this was often part of a 'sequenced' offer, with debt management (and sometimes housing) taking priority over personal budgeting support – especially as there were occasions were claimants were on the brink of eviction or facing legal action. Delivery staff in Lambeth, Lewisham and Southwark, for example, reported regularly helping claimants with debts by arranging payment plans. More broadly, support for debt included creating debt relief orders, advice with managing debt and declaring bankruptcy, and negotiating with creditors. Such support was regularly reported by delivery staff from Citizens Advice and the Money Advice Service. Derby staff reported that this was particularly beneficial for participants because many of those who came into contact with the trial did so as a consequence of housing debt.

The qualitative research with claimants found that it was difficult to engage claimants with non-emergency support, due to this being considered a low priority. As a consequence, many of those interviewed did not attend more informal drop-in

sessions. Personal budgeting support was usually accessed following the adviser building trust and helping claimants resolve financial crisis issues, but some claimants still refused this – citing lack of income, rather than money management, as the source of their problem.

There were examples of personal budgeting support being integrated into other more accessible offers, such as reassessing financial means after negotiating debts, arranging cheaper energy deals or listing income and outgoings as a prerequisite to support. In a good example of unintentionally sequenced support, one claimant reported learning about personal budgeting through their digital support group – when they learned how to make and use spreadsheets.

Initial 'quick wins' were more readily taken up by claimants – such as benefit entitlement calculations, supporting claimants to access benefits, grants and loans, or price comparison websites to look to reduce outgoings and bills.

> '*The energy saving thing is helping... apparently I'm spending more than £700 and my gas and electric a year, then you're entitled to, like, a part of that benefit off. So I never knew that. Also, as well, only now just finding out, like, on benefits I could have like a lot more discounts.*'

(Claimant Interview, Islington)

Other features of the available personal budgeting support included support with setting up a bank account. In Blaenau Gwent for example, claimants were referred to the Credit Union for such support, whilst in Lambeth, Lewisham and Southwark a delivery partner was engaged specifically to provide claimants with support to set up a bank account. Take-up of this service was higher than the general personal budgeting support on offer, which staff considered was because it was a tangible offer with clear benefits.

The research identified that personal budgeting and debt support in particular needed to be discreet – it could not all be done in public spaces because individuals needed to feel comfortable disclosing sensitive issues that they were often ashamed of. This concern was amplified in small towns where there was fear that their private business could be gossiped about.

Claimants who accessed PBS support co-located within Jobcentre Plus referred to the ease of accessing the support. There was evidence that meeting the PBS officer when already at a Jobcentre Plus office was a positive factor in take-up, as the office was a familiar location.

In some cases however, it appeared that trials were being used in part as a new referral route for supporting claimants with debt and benefit problems – rather than to test preparedness for Universal Credit specifically. For example in Derby, claimants were referred to the trial from Jobcentre Plus in the event of being sanctioned or where a debt problem needed to be resolved.

> '*My colleagues at the Jobcentre tend to send people down if they establish that they've got debt or housing issues, those are the main two.*'

(Staff interview, Derby)

6.3.3 Barriers preventing personal budgeting outcomes

A lot of claimants engaged with personal budgeting support at crisis points, such as when they had a loan to pay off or had rising debts or housing issues. However, once the issue was resolved they tended to disengage with the offer of personal budgeting support. Therefore a number of trials argued that there was a need for continued support because such individuals were likely to experience similar issues in the future.

The most significant challenge in delivering personal budgeting support was that many claimants and staff felt that trial participants simply **did not have enough money** each month, and that this was not something that USdl support could overcome.

> *'It's not a capacity issue in terms of actually being able to do the sums or being able to understand when to pay what when…what comes out is actually they just don't have enough money to get from one of the month to the other.'*

(Manager, Northumberland and South Tyneside Trial)

Delivery staff also reported concerns that the support had not resulted in long-term behavioural changes because it had **not always promoted individual empowerment**. For example, staff reported that claimants may be able to identify problems but would be unable to resolve them without support, and that this was compounded by a lack of understanding about what the Universal Credit changes meant and where the money in their account would need to go, such as to rent or utility bills.

As well as some claimants having a limited understanding of how Universal Credit would affect their personal budgeting needs, when claimants were referred as a result of making a new claim there were instances where they **presumed they would not be affected** because they would be working before UC went live.

In addition the often **limited funding and resource** locally for existing personal budgeting services was seen to hamper how intensive and therefore effective the support they offered could be.

6.3.4 Measuring personal budgeting outcomes

Where Citizens Advice or other money advice services were the main PBS partner, data on whether claimants had completed courses and the outcomes that they had achieved were generally fed back to the trials. In other trials, outcomes were often recorded qualitatively, with the advisers taking notes on claimants' progress, and quantitatively by uploading data on where each person was on a point-based scale.

In common with digital support however, it was generally difficult for trials to measure claimants' preparedness for Universal Credit in the absence of the need for claimants to budget monthly, manage their household budget and pay rent directly. Therefore outcome measures were at best an imperfect proxy for this level of personal budgeting capability.

6.3.5 Outcomes of support

Financial outcomes reported included claimants creating bank accounts, setting up direct debits and resolving debts or negotiating payment plans. Claimants were also able to save money and increase their income as a result of support received. Overcoming debts had also led to claimants citing a more sustainable income generally and an improved housing situation, as they were no longer in fear of being evicted. Importantly, the financial advice and support helped claimants out of crisis situations, which improved their wellbeing and reduced stress.

Another important outcome was that some claimants were now more willing to engage with financial issues by discussing personal budgeting and how to maximise their income. Improved relationships with the organisation that provided the support were also reported and claimants felt as if they now knew where to go or who to talk to if future financial issues arose.

An outcome specific to the self-employment provision in the Westminster and RBKC trial was that self-employed claimants had completed tax returns for the first time and were more aware of how their benefits would be affected as a result of Universal Credit.

6.4 Other support

Wider support provision was available to claimants in certain trials. Delivery staff regularly commented that providing holistic support was important in leading to sustainable outcomes and overcoming immediate concerns that may have prevented engagement.

The main areas of 'other' support included employment, housing, basic skills, health and transport. These are discussed in more detail below.

6.4.1 Employment

Whilst Project Managers were advised not to collect data on Employment Support delivered during the period of the trial, there were examples in London of Local Authority-commissioned employment support being integrated or aligned with core budgeting and digital support. For example in Islington, the lead service for the trial was the Council-led employment service iWork. This employment focus meant that digital and financial capability was less of a central focus at the beginning of the trial, although this changed over time. Furthermore, because the majority of claimants coming through were seeking employment support, and the model was based on one-to-one caseworker support, there was at times a backlog of referrals – leading to disengagement.

> *'I think initially the trial was being very much taken down the road of employment…some engagement was lost along the way because there needed to be a recognition that employment wasn't going to happen very quickly for long term unemployed people necessarily...I think that was at the*

> *detriment of building digital and financial capability for those claimants in that early cohort.'*

(USdl staff interview, Islington)

Work Clubs seemed an effective way of incorporating employment support alongside digital and budgeting support, as they provided informal environments where claimants could learn about searching and applying for jobs whilst also addressing budgeting and digital needs. These were particularly popular in South Staffordshire, which led to them increasing the number of sessions they ran.

In addition, Westminster and RBKC provided support for claimants in work, in order to increase their earnings and reduce their dependency on benefits, as well as support to help people become self-employed. Staff reported that by receiving this support, claimants were indirectly improving their financial and digital capability. Examples given included learning how to use spreadsheets to better manage their business finances and a session on cash flows.

Overall there were examples of employment support being well-incorporated with the core support offer, but also risks that this could be prioritised over digital and financial support, and preparation for Universal Credit.

6.4.2 Housing

Blaenau Gwent, Carmarthenshire, Derby and Lambeth, Lewisham & Southwark trials all collected information on participants with Housing needs, some citing that a housing need would often be a priority over a digital or budgeting need for an individual and therefore an offer for a referral to a budgeting or digital support provider may be either postponed or refused, to allow for the priority housing need to be addressed.

Reflecting housing as a priority issue for Blaenau Gwent all participants identified with such a need were referred to further support.

The management information also suggested that 13% of participants in Derby and 22% in Lambeth, Lewisham & Southwark reported housing needs. Derby participants reported greater needs for housing and health issues than for digital.

6.4.3 Basic skills, literacy, numeracy and language courses

The need for foundation support services – to address basic level skills barriers – was raised as an issue by a number of trials; however in most cases trials had not explicitly considered the need for such support services and had not included these providers in their delivery models. Argyll & Bute, Blaenau Gwent, Carmarthenshire, Islington and West Lincolnshire specifically included Literacy, Numeracy, Language and/or other basic level skills in their needs assessment

Most trials considered this a significant gap in their ability to help claimants to take-up digital and budgeting support. In some trials, it was felt that claimants with language

and literacy needs were much less likely to take up the digital and budgeting offers due to limited confidence or because their basic skills needs were a more immediate concern.

However, trials had varying degrees of success in sourcing and including this support, and in many cases they struggled to access additional support at all. For example, in West Lincolnshire, where 17 percent of trial participants identified with such a need, it was claimed that appropriate local provision was not available:

> *'There are people who have come through who have got very basic literacy. They can't read or write to be able to fill out a Universal Credit form when it comes in that is going to be online. But there is no provision for it here, there is no classes that facilitates somebody who needs help. You have to be on a certain literacy level'*

> (USDL staff interview, West Lincolnshire)

Operational staff also highlighted the changes in the way that the Skills Funding Agency funded ESOL and literacy and numeracy courses, which meant that provision was unavailable. Exceptions to this were in South Staffordshire, which was able to refer individuals to Adult Learning course at a local college and Derby, where claimants were referred to Adult Learning support delivered through Connexions.

6.4.4 Health

Poor health was also cited as a barrier preventing engagement and there were a few examples of claimants being referred to access mental and physical health services. Carmarthenshire, Dundee and South Staffordshire all reported more than a fifth of their participants had a health need, with Carmarthenshire making referrals for 40 per cent of those identified with a need.

In many cases, referral routeways were not fully established – for example Dundee partnered with the NHS and an organisation that supported people to overcome addiction and substance misuse, but very few referrals were made to either organisation. The Project Manager for Dundee reported prevalence of drug and/or alcohol misuse was likely to be underreported.

Furthermore, trials such as Westminster and RBKC and South Staffordshire spoke of the lack of mental health provision in the local area.

Several trials expressed a desire to integrate health support with USdl support. However, it was often challenging to align health budgets that were held separately, and outside the control of both Jobcentre Plus and Local Authorities.

> *'It has been a big missing piece …I think it is often viewed as separate, I mean the vast majority of the health budget is held elsewhere so it is not something that the local authority considers.'*

> (USdl staff member, Lambeth, Lewisham and Southwark)

6.4.5 Transport

In more rural trials, there were examples of claimants being supported with transport so that they could access support. For example management information from South Staffordshire suggested 29 per cent of trial participants found transport as a barrier to work; in response a minibus service was run for individuals who lived remotely from one of the Work Clubs. In Argyll and Bute, travel costs were reimbursed; it was felt that due to the travel impudence claimants faced, that travel costs would prove to be significantly detrimental to engagement with support services. However, claimants did have to meet the upfront costs, which may have affected their initial engagement.

In Carmarthenshire the transport needs of claimants were specifically identified as part of the needs assessment process. Of the 3,950 people in the treatment group, 198 people (5 per cent) declared transport needs, when asked whether they had either their own transport or access to public transport, to enable them to get to work, support services or training.

6.5 Costs of delivering support

The total staff costs of delivering support (personal budgeting, digital and other support) were £1,517,000 across all trials. The average cost per trial was £155,000, with West Lincolnshire spending the most at £389,000 and Blaenau Gwent spending the least at only £23,000.

Where possible, support costs have been split by digital and personal budgeting support, based on figures supplied by each trial.[2]

The total annualised staff cost for digital support was £315,000, with an average of £39,412 per trial. For personal budgeting support the figure was £355,000 with an average of £44,000 per trial.

Figure 6.1 below shows the differences between trials in annualised costs of each type of support. At £14,000 Argyll and Bute is estimated to have spent the least on digital support, while West Lincolnshire spent the most at £70,000. Blaenau Gwent spent the least on personal budgeting support (£9,000), while the most was spent by West Lincolnshire (£91,000).

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[2] Note that it has not been possible to disaggregate to this level for the Northumberland and South Tyneside trial and the Westminster and Kensington & Chelsea trials, due to the way in which support was delivered and activities recorded in these cases. Therefore the following figures exclude costs from these two trials.

Figure 6.1 Total spent on digital and personal budgeting support by trial[3]
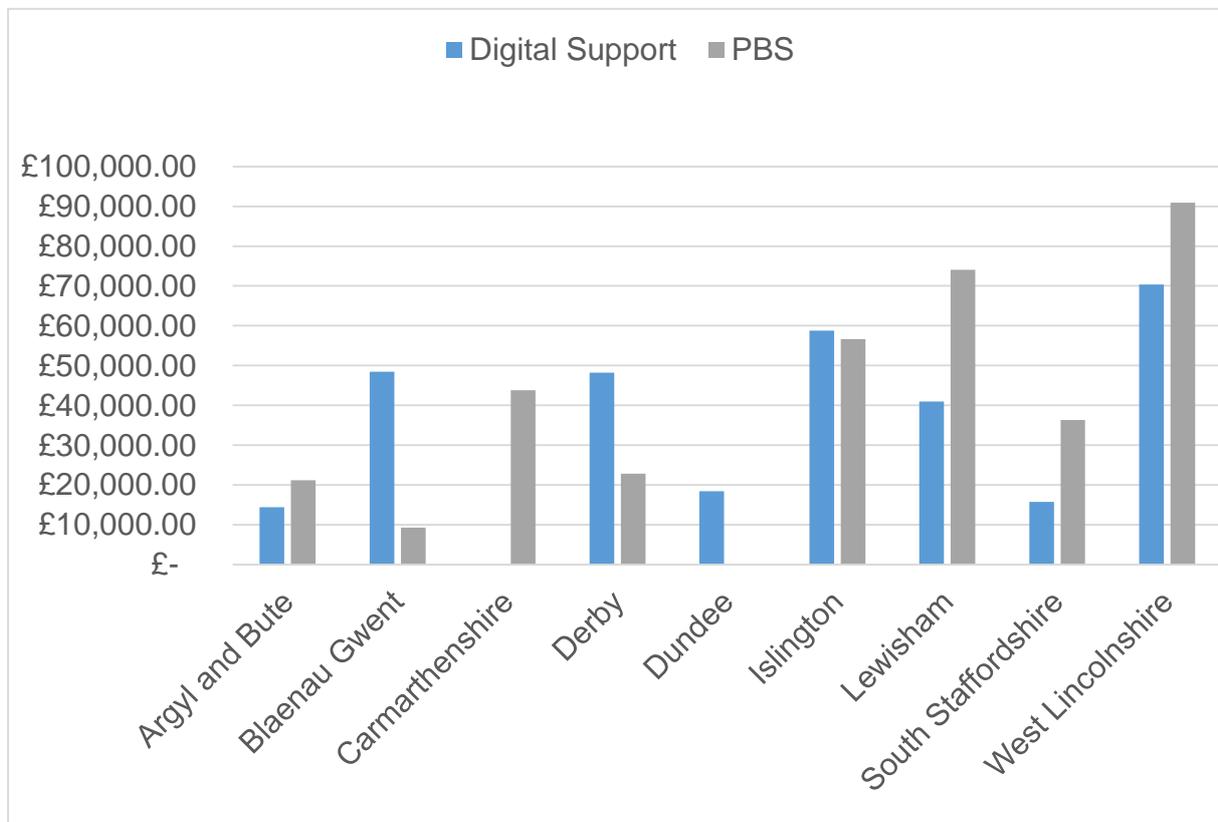
Source: Costs supplied by trial areas.

6.6 Lessons for future practice

- The objectives of support need to be clearly focused on preparation for Universal Credit – so ensuring that claimants can make and manage a claim online, and can set and keep a monthly budget for the whole household and pay their rent directly. This focus then needs to feed through into the outcome measures and the content of digital and personal budgeting support.

- Where support is not specifically commissioned for USdl, there is a need to ensure that existing support is tailored as far as is possible towards Universal Credit preparation.

- For digital support, there were clear benefits of including small group sessions, open access to computers, free-flowing support and giving claimants the time and space to learn online – as well as delivering the more intensive and focused one-to-one that was common across trials.

- As well as addressing digital needs, advisers also need to recognise and overcome concerns about sharing information online, and more generally using IT instead of

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[3] Note that figures were not available for two trials – Westminster and RBKC, and Northumberland and South Tyneside.

hard copies of material. Often in the trials this was rooted both in a lack of confidence in using technology, but also a lack of trust in it.

- Particularly for digital support, it would be very helpful to be able to test claimants' readiness to manage a claim online – for example through a test version of UC.

- For personal budgeting, support was most effective where it was one-to-one, delivered discreetly and sensitively, and had a focus on consolidating learning and skills over time. This consolidation was often challenging given the relatively light-touch services being offered – but may point in the future to longer-term contact with claimants to review how they are personal budgeting and help to consolidate learning.

- It is critical to ensure that personal budgeting support leads to independence from future support. A particular concern in trials was where claimants had debt problems, which required often more intensive and hand-held support to overcome. Support needs to transition from that support to more claimant-led and empowering support to manage budgets and deal with problems in the future.

- Wider support services appeared to be helpful both in bringing claimants into support and augmenting the support offer. However, there would be value in looking at how this is co-ordinated and integrated as part of a wider offer. Many claimants reported that their debt problems were driven by a lack of money – so ensuring that claimants are being supported to increase their incomes (through work) and reduce their costs (through housing) would appear to be key.

- Future planning will need to map the changing landscape of local digital and personal budgeting services. During the time of the trials it was clear that pressures on resources were increasing and services reducing in their scope and availability. It may be increasingly challenging to rely on existing support services in all cases to be able to meet future UC demands.

7 Integration, coordination and co-location

This section looks at the co-ordination, service integration and co-location of USdl support services. It describes four main models of co-ordination and joint working, and within that two approaches to co-location.

7.1 Summary of findings

Trials took very different approaches to how they organised their delivery models and co-ordinated staff and referral partners. Some trials developed high levels of operational staff integration (through mixed Jobcentre Plus and Local Authority teams) and retained organisational distinctiveness by worked closely in the same (co-located) space. Other trials, due to geography worked in dispersed local networks.

Trials also differed in the extent to which support services were integrated and how much of the journey through support was hosted one place. At the most, some trials created fully integrated and co-located service hubs where all claimant needs could be met in the same location. Other trials had a mix of operational and support co-location but with a number of external agencies providing support. Some (primarily rural) trials used hub and spokes to create wider networks of support.

Trials found that integration and co-location improved the ability to deliver support services, as organisational expertise could be shared and issues resolved quickly.

Where physical integration was not possible, trials relied on developed data monitoring systems. In centralised models, claimant monitoring was important to ensure that claimants accessing support were being recorded, while in dispersed models it ensured that claimants were not getting lost between service points.

7.2 Staff co-ordination and joint working

Trials took very different approaches to how they organised and co-ordinated the delivery of support. There were key differences in the staff they chose to conduct triage and co-ordinate the referral and/or claimant follow up process. In addition, trials varied in the extent to which staff were working closely (in the same space) or in a more dispersed fashion.

Co-ordination of staff teams took a variety of forms. Some trials (such as West Lincolnshire, Lambeth, Lewisham and Southwark) over time built approaches upon one another to create increasing levels of staff integration.

7.2.1 Fully integrated joint teams

In some cases (such as in Blaenau Gwent and Lambeth, Lewisham and Southwark) support teams comprised a mix of Jobcentre Plus, Local Authority and/ or voluntary and community sector staff working closely together as a team (typically seconded into the trial).

Here, the rationale was that by bringing staff together within a team, staff would naturally share their organisational and disciplinary expertise – for instance in Lambeth, Lewisham and Southwark, working in a Jobcentre Plus hub, seconded housing officers and Citizens Advice staff were able to share with Jobcentre Plus Work Coaches their knowledge of housing options services and linked support sectors that could assist claimants. Similarly in Blaenau Gwent, a Work Coach, Local Authority staff member and social landlord officer worked closely as triage advisers to draw together appropriate questions and shared information about further support.

7.2.2 Co-located staff

In some cases, trials (particularly Islington and South Staffordshire) sought to co-locate JCP Work Coaches and Local Authority and third sector support staff in one location but with separate organisational roles and procedures to follow. Co-located staff were typically working within a Local Authority setting (such as Islington's Local Authority claimant centre, or West Lincolnshire's Sleaford HUB), with support services accessed in a one stop shop. In some cases, trials had moved towards permanent joint location of support within these hubs.

Co-location was also viewed as a way to streamline claimant access and engagement points and to provide claimants with 'warm handovers' between triage to support services or from support to support provider. In addition, the nature of working within the same space was viewed as another way to allow staff to informally share information about their systems, claimant progress (or reasons for non-engagement) and to better know one another's support services – increasing the likelihood that they could 'sell' different support services to claimants.

7.2.3 Jobcentre Plus staff leading

In three trials (Carmarthen, Dundee and Argyll Bute) the majority of triage support was closely tied to Jobcentre Plus and delivered by Work Coaches. Here, the rationale was to closely align support with the Claimant Commitment, and to use Jobcentre staff to refer large volumes of claimants into support services. There were benefits and challenges to using Jobcentre staff as leads. A benefit of this approach was that there were fewer difficulties in recording triage data as staff were all on the same system and could share details through secure GSR emails. Additionally,

partners working on the trial could feed back information about claimants' additional needs which could then be reflected in Claimant Commitments. Overall this could streamline the journey through support.

> *'So what has been good is that the staff at the trial have been able to have a conversation with the work coach and agree a more realistic Claimant Commitment for the individual. So again that is another benefit is the fact that we have been able to share information and that the trial staff can see what's on a claimant commitment. So also the fact that they can see what's on the claimant commitment means that they working, everybody can be working for the same goal rather than different people supporting that customer but on different journeys.'*

(Interview with USdl staff, Dundee)

In some cases however, use of Work Coaches for triage and support was felt to be an additional task which differed to their role as an employment adviser. There were mixed views overall on whether this additional role diluted the role of the Work Coach or enhanced it. It was felt that the Work Coach interview might not be the right time to have the USdl support discussion, due to the already lengthy nature of the interview and a follow-up conversation may be more appropriate.

7.2.4 Dispersed and mixed staff

In some cases, particularly in West Lincolnshire and Northumberland, trial staff were dispersed in different locations and therefore relied on systems and processes to co-ordinate the team. In the case of West Lincolnshire, the project manager sought to develop systems and processes to integrate working between triage staff from different organisational backgrounds and working in a variety of locations. In Northumberland, the Hanlon management system allowed staff to record data and communicate.

7.3 Models of service co-location

Trials also varied in the extent to which their digital and personal budgeting services were integrated with USdl support triage advisers. The research has identified two main models of service co-location.

7.3.1 Co-located service hubs

The most common co-location model brings together traditionally siloed staff from Local Authority Housing Benefit and revenue teams, and Jobcentre Plus or Local Authority employment services staff, within a central hub to deliver the main triage and digital and PBS support offer. This is shown in Figure 7.1. The Islington trial had the strongest model of co-located services. The customer centre was able to host all three digital, financial and employment services, minimising handover time and effectively giving claimants a 'one-stop-shop' for support services. Based on this

learning, Lambeth, Lewisham and Southwark during their extension period brought all digital and personal budgeting support services together in Jobcentre Plus hubs.

Figure 7.1 Co-located hubs
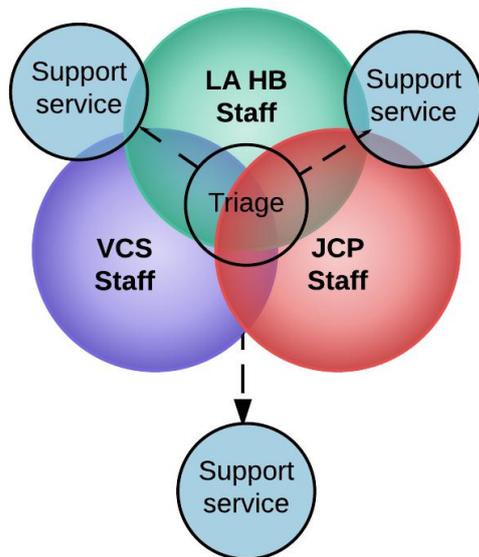
7.3.2 The 'hub and spoke' model

In a number of other trials, particularly South Staffordshire and West Lincolnshire, local geography limited the scope for centralisation and/ or co-location of services. In some cases, a lack of suitable infrastructure meant that centralised co-located support service hubs were not possible to deliver. In these cases - such as West Lincolnshire – co-located hubs were smaller in nature and sited across rural areas. For some trials, such as Derby which used elements of central hubs and support spokes, it was felt that this was a model of joint working that could also work well compared to centralised co-located hubs.

> *'The work they've done on co-location provides another model that can be looked at. It doesn't necessarily mean you've got to drop a Job Centre into a Local Authority, or vice versa. You can have some kind of hub like this that operates and then with sort of spokes out to the main agencies.'*

(Interview with USdl staff, Derby)

Figure 7.2 Hub and Spoke model
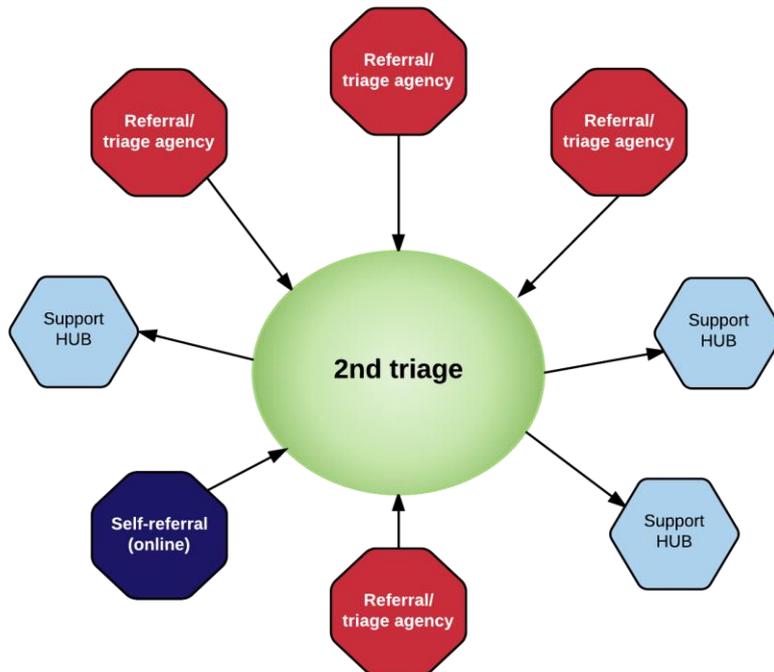
Trials felt that these models were useful as smaller networks of hubs provided vulnerable and isolated claimants a greater chance to participate in USdl support. There was a concern from a number of trials that the most vulnerable claimants would always be reticent to access support in a large Local Authority claimant centre or very busy JCP.

Underpinning these 'spoke' support systems were often highly developed data systems and processes which ensure that trials could have oversight of claimants and manage a variety of different support settings.

7.3.3 The benefits of service integration and co-location

The research found that all trials had moved some way towards increasing integration between operational staff across different organisations, using a variety of the approaches outlined above. In particular, Lambeth, Lewisham and Southwark and West Lincolnshire in their extension periods developed and extended their co-location of support services with a view to improving the levels of claimant engagement and take-up of support services. In addition, some trials such as Blaenau Gwent or Carmarthenshire which did not move towards a highly co-located model, felt that this would be an important way to improve their model of support delivery in the future.

Across all sites, co-location and integration was seen as an effective way to increase staff members' understanding of different systems and processes, and allow staff to problem solve. For instance, where staff were co-located, trials reported that staff could help each other overcome conflicts between different systems and explain differences.

> *'Being able to have a local authority person in a JCP site, rather than 'oh god, phone the local authority'…to have someone there who can access their systems or explain how it actually works kind of makes it less alien.'*

(Interview with USdl staff, Lambeth, Lewisham and Southwark)

Co-located hubs also facilitated a more efficient building-up of further support services. In a number of cases, trials reported that developing service hubs created spaces which were amenable to additions of further support services and development of additional access points of support. This meant that staff were already on site to assist new organisations, resources were already available and other services were ready to link to the new service.

Integration of support through co-location and joint working also greatly increased the variety of services available for claimants. Trials were therefore able to deal with a greater range of needs and treat UC barriers holistically. In hubs, where existing services were available, trials were able to support a broader offer to claimants.

Overall, a number of trials reported that increasing co-location was associated with greater claimant take-up of support. In Islington in particular, bringing Work Coaches into a space in the claimant centre significantly increased the numbers of hard to reach claimants who they had previously had difficulty engaging.

> *'We were in very low numbers until we[co-located Jobcentre Plus Work Coaches], and now we have absolutely kept the numbers over and above what we needed them to be… It's a shame we didn't start that process earlier but I think like any partnership trial you have to try some different things until you land on the thing that is the most successful.'*

(Interview with USdl staff, Islington)

Where claimants were initially engaged in co-located settings, trials reported that claimants were more likely to be primed to access support services as they would generally feel that these hubs were places that you could access a variety of different support services. Where hubs were more established, claimants reported that they were more likely to recommend services to their friends or family as they felt that the hub provided a universal point of access and they could easily point them in the direction of where to access the support.

Analysis of trial management information also supports the view that co-location and integration of services is associated with higher performance and lower disengagement from support. For example the co-located and integrated Islington trial had very high take-up of support – with 91 per cent take-up of digital services (342 of 374 claimants referred to support) and 80 per cent take-up of personal budgeting support (285 of 357 claimants referred to support).

Hub and spoke models tended to achieve lower take-up rates. In the Derby trial for example, 39 per cent of those referred took up digital support (37 of 94 claimants referred) while 60 per cent took up personal budgeting support (287 of 477 claimants referred. The West Lincolnshire trial achieved 72 per cent take-up for digital support

(107 of 149 claimants referred) and 55 per cent take-up for personal budgeting support (153 of 280 claimants referred).

In contrast, trials without co-location such as Blaenau Gwent and Dundee were associated with low take-up of support services. In the Blaenau Gwent trial, 36 per cent of those referred took up personal budgeting support (27 of 74 claimants referred), with take-up of 12 per cent for personal budgeting support (6 of 51 claimants referred).

However, as discussed in chapter 5, support take up rates were influenced by a range of factors, and in particular how well the journey through support was organised, recorded and managed.

7.3.4 Challenges with co-location and service integration

As noted in Chapter 6, a number of trials reported that while integration was a good way to increase claimant engagement, there were occasions in which it could present difficulties for claimants due to a lack of privacy. This was particularly the case for the delivery of personal budgeting services, where a number of voluntary and community sector services raised concerns about delivering support in Local Authority or Jobcentre Plus open-plan offices.

Where a number of services were co-located, concerns were also raised about claimants by-passing the triage service in order to access support where they could find it. In addition there was some evidence of triage staff occasionally signposting claimants to co-located support without conducting the triage process in full, or favouring co-located services over other support. As a result some trials were concerned that they had not been able to bring some claimants into their full USdl support offer.

7.4 Lessons for future practice

- The trials demonstrated clear benefits of co-located and integrated services. The ambition should be to co-locate support services within a single 'hub' wherever it is feasible to do so. In particular, this should mean co-locating Jobcentre Plus support alongside Local Authority services. Fuller co-location of other support services would also often also be desirable. Co-location is not a substitute for good identification, triage, referral and management processes – but effective co-location should improve all aspects of service delivery.

- The geography of local areas is important in determining which models of service co-ordination would work best. Centralising all services within a hub may only be appropriate in more urban areas – and even here, these will likely need to be supplemented by outreach services. In areas serving rural communities, 'hub and spoke' models are likely to be appropriate. These models in particular are likely to need to be underpinned by effective management and oversight, good communications between partners, and effective data and information systems.

Evaluation of the Universal Support delivered locally trials

- There would be value in testing further streamlining of support within the Jobcentre Plus claims process – as an integral part (and not in place) of a co-located, multi-agency model. This should aim at least to conduct the initial screening assessment for claimants, with referral on to a co-located in-depth assessment.
- In the longer term, there would appear to be value in further developing options around more integrated Local Authority/ Jobcentre Plus joint teams – with integrated management and co-ordination of USdl support.

8 Partnerships, management and governance

This section looks at the ways in which partnerships were developed and then managed. It considers the ways in which the trials set up governance and management systems and the operation of partnerships between Local Authorities, Jobcentre Plus and wider support services.

8.1 Summary of findings

Partnership working was a strong aspect of all trials. Trials varied in the breadth and depth of their partnerships. All included Jobcentre Plus and Local Authority partners, plus key digital and personal budgeting services. Others extended their partnership models to include large networks of advice and guidance partners.

Partnerships were most successful where they had good project management – characterised in particular by approachable and committed project managers who could help to foster a shared vision for the trial, ensure consistency in implementation and efficiently resolve problems.

Trials were able to maintain effective partnership working with strong governance systems. Governance was characterised by Jobcentre Plus and Local Authorities being equal partners. Good governance included committed leadership from both organisations, effective and open communications between partners, and wider steering groups comprising both operational and strategic leads.

The delivery of partnership working with voluntary and community sector providers was more variable across trials. A number of areas suggested that service level agreements could be useful in future to ensure that roles and responsibilities are understood between organisations.

8.2 Governance and management

The overall management and governance of trials was an important factor in the smooth operation and running of the trial service. Strong project management was a feature of good practice during the delivery period, facilitating trial partners to be clear on their roles within the service, to communicate changes and to resolve any issues.

8.2.1 Approaches to project management

The evaluation found that it was necessary for project managers to have a clear idea of how Universal Credit would work and the implications for designing an appropriate support system. The evaluation found that services were designed well where trials had built them around the needs of the claimant and had considered how they could easily access, engage and move through different support services in order to achieve outcomes. In many cases project managers used existing networks as a basis for building good working relationships with delivery providers.

Project managers served as important bridges between different organisational cultures, ways of working and operating systems. Project managers reported that in the first part of delivery, a large amount of their time was spent resolving conflicts between different ways of working (particularly between Jobcentre Plus and Local Authority systems) and their role was key to ensuring that shared processes could be developed and then embedded.

Project managers were important focal points for ensuring that all staff and delivery partners could receive feedback on trial implementation. Delivery partners reported that they felt more engaged with the trial where they had regular and open communications from their project manager, were clear on the purpose of the trial and the implications of Universal Credit for delivery, and had been given clear roles and responsibilities. During the delivery period, providers felt it was important to receive feedback on their progress and encouragement:

> *'[The project manager] made it really easy and information, communication was excellent. Also the encouragement and support, she was amazing on that. I needed that sometimes and she was there to say yes, well done. It was really good. The management were really excellent, yes.'*

> (Interview with Housing Provider, Westminster and RBKC)

Data sharing agreements were also key. Where managers were able to secure data sharing agreements early on, this left more time to focus on partnership working and delivery. In some cases, data sharing issues were either not fully resolved or continued to hamper partnership working during live running.

8.2.2 Trial governance

Owing to the 'test and learn' nature of trials and the compressed mobilisation period, although DWP and Local Authority Leads signed partnership agreements trials did not develop specific service level agreements (SLAs) with delivery partners with which to manage delivery partnerships. As such, project managers played important roles in managing service delivery, ensuring providers were clear on what claimant volumes they could likely receive and working with delivery providers to improve processes.

Trials reported that SLAs would have been useful to resolve delivery challenges where different organisations were operating with different objectives. In addition, trials felt that SLAs would stop some delivery partners from 'going their own way' and

using the trial to fund existing delivery or support that may not be geared towards Universal Credit preparation.

> *'One thing I've definitely learned, I didn't put in place a service level agreement when I designed the trial and I think that would have been something that would have been quite key - having that in place and making sure everybody's signed it and has it at the forefront of their mind of what they're expected to deliver.'*

(Interview with project manager, Westminster and RBKC)

The use of SLAs in the future could also help trials to set appropriate performance targets and management information requirements from partners. Most trials reported that feedback from partners was largely being done in goodwill rather than any formal requirements – so they were reluctant to impose structures which could be more burdensome and lead to partners not reporting back. However this meant that reporting on what support was delivered, in particular, was often incomplete and not consistent.

8.3   Partnership working

Across the eleven trials, partnership working was a key feature of working practice. The majority of trials developed strong relationships between Local Authorities, Jobcentre Plus, Social Landlords and a range of voluntary and community sector services.

8.3.1 Partnership membership

There were some important differences in the membership and level of joint-working between different trial partners. Part of this reflected the fact that trials were starting from different places regarding previous partnership working, particularly between the Local Authorities and Jobcentre Plus. Where local authorities had previously delivered joint trials (for example Direct Payment Demonstration Projects, or Local Support Service pilots) or other joint projects (particularly in co-located settings), there was greater understanding of each other's processes and operational targets. Generally, these trials were able to develop mixed teams that could work together to deliver services.

Trials also differed in the level and extent to which they included Social Landlords in the design of their support model. At their closest, trials such as Argyll Bute, Blaenau Gwent, South Staffordshire and Northumberland and South Tyneside used housing providers in engagement and triage and some were also able to provide direct digital and personal budgeting support. Other trials such as Carmarthenshire, Lambeth, Lewisham and Southwark, and Westminster and RBKC did not have housing providers within their delivery partnerships.

At the service delivery level, most trials developed their partnerships through existing relationships with known and trusted service providers. In some rural areas, large delivery partnerships have been developed. For instance in West Lincolnshire, the

Lincolnshire Advice Network (LAN) manages a network of over 200 delivery providers across the four Local Authorities in the partnership, greatly increasing the range of providers available to provide support in remote areas.

In a few trials, the evaluation found that original delivery partnerships were developed in isolation from a number of relevant local authority services and as such USdl provision were layered over existing local authority support services. In these cases, some local authority services felt that USdl had duplicated services.

8.3.2 Approaches to working in partnership

There were clear differences in how trials developed their models of partnership working. A key difference was the balance between levels of strategic and operational partnership working.

Trials reported that running the partnership through strategic leads was useful to develop the overall goals and priorities of the trial and to ensure a consistent approach across different providers and/or locations. In addition, strategic leads had sufficient delegated authority to agree and make changes quickly. For Argyle and Bute, this meant that they '*had support at a strategic level, making it easier to be strong at a local level if necessary*'.

It was important for trials to have senior buy-in from both Jobcentre Plus and the Local Authority. Where these relationships were less strong, local trial delivery was challenging. In South Staffordshire, referrals were not possible from one Jobcentre Plus location as local contacts had left, which left the trial manager unable to re-establish partnerships quickly enough.

A number of trials reported that it was important to include an operational layer within their partnership models. In addition, it was important to include operational staff with direct delivery experience. Derby reported that it was occasionally difficult to operate their partnership with senior leads from their partners as messages were not being filtered down to advisers delivering the support.

Operational steering groups were important in the delivery period as mechanisms to dispel myths about organisational working practices, increase service integration and helped to strengthen partnership working overall. These forums served as important places for partners to share practice and come together with ideas to improve delivery, ensure they were meeting claimant needs, and ask questions or resolve issues.

> '*Having operational groups has strengthened those partnerships, both in terms of just being able to support one another, creating a real open forum of trust… to face reality and discuss why people weren't engaging and being able to work out new ways of data-sharing.*'

> (Interview with project manager, Westminster and RBKC)

Trials reported that operational partnership forums worked best where they were open forums and had good levels of transparency. It was important for members to

be able to talk openly about their own delivery challenges or methods of working in order to ensure that these could be worked through to enable the claimant experience to be as seamless as possible.

Given the importance of communication and face-to-face interaction between operational staff, the research found that very large partnerships (such as in West Lincolnshire) were more time consuming to co-ordinate and it was much more resource intensive for the trial to agree common approaches with all of its members.

8.3.3 The longer term impacts on partnership working

Delivering USdl trials has generally strengthened local partnerships between Local Authorities, Jobcentre Plus and third sector delivery providers. Delivery providers reported that they had a much greater understanding of Jobcentre Plus and the operation of Universal Credit. For a number of delivery providers, working in partnership has led them to conclude that joint working is possible and desirable. A number of trial partnerships reported that they will continue to hold partnership meetings with a view to monitoring the roll out of Universal Credit. Other trials have reported that they will focus on developing UC guidance for professionals working in LA and third sector settings and some plan to deliver these as training sessions.

> *'It's just a general overview of what universal credit is, what support people might need under it and what professionals need to know and what they can start doing now to prepare people.'*

> (Interview with project manager, West Lincolnshire)

USdl partnerships did not include health service providers in their bids and health representatives were notable for their absence in steering groups or other governance structures. Towards the end of the delivery period, some trials had sought to include health providers in strategic steering groups. Trials found that claimants with complex needs (particularly recent physical and mental health conditions) were less likely to be able to participate in USdl support services without additional support to help them manage these first. As such, including health in future USdl support services would be key to service delivery.

A number of trials reported that they felt Social Landlords were important members of the partnership and – given their interest in maintaining claimant's ability to pay rents - planned to work closer with in the future. RSL's across a variety of trials were building up services to mitigate the risk of UC on their income flows and a number of partnerships felt that they could usefully use these services.

Overall, trials reported that they had learned that depending on needs, claimants would need a variety of literacy, numeracy, ESOL and holistic support services to engage with support, in addition to offering digital and personal budgeting services.

8.4 Lessons for future practice

Evaluation of the Universal Support delivered locally trials

- The project manager role was central to successful trial delivery. Good project managers provided leadership, oversight and co-ordination of support; ensuring systems and processes ran smoothly; communicated with and engaged partners; and resolved conflicts and challenges. This role is likely to be critical during the early rollout of USdl support.

- Partnerships worked well where there was an equal partnership developed between Jobcentre Plus and the Local Authority. The composition of partnerships varied, and in some cases partnerships were very large and included similar and overlapping services. There would be value generally in areas mapping provision and key partners as part of development work in the future. This mapping should also include Social Landlords, health services, and literacy/ numeracy/ language support where possible.

- Service Level Agreements between operational delivery partners were not used by trials, but it was generally felt that they would be critical for ongoing delivery – in particular to co-ordinate working practices, make responsibilities clear, and plan resourcing.

- Governance systems need to be included at the strategic level, with clear structures, active leadership and members that have authority to make decisions. The most effective models had inclusive and constructive working arrangements – where members had equal input and could talk candidly about challenges.

- Operational steering groups and partnership forums provided an effective mechanism to engage delivery partners – these were more focused on delivery than formal governance, and provided opportunities for partners to review progress, trouble-shoot and share learning.

- Partnerships largely relied on the ability to share data about claimants between the local authority, Jobcentre Plus and third sector providers. As such, there would be value in developing clear, implementable data sharing guidance for USdl partnerships. In addition, there may be scope to explore how the UC digital interface could allow support providers to share information and feed back to Jobcentre Plus.

9   Trial impacts

This section summarises the findings of the additional impact of Universal Support delivered locally on participants' digital and personal budgeting capability. It also summarises the costs and potential sources of benefits from improved digital and personal budgeting capability.

9.1   Summary of findings

Qualitative evidence suggests a range of softer outcomes were achieved, as discussed and research from elsewhere indicate positive impacts of receiving support could intern lead to downstream saving. Claimants who accessed support reported positive impacts upon a variety of other support needs, particularly in employment, with digital and budgeting not existing in isolation of other, often higher priority, needs. These other support needs were also reported as the barriers to utilising budgeting and digital support services.

Analysis of survey data was restricted by the relatively short amount of time between measures that may have limited the likelihood for change to occur. However, in the time period studied the results suggest that participation in USdl had no statistically significant impact on either digital or financial capability. Further, receiving support (whether as part of USDL or outside of it) did not result in changes to capability. However, caution should be noted in interpreting findings as several factors, in addition to the short timescale for observation, were identified as to why no impact was detected.

More significant impacts may be identified given more time to observe participants applying their learning within a UC environment. A range of wider outcomes were also identified through qualitative research, particularly in preparation for and entry to employment, and longer-term impacts on wellbeing.

9.2   Impacts on personal budgeting and digital capability

In order to measure progress in both digital and financial capability over time, the USdl survey data was used to calculate the difference in capability scores reported at waves one and two. This analysis found very small positive, but statistically insignificant, differences between the two waves – with scores improving on average by 0.03 on the digital capability scale and 0.6 on the financial capability scale.

The calculated difference in score was introduced as a dependent variable in two multilevel Generalised Linear Models (GLM) which respectively looked at the

predictors of digital and financial capability. 'Participant Group' identifying whether an individual was assigned to participate in USdl or the control group was introduced as an explanatory variable.

For both digital capability and financial capability, being assigned to participate in USdl was not a significant predictor of capability.[1]

Acknowledging that there was no difference between USdl claimants and the control group, a further set of modelling was carried out; this time looking at the impact of receiving formal support for all survey participants irrespective of whether they were assigned to USdl or not.[2] Again no significant difference was noted in changes in scores for either digital or financial capability, controlling for other socio-demographic factors.[3]

More detail on the statistical models that were applied and model outputs can be found in Appendix A.

While the modelling failed to show statistically significant increases in digital and financial capability, it does not follow that USdl participation had no impact on digital and financial capability. There are three main alternative reasons why the impact assessment may have been unable to identify positive impacts:

- The short period of time between when the first (baseline) measure and second measure was taken – with this being less than five months for the majority of survey respondents. With regards to digital support, while support may increase an individual's skills and knowledge over a short period of time, it may not address their confidence or trust (as noted in the qualitative findings presented in Chapter 6). Such aspects may only develop once that individual has more exposure and experience of using digital tools. Similarly, personal budgeting support may require longer to translate into more tangible differences in scores and may be closely tied to that individual's personal and household financial situation.

- The lower-than-expected volumes of USdl claimants – which in turn led to fewer than expected survey respondents at both waves of the survey, with only a small subset of these having actually gone on to receive digital or personal budgeting support. These low volumes limited the ability to draw statistically significant findings.

- Reporting bias, whereby individuals who receive support may reassess their ability to manage money or use digital tools and therefore moderate their responses to survey questions on capability.

9.3 Wider impacts

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[1] Respectively B=0.13 CI=-0.21-0.48 p=.447; B=0.5 CI=-0.2-1.19 p=.159
[2] An intermediate set of modelling was also conducted looking at whether being assigned to USDL increased the receipt of support; the modelling suggests that being assigned to USDL was not a significant predictor of receiving either digital or money/personal budgeting support (respectively, OR=1.37 CI=0.69-2.71 p=.372; OR=0.58 CI=0.26-1.29 p=1.82).
[3] Respectively B=0.09 CI=-0.47-0.29 p=.638; B=0.0 CI=-0.94-0.93 p=.998.

As noted in Chapter 6, participants in the qualitative research reported positive impacts from trial participation on both their digital and personal budgeting capability. In addition, the qualitative research found a range of wider positive impacts.

Claimants who accessed digital support often had wider support needs including around motivation to learn, financial issues and English language needs. Learning to use computers was often reported to have empowered claimants to utilise their digital skills to work towards resolving additional issues, for example searching for properties, training courses or volunteering opportunities. These impacts were typically reported some time after starting to receive support, once crisis needs had been addressed.

Several claimants however, required longer and intensive support, particularly for those with poor literacy and ESOL needs. Claimants with higher support needs reported other positive impacts on their wellbeing through building social networks and increased confidence from learning and gaining new skills. This increased confidence often translated to a willingness, or decreased fear, to access further digital assistance such as computer courses or going to the library, which was crucial for claimants with financial barriers to home computer access.

> *'It's helped me more in giving me the confidence to come up here like and actually use the Library's facilities, computers.'*

(Claimant interview, South Staffordshire)

A number of trials also focused their digital support on employability, with digital skills enabling claimants to apply for jobs independently, which opened up a wider pool of opportunity for job searches.

> *'It started with the [Universal Jobmatch] and so I could do that by myself ... how to register online and finding work so now I'm confident I can do that.'*

(Claimant interview, Westminster and RBKC)

For personal budgeting support, key outcomes were around dealing with debt, challenging incorrect decisions and accessing entitlements, which often resulted in claimants having more disposable income. This increased income enabled claimants to improve their quality of life and was often expressed as now being able to lead a healthier lifestyle. Help to resolve extreme situations, such as being fearful of losing their home, had a large impact on claimants' wellbeing, for example, enabling them to sleep better and better management of mental health issues such as depression.

The impact of addressing financial needs could be far-reaching. Once an immediate issue was resolved, claimants were able to plan for a longer term outlook, including employment and education prospects. In some cases, the support provided made claimants more open to personal budgeting support.

> *'Now, because I know the helps available…it all branches out somewhere. I'm more likely now to come here first…It's made me a lot more confident in like I say picking up the phone and not necessarily challenging but certainly drawing it to somebody's attention. Whereas before I'd quite happily sit there and pretend it wasn't happening, you know. Hide away from the fact.'*

(Claimant interview, Derby)

Other forms of support offered through the trial provided wider impacts for claimants. Employability support could produce tangible impacts through finding employment.

> *'It was a very short space of time. The thing is, like, from that short space of time, from being like down, like she really did boost my confidence back up from it being like less than six months to actually getting a job.'*

(Claimant interview, Islington)

Claimants who didn't access employment outcomes referenced steps to getting closer to work, including accessing volunteering opportunities, relevant courses and a professional CV. The CV support was practically useful to claimants who did not previously have one in a format ready to be sent off. Claimants also expressed increased confidence through the CV building bringing out their skills and competencies.

Claimants referenced the value of face to face, intensive support from their adviser. This personalised approach could be highly motivating, and challenged participants to think about their possibilities such as further education.

> *'He mentioned to me about going back to college and it sort of sparked something in me…since then I've joined college which I start in September… I'm really excited at the moment...now I've got this whole new purpose. I feel so much better. I feel happier.'*

(Claimant interview, South Staffordshire)

9.4 Cost Benefit Analysis

9.4.1 Costs

Overall, the estimated annualised cost of the eleven trials was just over £4 million – see Table 9.1 below. Staff costs (salaries and expenses) make up £2.7 million (68%) of the total, of which nearly £863,000 was spent on staff specifically delivering support. Another £1.3 million (32%) was spent on management and other costs (including capital and overhead costs), with the bulk (£544,000) spent on project management and oversight.

Table 9.1 Estimated annualised total costs by cost element

	Total	% of total
Staff and Revenue costs		
Engagement	£407,000	10

Triage		£800,000	20
Support		£835,000	21
Other		£589,000	15
	Sub total	**£2,632,000**	**65**
Staff travel and subsistence expenses			
Engagement		£7,000	0
Triage		£5,000	0
Support		£28,000	1
Other*		£65,000	2
	Sub total	**£105,000**	**3**
Management and support costs			
Supervision/ HR Management		£202,000	5
Project management and oversight		£544,000	13
Trial planning and implementation		£88,000	2
Capital costs (one off investments)		£78,000	2
Universal and Overhead costs		£177,000	4
Operational costs		£164,000	4
Support service costs not covered above		£59,000	1
	Total Annual Cost	**£4,049,000**	**100**

* It should be noted that 'Other' costs within 'Staff travel and subsistence expenses' are highly skewed by a single trial which accounted for £45,000 of the £65,000 recorded.

The highest costs were in **West Lincolnshire at £888,000**, and the lowest was **£125,000 for Dundee** (who didn't trial personal budgeting support) – see Figure 9.1. Much of the high cost of West Lincolnshire (relative to other trials) is explained by cost elements specific to the trial, such as engagement, project management, trial planning and operational costs.

Figure 9.1 Estimated annualised total costs by trial*
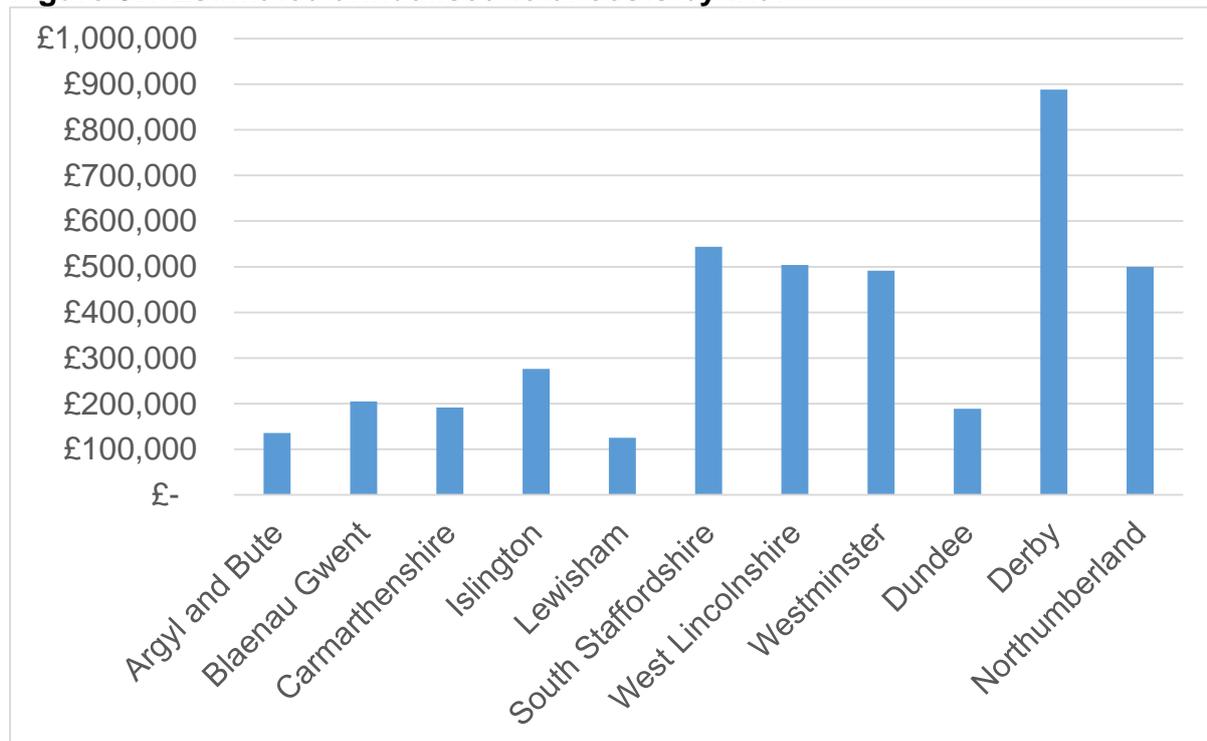
Source: Costs supplied by trial areas.

* Costs presented are for estimated annualised running in year one of the trials. As such they include one-off / set-up costs. Estimates for annualised costs for delivering USdl were calculated using steady state weekly costs multiplied by 52 plus all one-off/ set-up costs.

9.4.2 Benefits

The main potential benefits flowing from USDL are:

- Improved digital skills for participants
- Improved personal budgeting skills for participants
- Improved ability of participants to make and manage a UC claim

Value of digital and personal budgeting skills
Existing research points to a range of benefits of improved digital skills:

- Savings from online shopping – with estimates of savings to individuals as consumers of 13% for groceries, 15% for travel and 21% for services, and an overall benefit of shopping online worth around £280 per year;[4]
- The wage premium from being computer literate – estimated at 3-10%[5]
- Skills gains from online learning – with over 10 hours of e-learning estimated to give a benefit equal to one quarter of a GCSE grade per subject[6]

Similarly existing research reports a number of benefits of improved financial skills:

- Individual wellbeing impacts of financial inclusion – with research for the Housing Associations' Charitable Trust (HACT) suggesting the following impacts per head per year[7]: Being Debt Free £1,593, Able to afford to keep house well-decorated £5,326, Able to save regularly £2,155, Relief from being heavily burdened with debt £9,428, Able to pay for housing £7,347, Financial comfort £8,917, Access to the internet £1,875 and able to insure home contents £3,652[8].
- Social impacts of problem debt – with research by the Legal Services Research Centre (LSRC) estimating that the average cost per debt problem to society is over £1,000[9].

In addition, there are likely to be direct positive fiscal impacts for government in improving digital and financial inclusion.

However, given that the results of our impact assessment found no statistically significant impact on digital and personal budgeting capability, it follows that the trials cannot have shown any quantifiable benefits in practice. As noted previously though,

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[4] UK Onlinecentres (2008), 'Economic benefits of digital inclusion building the evidence'.
[5] Centre for the Economics of Education (2007), 'The impact of computer use, computer skills and computer use intensity: Evidence from WERS 2004'
[6] UK Onlinecentres (2008), op cit
[7] Wellbeing here is used to denote overall quality of life. These wellbeing valuations are calculated by analysing existing national surveys which can be used to reveal the equivalent amount of money individuals would need to receive to have the same impact on their wellbeing as the factor in question.
[8] L. Trotter, J. Vine, M. Leach, D. Fujiwara (2014), 'Measuring the Social Impact of Community Investment: A Guide to using the Wellbeing Valuation Approach'.
[9] P. Pleasance, A. Buck, N.J. Balmer and K. Williams (2007), 'A Helping Hand: The Impact of Debt Advice on People's Lives', Legal Services Research Centre.

caution should be observed due to methodological challenges in measuring quantifiable impacts.

10 Conclusions

The USdl trials successfully demonstrated how Local Authorities, Jobcentre Plus and wider networks of local partners can work together to identify, engage, assess, refer and support claimants to address digital, personal budgeting and often wider support needs.

This evaluation identified four key stages in how support was designed: the identification and engagement of participants; how support needs were identified through triage and assessment; the referral and case management of support; and how support was delivered.

These stages were underpinned by different delivery and organisational models – with varying degrees of integration, co-location or dispersal of functions, and different approaches to how partnerships were managed and overseen.

Overall, then, while the trials sought to meet the same objectives through similar means, they often tested distinctly different models in different ways, and measured their progress and outcomes differently.

The trials were also characterised by the ongoing evolution – with design changing in response to challenges, and with some evidence of trials converging on more successful models. In particular, over the period of the trials there was an increasing focus on how support was sequenced, information shared, and services aligned and where possible integrated.

By the end of the evaluation period, UC live service was beginning to roll out and this appeared to be bringing its own challenges. In practice a number of trial partners were scaling back their involvement in co-ordinating and delivering support, while Jobcentre Plus was taking a more prominent role but also one more focused on immediate transitional digital and personal budgeting needs for the highest risk claimants.

Looking ahead, the trial evaluation has identified a range of potential lessons for the future design of Universal Support. In particular this points to ensuring that there are clear and common success measures; that there is the right governance, partnerships and management to oversee these locally; that claimants are identified, engaged and screened through different channels; that the benefits of co-location and integration are further explored and then harnessed; and that the right systems and process are in place to enable effective delivery of support – in particular around data sharing, local service mapping and case management.

Appendix A – Methodology

The evaluation commenced in November 2014 and fieldwork was completed by January 2016. The evaluation comprised four linked stages, set out below.

A.1 Project scoping

In this stage, between **November 2014 and January 2015**, the evaluation team worked at a trial and programme level to understand the objectives, theories of change and key research questions for the project. This was supported by immersive visits to each of the eleven trials to explore their objectives, success measures, delivery plans and timescales, as well as to explore issues around data collection, data availability and where appropriate their use of control groups.

A.2 Qualitative action research with trial areas

There were two further waves of qualitative action research fieldwork with the eleven trials.

A.2.1 Wave 1 – conducted between January and March 2015.

Each trial received a three-day visit by the research team to each of the eleven sites. The purpose was to collect early findings on trial implementation and experience, as well as to provide insights on what lessons can be learned, practices shared and improvements made.

A researcher and consultant attended each site to conduct rapid research with trial leads, project manager, operational staff and delivery providers. Where trials were able to facilitate it, research with participants was also conducted.

Owing to the timetable of delivery, the first wave of research focused on engagement and triage of participants. The research team, conducted a series of observations of the triage and/or needs assessment process. Then a short, fifteen minute interview was conducted with the individual who had received support to find out their experience of the process, their understanding of the purpose and consent to the trial, whether they had understood the nature of the support available and how this related to supporting them to transition to Universal Credit. A focus group with trial participants was also conducted.

Findings from the rapid research conducted over the two day visit were written up into presentations that were given to the trial stakeholders and facilitated discussion of which aspects of the trial were going well, any identified challenges and ways to

mitigate these. Write ups were provided to trials following the visits to assist them with ongoing delivery.

A.2.2 Wave 2 Visit - conducted between June and November 2015.

Wave 2 visits were conducted with trials in early summer and in the autumn 2015. Trials which were not being extended received visits earlier to ensure that all data on their trial was collected. Trials with extension periods continued delivering support until autumn and visits were arranged around the last period of support delivery.

The purpose of these visits were summative and focused on the final model of delivery and the outcomes achieved. Two day fieldwork visits were arranged with trials. Here, two researchers conducted face-to-face depth interviews with participants, support providers and any trial leads or other important stakeholders who were not interviewed during wave 1.

Claimant interviews covered barriers to UC participation, their experience of the whole support journey and gauged to what extent any barriers to UC transition had been met or not. Some interviews were purposively sampled to include those who had not engaged with support to explore reasons for non-engagement with support.

Support provider interviews focused on the nature of the support offer, the extent to which their final support models were tuned to the needs of Universal Credit transition and to what extent support could meet the different needs of the USdl cohort.

Trial stakeholder interviews covered final assessments of stakeholder partnerships, the operation of the delivery model in 'steady state', participant outcomes and views of benefits and challenges of delivering though their models.

Final workshops were held on the second day of the fieldwork visit with trial stakeholders. Here, final participant journeys were agreed and workshop conveners led discussions on trial partnerships, delivery models, case management and data systems. The workshops captured group thinking on overall lessons learned and the implications for the future design of Universal Support.

A series of 'mop-up' interviews scheduled with trial providers, stakeholders and participants in order to ensure that the research team had sufficient data on the impact of the trial.

Fieldwork volumes
In total, across all sites, 90 claimant interviews, 55 claimant observations and 11 focus groups were conducted, with 146 interviews and 33 half-day workshops with DWP and USdl partnership staff.

A3 Two wave telephone-based survey of trial participants

A two-wave participant telephone survey was conducted to support the qualitative strands of the research and measure the impact of the trial.

A3.1 Survey Methodology

The survey methodology reflected the quasi-experimental design of the trials, by interviewing a sample of USdl participants (treatment sample) alongside a sample of non-participants (control sample).

The survey used a two-wave longitudinal design with both treatment and control groups being interviewed in parallel.

The overall number of USdl participants was lower than originally anticipated with the pilots covering a relatively small 'population' of individuals. Therefore, the sample was drawn from data provided by the trials and DWP and included 13107 USdl participants (treatment sample; of which wave 9460 was from wave 1 and 3647 fresh sample obtained between the two waves) and 2359 individuals in the control sample. Sample data was provided by DWP.

The wave 1 survey covered 1777 USdl participants and 470 control group respondents, with an effective response rate of 18%. Fieldwork was carried out between 6 March and 31 July 2015, with a break from 30 March to 10 May due to the General Election. The wave 2 survey was conducted between 30 September and 8 December 2015, with the minimum time lapse between interviews being around two months. As well as 'follow-up' interviews, the survey was topped-up with fresh sample. The following numbers of interviews were achieved at wave 2:

- USdl participants who had been interviewed at wave 1 and who agreed to be re-contacted: 516 interviews. The response rate was 39%.
- Control sample of non-participants interviewed at wave 1: 135 interviews. The response rate was 39%.
- USdl participants fresh sample at wave 2: 789 interviews. The response rate was 22%.

All interviews were carried out using Computer Assisted Telephone Interviews (CATI) by BMG Research on the behalf of L&W. At both waves, a pilot was conducted prior to the main fieldwork; pilot interviews are included in the analysis.

A3.2 Analysis of quantitative data

The survey were designed to provide a detailed examination of survey respondents financial, budgetary and digital capabilities, as well as collecting information about their socio-demographic characteristics and economic circumstances. The two-wave design was employed to measure the longer-term impacts and outcomes of USdl participation, through the comparison of treatment and control samples.

As part of the quasi-experimental design, the trials assigned USdl eligible claimants into either a treatment or control group.[10] Ideally, this would mean that the treatment

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[10] One trial – Westminster and RBKC – did not have a control or comparator group.

and control sample respondents are matched in terms of their characteristics; however due to differences in the implementation across trials this there is some variation in the degree to which the groups match. Differences could also be due to response bias in the survey. In order to assess this issue, the profiles of the two sample groups that were interviewed in the survey (at wave 2) were compared. This analysis showed that at baseline the two groups were relatively closely matched in their demographic profile, with minor differences identified in relation to:

- Benefits receipt: while benefits receipt was broadly similar between treatment and control groups, there were some notable differences once broken down by specific benefits type. S Notably, the control group were eight percentage points more likely to claim an 'out of work' benefit, seventeen percentage points more likely to claim ESA or IB, and eight percentage points less likely to claim JSA;
- Employment: treatment respondents were more likely to be in work with 17% reporting being so at time of interview, compared with 12% of the control group;
- Disability and ill-health: both the treatment and control group were highly likely to be disabled or have a health condition (46% of the treatment group). However there was a marked disparity between the two groups, with the control group eight percentage points more likely to report being disabled or having a health condition

Opt-out letters were sent to treatment and control sample before the first interview; the follow-up sample did not require an opt-out prior to wave 2 as they had already received one prior to wave 1 and consent for follow-up was obtained at the close of the first interview. All fresh sample were provided an opt-out letter prior to the wave 2 fieldwork.

The overall response rate was lower than expected. This was principally a result of:

- very high rates or missing data in the sample data provided
- a high rate of opt-out, and
- a high rate of hard refusal upon first telephone contact

A pilot was conducted prior to both stages of the main fieldwork. The pilot interviews are included in the analysis, and the pilot sample is included in the fieldwork figures outlined above.

A3.3 Statistical Modelling

As well as a descriptive analysis of survey data carried out in SPSS, a number of multilevel models were fitted to data. Multilevel models[11] were used in order to correctly model the hierarchical structure of the dataset. In this instance data is in a

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[11] Goldstein, H (2011) Multilevel Statistical Models (4 th Edition). Chichester: Wiley

two level structure, where by distance travelled between survey waves is nested within:

- Level 1: Respondent
- Level 2: Trial area

There are a number of consequences associated with not accounting for clustering, including underestimation of standard errors associated with coefficients[12]. Other predictor variable will be entered as main effects and will include, age, gender, primary language and (critically) condition assignment. Estimates and standard errors can be interpreted in much the same way as for standard single-level logistic regression.

The calculated difference in score was introduced as a dependent variable in two multilevel Generalised Linear Models (GLM) which respectively looked at the predictors of digital and financial capability. 'Participant Group' identifying whether an individual was assigned to participate in USdl or the control group was introduced as an explanatory variable.

Acknowledging that there was no difference between USdl claimants and the control group, a further set of modelling was carried out; this time looking at the impact of receiving formal support for all survey participants irrespective of whether they were assigned to USdl or not.

Other predictor variables were entered in the models as main effects and included, baseline assessment score, age, gender, health condition, economic activity and (critically) condition assignment.

A3.4 Impact assessment and cost-benefit analysis

Trial costs were collected through a costs-capture template, which captured fixed and variable costs of delivering services and support as well as estimated costs for shares of existing activity or resource. Workshops were conducted in each trial area in August and September 2015 to ensure consistency in understanding and reporting of costs data, with trials then completing and returning the templates for analysis.

In order to make costs more comparable across the trials and to make interpretation of costs more understandable, a **total annual spend** estimate was calculated based on the estimated cost of steady state delivery of support over the course of a full year. This was done by factoring up the estimated weekly costs to a full 52 weeks of delivery.

Trial level management information was used to produce unit cost estimates. As with the costs, it was then necessary to estimate an annualised steady state of participant volumes at trial level.

Alongside this, the impact assessment used the survey data to measure the extent to which those receiving support through the trials improved their capabilities –

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[12] Rasbash J., Charlton C., Browne W.J., Healy M. and Cameron B (2009) A user guide to MLwiN, v2.10. England: Centre for Multilevel Modelling, University of Bristol

particularly around digital and personal budgeting skills – relative to non-participants with similar characteristics, as a consequence of trial participation.

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Appendix B – Participant journeys

Trials were supported to develop participant journey maps in the first wave of action research, with these being refined and finalised in the final wave. The process of constructing these maps often facilitated discussion of how trial support models were working and clarified claimant exit points and any complexities in the support journey which would lead to customer drop-out.

The journey maps represented overleaf are the final 'steady state' models that trials operated with or the 'most common' form of customer journey delivered by the trial. As such, these are stylised versions of the latter stages of delivery and cannot fully represent all customer journeys trialled within each of the USdl sites.

The general participant journey key is as follows:

Customer contact process

Inward referral process/provider

Triage/ onward referral process

Decision point

USdl Support (provider)

Data/monitoring/ case-management

Customer outcome

External support

Argyle and Bute

Blaenau Gwent

Carmarthenshire

Derby

Dundee

A flowchart showing the process:

- Customer makes JCP claim
- → Allocated to treatment/control group based on NINO
  - → Control group
  - → Treatment group
    - → Appointment in JCP
    - → Appointment in Discover Opportunities
    - → Customer completes triage and consent
    - → Digital support required?
      - Yes → Supported job shops → (dashed) Able to apply for jobs online
      - Yes → IT 4 Work Programme
        - → Claimant engaged & completed course?
          - No → Contact with customer → Recorded on case file and fed back to Work Coach
          - Yes → IT 4 Work certificate → Recorded on case file and fed back to Work Coach
      - No → Other support required?
        - Yes → Referred to other provision
          - → Making Money Work budgeting service
          - → Debt Advice from LA Welfare Rights team

Islington

Lambeth, Lewisham and Southwark

Northumberland and South Tyneside

South Tyneside Customer
— Yes →
List of tenants in Hebburn/Jarrow
→ Triage 50% phone, 50% F2F

Northumberland Customer
— Yes → Self referral
— Yes → Third party referral
→ USdl customers identified & randomly allocated into treatment or control group
→ Control group
→ Treatment group → NETs triage / USdl triage

From triage:
- Low need
- Medium need
- High need

Low need:
- South Tyneside Customer → Random no. of follow phone calls → Sign post to self-help → End case
- Northumberland Customer → Signpost support / DAWN → End case / NETS Reconnect

Medium need / High need:
- South Tyneside Customer → Diagnostic
- Northumberland Customer → Voices diagnostic (with opt-out)
→ Prioritise and identify support type
→ Digital support / Budgeting support / Emotional support

- South Tyneside customer — Yes → End case
- Northumberland customer → Initial work done by non-diagnostic lead professional

Caseload approach - shared records

→ Re-engage client by letter or telephone
→ Contact client
→ F2F support / Telephone support
→ Introduction letter
→ Assign commission or key worker
→ Assessment of need and agree action plan
→ Holistic + USdl specific referral/signpost
→ Further support needs identified
— Yes → More support given
— No → End case

South Staffordshire

West Lincolnshire

Westminster and RBKC