



Department
for Work &
Pensions



Evaluation of the Group Work Psychological Wellbeing and Work Feasibility Pilot

September 2015

Research Report No 905

A report of research carried out by NatCen Social Research on behalf of the Department for Work and Pensions

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First published 2015.

ISBN 978 1 911003 01 4

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Summary

This study was commissioned to evaluate a pilot offering a group work model of employment support. The pilot was proposed by RAND Europe who suggested that a group work model of employment support, based on the JOBS II model, would build self-efficacy and resilience to setbacks that benefit claimants face when job seeking¹.

The evaluation was designed to identify learning from the Group Work pilot to inform a larger-scale trial of the intervention. In-depth interviews were carried out with eight Jobcentre Plus staff, eight Provider staff, and 32 claimants who had participated in the intervention. Six observations of Group Work sessions were also conducted. Management Information (MI) analysis was undertaken to provide further insights into pilot take-up, retention and outcomes.

The key findings of this study were:

- of 461 claimants that were referred to Group Work, 194 (40 per cent) completed the intervention. 68 per cent of participants were male, and 45 per cent belonged to the '30-49' age group;
- measures that facilitated engagement and retention included accessible venues, reimbursement of travel costs, and provision of childcare. Avoiding the use of terms such as 'psychological' support was also recommended;
- claimants viewed the role of the Facilitator delivering the intervention as critical to Group Work. Fidelity to the model on which Group Work was based was undermined by limited Facilitator training. Careful selection of Facilitators and adequate training could significantly improve the overall intervention delivery;
- Facilitators recommended: updating the language and terminology used in the intervention for a UK audience, increasing the diversity of examples (including new material on digital job search and volunteering, and increasing wellbeing content);
- voluntary participation, positive group dynamics, strong facilitation and high pre-existing levels of motivation and active learning techniques underpinned positive experiences of the intervention;
- MI analysis indicated that there were positive changes in claimants' wellbeing, self-efficacy and mental health when comparing pre-test and post-test scores;
- with no comparison group, the quantitative results do not allow us to conclude that the observed positive change in outcomes is due to the Group Work intervention. This would need to be explored in a full impact evaluation.

¹ Van Stolk, C., Hofman, J., Hafner, M. and Janta, B. (2014). *Psychological wellbeing and work: Improving service provision and outcomes*. A Report by RAND Europe.

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Acknowledgements

The research was commissioned by the Department for Work and Pensions (DWP). We want to thank the project team at the DWP for their support throughout this study. In particular, we are grateful to Zoe Uren, Mark Langdon, Julia Oliveira, Hayley Moore Purvis, Elaine Barker and Rachel Pascual.

The authors would also like to thank Mehul Kotecha, Jonathan Paylor, Claire Bennett, Chris Lord, Jenny Chanfreau, Anna Kaxira and Sally McManus (all of or formerly at NatCen Social Research (NatCen)) for their help in conducting the interviews and the analysis and offering their support and guidance throughout the study. Thanks are also due to staff in NatCen's Telephone Unit for conducting the interviews and to other staff at NatCen for their help in conducting the study.

A final thanks goes to all the respondents who participated in the surveys used for this research. Without their contributions, this work would not have been possible.

This report represents the views of the authors. Any inaccuracies are our own.

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List of abbreviations

CBT	Cognitive Behavioural Therapy
CV	Curriculum Vitae
DH	Department of Health
DWP	Department of Work and Pensions
ESA	Employment and Support Allowance
GAD-7	Generalized Anxiety Disorder 7 Item Scale
GP	General Practitioner
GSE	General Self Efficacy Scale
IAPT	Improving Access to Psychological Therapies
IRM	Initial Reception Meeting
IPS	Individual Placement and Support
JSA	Jobseeker's Allowance
JSSE	Job Search Self Efficacy Index
MI	Management Information
NatCen	NatCen Social Research
OECD	Organisation for Economic Co-operation and Development
PHQ-9	Patient Health Questionnaire
UK	United Kingdom
US	United States
WHO-5	WHO-5 Wellbeing Index

Executive summary

Policy context

In 2013 the Department for Work and Pensions (DWP) and the Department of Health (DH), jointly-commissioned RAND Europe to look at how to improve employment and health prospects for people with common mental health conditions.² Four models of support were proposed for further investigation, including Group Work – an approach based on the JOBS II model developed in the United States (US) by the University of Michigan.

Group Work was a week-long intervention aimed at Jobseeker's Allowance (JSA) claimants who were struggling with their job search. It was piloted between August and December 2014 in the Thames Valley and Gloucester & West of England Jobcentre Plus districts.

Research aims and method

The evaluation was designed to provide insights into the performance of Group Work and identify learning from its implementation and delivery to inform a larger-scale trial to assess the impact the Group Work intervention has on benefit off-flows, mental health and wellbeing, flows into work and explore the sustainability of outcomes. To meet these aims, in-depth interviews were carried out with Jobcentre Plus staff, Provider staff and claimants who participated in the intervention. Furthermore, six Group Work sessions were observed. Analysis of Management Information (MI) was also undertaken to provide insights into pilot take-up, retention and outcomes.

Referral and take-up of Group Work

In total, 461 claimants were referred to Group Work. Of these, 236 started the intervention (i.e. attended the first Group Work session and completed a pre-test questionnaire) and 194 (40 per cent of referrals) went on to complete the week-long course.

To ensure appropriate referrals were made to the intervention, face-to-face meetings between the Provider and the Work Coaches who refer claimants to the intervention as well as opportunities for Work Coaches to shadow the provision were recommended. Staff also suggested widening eligibility to Employment and Support Allowance (ESA) and Income Support (IS) claimants and consideration of some form of pre-course assessment to help Work Coaches identify appropriate referrals.

To encourage take-up of the intervention, staff and claimants welcomed the use of Initial Reception Meetings (IRMs) that provided an opportunity for claimants to meet Facilitators and have their questions answered. They also valued the use of accessible venues and the provision of travel and childcare costs. Focusing promotional materials on 'wellbeing and work' and avoiding use of the term 'psychological wellbeing' was also recommended.

² Ibid.

Group Work delivery

The Group Work intervention aimed to build resilience to the setbacks experienced while job seeking. The core components included job search skills training; active teaching and learning methods; inoculation against setbacks; social support from the group and trainer and trainer referent power (whereby trainers become a referent person that participants esteem).

The role of the Facilitator was viewed as critical to the Group Work intervention, but the short duration of the pilot meant Facilitators did not receive the extensive training of seven weeks that is recommended in the original JOBS II model, which is likely to have impacted on fidelity to the model.

Staff delivering the intervention recommended updating the language of the intervention for a United Kingdom (UK) context, increasing the diversity within the examples and including new material on digital job search and the benefits of volunteering. A recommendation was also made to include specific wellbeing content.

Engagement and retention

There was a high retention rate over the week-long intervention, with 194 of the 236 participants who started the intervention going on to complete (82 per cent). Practical factors that delivery staff and claimants felt aided retention included running the course over short days (10am to 2pm) and in easily accessible locations, reimbursing travel and childcare costs and providing lunch.

The majority of participants (68 per cent) were male, and the most common age group was 30-49 (45 per cent), followed by those aged 50 and over (37 per cent).

The evaluation found that levels of engagement could not simply be described in terms of completion or non-completion. Claimants interviewed as part of the evaluation fell into four groups: engaged completers; disengaged completers; involuntary non-completers; and voluntary dropouts. Positive group dynamics, strong facilitation and high pre-existing levels of motivation were all factors that underpinned the experiences of claimants who positively engaged with and completed the intervention. Whether the intervention was perceived to be voluntary or mandatory was also important, and group dynamics were damaged by the perception that participation was mandatory in some instances.

Perceived impacts

A questionnaire completed at the start and end of the intervention was used to track outcomes. The questionnaire incorporated five validated instruments to monitor changes in wellbeing, self-efficacy and mental health. All five measures showed improvements between pre- and post-test scores. In terms of participant characteristics, being over 50 years old was associated with lower scores in self-related job search self-efficacy compared to the 30-49 age group ($p < 0.05$). No differences were found in relation to gender.

Findings from qualitative interviews with claimants identified a number of factors that underpinned positive outcomes including positive group dynamics, skilled facilitation and active learning techniques. Where these features were absent, positive outcomes were less evident.

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Group Work Facilitators reflected that participants who were nearer to the labour market found it easier to engage with the job search content of the intervention. The long-term unemployed or those nearing retirement age were felt to be harder to reach, and therefore, less likely to have positive job search outcomes.

Conclusion

The results of this study indicate that further implementation of Group Work intervention would benefit from a clear definition of who the intervention is aimed at and further enhancement of Work Coaches' understanding of who it is suitable for. This could include a baseline needs assessment to measure wellbeing and readiness to engage with the intervention.

To aid engagement and retention, careful consideration should be given to how the intervention is marketed, avoiding references to 'psychological' support. Other measures that were found to facilitate engagement included accessible venues, reimbursement of travel costs, and provision of childcare.

Effective facilitation is critical to the success of the Group Work intervention, and the study found that fidelity to the model on which Group Work was based was undermined by limited Facilitator training. Careful selection of Facilitators and adequate training and supervision could significantly improve the overall intervention delivery.

In terms of intervention content, recommendations were made to revise the language used for a UK context, update material to include digital job search and volunteering opportunities and increase the explicit wellbeing content. Key to larger-scale piloting will be clarity around the 'core components' of the intervention and where there is flexibility to fit local contexts.

Analysis of five validated instruments that tracked changes in wellbeing, self-efficacy and mental health showed improvements between participant pre- and post-test scores. However, as a single-group study that lacked a comparison group, the quantitative results do not allow us to conclude that the observed positive change in outcomes is due to the Group Work intervention. A full impact evaluation is needed to allow a comparison between what actually happened and what would have happened in the absence of the intervention (the 'counterfactual') using either a randomised controlled trial or a quasi-experimental design.

1 Introduction

This chapter describes the policy background to the Psychological Wellbeing and Work Pilot and offers an overview of the Group Work Psychological Wellbeing and Work Feasibility Pilot. It also sets out the aims and objectives of the evaluation, provides a brief explanation of the research methodology and describes the report structure.

1.1 Background to the pilot

The Government's disability, health and employment strategy highlighted the prevalence of mental health problems in the population³, stating that at any given time around one in six people has a common mental health condition such as anxiety or depression.⁴

Although a common issue, people with mental health conditions fare worse in the labour market with an employment rate of 43 per cent compared to 74 per cent for the general population.⁵ Nearly a quarter (23 per cent) of Jobseeker's Allowance (JSA) claimants report having a common mental health problem⁶ and nearly half (47 per cent) of Employment and Support Allowance (ESA) claimants report a mental health problem as their primary diagnosis.⁷ For individuals, these issues have far reaching consequences with worklessness associated with poorer health and wellbeing and a higher risk of poverty. Further, a recent report by the Organisation for Economic Co-operation and Development (OECD) estimated that the cost of mental ill-health to the economy of the United Kingdom (UK) is £70 billion (equivalent to 4.5 per cent of GDP).⁸

Against this backdrop there is a growing body of evidence indicating that appropriate work is good for mental health and wellbeing and can in fact reverse the adverse health effects of unemployment.⁹ In 2013 the Department for Work and Pensions (DWP) and the

³ Department for Work and Pensions. (2013). *The disability and health employment strategy: The discussion so far*. Cm 8763.

⁴ McManus, S., Meltzer, H., Brugha, T., Bebbington, P. and Jenkins, R. (2009). *Adult psychiatric morbidity in England (2007): Results of a household survey*. Leeds: The NHS Information Centre for Health and Social Care.

⁵ Department for Work and Pensions. (2015). *Labour Force Survey analysis of disabled people by region and main health problem*. February 2015. Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/406369/labour-force-survey-disabled-people.pdf; These estimates are based on the quarterly Labour Force Survey Q4 (October - December) 2013 and Q4 2014.

⁶ McManus, S., Mowlam, A., Dorsett, R., Stansfeld, S., Clark, C., Brown, V., Wollny, I., Rahim, N., Morrell, G., Graham, J., Whalley, R., Lee, L. and Meltzer, H. (2012). *Mental health in context: the national study of work-search and wellbeing*. DWP Research Report No. 810.

⁷ Department for Work and Pensions (2014). *DWP Tabulation Tool*. <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html>. (Data accessed November 2014).

⁸ OECD (2014). *Mental Health and Work: United Kingdom, Mental Health and Work*. OECD Publishing.

⁹ Waddell, G. and Burton, A.K. (2006). *Is work good for your wellbeing?* London: The Stationery Office.

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Department of Health (DH) jointly-commissioned work to look at how to improve employment and health prospects for people with common mental health conditions. The findings and recommendations were set out in the report *Psychological Wellbeing and Work: Improving Service Provision and Outcomes*, which was published in January 2014.¹⁰

The report concluded that the interaction between mental health and employment is complex and no 'one size fits all' solution is appropriate. It argued for more integration between existing treatment and employment services, timely access to co-ordinated treatment and employment support and application of evidence-based models of support. Four models of support were proposed for further investigation:

- 1 Embedding vocational support, based on the Individual Placement and Support model (IPS), in the Improving Access to Psychological Therapies programme (IAPT) or other suitable psychological therapy services. IPS is a specified model that targets individuals with severe and enduring mental health conditions and that has been tested in secondary care settings for people with severe mental illness.
- 2 Using group work in employment services to build self-efficacy and resilience to setbacks that benefit claimants face when job seeking. This week-long group-based intervention (Group Work) based on the JOBS II model could be offered through Jobcentre Plus, whose Work Coaches could assess participant suitability using an employment strengths and needs assessment tool or, if necessary, other agreed criteria.
- 3 Using Jobcentre Plus-commissioned, third-party provision of combined telephone-based psychological and employment-related support for the JSA group or ESA group before they enter the Work Programme. Jobcentres would assess claimants using an assessment tool and refer them to the service.
- 4 Providing access to online mental health and work assessments and support. This intervention would build on models of online mental health assessment and Cognitive Behavioural Therapy (CBT) (that have been tested). It would include a vocational element, which would have to be developed, and it could be open to the general population.

Based on the first three recommendations, a series of small-scale feasibility pilots were established to examine the most effective design of the pilot interventions, plus the most effective delivery mode. The pilots were jointly-commissioned by DWP and DH and took place in 2014.¹¹

This report is the evaluation of the feasibility phase of the Group Work pilot based on the JOBS II intervention. The findings in this report will be used to design the intervention and delivery model of a larger-scale pilot in 2015 which will examine the impact the intervention has on benefit off-flows, employment outcomes, mental health and wellbeing measures, and sustained outcomes.

¹⁰ Van Stolk, C., Hofman, J., Hafner, M. and Janta, B. (2014). *Psychological wellbeing and work: Improving service provision and outcomes*. A Report by RAND Europe.

¹¹ For findings from the other pilots see: Steadman, K. and Thomas, R. (2015). *An Evaluation of the 'IPS in IAPT' Psychological Wellbeing and Work Feasibility pilot*. The Work Foundation/Department of Health. London. Kotecha, M., Callanan, M., Mok, T. M. and Edovald, T. (2015). *Evaluation of the Telephone Support Psychological Wellbeing and Work Feasibility Pilot*, DWP Report No. 906. Department for Work and Pensions. London.

1.2 Overview of Jobcentre Plus Group Work pilot

1.2.1 Jobcentre Plus Group Work

The Group Work pilot was based on the JOBS II model developed by the University of Michigan in the US. Originally designed to support recently unemployed individuals at risk of developing mental health issues, the model was also found to help individuals who were longer-term unemployed and those with mental health conditions. The intervention was designed as a week-long workshop that aimed to enhance the self-esteem of participants, provide them with the social skills to job search effectively and build their resilience to setbacks.¹²

A large-scale evaluation of JOBS II in the US found that the intervention improved the mental health and employment outcomes of participants. A follow-up of participants two years after attending JOBS II workshops found significantly higher levels of reemployment and monthly income, lower levels of depressive symptoms, lower likelihood of experiencing a major depressive episode in the last year, and better emotional functioning when compared with the control group.¹³ Similar positive outcomes were found in a Finnish trial of the model.¹⁴

The Group Work pilot was designed to test whether the JOBS II model, in the circumstances of the UK labour market, could improve employment and wellbeing outcomes for JSA claimants not participating in the Work Programme whose Work coach perceived (or they themselves perceived) that they were struggling with job search.

The pilot ran from August 2014 to December 2014 in Thames Valley and Gloucester & West of England Jobcentre Plus districts.

1.3 Evaluation of Jobcentre Plus Group Work pilot

This section provides an overview of the evaluation aims and methodology.

1.3.1 Evaluation aims and objectives

The evaluation of this feasibility pilot aimed to:

- provide evidence for whether Jobcentre Plus Group Work should be piloted on a larger scale;
- provide insights into the performance of Group Work;

¹² Curran, J., Wishart, P., Gingrich, J. and The JOBS Project Staff. (1999). *JOBS: A manual for teaching people successful job search strategies. An implementation and training manual*. Michigan Prevention Research Center: Institute for Social Research, University of Michigan.

¹³ Vinokur, A. D., Schul, Y., Vuori, J. and Price, R. H. (2000). 'Two years after a job loss: Long term impact of the JOBS program on reemployment and mental health'. *Journal of Occupational Health Psychology*, 5, (1), 32–47.

¹⁴ Vuori, J and Silvonen, J. (2005). 'The benefits of a preventative job search program on re-employment and mental health at 2-year follow-up'. *Journal of Occupational and Organisational Psychology*, 78, (1), 43–45.

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- identify learning from the implementation and delivery model of the pilot to inform potential wider piloting.

To achieve these aims, NatCen Social Research (NatCen), an independent not-for-profit research organisation, conducted the evaluation.

1.3.2 Design and methods

This section gives an overview of the evaluation design and methodology, providing a summary of the qualitative and quantitative strands of the study.

Qualitative strand

The qualitative strand of the evaluation was designed to examine how potential participants were identified and referred, how the intervention was delivered and what the views of staff and participants were on its impacts. It included interviews with Jobcentre Plus staff, Provider staff and claimants who participated in the intervention. In addition, observations of Group Work sessions were carried out.

The qualitative fieldwork was conducted across the two participating districts. Further details on the sampling and recruitment can be found in Appendix A.

Jobcentre Plus staff interviews. Two Jobcentre Plus Single Point of Contacts (SPOCs) and six Work Coaches were interviewed across the two participating districts. Interviews explored their experiences of referring to the intervention, their views on outcomes and the factors that affected these. The interviews were conducted by telephone and lasted approximately 30 to 45 minutes.

Provider staff interviews. Six Group Work Facilitators were interviewed, as well as a strategic member of staff responsible for the pilot and an administrator involved in pilot delivery. Facilitators were interviewed face-to-face at the end of Group Work observations (or by telephone where appropriate). The strategic member of staff and the administrator were interviewed by telephone. Interviews explored pilot implementation, views and experiences of the Group Work intervention, views on perceived impacts and recommendations for improvements. Interviews lasted between 45 minutes and an hour.

Claimant interviews. Thirty-two claimant interviews were carried out (16 in each district). Interviews were conducted by telephone exploring claimant views and experiences of the referral process, their experiences of the intervention, and perceptions of outcomes. Claimants were selected purposively based on three primary criteria: age, gender and Jobcentre Plus district. Interviews lasted no longer than an hour and claimants received £20 as a thank you for their time.

The interviews were conducted with the use of a topic guide, designed in collaboration with DWP (see Appendix B). Fieldwork took place between December 2014 and March 2015 and interviews were digitally recorded with participants' consent.

Observations. Observations of Group Work sessions were conducted to assess fidelity to the JOBS II model, to provide a first-hand understanding of how the intervention was being delivered and to provide contextual information and stimulus prompts for interviews with Facilitators. Observations were carried out in December 2014 and NatCen researchers observed six group sessions (Appendix A provides further detail).

Quantitative strand

Analysis of Management Information (MI) collected by the Provider was carried out in order to explore participation and retention levels as well as initial effects of the Group Work intervention. Further details on the analysis of MI can be found in Appendix A.

Descriptive analysis was carried out to explore the flow of participants entering and exiting the intervention, and the characteristics of participants such as age and gender.

To track the Group Work pilot participants' outcomes, as indicators of the extent to which the pilot achieved the stated objectives, pre- and post-measures on the following participant outcomes were compared:

- Wellbeing (WHO-5 Wellbeing Index);
- Self-efficacy (general and job search) [Job Search Self Efficacy Index (JSSE); General Self Efficacy Scale (GSE)];
- Mental health [Generalized Anxiety Disorder 7 Item Scale (GAD-7); Patient Health Questionnaire (PHQ-9)].

A brief description of the measurement instruments can be found in Table A.2.

To estimate changes in outcome indicators during the life of the intervention, mean pre-test scores (at intake) were compared with mean post-test scores (after intervention) on outcomes of interest. The difference between participants' pre- and post-test scores were then used to show change in expected outcomes.

In addition to exploring the change in pre and post scores on each of the five measurement instruments collected, multivariate regression analysis was carried out to establish predictors or characteristics of participants who most benefit from the intervention in terms of measures of change. Separate regression models were run for each of the five outcome variables listed above.

1.4 Report structure

The report presents integrated findings from the qualitative and quantitative elements of the evaluation. To preserve the anonymity of participants, names have been changed in illustrative case examples. The findings are presented in the following chapters:

Chapter 2: a description of the referral process, approaches to referral and selection of potential participants. The chapter also explores perceived enablers and barriers to both referral and take-up of the Group Work intervention.

Chapter 3: an exploration of the delivery of Group Work intervention in terms of the content and adherence to the original intervention model (JOBSII). This chapter also explores claimants' views and experiences of the intervention content and facilitation.

Chapter 4: a description of levels of engagement and claimant retention on the Group Work intervention, exploration of engaged and disengaged participants, and the profile of intervention participants in terms of gender and age.

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Chapter 5: a presentation of perceived impacts in terms of participant wellbeing, work-related self-efficacy and mental health. The chapter also explores associations between personal characteristics and levels of change in outcomes. This chapter draws on both MI and qualitative data collected as part of the pilot.

Chapter 6: a discussion of key learnings from the Group Work pilot and the implications of the evidence emerging from the study for larger-scale piloting of the intervention.

2 Referral and take-up

This chapter reports findings on referral to and take-up of the Group Work intervention. It explores views on who the intervention was appropriate for, approaches to referral and identification of potential participants, as well as enablers and barriers to referral and take-up.

2.1 Referral to the Group Work intervention

This section reports findings from staff and claimants on the nature of the referral process, how claimants were identified for recruitment to the pilot, and feedback on the enablers and barriers to the referral process.

2.1.1 Overview of the referral process

Work Coaches identified claimants they felt might benefit from the Group Work intervention based on their understanding of who the pilot was aimed at. If claimants then agreed to participate in the pilot, a referral was then made by telephone to the Provider (usually while the claimant was present), and a referral form was completed. Claimants who were referred to the intervention attended an Initial Reception Meeting (IRM) at the Jobcentre Plus office in advance of the Group Work sessions. These meetings were delivered by Group Work Facilitators and provided an overview of the intervention and an opportunity to ask questions in advance of the start of the sessions.

2.1.2 Approaches to referral and selection of claimants

The Group Work intervention was aimed at claimants on Jobseeker's Allowance (JSA) who were struggling with their job search. Work Coaches used a range of approaches to select and identify claimants for the Group Work intervention that broadly fell into three categories:

- 1 Referral based on the length of unemployment, specifically, trying to recruit all long-term unemployed (for example all those who had been unemployed for over six months).
- 2 Referral based on an informal wellbeing assessment, referring claimants selectively based on perceived wellbeing, confidence and motivation.
- 3 Referral based on specific demographic criteria and benefits history, for example, specifically trying to recruit people recently made unemployed or those who had transferred to JSA from other benefits.

Facilitators delivering the intervention felt that the following groups benefited most:

- claimants who needed to refresh their work search skills, for example, the newly unemployed, school leavers, those looking to change career path, or those returning to work after a career break. The emphasis on job search skills in the course was felt to be of particular benefit to these groups; and
- claimants with low self-esteem, low confidence and those struggling with job search setbacks. For this group of participants, the group dynamic and the skills of Facilitators were felt to be paramount to achieving positive outcomes.

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Staff felt that the intervention was less suitable for claimants with more severe psychological wellbeing needs (e.g. clinical depression) and those who had been very long-term unemployed and were lacking in motivation. For this group, the focus on job search skills was not felt to be appropriate because of their distance from the labour market:

'I think some of the people who are on here are not work ready at all. They need a completely different approach... they're not ready for [interview techniques] They need deep-seated work on self-respect, on their whole thinking patterns, on the way they live, their health, I mean all of those background things that a course like this assumes that they've got sorted.'

(Group Work Facilitator)

2.1.3 Levels of referral and enablers and barriers to referral

In total, 461 claimants were referred to Group Work during the pilot (194 went on to complete the intervention). Work Coaches identified the following factors as enablers to the referral process:

- Face-to-face meetings between Work Coaches and Provider staff to introduce the intervention. Where meetings like this took place, Work Coaches felt better informed and better able to refer appropriately:

'[The Provider] came out to just give us some information about the course and just let us know how to refer and things like that ... it's useful because otherwise you just tend to get an email or something ... [it gave] us some more in-depth explanation of ... what the course was going to involve.'

(Work Coach)

Provider staff also felt this was key to ensuring referrals were appropriate. Some examples were given of participants who had misunderstood the nature and purpose of the intervention, and felt this could be avoided by ensuring Work Coaches fully understood the intervention and who it was most suitable for.

- Clear messages and monitoring from senior Jobcentre Plus staff to encourage referrals:

'..Work Coaches knowing that the senior managers are looking at intervention levels actually helps as well, because they know there's a monitoring process that's ongoing.'

(Jobcentre Plus Manager)

Factors identified by Work Coaches as making referrals to the intervention difficult included:

- Short time frames and a limited number of Group Work courses running during the pilot meant that Work Coaches using a more targeted referral approach did not have time to identify and approach all claimants who could potentially benefit.
- Some competing or overlapping provision for claimants was identified as a general issue that could hinder referrals because other provision was prioritised. In some instances this was provision that Work Coaches were being asked to prioritise, while in other cases, Work Coaches were making an assessment of the needs of the claimant and prioritising accordingly:

'The Work Coaches are often overloaded with provision, and they need to make referrals at quite short notice to ensure provision is filled. It is a juggling act, based on the other things that are available to help the unemployed, and sometimes we are saturated with things ...'

(Jobcentre Plus Manager)

- Some confusion at the outset because Work Coaches thought the intervention was for people with mental health conditions, when in fact the focus was on wellbeing:

'The first issue is that we were told that this was coming some time in the summer ... for customers with mental health issues ... and unfortunately that wasn't really the case when the provision went live, [...] really this wasn't about mental health, it was about people's wellbeing being impacted by not being able to find work, and that's slightly different. So consequently the Work Coaches thought that it was for a different targeted group.'

(Jobcentre Plus Manager)

2.1.4 Claimant experiences of referral and being identified for referral

The variation in messages and amount of information received by claimants during the referral process reflects some of the barriers discussed above, particularly the variation in levels of information given. There were broadly three levels of information provided:

- little to none, for example simply being told *'I'm putting you on a course'*;
- information about the purpose only, for example to improve confidence in job search;
- information about both purpose and form of delivery, for example more specific details about the job skills content such as curriculum vitae (CV) improvement and interview practice, that it would be in a group setting, and that it was a pilot of a United States (US) intervention.

In terms of messaging received by claimants from Work Coaches, mental health and wellbeing were rarely mentioned in isolation from job search support, except when the Work Coach appeared to be mistaken about the nature of the intervention. This demonstrates that staff generally understood that the wellbeing and work aspects went together holistically.

There were some referrals of highly skilled or educated people who did not consider themselves long-term unemployed, or to have confidence and wellbeing issues. These claimants felt as though they had been misidentified and that the course was not suitable for them. They may have been caught up in the wide net cast by trying to recruit people in transition from education to work or from industry to industry.

IRMs were delivered by Group Work Facilitators at the Jobcentre Plus in the weeks preceding a Group Work course to introduce the intervention to potential participants. Work Coaches and Facilitators viewed IRMs positively as a way of encouraging take-up by providing claimants with an opportunity to meet the Group Work Facilitators and hear more about what the intervention covered:

'We always find that the Provider can always sell the course better than us You know, they tell them exactly what they're going get out of it. No matter how much we've got in writing about something, there's nothing like speaking to somebody who's going to deliver it, you know?'

(Work Coach)

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These findings were mirrored by claimant views that the IRMs filled in substantial knowledge gaps. Facilitators at the IRMs could clarify how wellbeing and work fit together, and demystify the 'psychological' term used to describe the intervention.

The IRM was also an opportunity to make a positive first impression to support claimant retention and engagement. The main elements that cemented claimant confidence in the intervention were: positive contact with Facilitators; positive impressions of the content and format of the intervention; and positive perceptions of the professionalism and organisation of the course.

Contact with Facilitators

The IRMs were an opportunity for Facilitators to establish rapport through a person-centred approach, for example with a warm, accessible attitude, including provision of personal mobile numbers, and personal disclosure of unemployment. A recurrent view was that this personal warmth was a welcome contrast to the usual treatment at Jobcentre Plus. This may have been a factor in retention and engagement.

[The Facilitator] spoke about his personal life, and he wasn't embarrassed about any of it, [he] was quite open. He was truthful and honest ... he was an interesting person, so the course should be interesting.'

(Male claimant, 50+, completed intervention)

When Facilitators did not display these traits claimants were not reassured, such as when a Facilitator told claimants at an IRM that their perceived barriers to work were not 'real reasons'. However, as the research could only interview people who took up the support after the IRM, any impact on take-up and retention could not be explored.

Experience of group format

In the case of 'group interviews' rather than one-to-one meetings with Facilitators, the IRM also allowed an opportunity for claimants to sample what interacting in a group would be like. Claimants occasionally viewed this as challenging when they:

- had anxiety issues or other social disorders;
- seemed too different from the rest of the group (for example in terms of work aspiration, education, age or gender).

As the research could only interview people who took up the support after the IRM, all those interviewed who experienced these social barriers had attended at least one session. Whether they overcame these social barriers appeared largely connected to the skills and characteristics of Facilitators in the group sessions, as discussed in Sections 3.2.2 and 3.2.3.

Experience of intervention professionalism

The IRM process was perceived to run smoothly and professionally because of the short wait (commonly one to two weeks) between Jobcentre Plus referral, IRM and start of the sessions. This seemed like a good amount of time to absorb information and prepare; longer waits risked increasing anxiety for certain kinds of claimants. Very occasionally, long waits for the intervention to start (two to four weeks or more) were reported.

Claimants appreciated the IRM being at the Jobcentre Plus offices, as they were familiar with the location and they found it convenient. However, one exceptional IRM held at the Provider

led participants to appreciate that the Provider staff on reception treated them with courtesy and professionalism compared to the reception they received at Jobcentre Plus.

One issue raised by claimants was that the IRM did not provide a written agenda or programme for the five day course ahead, for example in a leaflet format. This would have given an indication of what would be covered and helped claimants prepare for the course.

2.2 Take-up of the Group Work intervention

This section reports on how take-up of the intervention was promoted, and what enabled or hindered take-up.

2.2.1 Levels of take-up

Of the 461 claimants referred to Group Work, 51 per cent went on to take up the intervention (236 claimants) and 40 per cent completed the intervention (194 claimants).¹⁵

This report uses the numbers of claimants who provided pre-test and post-test scores as a proxy for take-up and completion. Pre-test scores were collected during the first session of the intervention, and post-test scores were collected during the last session.¹⁶

Figure 2.1 Take-up, drop-out and completion rate

Whether completed the intervention or dropped out	Count	Column percentages
Completed the intervention	194	40
Started but did not complete the intervention	42	11
Did not start the intervention	225	49
<i>Base</i> ¹	461	100

¹ Base is all Jobcentre Plus referrals to the intervention.

There was a high retention rate for the 236 people who started the intervention (i.e. who attended the first session and completed a pre-test questionnaire), with 82 per cent completing the intervention, and 18 per cent dropping out, that is, not being present at the last session.

¹⁵ Completion of the pre-test questionnaire on the first day of the programme has been used as a proxy measure for take-up. Completion of the post-test questionnaire on the final day has been used as a proxy for course completion.

¹⁶ IRM attendance is not used as a proxy for taking up the intervention, as it is not clear from the data on session attendance whether claimants attended the IRM, and some participants reported starting the intervention without attending one.

2.2.2 Promoting take-up

Once a claimant had been identified as potentially benefiting from the Group Work intervention, Work Coaches used a range of techniques to encourage take-up:

- **Not using the word ‘psychological’**

Work Coaches downplayed the ‘psychological’ element and emphasised the work skills component or used phrases like ‘increasing confidence and motivation’ when approaching potential participants. This was felt to reduce stigma as it did not imply that a wellbeing or mental health condition existed:

‘I think I just missed out the psychological bit on it, I just said it’s [about] wellbeing and work and I explained it that way. Because I thought if I say psychological wellbeing they’ll just say, “Wait a minute, what are you saying’s wrong with me?”’

(Work Coach)

Claimant interviews confirm that this approach was widely employed by Jobcentre Plus staff. Claimants interviewed reported confusion when the term ‘psychological’ was used, one claimant envisaging ‘lying on a couch’ which she did not find appealing.

However, when the term ‘wellbeing’ was used on its own by Jobcentre Plus staff without more context, participants tended to find it vague and unclear. They did not really know what it meant, but did not report any negative associations with the term. By contrast, claimants reported no confusion when Jobcentre Plus Work Coaches promoted ‘confidence in job search’; this seemed to be the most common message that touched on both work and psychological wellbeing without using the terms ‘psychological’ or ‘wellbeing’.

Additionally, a common view was that key messages received from Jobcentre Plus focused only on improving job search techniques, such as help with CVs and interviews, and did not mention wellbeing or confidence.

- **Emphasising voluntary participation**

Work Coaches who stressed the voluntary nature of participation felt this helped claimants engage with the intervention because they were able to try something new without fear of sanction:

‘It was a voluntary session whereas a lot of our sessions we do make mandatory ... and I do think that that helps a lot when you’re volunteering people to attend something, because they then feel that they’ve a bit more control, if that makes sense.’

(Work Coach)

A key element that affected claimant take-up and engagement was whether they understood the intervention to be compulsory or voluntary, discussed further in Section 2.2.4.

- **Covering costs**

Course venues in central locations, provision of lunch and paying for travel expenses were also identified as factors that encouraged take-up and retention. Claimants reported strong appreciation of these elements, especially as they may not have been able to afford to attend without travel costs covered, and in one case, childcare costs.

Only one claimant interviewed described using the free childcare option. Arranging and paying for the childcare was a source of much confusion and stress, as Jobcentre Plus and the Provider had apparently not agreed on the process over who should arrange the childcare or pay for it. The situation was only resolved at the last minute.

Analysis of claimant interviews showed that appreciation of the free lunch was a dominant view among participants, whether engaged or disengaged from the rest of the intervention. This suggests it might have encouraged take-up but not necessarily engagement.

- **Other barriers**

There was a perception amongst some claimants that they had already completed similar courses and that this intervention was unlikely to offer them anything new, based on the limited information received by Jobcentre Plus. This suggests that provision of more detailed information about the form and content of the intervention could address some barriers to take-up.

2.2.3 Levels of motivation and engagement upon referral

Claimants broadly fell into three key groups upon being referred to the intervention: motivated; neutral or passive; and unmotivated or hostile. Perceptions of whether the intervention was voluntary or compulsory appeared to play an important role in claimant engagement.

Motivated claimants

The most motivated claimants included those in transition seeking additional support such as those moving from Employment and Support Allowance (ESA) to JSA and requiring additional job search support, or those experiencing or coming out of significant personal crisis. There were also long-term unemployed people eager to take any help offered – a self-selective trait – some of whom were serial course attenders. Other than assumptions that the intervention was compulsory, they stated they were motivated by:

- **Perceived need for emotional or wellbeing support primarily**

This included the need for increased confidence, social contact, and meeting others in the same situation. A recurring phrase for claimants with no specific mental health issues was that they were keen for something to help them ‘get out of the house’ and meet people. This view seemed particularly shared by women. A recurrent theme for men primarily interested in the wellbeing aspect was to openly acknowledge mental health issues that they had previously discussed with their Work Coach.

- **Perceived need for job search support primarily**

These claimants stated they were attracted by the prospect of help with CVs, techniques for interviews and job search, or indeed anything that would help them find work. These motives for take-up were also influenced by the limited information provided by Jobcentre Plus staff at the point of referral, as in some instances claimants reported that the intervention was described as a work-related course only.

This group included a few highly qualified people who felt they had no issues with confidence or wellbeing. It also included some claimants with low confidence, wellbeing or other social barriers, who were less able to verbalise or disclose these needs, and seemed happier to state their only motivation to attend was job-related. A few also clearly enjoyed going on courses, which is an unspoken social motive. These social barriers to verbalising any need for wellbeing support were particularly notable among men.

- **Perceived need for both wellbeing and job search support**

This seemed to be influenced by the level of information or specific wording that Jobcentre Plus had given them about the intervention, such as ‘confidence in looking for work’.

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Neutral/passive claimants

Claimants in this group tended to be long-term unemployed and those claimants with low motivation and confidence generally: a key group identified for referral. Passive views were a recurring theme among older women. They were used to being 'put on courses' and were content to go along with advice from Work Coaches. They had no resistance to being identified for recruitment to the intervention, and were open-minded about its content.

'I'm pretty compliant ... when he says 'you go for this job fair' I go! [laughs].'

(Female claimant, 50+, involuntary non-completer)

These claimants either knew it was voluntary but consented to do it anyway; or believed it was compulsory without hostility because they were used to it. To an extent, this group blurred with those who were 'motivated' in that they were content to just 'get out of the house' and do something with their day. However, they started out less interested in what they might get out of the course.

Unmotivated/hostile claimants

In some instances claimants not only believed the intervention was compulsory but also believed that they were not going to benefit from the intervention. These claimants believed they had been misidentified as suitable for the intervention, and that they did not need the support offered.

'I didn't have a confidence issue, I didn't have an issue with meeting people. I didn't really have an issue with interviews ... I was like a graduate, and I was sitting amongst people who are not really that educated, you know what I mean?'

(Male claimant, 18-29, voluntary drop-out)

2.2.4 Voluntary or mandatory participation

The Group Work intervention was designed as a voluntary intervention. However, in practice, mixed messages were given to participants. At the point of the Jobcentre Plus referral, a dominant view among claimants interviewed was that the intervention was mandatory.

Bearing in mind that claimants' reports are subject to recall bias and subjective interpretation, participants variously remembered:

- Jobcentre Plus specifically telling them it was voluntary;
- Jobcentre Plus specifically telling them it was compulsory;
- Jobcentre Plus telling them it was voluntary to join but compulsory once started;
- Jobcentre Plus implying that it was compulsory or not telling them it was voluntary.

A few reported specific wording used by Jobcentre Plus such as that the course was 'required' or that they 'needed' to go – which they interpreted as meaning mandatory – but when prompted they recalled that their Work Coaches had not specifically mentioned sanctions.

Some claimants said they made the assumption that the intervention was compulsory and that they would be sanctioned for non-attendance based on past experiences, rather than a specific statement by their Work Coach. Several respondents referred to standard warnings in their Jobcentre Plus appointment letters as feeding these assumptions.

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There were mixed views amongst both Work Coaches and Group Work Facilitators on the benefits of voluntary versus mandatory participation. Some felt strongly that the intervention could only work if completed on a voluntary basis. They felt that group dynamics were undermined by participants who did not want to be there but were attending because they believed their benefits would be sanctioned if they did not attend.

'... if they're not coming out of a genuine desire to be here to make use of the material, then they're coming with closed eyes and they sit through the whole week with closed eyes They're immensely disruptive ... not by actually being disruptive and saying things but they're just not there They create an energy which is void or which is negative which then affects – negatively affects all the other participants in the group.'

(Group Work Facilitator)

Those who favoured voluntary participation reflected that it resulted in better engagement in the intervention, and that mandating a vulnerable group (those with mental health conditions) could be counter-productive.

However, an alternative view was that participants who were reluctant to attend initially could still get some value from participation, and there was therefore a case for mandatory provision. Some also expressed a preference for mandating attendance to minimise the risk of low referrals and high drop-out rates.

Differences in claimant experiences: Voluntary and 'mandatory' conditions

There was a positive reaction towards the voluntary nature of the course when made clear at referral stage.

If claimants had not been made aware at the referral stage that the intervention was voluntary, Facilitators mostly made claimants/participants aware of this once the sessions started, which led to attrition from disengaged participants.

However, there were examples of groups where claimants refused to believe that the intervention was voluntary even when told by the Facilitators, and in these groups disengaged people did not drop out. Examples given included one highly disruptive group, and one reasonably effective group that nevertheless still had issues with engagement and participation.

The disruptive group was unable to effectively function, and was regularly cut short due to Facilitators being unable to retain the attention of the group. It was not clear whether the full course content was adequately covered in the shortened period.

'Most of them thought it was a bit of a joke going to that class. It just made it difficult to be able to concentrate on what the people are saying It was quite distracting having people taking the piss constantly and ... being quite rude to the teachers.'

(Claimant, female 18-29, involuntary non-completer)

In the more effective group, the sessions functioned well on the whole because the content and Facilitators were engaging. However, mirroring the Facilitator comments above, the claimant noted that several people persistently refused to engage, which she described as a 'downer' that took energy out of the group and caused resentment.

2.3 Lessons learnt

To ensure appropriate referrals to Group Work the following recommendations were made by Jobcentre Plus staff:

- hold face-to-face meetings between the Group Work Provider and Work Coaches to provide detail on the content of the intervention and to support Work Coaches to select suitable claimants and promote the intervention effectively;
- provide opportunities for Work Coaches to shadow the provision to enhance their understanding of the intervention's content and of who it might be suitable for;
- consider widening eligibility to ESA and Income Support claimants;
- consider some form of pre-course assessment to select claimants for the intervention effectively.

To encourage take-up of Group Work the following recommendations were made by Jobcentre Plus staff (which were supported by claimants' views):

- focus promotion of the intervention on 'wellbeing and work' and avoid the use of the word 'psychological' in promotional materials;
- continue to run the intervention in accessible locations and fund travel and childcare costs;
- continue to run IRMs to introduce the intervention and provide opportunities for participants to meet Facilitators and ask questions.

3 Intervention delivery

This chapter reports on Group Work delivery, looking specifically at the content of the intervention, fidelity to the JOBS II model, views and experiences of the intervention and the role of the Facilitators.

3.1 Overview of the Group Work intervention

As discussed in Section 1.2.1, the Group Work pilot is testing the JOBS II programme, a week-long employment intervention developed by the University of Michigan that aims to build resilience against the setbacks experienced while job seeking. The programme developers set out five essential components to the intervention:

- job search skills training;
- active teaching/learning methods using the knowledge and skills of participants in small groups and group discussions;
- inoculation against setbacks, whereby the group identifies potential barriers and prepares solutions to overcome them;
- trainer (i.e. Facilitator) referent power whereby trainers become a referent person that participants esteem and whose respect they desire;
- social support from the group and trainer.

During the pilot, the intervention ran over five days (from 10am to 2pm) and followed a prescribed format as set out in the JOBS II manual.

3.2 Experiences of intervention delivery

This section reports on staff and claimant views of the format and content of the intervention, including a focus on the role of Facilitators.

3.2.1 Format of delivery

The JOBS II programme is designed as a week-long group-based intervention for approximately 15-20 participants. The group-based format of the intervention is designed to promote active learning, provide social support and promote networking.

During the pilot, group sizes typically ranged from eight to 15 participants, although some much larger groups of up to 30 also ran. Facilitator views were mixed on the optimum group size, with some preferring groups of about ten and others comfortable with groups of up to 20 participants. Facilitators felt that in larger groups it was difficult to ensure that all group members were able to contribute to discussions and that wellbeing needs were being met. Conversely, groups that were too small (less than eight) limited the range of experiences that participants could share and impacted negatively on the group dynamic:

'If [the group is] too small ... sometimes the biggest benefits of these comes from people sharing their own experiences. If there isn't enough experience to share, it becomes very didactic, actually.'

(Group Work Facilitator)

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Facilitators observed that the success of the group dynamic was partially dependent on the level of engagement within the group. As discussed earlier in Sections 2.2.3 and 2.2.4 on claimant views, participants who did not want to participate (but felt compelled to) were seen as undermining the positive and constructive group dynamic.

The majority of claimants interviewed had been in groups comprising about nine to 12 regular attendees. None expressed any problems with the size of these groups, other than when there were failings in the moderation skills of Facilitators. One claimant attended a group of around 20 people, which he found too large and impersonal, with no individual attention or participatory engagement occurring.

The five-day format of the intervention was received positively by Facilitators who reflected that the intensive nature of the course allowed participants to get to know each other, promoted a regular weekly routine (not dissimilar to employment) and allowed the course content to develop throughout the week. Claimants were also positive about the five-day format.

3.2.2 Role of Facilitators

The selection and training of Group Work Facilitators is a critical component of the JOBS II model:

'The success of the intervention relies upon the trainers' mastery of positive reinforcement, for without it, the advantages of the intervention are lost.'

(Curran *et al.*, 1999, 7)¹⁷

The JOBS II model is based on two Facilitators (one male, one female) delivering the Group Work intervention, and stress is placed on particular personality traits that will ensure Facilitators foster the self-esteem of participants. The model also states that it is desirable for Facilitators to have had experience of unemployment as this will facilitate self-disclosure and help create a bond between them and the participants.

The short implementation period for the pilot meant recruiting suitable Facilitators for the pilot was difficult, particularly trying to meet criteria for Facilitators to have had recent experience of unemployment. Consequently, some Facilitators were experienced trainers, while others were recruited with no previous experience of delivering training:

'I'd never done anything like this before in my life ... I had my doubts as to whether I would be able to do it or not because it was a complete and utter departure from what I'd been used to ... going out training other people as such As I say, it was all new to me.'

(Group Work Facilitator)

The short implementation period meant that new Facilitators employed for the project were provided with three days of training and the opportunity to observe other training (not Group Work) being delivered by the Provider. Staff that already had experience of delivering other provision for the Provider were not specifically trained for the Group Work intervention.

¹⁷ Curran, J., Wishart, P., Gingrich, J. and The JOBS Project Staff. (1999). *JOBS: A manual for teaching people successful job search strategies. An implementation and training manual*. Michigan Prevention Research Center: Institute for Social Research, University of Michigan.

The extent of training provided was far less than the level set out in the JOBS II manual which recommends seven weeks of full-time training to ensure Facilitators reach an adequate level of performance.¹⁸ Inevitably, this is likely to have impacted on the pilot's fidelity to the JOBS II model.

During observations of Group Work delivery, evidence of Facilitator empathy and ability to provide positive reinforcement (viewed as critical to JOBS II model) was variable, with some Facilitators coming across as strong in this area, while others were weak. Facilitators also acknowledged how challenging they found it to adhere to the prescribed intervention format (discussed further in Section 3.2.5). Arguably therefore, it is likely that a longer training period would have increased fidelity to the intervention.

This variation in facilitation was reflected in the views of participants. Participant experience was more likely to vary by facilitation skills of Facilitators than by subgroup characteristics.

3.2.3 Claimant experiences of variability in Facilitator empathy and 'referent power'

Participants were generally satisfied with the intervention experience. In instances where participants were less happy, the main issues related to:

- inadequate levels of referent power/empathy from the Facilitator;
- lack of professionalism, including facilitation failures, such as not being able to control the room or equitably moderate discussion;
- Facilitators not complementing each other or working together as a team.

The 'referent power' of Facilitators, in combination with the social interaction or group dynamics, was central to positive experiences of the intervention. Claimants tended to consistently single out by name one particular team of Facilitators for spontaneous praise, and often reported significant transformative personal experiences in their groups.

The three key elements of effective referent power identified by claimants, and were consistent with the JOBS II manual, were the ability of Facilitators to: (a) establish understanding and connection with participants; (b) motivate or inspire change through personal example; and (c) enable group interaction to support and enhance this process. These key elements required a highly empathetic, open, participatory, and enabling approach from Facilitators, and are discussed in more detail below.

¹⁸ Ibid.

(a) Understanding and connecting with participants

Connection with the participants was effectively established and mutual understanding developed when Facilitators used an empathetic and accessible 'person-centred' approach by sharing stories, listening well, and showing sympathy for participants' individual predicaments.

Enablers

- **Disclosure**

As specified in the JOBS II manual, personal disclosure of Facilitators' life stories that were relevant to participants was crucial to building trust and connection, and was frequently mentioned by claimants.

- **Person-centred approach**

The empathic 'person-centred' approach showed claimants that Facilitators 'saw people as individuals, not as a group.' For example, some used every moment or discussion of logistical detail as an opportunity for connection on a more personal level, such as refreshment breaks, transport reimbursements, and providing personal contact details. Some participants viewed Facilitators as having become their personal friends. One claimant noted that the Facilitators' focus on individual needs meant that they could tailor information to different people, leading to more effective delivery of advice.

Obstacles

- **Lack of empathy**

The most negative reactions to the intervention and its impacts were in groups where Facilitators were felt to have an aggressive and dismissive style. These experiences were uncommon, and possibly connected to one or two particular Facilitators. These Facilitators were not able to establish connection or understanding, and claimants said that the course had no impact or even a negative impact. One claimant who had primarily hoped for wellbeing support from the intervention said his Facilitator did not have an appropriate manner.

'...had a, a sort of delivery which was a bit like, like a sergeant-major I'm not sure really that he was the right sort of person to be delivering this type of course I mean, he sort of seemed like ... someone from a different planet.'

(Male claimant, 50+, completer)

(b) Motivating and Inspiring

The 'motivating/inspiring' step can be seen as the specific mechanism that will enable participants to shift their mindsets. This appeared dependent on the Facilitator establishing understanding and connection with the participants first in an enabling and person-centred environment.

Enablers of motivating and inspiring

- **Struggle narratives and chain reactions**

After successfully connecting with participants, claimants said Facilitators were able to 'inspire' and motivate them through their stories of successfully overcoming obstacles in wellbeing or unemployment.

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Claimants expressed views that Facilitators were able to do this most effectively by emphasising how they had accepted help to change their own mindsets, and to realise that their ability to help others was central to this change.

Facilitators then enabled and encouraged participants to mirror their successful struggle by helping and receiving help from others in the group. One claimant described this as a 'chain reaction'. Other claimants described the feeling of helping others as 'great', and as a 'morale boost'. An example of this is described in the case illustration below.

Caleb is long-term unemployed, and has suffered from low confidence, depression, anxiety and social isolation, exacerbated by bereavement and moving towns. He was happy to receive support for this through the intervention.

He was impressed by how Facilitators had overcome hardships through changing their mindsets and empowering themselves through giving and receiving help. Caleb particularly remarked on how this process was then repeated by the group interaction, with participants gaining strength by sharing stories and helping others. He made friends on the course and they still keep in touch and pass on job tips. He now feels settled in his new town.

He feels the intervention changed his mindset and was a major boost to his confidence and resilience. He is applying to many more jobs than before doing the course, and is having more interviews.

(Male claimant, 30-49, completer)

This 'chain reaction' of group support also required an enabling group environment and strong facilitation skills, as discussed further below.

Obstacles to motivating and inspiring

- **Lack of disclosure and struggle narrative**

Even if there were no particularly negative experiences with personal qualities of Facilitators, when Facilitators disclosed less about their 'struggle' to overcome past difficulties, these groups seemed to be less 'inspired'. These kinds of groups seemed to have a less interactive style, as discussed above.

In such cases the Facilitators were seen as delivering pragmatic materials on job search skills rather than wellbeing content.

- **Lack of connection to cushion motivational 'mindset-shift' messages**

Claimants sometimes disliked it when Facilitators delivered motivational or challenging messages about mindset change if understanding and connection was not established with the group first. A young female claimant used the word 'pushy' to describe a Facilitator who led an Initial Reception Meeting (IRM):

[H]e was asking people why they thought they didn't have a job. And everything they said, he was kind of contradicting and saying, "No, that's not a real reason".'

(Female claimant, 18-29, involuntary non-completer)

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If the 'struggle narrative' was not present, the Facilitator was perceived as disconnected from the group when trying to motivate them. One Facilitator did not seem to understand the purpose of the personal disclosure element.

'He told us ... about his life story, and he obviously presented himself as a sort of a high-flyer ... it seemed a bit strange that he was doing a course for unemployed people.'

(Male claimant, 50+, completer)

Another female claimant felt singled out and harassed by one Facilitator constantly telling her to smile and change her attitude and facial expression, which made her feel 'really alone.'

(c) Enabling environment for group interaction and support

Effective Facilitators were able to create and maintain a safe and non-judgmental environment for disclosure and opinions, in order to build trust and connection between group members.

Enablers included

- **A non-judgemental environment**

Facilitators were able to make participants feel at ease and relaxed, rather than in a 'school classroom'. This was aided by having a good sense of humour and positive body language, and being able to make things fun through force of personality.

- **Moderation skills**

Facilitators needed good general group moderation skills so that all participants had opportunities to share and receive information and support. These general skills included:

- keeping discussion going;
- redirecting discussion when off-track;
- not letting particular people dominate; and
- keeping to time through familiarity with course content.

Obstacles included

- **Limited opportunities for group interaction**

Other than the few cases discussed above where Facilitators were markedly lacking in empathy and considered ineffective by participants, there were still cases where there was less group interaction. This meant fewer opportunities for people to meaningfully support each other by sharing experiences, or to practise social interactions and speaking in front of others.

This was characterised by:

- a lack of meaningful 'group' work, for example, no practice role-play for participants and content that was delivered in a lecture style. This lack of fidelity to the intervention seemed related to the limited Facilitator training provided;
- poor moderation, where particular participants dominated and others were unable to participate, which suggested that some Facilitators lacked general skills in facilitation (see Sections 3.2.2 and 3.2.3).

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These types of groups had less impact on raising confidence and social interaction skills for those with low social confidence as shown by the following case illustration:

Mel is under 20, with few qualifications and little work experience. She had hoped the course would help with her lack of confidence, and was motivated to get something out of it.

However, she did not have the opportunity to contribute, ask questions or share her experiences in the group as one person dominated discussion. There was no real communication between members of the group, and Facilitators were unable to encourage this. There was no breakout group work, or participation in role-play. The Facilitators were pleasant but kept saying they had to keep to the guidelines, and talked 'at' rather than 'to' the group.

She thought there had been some useful information delivered, but that the intervention had no impact on her confidence or shyness.

(Female claimant, 18-29, completer)

3.2.4 Intervention content

The JOBS II intervention is divided into five sessions, and uses a range of learning processes including paired, small group and larger group activities (see Section 1.2.1 for further details):

- Session 1: Discovering your job skills;
- Session 2: Dealing with obstacles to employment;
- Session 3: Finding job openings;
- Session 4: Resumés, contacts and interviewing;
- Session 5: The complete interview and planning for setbacks.

Facilitators praised the overall flow of the intervention, reflecting that content covered in the first two sessions effectively laid the foundations for the later sessions. The focus on job search skills was felt to be particularly beneficial to participants who had not had recent experience of the job market, such as those returning to work after a career break or those who had been made redundant after a long period of employment.

'There's some very good material in it and, yes, there's some unique material that hasn't been done before and I've worked with a couple of job search trainers who've done a number of different courses and they both were quite impressed with the material from a purely job search side of things.'

(Group Work Facilitator)

Claimants also praised the content of the intervention, particularly the role-play and interview practice elements, which were seen as key to building confidence and improving prospects.

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Claimant interviews suggested that key to the effectiveness of the course content was the way in which it was delivered, that is, whether it was interactive, personal and participatory. Where it was not, and instead the content was 'lectured' it was seen as nothing special and quite similar to other advice previously received, or even 'rubbish'.

'It was just mainly them talking and us writing bits and pieces down if we wanted to I just thought it was absolutely boring.'

(Male claimant, 30-49, disengaged completer)

Staff delivering the intervention also made a number of observations about elements of the intervention that could be improved. Claimants who had discussed the issues with Facilitators during the sessions echoed these observations.

- **Outdated content**

The intervention was developed in 1999 and consequently some of the material was felt to be outdated. In particular, Facilitators highlighted the need to update the content to reflect the role of the internet and social media in job searching. Examples of outdated material included sessions which focused on phoning employers and requesting brochures when this type of research is now predominantly carried out online.

- **American language/cultural references**

The intervention uses American terminology and phrases, such as 'resumé' rather than 'curriculum vitae (CV)'. Facilitators felt this was confusing to a United Kingdom (UK) audience and would benefit from revision. Claimants echoed these remarks, and noted that Facilitators drew attention to the Americanised nature of the intervention and tended to apologise for it.

- **Greater diversity in examples**

Facilitators suggested that there could be greater diversity in the examples used throughout the intervention, both in terms of representing the diversity in the population the intervention was aimed at, and in terms of reflecting a wide range of lifestyles and types of employment including self-employment and part-time work.

- **Course materials**

Facilitators felt that the course materials could be refreshed. In particular, they suggested they could be bound together into a training booklet to make them more accessible. Claimants echoed this recommendation.

- **Additional content on volunteering**

Facilitators recommended including additional material on the benefits of volunteering:

'One thing that I think it would be a good to insert is the benefits of volunteering ... because one of the biggest things for these people is they have a gap in employment history and, you know, if you're sitting watching TV all day and doing a few job applications ... you can't say that in an interview So you need to know to fill that gap with something, [and] that wasn't in the material at all.'

(Group Work Facilitator)

- **Additional wellbeing content**

Facilitators reflected that the wellbeing element of the course was driven primarily by group interaction and the Facilitator's skills, rather than by the intervention content. Facilitators wanted more prescribed content specifically on wellbeing to enhance this component of the intervention.

'Having been unemployed myself, so much of it is about self-esteem, self-confidence, and that needs to be threaded through if these skills are going to work and they're going to get back into the workplace I suppose what I'd like to have seen is a little bit more goal-setting. You know, "What are you wanting out of life?" "Who are you?" ... so that you see the bigger picture.'

(Group Work Facilitator)

Where Facilitators were effectively delivering the wellbeing content, it did not seem to matter to claimants that it was not part of the prescribed content. However, some claimants were aware that it was not part of the set course content, referring to personal disclosure or tailored advice elements as being 'off script' or 'not meant to be done' even though it is meant to be a core part of the overall approach.

Some claimants valued the wellbeing element delivered by Facilitators through 'referent power' more highly than the set intervention elements. For example, the key recommendation by claimants about intervention content was getting more time with Facilitators, either through lengthening the course, introducing one-to-one sessions at the end of the intervention, or follow-up sessions for personalised CV development, action plans and mentoring. These recommendations were only made where Facilitators had shown effective 'referent power' and empathy.

When personal qualities of Facilitators were lacking, and there was no 'off script' wellbeing support, claimants felt there was a gap in the intervention content and recommended more wellbeing support. One even thought that the intervention had been misnamed, as no content was delivered on psychological wellbeing.

3.2.5 Fidelity to the JOBS II intervention

The JOBS II intervention acknowledges that some adaptations to the intervention will be made to fit different contexts, and to give delivery staff ownership of the intervention. However, the intervention also states that *'the core features of the training itself should be replicated as precisely and carefully as possible'*.¹⁹

During the pilot, Group Work Facilitators broadly followed the JOBS II intervention as set out in the manual. However, observations of Group Work sessions and interviews with Facilitators raised the following issues in relation to fidelity:

- **Recruitment and training of Facilitators**

As discussed in Section 3.2.2, the recruitment and training of Group Work Facilitators was not conducted in line with the JOBS II model. The recommended seven weeks of full-time training was condensed into three days for new Facilitators and no formal training for experienced Facilitators. Inevitably, this has implications for fidelity to the intervention, both in terms of Facilitator confidence and competence, but also in their ability to deliver the intervention according to the intervention manual.

¹⁹ Ibid.

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• **Additional content**

In recognition of some of the limitations of the content of the intervention (discussed in Section 3.2.4), Facilitators made some adaptations. In part, these changes were felt to be necessary to update content that was outdated. Amendments included:

- adding additional material on digital job search techniques and social networking to update content that was felt to be anachronistic;
- adding material on the benefits of volunteering;
- including additional content focusing on wellbeing to boost this component of the intervention;
- in one case Facilitators incorporated a visit to a supermarket where participants volunteered to help people bag their groceries, as some form of work experience or confidence exercise.

• **Omitted content**

On occasion, content was omitted due to time pressures or to accommodate additional content. During observations, examples of this included cutting an exercise where participants practiced a job interview because time had run out. On another occasion, additional content on digital job searching was incorporated, and exercises on 'thinking like an employer' and 'controlling the direction of the interview' were omitted.

In observed sessions, the suggested introductory exercise during which participants are asked to share something good that has happened to them was omitted. Similarly, no formal certificate ceremony was conducted on the final day.

• **Format changes**

The intervention incorporates a range of exercises that encourage paired, triad and group discussion, and role-plays. In observed sessions, some flexibility was taken with the format of exercises, with some small group-based exercises converted into whole group discussions. This would likely impact on fidelity to the model, as the varying formats of exercises is intended to foster active learning.

Claimants reported a number of group experiences where interactive elements such as breakout groups, participant involvement in role-plays, personal disclosure and group sharing were not used. This lack of fidelity to the intervention model may be related to the lack of adequate training of Facilitators.

The prescribed format also specifies that there should be two Facilitators: a man and a woman. According to claimant experiences, in one case there was only one Facilitator for the majority of the sessions due to illness. When there were two Facilitators, gender balance was not always present, and the Facilitators did not always complement each other or work together as a team according to claimants.

• **Timing**

Some flexibility of timing was observed, with Facilitators reflecting that some sessions ran longer or shorter depending on the needs of the group. Facilitators felt it was essential the intervention was paced appropriately for the group, and therefore some flexibility on timings was essential.

Some claimants who attended the very first few courses run by the Provider reported sessions going significantly over-time, due to Facilitator willingness to answer questions and spend more time with participants. In another early course, participants noted that every session ended significantly early because Facilitators were unable to control the group or hold its attention.

3.3 Lessons learnt

According to staff and participants, the following improvements to the delivery of Group Work should be made:

- revise the intervention language for a UK context;
- update content to include new material on:
 - digital job search and (social) networking;
 - volunteering opportunities and benefits;
 - increased diversity within examples to reflect the diversity of the population and of employment options including part-time and self-employment.
- increase the wellbeing element of prescribed content, which Facilitators felt strongly relied on strengths of Facilitators rather than from content of the intervention;
- provide course materials in the form of a booklet that can be used for later reference;
- give careful consideration to the recruitment of Facilitators and provide in-depth Facilitator training to maintain intervention fidelity and foster Facilitator referent power.

4 Engagement and retention

This chapter examines levels of engagement and retention among participants once they started the intervention, looking at Management Information (MI) data and staff and claimant interviews.

4.1 Retention on the Group Work intervention

In total, 236 claimants attended the Group Work intervention and an overview of the number of sessions attended is shown in Table 4.1.²⁰ Almost three-quarters (70 per cent) of participants attended six sessions (assumed to include the Initial Reception Meeting (IRM) as well as the five-day course), while a further 18 per cent attended five sessions (which may or may not have included the IRM).

Table 4.1 Group Work attendance

	<i>Column percentages</i>
Number of sessions attended	
One	2
Two	3
Three	2
Four	6
Five	18
Six	70
<i>Base</i> ¹	235

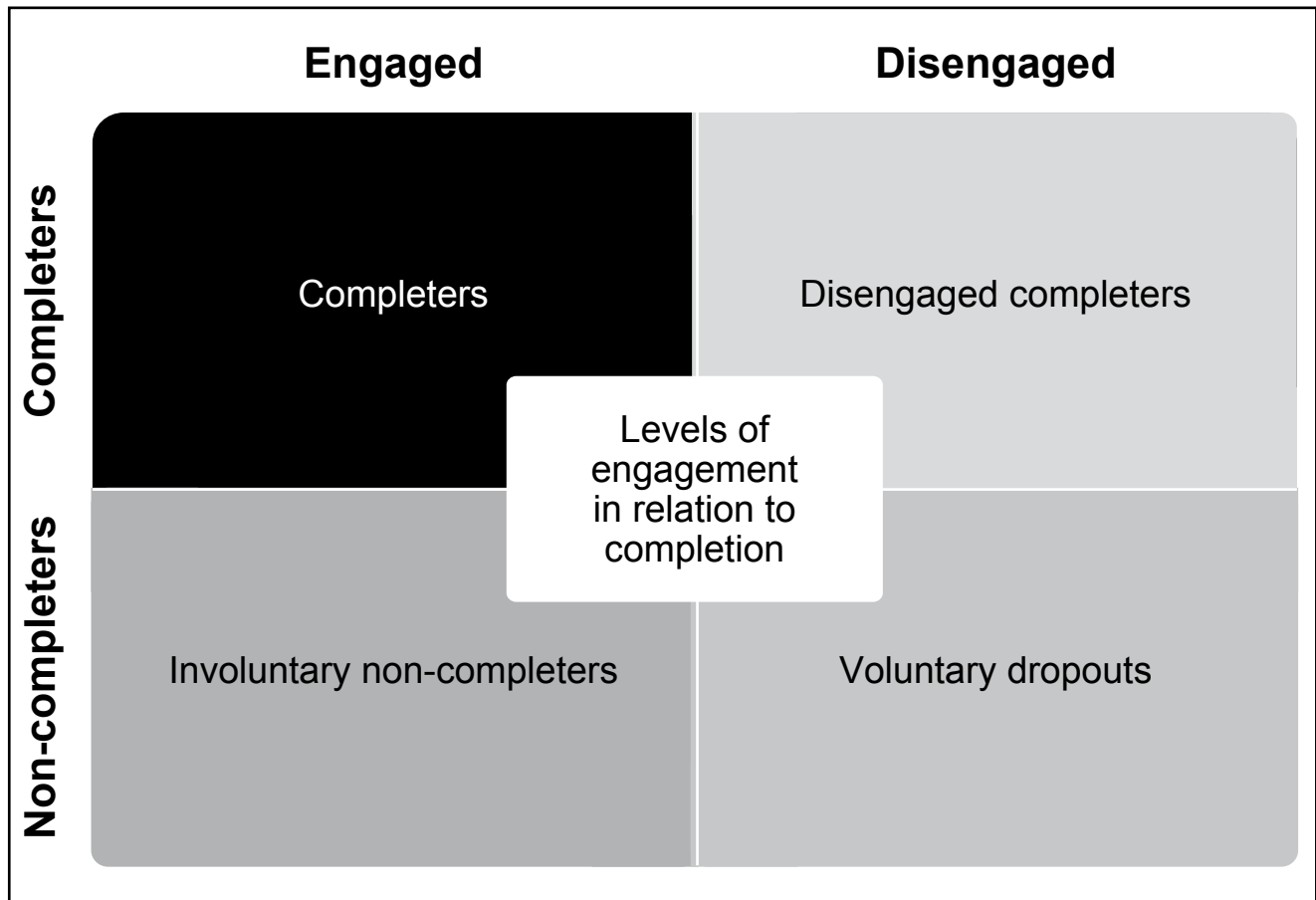
¹ Base includes all participants in the intervention, excluding one case that reported seven sessions attended which is categorised as an administrative error.

Group Work Facilitators felt that once participants engaged on the course there was good retention throughout the five days. Practical factors that were felt to facilitate retention included the course running over short days (10am-2pm), reimbursement of travel costs, venues in central locations and provision of lunch. Claimants echoed these views.

However, it became clear during claimant interviews that levels of engagement could not simply be described in terms of completion or non-completion. Among those interviewed, if a claimant missed a session it did not necessarily indicate a lack of engagement with the intervention. Conversely, as so many claimants viewed the intervention as compulsory, completion was also not always an indication of engagement. Figure 4.1 indicates the relationship between completion and engagement.

²⁰ This figure and sample of 236 differs from the sample of 225 participants provided for qualitative interviewing, possibly due to lack of complete contact details.

Figure 4.1 Relationship between completion and engagement



Key indicators of effective claimant engagement were: Facilitator characteristics such as empathy; connection with the rest of the group; and pre-existing levels of motivation to take up the intervention. An important element was whether participants perceived the course to be voluntary or compulsory, as discussed earlier at Section 2.2.4.

Experiences of engaged claimants

Engaged claimants were more likely to have been in the 'motivated' or 'neutral/passive' group upon first being referred to the Group Work intervention (see Section 2.2.3). These included:

- Completers: Claimants who attended all five sessions because they wanted to were engaged by:
 - opportunities for social interaction and social/emotional wellbeing support;
 - positive qualities of Facilitators, such as empathy and ability to connect personally with participants;
 - feeling positive impacts as the week went on.
- Involuntary non-completers: many claimants classified as 'drop-outs' by the Provider were identical in motivation and experiences to the engaged completers. They only missed sessions due to circumstances beyond their control, such as: illness, including family illness; job interviews or successfully getting work; and being on other pre-existing Jobcentre Plus courses, or being required to sign on at Jobcentre Plus.

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Facilitators confirmed that there were cases where participants had to leave sessions early to sign on at the jobcentre because Work Coaches had not allowed for sign-on times to be amended while attending the course. Given the intensive nature of the intervention and the disruption caused by participants leaving early or joining late, Facilitators recommended that the requirement to sign on at the jobcentre should be waived during the week long intervention.

Experiences of disengaged claimants

Disengaged claimants were more likely to have been in the 'unmotivated/hostile' group at the referral stage, as discussed in Section 2.2.3. Although this was mentioned by claimants interviewed, disengaged participants were hard to reach to successfully interview.

Disengaged claimants tended to have two key things in common: unsupportive Facilitator experiences; and having attended because they had initially thought the intervention was compulsory.

Other experiences that reduced participants' engagement were:

- identification and selection of claimants who were not suitable for the intervention, resulting in a lack of claimant identification with the purpose of the intervention;
- a lack of social connection and identification with the group.

Disengaged claimants included:

- disengaged completers: claimants who attended all sessions but did not participate or participated markedly less. They believed the intervention was compulsory and that they would be sanctioned for non-attendance. Those who started out disengaged felt they had been incorrectly identified as a suitable participant or did not connect with the group. However, some began the intervention motivated or neutral, but were put off by negative experiences with Facilitators or the intervention delivery;
- disengaged dropouts: The one 'dropout' interviewed left the intervention immediately upon finding out it was not compulsory; interviews of other participants suggest that disengaged dropouts also left the intervention after one or two days.

4.2 Profile of Group Work participants

4.2.1 Gender

As shown in Table 4.2, the majority (68 per cent) of participants were male. No clear explanation for this gender gap was given during interviews with Jobcentre Plus or Group Work delivery staff.

Suggested explanations included the possibility that men are more likely to exhibit wellbeing needs (perhaps after redundancy in later life), or that women were less able to engage in a group-based intervention either because they had other commitments or because the group nature of the intervention was off-putting. In general, however, Jobcentre Plus staff expressed surprise at the gender difference, and reflected that they saw no difference in the suitability of the intervention for men and women. No data was available on the gender of claimants referred to the intervention so it was not possible to judge whether the gender imbalance was due to an imbalance in referrals or an imbalance in take-up.

Table 4.2 Group Work participant gender

	<i>Column percentages</i>
Gender	
Male	68
Female	32
<i>Base</i> ¹	232

¹ Base excludes participants with missing data on gender.

As discussed in Section 2.2.2, the process of how childcare would be arranged and paid for was unclear and stressful for the one claimant interviewed about this. The relationship between childcare needs and low attendance among females may, therefore, deserve further investigation.

Particular issues that affected women on the intervention are discussed further in Chapter 5.

4.2.2 Age

As shown in Table 4.3, participants were commonly aged 30 to 49 (45 per cent), followed by those aged 50 and over (37 per cent).

Table 4.3 Group Work participant age

	<i>Column percentages</i>
Age	
18-29	18
30-49	45
50+	37
<i>Base</i> ¹	236

¹ Base is all participants – no data is missing for age.

Reflecting the quantitative data, claimants noted that there were few people under 30 in the groups.

Group Work Facilitators felt the mix of ages attending the courses was a positive element of the intervention, providing an inter-generational perspective. Although positive claimant views of the intervention included appreciation of diversity, there was evidence that people in the largest, 30-49 age group would naturally cluster together. Issues that may have affected outcomes for the eldest and youngest participants are discussed further in Chapter 5.

4.3 Lessons learnt

- Continue to run courses in central locations and provide lunch.
- Reinforce to Work Coaches the requirement to adapt sign-on times to accommodate participants' attendance on the course.
- Ensure processes around the reimbursement of transport and childcare provision and funding are clarified between Jobcentre Plus staff and Providers, and communicated clearly to claimants at referral stage.
- Continue to promote a gender balance of Facilitators.
- Facilitator training should emphasise the need to include the voices of less dominant groups in discussion, especially younger participants and women.

5 Perceived impacts

This chapter reports on the perceived impacts of the intervention. It reports on indicators of the intervention's effectiveness by comparing participant pre- and post-measures on a number of outcomes. Multivariate regression analysis is then presented, with a separate model for each of the post-test outcome measures that revealed a significant predictive factor.

The chapter also draws on the participants' own reflections on the impacts of the intervention as well as the views of Group Work Facilitators and Jobcentre Plus staff.

5.1 Outcome measurement

To track outcomes, participants were asked to complete a questionnaire at the start of the intervention, and then repeat the questionnaire again at the end. The questionnaire used five validated instruments to monitor changes in wellbeing, self-efficacy (both general and in relation to job search) and mental health.

- Wellbeing (WHO-5 Wellbeing Index).
- Self-efficacy (general and job search) [Job Search Self Efficacy Index (JSSE); General Self Efficacy Scale (GSE)].
- Mental health (Generalized Anxiety Disorder 7 Item Scale (GAD-7); Patient Health Questionnaire (PHQ-9)).

A brief description of the measurement instruments can be found in Table A.2.

For all five outcome measures, the average improvement between the pre-test and the post-test scores was statistically significant at any conventional level. Figures 5.1 and 5.2 present summaries of the changes in mean scores, grouped and scaled for ease of interpretability, as two measures show improvement when scores go up; while three show improvement when scores go down.

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Figure 5.1 Changes in mean scores for job search self-efficacy (JSSE Index) and wellbeing (WHO-5).

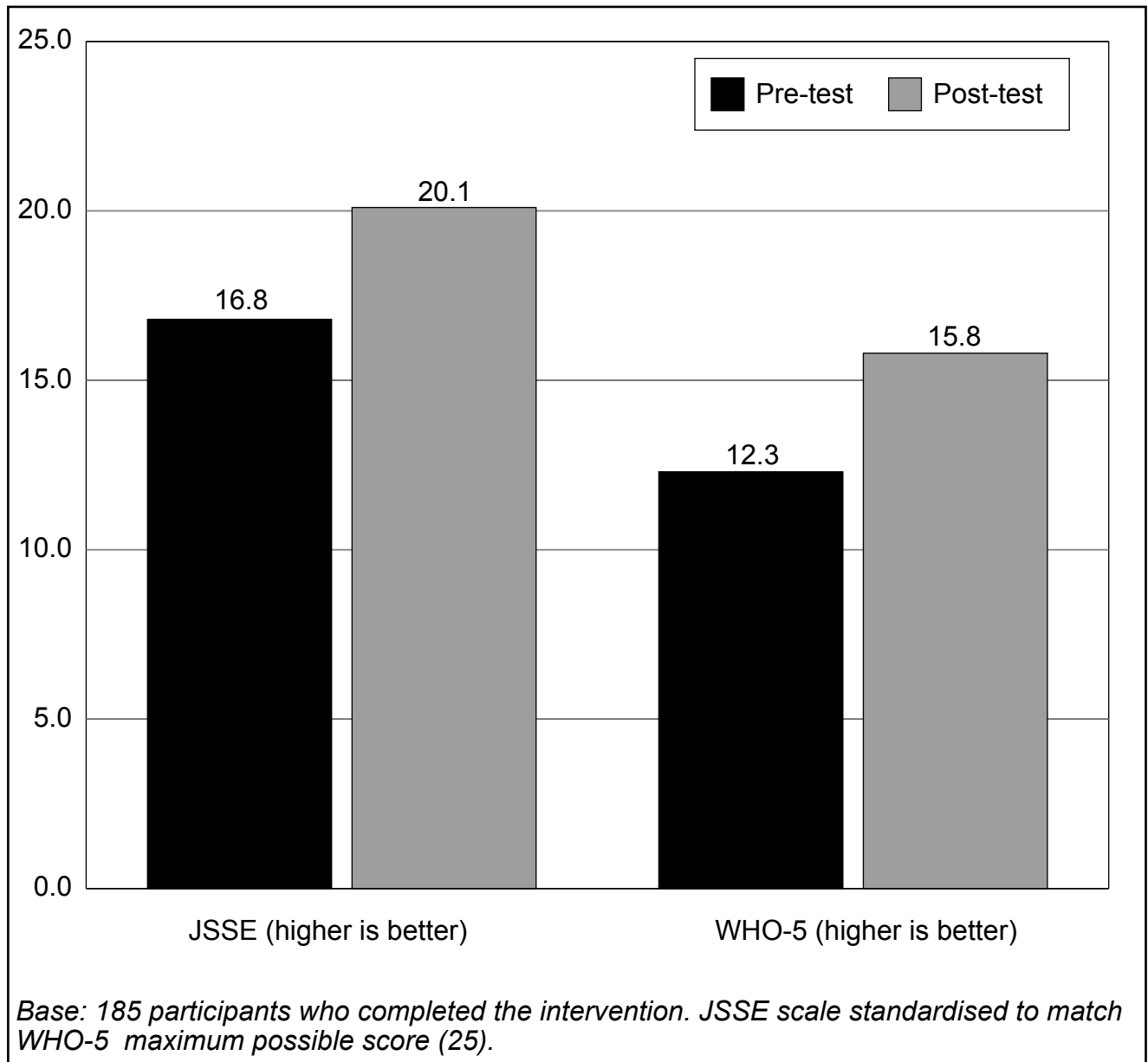
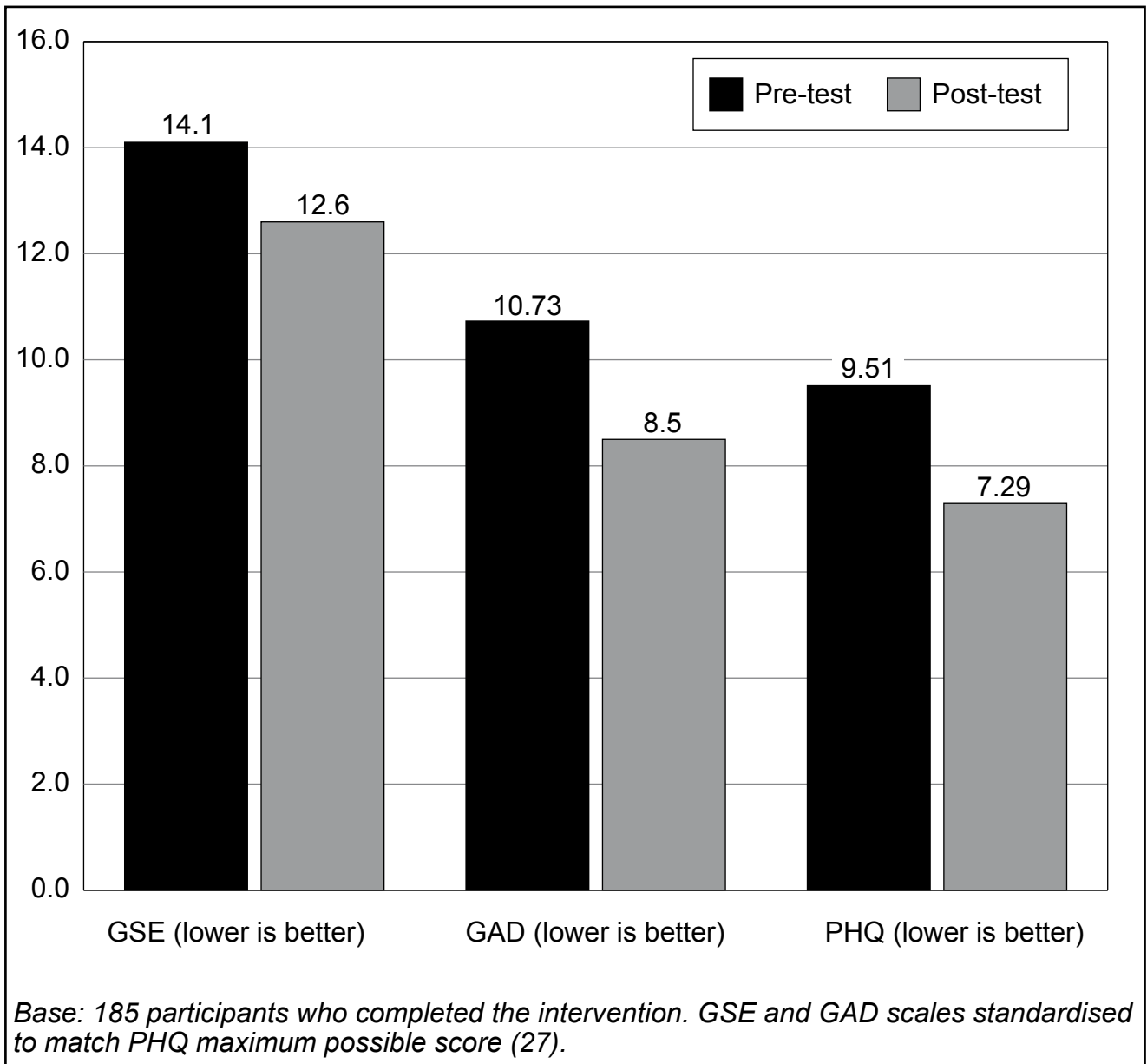


Figure 5.2 Changes in mean scores for general self-efficacy (GSE), anxiety (GAD-7) and depression (PHQ-9)



5.2 Wellbeing and mental health impacts

5.2.1 Wellbeing impacts

The WHO-5 Well-Being Index measures current mental wellbeing. A higher score indicates better wellbeing.

As seen in Table 5.1, there was an increase in average wellbeing scores for participants who completed the intervention, taking the mean score over the ‘low wellbeing’ cut-off of 13. The percentage of those with ‘low wellbeing’ scores went down from 54 per cent to 28 per cent by the end of the intervention.

Table 5.1 Wellbeing (WHO-5) pre-test and post-test scores

	Mean
WHO-5 pre-test score	12.3
WHO-5 post-test score	15.8
<i>Base</i> ¹	185

¹ Base includes participants without missing information. Only those who completed the intervention have a post-test score. Index has minimum of 1 and maximum of 25. A higher number indicates a more positive score.

5.2.2 Mental health impacts

Two measures were used to provide an indication of specific mental health impacts: the GAD-7 Anxiety test and the PHQ-9 Depression test. Both tests allow for the grouping of all the results into four levels, from mild to severe. Results for both measures suggest that participants moved from higher to lower levels of anxiety or depression at the end of the intervention.

Of all claimants recorded as completing the intervention, the proportion of those in the severe anxiety category decreased by six percentage points and the proportion of claimants in the moderately severe anxiety category decreased by five percentage points. The biggest increase in numbers was in the mild anxiety category, suggesting that claimants overall were shifting towards the milder end of the scale (Figure 5.3).

Similarly, the proportion of claimants with severe depression decreased by five percentage points, the proportion of those with moderately severe depression decreased by ten percentage points, and the largest increase was in the mild depression category (Figure 5.4). Again, this suggests that overall, claimants were shifting towards the milder end of the depression scale.

Figure 5.3 Distribution of anxiety scores (GAD-7) between four levels of anxiety

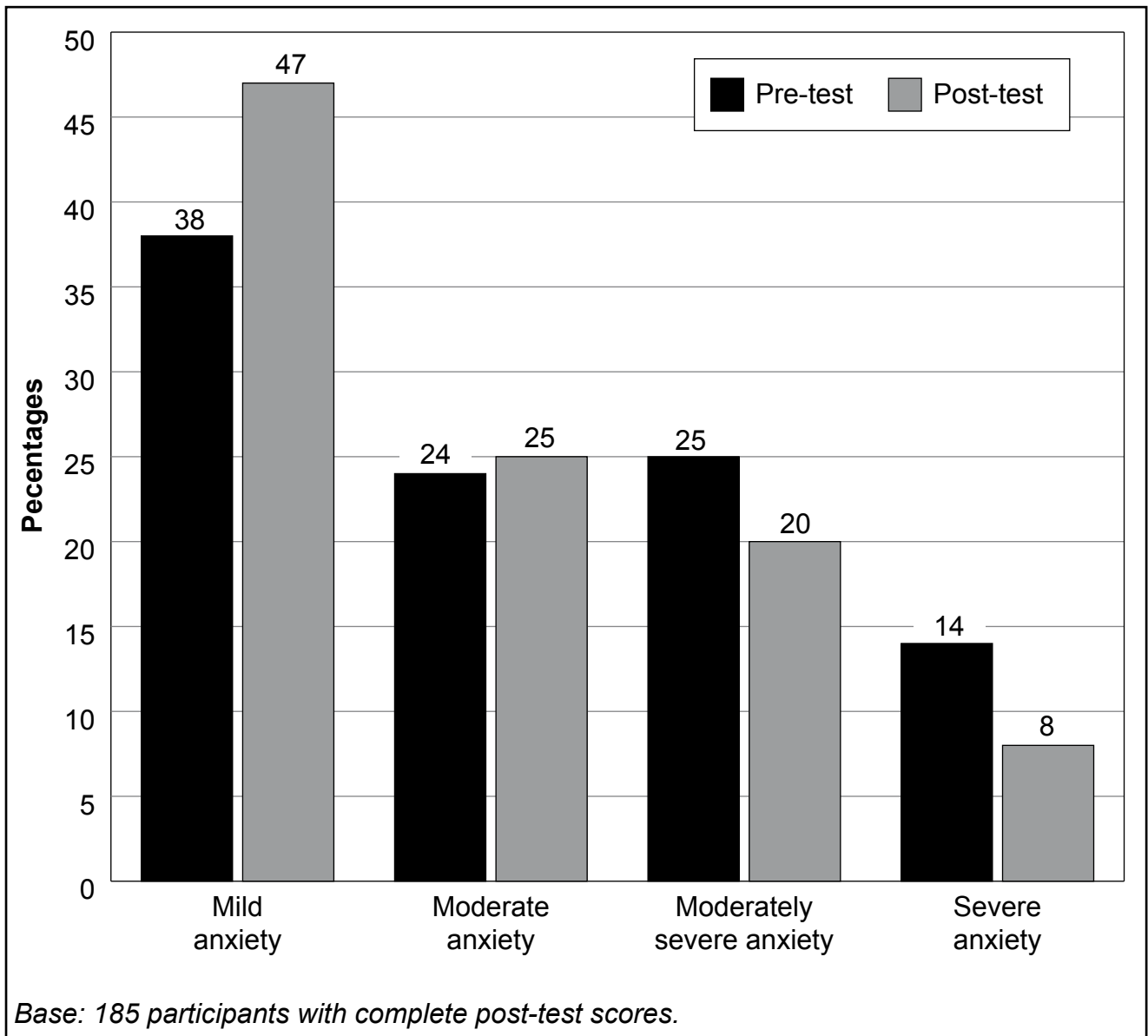
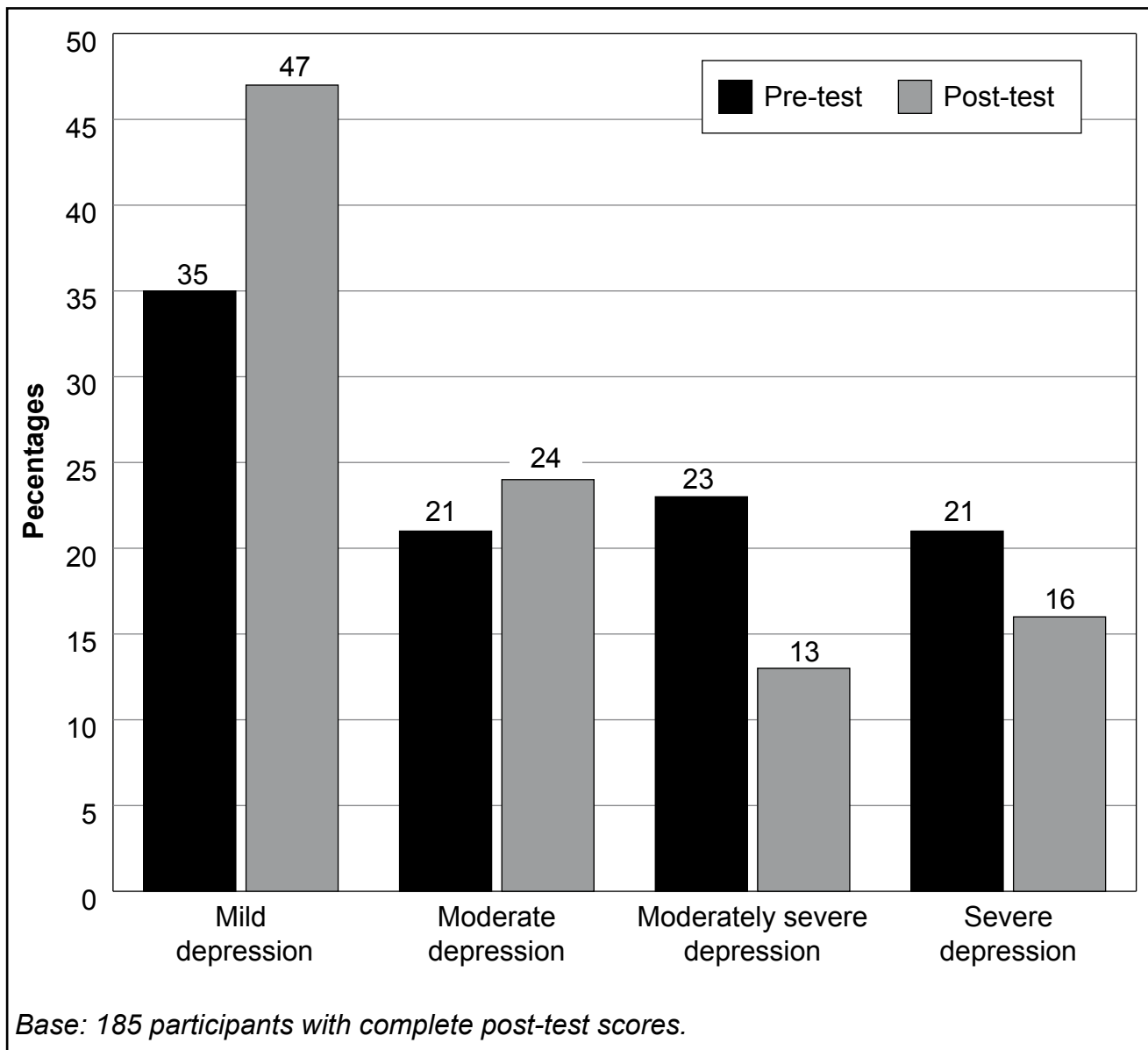


Figure 5.4 Distribution of depression (PHQ-9) scores between four levels of depression



5.2.3 Qualitative findings on wellbeing and mental health impacts

Participants reported improved confidence, resilience, and reduced anxiety related to both job search and personal life. A particular emphasis was placed on improved confidence. Claimants who were positive about the intervention explained that it had improved their social confidence and social skills, and this was particularly emphasised by those with social barriers.

Group Work Facilitators also identified positive outcomes in relation to wellbeing including increased confidence, and a more positive outlook on life.

Enablers of wellbeing and improved mental health

From a participant perspective, the two key mechanisms that enabled an increase in general confidence and wellbeing were (a) 'mindset-shifts'; and (b) the general social interaction provided by the group itself.

- **'Mindset-shift'**

A shift of perspective or new mindset enabled a change in emotional state and behaviour:

'It just gave me a – a new look of life, if you know what I mean? Just gave me like a new perspective on things.'

(Female claimant, 30-49, completer)

As elaborated at Section 3.2.3 on effective facilitation, claimants identified the social participatory mutual-aid elements and referent power elements of the intervention as the main mechanisms that 'connected' the group and 'inspired' them to produce this change in mindset and increase in confidence.

Group discussions and social support also helped change mindsets. A strongly recurring theme was that seeing one's situation reflected in group experiences could lead to a significant change in perspective, a feeling that 'things aren't so bad after all', and increased resilience.

'It gave me a chance to sort of look at myself from a perspective ... that I didn't seem to have before ... you can be your own best friend or [laughs] your own worst enemy ... And the thing to do is just to pick yourself up sometimes and dust yourself down ... just try and keep that positive momentum going.'

(Male claimant, 50+, completer)

Poor group dynamics and a failure of Facilitator referent power had the potential to undermine these outcomes for some.

- **Reducing isolation**

A consistent view among claimants was that improvements in confidence, mental health and social skills were attributable to the simple fact of social contact and interaction, group support and receiving sympathy. This view was notable among people who were socially isolated or depressed, and who had not necessarily benefited from an increase in job search self-efficacy or general confidence boost through 'mindset-shift'.

One claimant who had difficulty recalling the details of the course or any job search impact on him, said the main benefit he got was social interaction with other group members.

'The new friends, yeah... That was it really... You share with each other, yeah, your ups and downs in life, your health and things like that ...just makes you feel better.'

(Male claimant, 50+, completer)

Work Coaches also reflected positively on the social networks that were fostered during the intervention, and spoke positively about Facilitators contacting participants after the intervention to check on their progress.

By contrast, as discussed in Section 3.2.3, claimants in groups with poor facilitation or reduced interactive elements reported little to no impact on their social confidence or emotional wellbeing.

5.3 Self-efficacy and job search impacts

The Job Search Self Efficacy Index (JSSE) is a self-rated measure of how confident people are in nine job search skills. A higher score indicates higher self-efficacy. For those who completed the Group Work intervention and the post-test, average test scores increased from 3.38 to 4.03 (Table 5.2).

Table 5.2 Work self-efficacy (JSSE) pre-test and post-test scores

	Mean
JSSE pre-test score	3.38
JSSE post-test score	4.03
<i>Base</i> ¹	185

¹ Base excludes participants with missing information. Only those who completed the intervention have a post-test score. Index has minimum of 1 and maximum of 5. A higher number indicates a more positive score.

Participants also completed the General Self Efficacy Scale (GSE), in which a lower score indicates higher general self-efficacy. This measure also showed an improvement with the average GSE pre-test score 2.61 and the average post-test score 2.33 (Table 5.3).

Table 5.3 Work self-efficacy (GSE) pre-test and post-test scores

	Mean
GSE pre-test score	2.61
GSE post-test score	2.33
<i>Base</i> ¹	185

¹ Base excludes participants with missing information. Only those who completed the intervention have a post-test score. Index has minimum of 1 and maximum of 5, with a lower number indicating a more positive score.

Even though an exploration of the change of test scores offers simplicity and allows us to provide some quantitative evidence of change, it is important to be aware that there are a number of factors that can influence findings from pre-post comparisons in evaluation studies.²¹ For example, change over time may be influenced by statistical phenomena, such as: ‘regression to the mean’ (the pre-test average for the group in the study will frequently appear to increase or improve relative to the overall population even if we do not do anything to them – that is, even if they never participate in the intervention); interfering events that could affect outcomes instead of the initiative; maturational effects or other threats to validity.²² Consequently, the results of this study would need to be interpreted with caution.

²¹ Marsden, E. and Torgerson, C. J. (2012). Single group, pre- and post-test research designs: Some methodological concerns. *Oxford Review of Education*, 38 (5), 583-616.

²² (Internal) validity is concerned with the extent to which the design of the study allows us to attribute causality to the intervention and to rule out potential alternative explanations.

5.3.1 Qualitative findings on self-efficacy and work related impacts

Qualitative findings from interviews with claimants, Group Work Facilitators and Jobcentre Plus staff shed further light on the possible reasons for improvements in self-efficacy and work-related impacts.

From a claimant perspective self-efficacy in job search and overall confidence were viewed as strongly linked. Specific techniques or aspects of job search that were regularly mentioned as self-rated improvements were:

- improved interview technique;
- better curriculum vitae (CVs) and better insights into own skills;
- better insight into employers and more confidence in approaching them;
- use of social networks to expand opportunities;
- better communication skills in general but especially in ability to 'sell' one's skills.

A number of participants reported that they were refocusing their job search on a different professional area, having realised that they were skilled in ways they had previously discounted, or due to focusing on what they really wanted to do and changing their long-term goals. A recurring example was that some participants realised they had transferable skills in care work, after being out of the workforce for a long time while caring for their parents or partners. Work Coaches and Group Work Facilitators also highlighted positive impacts of this kind, stressing the value of the intervention in helping participants to reassess their interests and explore new avenues, re-energising their job search as a result.

'The feedback was positive that they enjoyed it and they thought that it was really useful, made them think a little bit outside the box I had one guy that's ... done a lot of work in the building industry and stuff and he's quite highly skilled They suggested to him write covering letters to see if ... he could try and get himself into smaller specialised maintenance building work ... he hadn't thought about that, you know, about what he actually did do in his job and how skilled he was at it. So yeah that certainly helped.'

(Work Coach)

For those who did not gain employment, a recurrent view was that increased confidence and attitude change was contributing to incremental success with job search nonetheless. This included: being confident to apply for more jobs and therefore being offered more interviews; witnessing people in the group getting interviews or jobs throughout the week of the course due to changes in their attitude and techniques; positive feedback on CVs from employers; and, improved performance in job interviews.

Factors contributing to work-related self-efficacy

Qualitative interviews with claimants and Group Work Facilitators identified a number of factors that underpinned positive work-related self-efficacy outcomes:

- **Wellbeing content helps internalise work-related messages and motivate action:** As noted previously in Sections 3.2.2 and 3.2.3, the effectiveness of the job search content of the course hinged on the method of delivery of the wellbeing content. The confidence-building elements discussed at Section 5.2.3 and in Section 3.2.3 on Facilitator effectiveness, should be seen as the key mechanisms that fostered and supported increased motivation and job search self-efficacy. As discussed in Section 3.2.3, where wellbeing was not fostered, claimants thought the intervention had less or even negative impacts on their self-efficacy, with emotionally vulnerable claimants seeming particularly dissatisfied at not having found the support they had hoped for.
- **Group support:** Prescribed course content on developing CVs and focusing on job goals and personal strengths was effectively enabled by a process of self-discovery of personal resources such as transferable skills and existing social networks. This process occurred during group discussion and support, and was another example of the mutually reinforcing relationship between self-efficacy and overall confidence building.

One claimant described how a young single mother responded to the open plenary discussions about group members' backgrounds and skills, where the group would not accept her limited view of herself.

'There was one girl there ... young single mother, ex-junkie. ... one of the people that the Daily Mail writes off immediately. [...] when she said, "I am just a mother", there was almost a riot in there [laughs]. And – and she was nearly in tears because everybody got such a strong reaction to what she said there, and then she sat back a little bit and had a little bit of a think about it and then, bang, she came back like all guns blazing.'

(Male claimant, 50+, completer)

In another example, a group of women who met during the Group Work sessions used their newfound confidence and 'social networking' skills to explore the possibility of finding employment together at a recently opened café.

Where group dynamics worked well, Facilitators described the potential outcomes as 'thrilling'. However, Facilitators also acknowledged that groups that worked less well together could undermine positive outcomes.

As noted previously, where there was little interactive group learning, the intervention could be seen as nothing new, and 'boring', with limited outcomes, and where the group dynamic was hindered by disengaged participants, the learning of others was affected.

- **Active learning techniques and practice:** The face-to-face role-play practice seemed particularly important for grounding personal confidence boosts in job search self-efficacy. It is possible that this is related to the heightened anxiety about job interviews and self-presentation. A common experience was that by practising interviews out loud claimants became more comfortable and confident, and enabled them to put their new knowledge into practice.

Where these techniques were missing, there was a lack of interactivity in some sessions, in which claimants reported little impact on their job search approach. Where participants only sat and watched the role-plays rather than participated, one claimant with low confidence said that this had no real impact on her, *'because I learn by doing things, whereas they were just sat there talking at us, not really to us.'* She thought that letting participants 'have a go' would have helped more.

- **Distance from labour market:** Group Work Facilitators reflected that participants who were nearer the labour market generally found it easier to engage with the job search content of the intervention. Participants who were long-term unemployed or were perhaps nearing retirement age were felt to be harder to reach, and therefore, less likely to have positive job search outcomes. This was reflected in comparison of experiences of claimants interviewed who had found regular work, and those near retirement age who were less motivated to look for work.

5.4 Predictive characteristics

This section analyses the quantitative data to explore associations between personal characteristics and level of impact, then turns to the qualitative findings for potential explanations of different experiences for different subgroups.

5.4.1 Regression analysis controlling for characteristics

In order to test associations between personal characteristics and test scores, multiple regression analysis was carried out on each of the five outcome measures used in the tests. Separate regression models were run for each measure, using the post-test score as the outcome variable.²³ The models controlled for the pre-test score, age and gender.

Age

Two results suggested poorer outcomes for those in the 50+ age group compared to the 30-49 group (the largest age group) that was used as a baseline.

Being in the 50+ age group was associated with lower scores in self-rated job search efficacy compared to the 30-49 age group, when controlling for all other factors (Table 5.4). This association was statistically significant ($p < 0.05$)²⁴ and possible reasons for this finding are discussed in relation to the qualitative findings in Section 5.4.2. Notably, there was no significant difference or even a negative coefficient for general self-efficacy scores.

The 50+ age group was also associated with lower WHO-5 Well-Being post-test scores than the 30-49 age group, although this was only significant at a ten per cent level (Table 5.5). There were no other significant differences for the three other wellbeing and mental health scores.

²³ As a check on whether there was any difference in average gains for those starting with different levels of wellbeing, relative change in scores (i.e. 'distance travelled') was substituted as the outcome variable in the five models. This provided substantively the same results. More specifically, the same coefficients were significant for the same factors as in the first set of models, and had substantively the same p-values. However, these results are not included in this report.

²⁴ $P < 0.05$ means that there is less than a five per cent probability that a change in mean scores of this size was due to random chance.

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Table 5.4 Model of work self-efficacy (JSSE) post-test score

Source	Sig.
(Intercept)	.000
Age <30	.274
Age 50+	.047
Gender	.180
JSSE pre-test score	.000

Parameter	Estimate	95% Confidence Interval		Significance
		Lower	Upper	
(Intercept)	25.443	22.046	28.840	.000
Age <30	-1.149	-3.216	.918	.274
Age 50+	-1.735	-3.450	-.021	.047
Age 30-49 (baseline)	.000b			
Male	-1.128	-2.782	.526	.180
Female	.000b			
JSSE pre-test score	.409	.308	.510	.000

The analysis is based on participants without missing information. Only those who completed the intervention have a post-test score.

Table 5.5 Model of wellbeing (WHO-5) post-test score

Source	Sig.
(Intercept)	.000
Age <30	.506
Age 50+	.097
Gender	.897
WHO5 pre-test score	.000

Parameter	Estimate	95% Confidence Interval		Significance
		Lower	Upper	
(Intercept)	10.199	7.927	12.471	.000
Age <30	-.756	-2.992	1.480	.506
Age 50+	-1.571	-3.413	-.271	.094
Age 30-49 (baseline)	.000b			
Male	-.117	-1.903	1.668	.897
Female	.000b			
WHO5 pre-test score	.516	.384	.648	.000

The analysis is based on participants without missing information. Only those who completed the intervention have a post-test score.

Gender

Gender was not significant at any conventional level in any of the five regression models, that is, it was not meaningfully associated with better or poorer scores when controlling for other factors.

Pre-test score

The pre-test score was the most significant factor for each of the five measures. That is, having a better score at the beginning predicted a better score at the end. This is a typical and expected outcome.

5.4.2 Claimant characteristics and claimant experiences

Age

A recurring view among the oldest participants was that of feeling resigned to unemployment due to age discrimination or increasing physical frailty. Of those over 60, a particularly prominent perspective was of people simply trying to survive the Jobseeker's Allowance (JSA) experience until they were eligible for their pension, and of having very low expectations that the course could realistically lift their job prospects due to their age. These findings provide some potential explanations for the quantitative analysis showing significantly less impact for the 50+ age group compared to the 30-49 group in job search self-efficacy.

However, views of older claimants suggested that lower expectations of finding employment did not necessarily detract from enjoying the social elements of the intervention, and experiencing related improvements in overall confidence and wellbeing. For example, while the 50+ age group was associated with worse job search self-efficacy, it was not associated with worse general self-efficacy, compared with the 30-49 year old baseline group. Also, there was no statistically significant difference in scores for the three wellbeing measures between the 50+ age group and the 30-49 age group.²⁵

Those in the youngest age group, particularly those under the age of 20 or in their early 20s, tended to note some initial social barriers to engaging with the group. In most cases this was overcome. However, two perspectives capture distinct issues for younger participants:

- one young female participant with no qualifications said that the very 'general' approach of emphasising transferrable skills and past experience were irrelevant to her, because of her lack of past experience. She thought that having age-specific breakout groups would have helped focus on issues specific to young people;
- one young male participant with graduate qualifications felt that he had nothing in common with the older long-term unemployed low-skilled people that dominated the group, and that the content of the course was similarly not relevant to him. Notably, since this person dropped out his results would not have been captured by the post-test data.

Both of these young people also described their Facilitators as being less effective overall, that is, they did not deliver the content in an interactive, individualised, participatory way, could not facilitate discussion fairly, or were not empathetic.

²⁵ This report defines its statistical significance threshold as at least $p < 0.05$, i.e. where there is less than a five per cent probability that a change of any size in mean scores was due to random chance.

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Gender

The regression analysis revealed no significant gender associations. Although men had worse results than women in the raw data, this appeared to be because so many more of them were in the older age group associated with poorer relative outcomes.

Three elements of the intervention had particular relevance for women:

- Gendered experience of the social element

Although the positive social aspects of group support and making friends during the course of the intervention were mentioned across the board, this was mentioned more consistently by female participants.

In terms of continuing friendships outside the groups, there were indications that this was split along gender lines. Women made friends with other women and indicated that they clustered together during the sessions.

There appeared to be some interplay between the influence of gender and age, with some views from women at the youngest end of the age range that it was daunting to turn up to groups dominated by men and older people.

- The presence of female Facilitators

There was not always a female Facilitator, but where there was one, it was appreciated by female participants that this provided a balance of perspectives. One claimant noted that she found a female Facilitator personally inspiring as she was able to compare herself to the Facilitator. In light of the gendered social interactions and higher proportion of men in the groups, the presence of a female Facilitator appeared to be important for creating an enabling environment for women in the intervention.

- The free childcare option (already discussed in Sections 2.2.2 and 4.2.1).

Other characteristics

Other claimants who noted that they did not have much in common with their group, or who otherwise experienced a lack of impact, had one or more of the following traits (all generally unobservable in the quantitative data supplied):

- were more educated or higher-skilled/experienced;
- did not consider themselves long-term unemployed;
- did not consider themselves to have confidence issues;
- were in an ethnic minority;
- had mild social disorders that inhibited social bonding, or confessed to being 'anti-social' with a dislike of groups;
- although not a trait of the individual, these claimants were also likely to note that they had a poor quality Facilitator.

Claimants reported that a strength of the intervention was being able to learn from the diverse experiences of group members. Where Facilitator skills were strong, participants were able to overcome preconceptions and understand new perspectives. Where Facilitator skills were not strong, participants who were too 'different' could not be brought into the fold.

5.5 Lessons learnt

- Overall measures of self-efficacy, wellbeing, and mental health improved between the pre- and post-test.
- Effective facilitation, positive group dynamics, social interaction and active learning were identified as enablers of positive outcomes. Where Group Work delivery lacked these features, it was felt to undermine positive outcomes.
- Being older (50+) was associated with lower scores in self-reported job search self-efficacy when compared to other groups.

6 Conclusions

This chapter brings together the key lessons learnt from the evaluation of the Group Work pilot and discusses the implications for larger-scale piloting.

6.1 Participant identification, recruitment and retention

One of the key aspects of successful intervention delivery is to ensure that the intervention reaches the people for whom it is intended. The results of this study indicated that the intervention implementation could benefit from a clear definition of who the intervention is aimed at from a policy-makers' and commissioners' perspective, and further enhancement of Work Coaches' understanding of who the intervention would be most suited for.

For example, suggestions were made by study participants to consider widening eligibility to Employment and Support Allowance (ESA) and Income Support (IS) claimants. Also, Jobcentre Plus staff recommendations included a baseline assessment of claimants' wellbeing prior to referral as a way to improve identification and selection for recruitment. More consistent needs assessment of potential participants could also be necessary, in order to include the appropriate people in the intervention, adequately assess claimants' readiness to engage with the intervention, and identify any special needs to facilitate attendance.

If seen as appropriate by policy-makers, further refinement of intervention participant inclusion and exclusion criteria will be particularly important if larger-scale piloting aims to include an impact assessment (see Section 6.4 for a further discussion on this). In these circumstances it becomes essential to ensure consistent recruitment of those who might benefit from the intervention.

In terms of participant engagement with the intervention, larger-scale piloting would benefit from further planning of strategies for making the intervention more accessible and acceptable to its intended beneficiaries, given their general profile of low levels of wellbeing.

This includes potential changes to intervention delivery such as how the intervention is marketed, and what kind of outreach work is undertaken to facilitate engagement and participation. Such engagement is likely to make a big difference to getting people through the door and paving the way for successful intervention take-up. For example, the importance of reassuring potential participants that they will not be stigmatised or labelled as someone with 'mental health problems' is supported by the study findings. Participants, staff and Providers felt that the promotion of the intervention as 'wellbeing and work' support would be preferred to 'psychological' support.

As discussed further below, Facilitator quality was an important element of intervention success, including engagement and retention throughout the week. The presence of an effective Facilitator at the Initial Reception Meeting (IRM) provides a valuable opportunity to 'hook' participants in, while also allaying fears and anxieties about the intervention.

Findings also indicate that engagement can be increased by using accessible and welcoming venues, covering transport costs and providing free, high-quality childcare. Any larger-scale piloting of the intervention would need to take these elements into consideration.

6.2 Facilitator recruitment and training

Ensuring that intervention Facilitators are equipped with relevant skills and knowledge, and have the right personal characteristics to deliver the intervention, is essential to guaranteeing a good outcome. This requires careful recruitment of appropriate candidates, adequate training, continuing professional development, high-quality supervision and practical support. This view is supported by the results of this study that suggest that careful Facilitator recruitment and adequate training are essential to ensuring successful engagement with participants, intervention fidelity and effective Facilitator referent power.

One of the key strengths of the Group Work intervention's delivery is co-facilitation, which can be considered a particularly successful model of delivery and support, as two Facilitators are better able to share the load, manage the dynamics of the group and support each other between sessions.

However, the results of the study suggest that the benefits of co-facilitation and of the 'referent power' approach generally were not maximised. This was due to the inconsistent application of Facilitator selection criteria (such as recent experience of unemployment) and an insufficient level of training when compared to the intended level of training set out in the intervention model. These limitations of Facilitator training are likely to have impacted the fidelity to the intervention model.

A careful selection of Facilitators in terms of key criteria is considered to be crucial by intervention developers, and an adequate training period with supervised practice and continuous support from Provider organisations could significantly improve overall intervention delivery (including engagement and retention) and thus participant experiences as well as desired outcomes.

6.3 Intervention improvements

The study suggests a number of changes that could be introduced to improve the intervention, including the course content. Both staff and participants welcomed revisions to the intervention language so it would be better suited for a United Kingdom (UK) context. Content updates were proposed to include new material on aspects such as: digital job search and networking; volunteering opportunities and benefits; and increased diversity of examples to reflect the diversity of the population and of employment options including part-time work and self-employment. Up-to-date content is vital for successful participant engagement as well as for the achievement of desired participant outcomes.

Furthermore, Facilitators felt strongly about increasing the wellbeing element of prescribed content, which they felt relied on their strengths as Facilitators rather than on specific course content.

The success of any intervention rests on both fidelity and versatility. Key to larger-scale piloting will be clarity around the 'core components' or 'key ingredients' of the intervention that make it work and can be repeated while moulding the intervention to fit local contexts. The key is to be clear about what can and cannot be changed and why, to allow Provider organisations and Facilitators to make the intervention their own.

It is also important to consider tailoring the intervention to different claimant groups to maximise participant take-up and retention but also active engagement during intervention sessions. This involves adapting the style of delivery to make it more suitable for the

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individual claimants attending the intervention. The study results indicate that this is particularly important for participants who are less vocal and engaged in group discussions, especially younger participants and women. Further tailoring may also be required for those whose first language is not English or who have special needs. This has implications for Facilitator training.

Claimants who responded positively to Group Work also asked for more one-to-one time with Facilitators for action planning and mentoring. This may be worth exploring as a way of helping to sustain and build upon positive impacts, either by introducing one-to-one sessions at the end of the final day or through follow-up sessions arranged at a later date.

6.4 Outcomes and impact

A key element of any intervention piloting and larger-scale implementation is the collection of Management Information (MI) on various aspects of intervention delivery such as participant characteristics, data on intervention 'dosage' (such as the number of sessions attended), and data on participant outcomes of interest, such as wellbeing, work self-efficacy and mental health using standardised instruments.

The results of the study indicated that overall, there was a positive change in participant outcomes when comparing the pre-test and post-test results. In addition, claimant views suggested that effective facilitation, positive group dynamics, social interaction and active learning were key to the positive change in outcomes.

However, as a single-group study that lacked a comparison group, the quantitative results did not allow us to conclude that the observed positive change in outcomes is due to the Group Work intervention. In order to establish causal relationships between the intervention and desired outcomes, larger-scale piloting should focus on impact evaluation.

It has to be noted that causal relationships are difficult to identify. For example, in the case of the claimants attending the Group Work intervention we cannot observe what would have happened to participants if they had not participated. This is where the idea of the 'counterfactual' comes in. The counterfactual is an estimate of what would have occurred in the absence of the intervention under evaluation (a theoretical what-if outcome).²⁶ By subtracting the counterfactual from the observed change (factual)²⁷, the impact evaluation would allow us to assess the effect of an intervention, in this case of the Group Work intervention.

In reality, we can observe average outcomes for those who participate in the intervention, i.e. who were 'treated', but we cannot observe the counterfactual results, i.e. what would have been the average outcomes of those same people if they had remained 'untreated'. These would need to be estimated, typically using either a control group in the case of a randomised controlled trial, or a comparison group in the case of a quasi-experimental design.

The quality of the counterfactual and impact evaluation's capacity to rule out alternative explanations to observed results depends heavily on how comparable the treatment group

²⁶ Morgan, S. L. and Winship, C. (2007). *Counterfactuals and causal inference: Methods and principles for social research*. New York: Cambridge University Press.

²⁷ Heckman, J.J. and Smith, J.A. (1995). Assessing the case for social experiments. *Journal of Economic Perspectives*, 9(2), 85-111.

is to the control group. This is why larger-scale piloting should focus on understanding how (and which) claimants are recruited to participate in the intervention, and whether a valid comparison sample can be selected.

6.5 A detailed summary of the lessons learned

Complementing the broad overview of key learning discussed above, Table 6.1 draws on the individual chapter summaries to provide a detailed set of recommendations relating to referral and take-up, intervention delivery, engagement and perceived outcomes.

Table 6.1 Detailed recommendations

Key issue	Detailed recommendations
Referral and take-up	<p>Improving the number and quality of referrals:</p> <ul style="list-style-type: none"> • Hold face-to-face meetings between the Group Work Provider and Work Coaches to provide detail on the content of the intervention and to support Work Coaches to select suitable claimants and promote the intervention effectively. • Provide opportunities for Work Coaches to shadow the provision to enhance their understanding of the intervention’s content and of who it might be suitable for. • Consider widening eligibility to ESA and IS claimants. • Consider some form of pre-course assessment to select claimants for the intervention effectively. <p>Encouraging take-up:</p> <ul style="list-style-type: none"> • Focus promotion of the intervention on ‘wellbeing and work’ and avoid the use of the word ‘psychological’ in promotional materials. • Continue to run the intervention in accessible locations and fund travel and childcare costs. • Continue to run IRMs to introduce the intervention and provide opportunities for participants to meet Facilitators and ask questions.
Intervention delivery	<ul style="list-style-type: none"> • Revise the intervention language for a UK context. • Update content to include new material on: <ul style="list-style-type: none"> – digital job search and (social) networking; – volunteering opportunities and benefits; – increased diversity within examples to reflect the diversity of the population and of employment options including part-time and self-employment. • Increase the wellbeing element of prescribed content, which Facilitators felt strongly relied on strengths of Facilitators rather than from content of the intervention. • Provide course materials in the form of a booklet that can be used for later reference. • Give careful consideration to the recruitment of Facilitators and provide in-depth Facilitator training to maintain intervention fidelity and foster Facilitator referent power.

Continued

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Table 6.1 Continued

Key issue	Detailed recommendations
Engagement	<ul style="list-style-type: none"> • Continue to run courses in central locations and provide lunch. • Reinforce to Work Coaches the requirement to adapt sign on times to accommodate participants' attendance on the course. • Ensure processes around the reimbursement of transport and childcare provision and funding are clarified between Jobcentre Plus staff and Providers, and communicated clearly to claimants at referral stage. • Continue to promote a gender balance of Facilitators. • Facilitator training should emphasise the need to include the voices of less dominant groups in discussion, especially younger participants and women.
Perceived impact	<ul style="list-style-type: none"> • Overall measures of self-efficacy, wellbeing, and mental health improved between the pre- and post-test. • Effective facilitation, positive group dynamics, social interaction and active learning were identified as enablers of positive outcomes. Where Group Work delivery lacked these features, it was felt to undermine positive outcomes. • Being older (50+) was associated with lower scores in self-reported job search self-efficacy when compared to other groups.

Appendix A

Technical annex

A.1 Introduction

This technical report provides further information about how the evaluation of the Group Work intervention was carried out. The intervention was one of the Psychological Wellbeing and Work Pilots conducted in two Jobcentre Plus districts. The evaluation comprised two strands of activity: (1) a quantitative analysis of outcome related Management Information (MI) and (2) a qualitative strand of activity exploring the views and experiences of staff and claimants, as outlined in Table A.1.

Table A.1 Types of participant groups

Participant group	Further details
Staff – Jobcentre Plus	<ul style="list-style-type: none"> • Single Point of Contact (SPOC) • Work Coaches involved in the referral of claimants to intervention
Staff – Provider	<ul style="list-style-type: none"> • Strategic staff/Managers • Facilitators involved the delivery of Group Work
Claimants	<ul style="list-style-type: none"> • Claimants who had attended one or more sessions

Each strand of activity will be discussed in turn and Appendices B and C provide copies of the interview topic guides used with the different participants.

A.2 Management Information

Analysis of secondary data explored different aspects of participant engagement and participation as well as initial effects and factors likely to influence outcomes of the Group Work support. MI collected by the Provider was analysed. For an estimate of the take-up rate, Provider data was compared with overall referral figures provided by the Department for Work and Pensions (DWP).

A.2.1 Data quality of sample

The robustness of the analysis depends on having complete data for a high proportion of the participants. By complete data we mean information on each participant's characteristics, as well as the five measures of their wellbeing, and self-efficacy for work and mental health status recorded both at outset and at completion of intervention.

Of the sample of cases delivered by the Provider, the ratio of complete to item missing data was 79:21 (185 complete cases out of 236). Ideally, 90:10 is often used in survey analysis as a maximum 'acceptable' level of item missing data, which we acknowledge can be a conservative expectation when it comes to administrative data.

A.2.2 Intervention implementation

For Group Work, summary statistics are reported on:

- the flow numbers of participants entering and exiting the intervention;
- characteristics of participants (age, gender)
- predictive factors

Analysis compared pre-post measures on the following participant outcomes (see Table A.2 for measurement instruments used in outcome assessment):

- wellbeing;
- work self-efficacy;
- mental health.

Table A.2 Description of measurements instruments

Outcome	Measure	Description
Wellbeing	WHO-5 Wellbeing Index (WHO-5)	The measure consists of five positive statements about wellbeing, e.g. 'I have felt cheerful and in good spirits'. Respondents indicate whether they have been feeling this way 'All of the time (5)' through to 'None of the time (0)'. Raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life. A score below 13 indicates poor wellbeing.
Work self-efficacy	Job Search Self Efficacy Index (JSSE)	The measure consists of nine job search skills that respondents indicate how confident they are in doing. Responses are recorded on a 5-point scale, ranging from "not at all confident" (1) to "a great deal confident" (5). Therefore a higher score indicates higher job search self-efficacy.
	General Self Efficacy Scale (GSE)	The measure consists of three general self-efficacy statements that respondents indicate how often apply to them. Responses are recorded on the 5-point scale, Always' (1), to 'Never/hardly ever' (5).
Mental health	Generalized Anxiety Disorder 7 Item Scale (GAD-7)	The measure includes seven questions used to assess how often respondents have been feeling anxious, with each rated from 'Not at all' (0) to 'Nearly every day' (3). These are then combined into an index ranging from 0 to 21, and can be grouped into scores: 0-5 mild, 6-10 moderate, 11-15 moderately severe anxiety, 16-21 severe anxiety.
	Patient Health Questionnaire (PHQ-9)	The brief depression screening questionnaire asks how often respondents have been bothered by nine problems, with each rated from 'Not at all' (0) to 'Nearly every day' (3). These are then combined into an index ranging from 0 to 27, and can be grouped into scores: 0-5 mild, 6-10 moderate, 11-15 moderately severe depression, 16-27 severe depression.

These data were analysed by comparing mean scores of pre-test and post-test items.

Multivariate regression analysis was also carried out to explore predictive characteristics of participants who most benefitted from the intervention according to the five indicators. Separate regression models were run for each of the five outcome variables, with the dependent variable for each regression model the continuous post-test score. The key factors tested were:

- characteristics of participants (age, gender);
- pre-test score for each outcome measure.

A.3 Staff interviews and observations

This strand aimed to explore Jobcentre Plus and Provider staff experiences of delivering the intervention. This included their views on outcomes and the factors that affected impact. In-depth interviews were conducted with senior staff and those involved in the delivery of the intervention. The staff types were:

- Jobcentre Plus SPOC;
- Jobcentre Plus Work Coach;
- Group Work Facilitators;
- strategic staff of the Provider organisation.

A.3.1 Sampling for staff recruitment

Jobcentre Plus staff sample

A sample frame of 213 Jobcentre Plus staff members was drawn by DWP and provided to NatCen Social Research (NatCen). The sample frame included the contact details of all SPOCs and Work Coaches responsible for referring customers to the support option of Group Work. SPOCs also contributed to the sample frame by identifying relevant Work Coaches where there were challenges recruiting the required number of Work Coaches from the original DWP sample file (see Recruitment).

All participants were purposively selected based on three criteria: their role, the Jobcentre Plus district and, where Work Coaches were concerned, the Jobcentre Plus office in which they were based. Work Coaches' level of experience of working with the unemployed was also monitored as a secondary criterion without quotas attached. Table A.3 presents the sample achieved across the two Jobcentre Plus districts and six Jobcentre Plus offices involved in the Group Work intervention.

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Table A.3 Achieved sample of Jobcentre Plus staff involved in Group Work

Criteria	Sub-criteria	District 1	District 2
Role	SPOC	1	1
	Work Coaches	3	3
Jobcentre Plus Offices – Work Coaches	Office A	1	
	Office B	1	
	Office C	1	
	Office D		1
	Office C		1
	Office D		1
Total		8	

Provider staff sample

Eight staff members from the Provider organisation involved in the Group Work intervention were interviewed. Table A.4 presents the achieved sample with both strategic (managers) and operational staff (six Facilitators and one administrative member of staff).

Table A.4 Achieved sample of Provider organisation staff

Provider Organisation Staff	Participated in interviews
Strategic Staff/Managers	1
Operational Staff/Facilitators	7
Total	8

A.3.2 Recruitment of staff

The recruitment process was designed to ensure consent was informed, voluntary and ongoing for both the in-depth interviews and observations.

Recruitment for interviews

The recruitment approach followed the same steps for both Jobcentre Plus and Provider staff, outlined below:

- DWP provided a list of all relevant Jobcentre Plus and Provider staff to NatCen;
- advanced emails were sent to selected staff which outlined the nature of the study, details of participation and provided assurances around the voluntary nature of the study. Emails were accompanied by an information sheet, which provided further details of the study;
- follow-up calls to selected staff were made a week after the email had been sent by the research team. These calls enabled researchers to provide further information about the study, to address any questions and concerns and provided participants with an opportunity to opt-out.

Where Work Coaches were identified by SPOCs, the importance of participation being voluntary was stressed in any discussions and in the introduction to the interview. However, researchers at NatCen tended to make first contact with Work Coaches and so were able to retain control over how participants were recruited.

Recruitment for Group Work observation

Senior provider staff members were contacted via email and then followed up by phone. Once they agreed to participate in the study, they provided NatCen with a schedule of Group Work sessions being delivered which was used to identify sessions that could be observed. Once sessions had been selected, the Group Work provider liaised with the facilitators to set-up the observations. Facilitators were also provided with a research leaflet that provided further information about the study and included contact details of the research team.

In advance of the observation, Group Work facilitators distributed an information sheet to participants on the Group Work intervention. The information sheet outlined the nature of the study, what observation entailed and reassurances around confidentiality, anonymity and that the purpose of the observation was to understand intervention delivery rather than individual practice. Researcher contact details (email and telephone number) were also provided in the recruitment material, giving participants the opportunity to ask questions directly of the research team.

Participants were also able to opt-out at this stage. A NatCen Researcher attended day 3, 4 or 5 of the programme and had a 15-minute slot to discuss the research study with claimants at the start of the observation. This was an opportunity for the researchers to go through the recruitment literature, answer any questions, to allay concerns and confirm consent. Once the claimants' consent was given, the observation would take place. If claimant consent had not been given, researchers would either have abandoned the given observation or selected an alternative group.

A.3.3 Data collection

Data collection for the qualitative staff strand involved telephone interviews with Jobcentre Plus staff, face-to-face and telephone interviews with Provider staff members and observations of Facilitators' Group Work sessions.

In-depth interviews

Interviews with Jobcentre Plus staff were conducted by telephone and lasted approximately 45 minutes. Interviews explored the role and aims of the intervention, the processes of selection, referral and take-up, group work delivery and perceived impacts, and recommendations and reflections on the intervention.

Facilitators from the Provider organisation responsible for delivering the Group Work programme were either interviewed face-to-face at the end of an observation or by phone, if they did not facilitate an observed session. Interviews with Facilitators lasted around 45 minutes to 1 hour. The interview with the Provider manager was conducted on the phone and lasted approximately 45 minutes. The interviews explored the aims of the programme, its implementation and delivery, perceived impacts, and recommendations and reflections on the programme.

Topic guides were designed by NatCen for each participant group in conjunction with DWP (Appendices B and C). Fieldwork took place in December 2014 and January and February 2015.

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Observations

NatCen Researchers observed six Group Work sessions (three in each pilot district). To minimise burden on group participants, only one day was observed per group.

The observation note-taking template was developed by NatCen in collaboration with DWP and focused on the following issues:

- overview of level of participant engagement;
- issues and concerns raised by participants;
- group dynamics and enjoyment;
- overview of intervention delivery throughout the day;
- job search skill training;
- whether training was aligned with prescribed materials;
- active learning;
- facilitator referent power;
- social support.

For each district, researchers observed the whole Group Work session on days 3, 4 and 5. For each of days 3, 4 and 5, researchers observed two different sessions Table A.5.

Table A.5 Achieved observations of Group Work sessions

	Jobcentre Plus district 1			Jobcentre Plus district 2	
	Office A	Office B	Office C	Office D	Office E
Day 3	1				1
Day 4		1		1	
Day 5			1	1	
Total per district		3			3
Total			6		

A.4 Claimant interviews

In-depth interviews were conducted with 32 claimants. Interviews explored views and experiences of the Group Work support, including the referral process, experiences of the support, why claimants completed or failed to complete all of their sessions and perceptions of outcomes.

A.4.1 Sampling for claimant recruitment

DWP drew on its records to identify 225 participants who were receiving the Group Work intervention across two Jobcentre Plus districts. Claimants were selected purposively based on the three primary criteria of age, gender and Jobcentre Plus district. The outcome of involvement (i.e. whether claimants had completed all of the required sessions or left prior to this) was monitored as a secondary criterion which had no quota attached. Table A.6 provides a breakdown of the achieved claimant sample.

Table A.6 Achieved claimant sample

	District 1 (N=16)	District 2 (N=16)	Total achieved	Total aimed for
Gender				
Male	8	8	16	16
Female	8	8	16	16
Age				
18-29	3	6	9	Min 10
30-49	7	5	12	Min 10
50+	6	5	11	Min 10
Involvement outcome				
Completers	12	10	22	N/A
Non-completers	4	6	10	N/A

A.4.2 Recruitment of claimants

An opt-out process was conducted, which involved the following two stages:

- claimants were sent advance letters informing them of the study, what participation would entail and providing them with the opportunity to opt-out by freepost, telephone or email;
- claimants who did not opt-out after a seven day period were contact by NatCen’s Telephone Unit, who answered queries and conducted a short screening exercise with those who indicated they would like to take part. The exercise confirmed that they had received the intervention and other basic information on the sample file, including whether they had completed the intervention or not.

A.4.2 Data collection

Telephone interviews

Fieldwork with claimants took place between February and March 2015. Interviews were conducted by telephone using a topic guide that was developed in collaboration with DWP. The guide covered claimants’ reasons for taking part in the intervention, experiences and views of the referral process, the Group Work sessions, their engagement with the intervention, and the outcomes of their participation.

Interviews lasted no longer than an hour and claimants received £20 in cash as a thank you for their time.

A.5 Analysis

All interviews were digitally recorded with participants’ permission and later transcribed verbatim. During the observations the researchers took handwritten notes.

Interview transcripts and observation notes were analysed using the ‘Framework’ approach and facilitated by NVivo 10. This method was developed by the Qualitative Research Unit at NatCen and provides a comprehensive view of the themes and the details of individuals’ accounts, used for the analysis.

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The first stage of analysis involved familiarisation with the transcribed data and identification of emerging issues to inform the development of a thematic framework. This is a series of thematic matrices or charts, each chart representing one key theme (such as views of the referral process or perceptions about outcomes). The column headings on each theme chart related to key sub-topics, and the rows to individual respondents. Data from each case was then summarised in the relevant cell and links made within the NVivo software to the sections of the transcript that relate to each summary so that it was possible to return to a transcript to explore a point in more detail or extract text for verbatim quotation.

This approach ensured that the analysis was comprehensive and consistent and that links with the verbatim data were retained. Organising the data in this way enabled the views, circumstances and experiences of all respondents to be explored within an analytical framework that was both grounded in, and driven by, their own accounts. The thematic charts allowed for the full range of views and experiences to be compared and contrasted both across and within cases, and for patterns and themes to be identified and explored.

Appendix B

Staff interview topic guides

B.1 Jobcentre Plus Single Point of Contact (SPOC)

*The following guide lists the discussion phases, key themes, sub-themes and the prompts and probes to be used for each interview. It does not include many follow-up questions like **Why? When? How?** As it is assumed that participants' contributions will be fully explored throughout in order to understand how and why views are held. Researchers are not tied to phrasing the questions as they are presented in this topic guide – these are for guidance only.*

Aims of the interview

The overall aim of the PWWP evaluation is to inform future considerations on what types of support work best and assist claimants with their mental health and to move closer to the labour market. The aim of the interviews with Jobcentre Plus SPOC is to explore their experiences of the implementation of the Group Work programme and to gather their perspective on the programme. These interviews will be more strategic and will aim to gather an overview of programme implementation. Detail on programme delivery will be gathered from Provider staff and Work Coaches.

Accordingly, the topic guide explores the following issues:

- Role and Aims
 - Overview of participant role and length of experience
 - Their role in relation to Group Work programme
 - Understanding of aims of the Group Work programme
- Implementation of Group Work Programme
 - Communication with Provider, administration, timescales, funding
 - Key learning in relation to implementation
- Targeting, referrals and take-up
 - How the referral process has worked and any recommendations for changes
 - Levels of take-up and barriers/facilitators to take-up and retention
- Group Work delivery
 - Views on programme content and recommendations for changes
- Perceived impacts
- Work Coach/Advisor feedback on programme – strengths and weaknesses
- What helps/what hinders
- Recommendations and reflections
 - Key learning from programme
 - Desirability and feasibility of programme expansion

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Phase	Theme	Sub-theme	Probes and prompts
<p>1. Introduction (<i>Aim: to introduce the evaluation and NatCen. To ensure participant gives informed consent and has an opportunity to ask questions</i>)</p>	<p>Introducing NatCen and the study</p>	<p>Purpose of interview. To explore their experiences of the implementation of the programme, its delivery and and their views of the impacts on claimants. To gather their insights and recommendations for improvements to the programme.</p> <p>NatCen has been commissioned by DWP to carry out an evaluation of the Psychological Wellbeing and Work Programmes. The aim is to inform future development of the most promising interventions.</p> <p>Participation. The interview will take about 1 hour</p>	<ul style="list-style-type: none"> • No wrong or right answers • Participation is voluntary • Confidential. The report will not name any individuals who participated • Permission to record. Recording means we have an accurate record of what was said. The recording is kept securely in accordance with the data protection act and only the research team have access to it • Any questions. Including any concerns they have
<p>2. Role and aims (<i>Aim: to explore participants' current role and level of experience. To explore their understanding of the aim of the Group Work programme</i>)</p>	<p>Overview of their role</p>	<p>Explore the nature of their current role and length of experience</p>	<ul style="list-style-type: none"> • Overview of SPOC role • Role of SPOC in Group Work Programme • Length of time in current role
	<p>Aims of programme</p>	<p>Explore participants understanding of the aims of the Group Work programme</p>	<ul style="list-style-type: none"> • Understanding of Group Work programme <ul style="list-style-type: none"> – Aims/goals – Views on information they have about the programme and its purpose • Any recommendations/ improvements to information provided to Jobcentre Plus staff • What buy in/support did they have from district management (e.g. time made available, encouraged, asked about this work)

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3. Implementation <i>(Aim: to explore participants' experience of programme implementation from the perspective of participating Jobcentre Plus)</i>	Programme implementation from perspective of Jobcentre Plus	Explore details of programme implementation – communication with Provider, administration, timescales, funding	<ul style="list-style-type: none"> • Workforce capability: how engaged is Jobcentre Plus in dealing with this type of customer? [high on the agenda] • Communication between Jobcentre Plus and Work Group Provider <ul style="list-style-type: none"> – What helped/hindered • Administration of programme <ul style="list-style-type: none"> – Facilitators/barriers • Timescales for programme implementation <ul style="list-style-type: none"> – Nature of any delays • Funding <ul style="list-style-type: none"> – How Provider is paid
	Key learning from implementation	Identify key learning in relation to implementation of programme (to inform potential future roll-out)	<ul style="list-style-type: none"> • Any recommendations/improvements to programme implementation • What worked well • What worked less well • Suggestions for improvement

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<p>4. Targeting, referrals and take-up (Aim: to explore who the programme is targeted at, level of referrals and views on take-up. To gather insights and feedback on referrals and take-up to inform future development)</p>	<p>Targeting</p>	<p>Explore experiences of targeting programme – who the Group Work programme is aimed at, views on whether right groups targeted</p>	<ul style="list-style-type: none"> • Understanding of who the programme is aimed at • Any types of people less suitable for • Were they able to implement the referral guidance to ensure appropriate referrals • Any issues with referral guidance • Any particular claimant characteristics which were perceived to be associated with referral/take up
	<p>Referral</p>	<p>Gather feedback on referral rates – higher or lower than anticipated and reasons</p>	<ul style="list-style-type: none"> • Overview of referral rates <ul style="list-style-type: none"> – Higher or lower than anticipated – Reasons – Variations between Jobcentre Plus offices • Any recommendations/improvements to referral process
	<p>Take-up</p>	<p>Explore their view on level of take-up – feedback from Provider and Jobcentre Plus staff on take-up and any recommendations to encourage take-up</p>	<ul style="list-style-type: none"> • Conversion of referrals to take-up • what helped/hindered take-up <ul style="list-style-type: none"> – Reasons for non take-up • Levels of completion/attrition <ul style="list-style-type: none"> – to retention • Any differences between different types of people/districts/Jobcentre Plus offices • Any recommendations to encourage take-up/completion

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5. Group Work delivery <i>(Aim: to explore their understanding of the support provided by the programme and anything they would like to change)</i>	Group Work overview	Overview of Group Work delivery	<ul style="list-style-type: none"> • Overview of their understanding of what is provided by the JOBSII model • What worked well/less well • Any views about changes/additions/ amendments that would lead to improvement • Recommendations for changes
	Staff feedback	Explore nature of feedback SPOC has received from Jobcentre Plus Work Coaches/Advisors	<ul style="list-style-type: none"> • Nature of feedback from Work Coaches/ Advisors <ul style="list-style-type: none"> – Strengths of programme – what worked well – What worked less well
6. Perceived impacts <i>(Aim: to identify perceived impacts from the perspective of the Jobcentre Plus SPOC)</i>	Views on impact	Explore what they think the impact/benefits are to the customer of participating in Group Work on coping with job search setbacks	Changes/Impacts on: <ul style="list-style-type: none"> • self-esteem, self-belief • Strategies to deal with setbacks e.g. in job search
		Explore what they think the impact/benefits are to the customer of participating in Group Work on taking positive steps towards a job goal/job	Changes/Impacts on: <ul style="list-style-type: none"> • Job search motivation • Job search skills/ efficacy • Belief that work is possible
		Explore what they think the impact/benefits are to the customer of participating in Group Work on their feelings of wellbeing	Changes/Impacts on: <ul style="list-style-type: none"> • individual's wellbeing <ul style="list-style-type: none"> – feeling more positive/less positive/no change
7. Key learning/ recommendations <i>(Aim: to explore overall key learning from programme and summary of recommendations. To gather views on feasibility/desirability of wider programme)</i>	Key Learning from programme	Anything they would do differently/improve	<ul style="list-style-type: none"> • Key learning from programme • Recommendations for changes
	Wider roll-out	Views on value/ feasibility of larger programme	<ul style="list-style-type: none"> • Views on overall value of approach • Views on feasibility of rolling out to larger programme
8. Closing interview	<ul style="list-style-type: none"> • Thank them for their time • Ask them if there is anything else they would like to add • Reassure them about confidentiality 		

B.2 Jobcentre Plus Work Coaches/Advisors

*The following guide lists the discussion phases, key themes, sub-themes and the prompts and probes to be used for each interview. It does not include many follow-up questions like **Why? When? How?** as it is assumed that participants' contributions will be fully explored throughout in order to understand how and why views are held. Researchers are not tied to phrasing the questions as they are presented in this topic guide – these are for guidance only.*

Aims of the interview

The overall aim of the PWWP evaluation is to inform future considerations on what types of support work best and assist claimants with their mental health and to move closer to the labour market. The aim of the interviews with Jobcentre Plus Work Coaches/Advisors is to explore their experiences of referring claimants to the programme and their views on delivery and impacts.

Accordingly, the topic guide explores the following issues:

- Role and Aims
 - Overview of participant role and length of experience
 - Understanding of aims of the Group Work programme
- Targeting, referral and take-up
 - How Work Coaches/Advisors select claimants for programme
 - How the referral process has worked and any recommendations for changes
 - Levels of take-up and what helps/hinders take-up and completion
- Group Work delivery
 - Overview of Work Coach/Advisor understanding of programme content and recommendations for changes
 - What has worked well/less well
- Perceived impacts
 - Claimant feedback on programme – strengths and weaknesses
 - What has worked well/less well
- Recommendations and reflections
 - Key learning from programme
 - Desirability and feasibility of programme expansion

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Phase	Theme	Sub-theme	Probes and prompts
<p>1. Introduction (<i>Aim: to introduce the evaluation and NatCen. To ensure participant gives informed consent and has an opportunity to ask questions</i>)</p>	<p>Introducing NatCen and the study</p>	<p>Purpose of interview. To explore their views and experiences of referring claimants to the Group Work programme. To explore their experiences of the implementation of the programme and their views of the impacts on claimants they have referred. To gather their insights and recommendations for improvements to the programme</p> <p>NatCen has been commissioned by DWP to carry out an evaluation of the Psychological Wellbeing and Work Programmes. The aim is to inform future development of the most promising interventions</p> <p>Participation. The interview will take about 1 hour</p>	<ul style="list-style-type: none"> • No wrong or right answers • Participation is voluntary • Confidential. The report will not name any individuals who participated • Permission to record. Recording means we have an accurate record of what was said. The recording is kept securely in accordance with the data protection act and only the research team have access to it • Any questions. Including any concerns they have
<p>2. Role and aims (<i>Aim: to explore participants' current role and level of experience. To explore their understanding of the aim of the Group Work programme</i>)</p>	<p>Overview of their role</p>	<p>Explore the nature of their current role and length of experience</p>	<ul style="list-style-type: none"> • Overview of role • Length of time in current role
	<p>Aims of programme</p>	<p>Explore participants understanding of the aims of the Group Work programme</p>	<ul style="list-style-type: none"> • Understanding of Group Work programme <ul style="list-style-type: none"> – Aims/goals – Views on information they have about the programme and its purpose • Any recommendations/improvements to information provided to Work Coaches Advisors (e.g. hand-outs, FAQs, etc.)

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<p>3. Targeting, referrals and take-up (<i>Aim: to explore who the programme is targeted at, level of referrals and views on take-up. To gather insights and feedback on referrals and take-up to inform future development</i>)</p>	<p>Targeting</p>	<p>Explore how Work Coaches/Advisors select claimants for the programme</p>	<ul style="list-style-type: none"> • Which claimants they would target for the programme <ul style="list-style-type: none"> – Rationale • Were they able to implement the referral guidance to ensure appropriate referrals • Any issues with referral guidance • Any particular claimant characteristics which were perceived to be associated with referral/take up • Ease of engaging potential participants i.e. level of comfort and ease, and why (comfort around engaging on wellbeing needs) • Support to target individuals <ul style="list-style-type: none"> – Extra time to target individuals as part of their caseload – Senior mgt support/engagement etc)
	<p>Referral</p>	<p>Gather feedback on the referrals process and how well it is working e.g. ease of referral/speed of Provider response</p>	<ul style="list-style-type: none"> • Level of referrals they've made <ul style="list-style-type: none"> – Higher or lower than anticipated – Reasons – Whether refer more or less than colleagues • Administration of referral process <ul style="list-style-type: none"> – Referral process – Timescales for referrals • Any recommendations/improvements to referral process

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	Take-up	Explore their view on level of take-up – what helped/hindered take-up and any recommendations to encourage take-up	<ul style="list-style-type: none"> • Conversion of referrals to take-up • What helped/hindered take-up <ul style="list-style-type: none"> – Reasons for non take-up • Levels of completion/ attrition <ul style="list-style-type: none"> – What helped/ hindered • Any recommendations to encourage take-up/ completion
4. Group Work delivery <i>(Aim: to explore their understanding of the support provided by the programme and anything they would like to change)</i>	Group Work overview	Overview of Group Work delivery	<ul style="list-style-type: none"> • Overview of their understanding of what is provided via the JOBSII model • What worked well • What worked less well • Recommendations for changes
	Claimant feedback	Explore nature of feedback Work Coaches/ Advisors have received from claimants about the programme	<ul style="list-style-type: none"> • Nature of feedback from claimants <ul style="list-style-type: none"> – Strengths of programme – what worked well – What worked less well • Interest in what feedback they had in this case from claimants in terms of reported changes in feelings of well being, (more positive/less/no change), job search goal and skills, and coping with setbacks

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5. Perceived impacts <i>(Aim: to identify perceived impacts from the perspective of Jobcentre Plus Work Coaches/ Advisors working with claimants. Particularly in relation to emotional and mental wellbeing and distance from labour market)</i>	Views on impact	Explore what they think the impact/benefits are to the customer of receiving the telephone support on coping with job search setbacks	Changes/Impacts on: <ul style="list-style-type: none"> • self-esteem, self-belief • Strategies to deal with setbacks e.g. in job search
		Explore what they think the impact/benefits are to the customer of receiving the telephone support on taking positive steps towards a job goal/job	Changes/Impacts on: <ul style="list-style-type: none"> • Job search motivation • Job search skills/ efficacy • Belief that work is possible
		Explore what they think the impact/benefits are to the customer of receiving the telephone support on their feelings of wellbeing	Changes/Impacts on: <ul style="list-style-type: none"> • Individual's wellbeing <ul style="list-style-type: none"> – feeling more positive/less positive/no change
6. Key learning/ recommendations <i>(Aim: to explore overall key learning from programme and summary of recommendations. To gather views on feasibility/desirability of wider programme)</i>	Key Learning from programme	Anything they would do differently/improve	<ul style="list-style-type: none"> • Key learning from programme • Recommendations for changes
	Wider roll-out	Views on value/feasibility of larger programme	<ul style="list-style-type: none"> • Views on overall value of approach • Views on feasibility of rolling out to larger programme
7. Closing interview	<ul style="list-style-type: none"> • Thank them for their time • Ask them if there is anything else they would like to add • Reassure them about confidentiality 		

B.3 Group Work Facilitators

*The following guide lists the discussion phases, key themes, sub-themes and the prompts and probes to be used for each interview. It does not include many follow-up questions like **Why? When? How?** As it is assumed that participants' contributions will be fully explored throughout in order to understand how and why views are held. Researchers are not tied to phrasing the questions as they are presented in this topic guide – these are for guidance only.*

Aims of the interview

The overall aim of the PWWP evaluation is to inform future considerations on what types of support work best and assist claimants with their mental health and to move closer to the labour market. The aim of the interview with Group Work Facilitators is to explore their experiences of implementation and delivery of the programme to inform decisions about whether to move to larger scale trials.

Accordingly, the topic guide explores the following issues:

- Role and Aims
 - Overview of participant role, route into role and previous experience
 - Overview of the purpose of the Group Work intervention and the JOBS II model
- Targeting, referral and take-up
 - Who the intervention is aimed at and why
 - How the referral process has worked and whether the intervention is reaching its target audience
 - Levels of take-up and barriers/facilitators to take-up and retention
- Group Work implementation
 - Views and experiences of implementation including training, set-up and logistics; what went well and any improvements/developments
- Group Work delivery
 - Overview of content of Group Work sessions
 - Views on JOBS II model
 - Features of effective delivery
- Perceived impacts
 - On resilience, mental and emotional wellbeing and distance from labour market
 - Facilitators and barriers to impacts
- Recommendations and reflections
 - Key learning from programme
 - Desirability and feasibility of programme expansion

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Phase	Theme	Sub-theme	Probes and prompts
<p>1 Introduction (<i>Aim: to introduce the evaluation and NatCen. To ensure participant gives informed consent and has an opportunity to ask questions</i>)</p>	<p>Introducing NatCen and the study</p>	<p>Purpose of interview. To explore their views and experiences of facilitating Group Work sessions. To explore the implementation and delivery of the programme and their views of the impacts on participants. To gather their insights on what went well and any recommendations for improvements to the programme</p> <p>NatCen has been commissioned by DWP to carry out an evaluation of the Psychological Wellbeing and Work Programmes. The aim is to inform future development of the most promising interventions</p> <p>Participation. The interview will take about 1 hour</p>	<ul style="list-style-type: none"> • No wrong or right answers • Participation is voluntary • Confidential. The report will not name any individuals who participated • Permission to record. Recording means we have an accurate record of what was said. The recording is kept securely in accordance with the data protection act and only the research team have access to it • Any questions. Including any concerns they have
<p>2. Role and aims (<i>Aim: to explore participants' background, previous experience and route into current roles. To explore their understanding of the aim of the Group Work programme and the JOBS II model</i>)</p>	<p>Overview of their role</p>	<p>Explore the nature of their current role, route into current position and what from their previous experience has proved helpful in doing the facilitator role</p>	<ul style="list-style-type: none"> • Overview of role • Length of time in current role • Route into current role • Professional background • Previous experience of training/Group Work
	<p>Aims of programme</p>	<p>Explore participants understanding of the aims of the Group Work sessions, and the JOBS II approach</p>	<ul style="list-style-type: none"> • Purpose of Group Work sessions <ul style="list-style-type: none"> – Aims/goals • Theory behind JOBS II model <ul style="list-style-type: none"> – How it works – Key features and components to produce effects

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<p>3. Targeting, referrals and take-up (<i>Aim: to explore who the programme is targeted at, level of referrals and views on take-up. To gather insights and feedback on referrals and take-up to inform future development</i>)</p>	<p>Targeting</p>	<p>Explore who the intervention is aimed at and who it is most appropriate for and why they think this</p>	<ul style="list-style-type: none"> • Who intervention is aimed at <ul style="list-style-type: none"> – Rationale • Any groups less appropriate for <ul style="list-style-type: none"> – Rationale
	<p>Referral</p>	<p>Gather feedback on the referrals process and how well it is working e.g. levels of referrals and their appropriacy, their role in relation to selection, any recommendations for changes.</p>	<ul style="list-style-type: none"> • Levels of referrals <ul style="list-style-type: none"> – Higher or lower than anticipated – Appropriacy of referrals – Any variation between areas/offices <ul style="list-style-type: none"> – Reasons • Role of facilitator in referrals <ul style="list-style-type: none"> – Level of involvement in selection/assessment – View on facilitator level of involvement in selection – Whether there should be specific referral criteria • Any recommendations/improvements to referral process • Were marketing materials available/helpful
	<p>Take-up</p>	<p>Explore levels of take-up including retention - barriers and facilitators to take-up and any recommendations to encourage take-up</p>	<ul style="list-style-type: none"> • Levels of attendance/retention • Facilitators/barriers to take-up • Any differences between groups • Any recommendations to encourage take-up/participant engagement

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<p>4. Group Work implementation <i>(Aim: to explore how the programme has been implemented and lessons for future development)</i></p>	<p>Facilitator training</p>	<p>Explore views on training received - confidence in delivering JOBS II model</p>	<ul style="list-style-type: none"> • Staff training/supervision <ul style="list-style-type: none"> – Training received and timing – Quality of training received – Any consolidation issues (follow-up support required, e.g. chance to practice/repeat) – Level of supervision/support – Were the materials of good quality and sufficient • Recommendations for changes/amendments what would have helped
	<p>Logistics and set-up</p>	<p>Explore views on the set-up and logistics e.g. location/facilities, group size. Any recommendations for changes</p>	<ul style="list-style-type: none"> • Location and facilities <ul style="list-style-type: none"> – Adequacy of facilities e.g. space, noise levels – Access • Group size <ul style="list-style-type: none"> – Views on optimum group size – What worked/did not work (mix of characteristics, where individual with complex needs, for example) • Length of sessions/ length of course • Recommendations for changes

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<p>5. Group Work delivery <i>(Aim: to explore content of Group Work programme and views on what features are most effective and why)</i></p>	<p>Overview of content</p>	<p>Explore what is covered in Group Work sessions and views on content including anything missing</p>	<ul style="list-style-type: none"> • Overview of content <ul style="list-style-type: none"> – Content of five sessions – Rationale for content choice – Views on any additional content they would like to include that they believe was missing or would make a difference
	<p>Features of effective delivery</p>	<p>Explore what the facilitators believe are the key features of the approach that are effective</p>	<ul style="list-style-type: none"> • Experiences of delivery <ul style="list-style-type: none"> – What they find easy and why – What they find challenging and why • Features of effective delivery <ul style="list-style-type: none"> – What works well and why – What is less effective and why • Views on Group Work format <ul style="list-style-type: none"> – Strengths – Weaknesses – Suggestions for future delivery
	<p>JOBS II model</p>	<p>Explore views on the JOBS II model – what works well, and how closely the Group Work sessions follow the JOBS II model</p>	<ul style="list-style-type: none"> • Views on JOBS II model <ul style="list-style-type: none"> – What works well and why – Any adaptations made – How appropriate for UK context

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<p>6. Perceived impacts <i>(Aim: to identify perceived impacts particularly in relation to resilience, emotional and mental wellbeing and distance from labour market. To explore with participants key features of programme that lead to impacts and nature of any barriers to impacts)</i></p>	<p>Resilience</p>	<p>Explore extent Group Work programme has capacity to improve resilience to cope with job search setbacks</p>	<p>Impacts on:</p> <ul style="list-style-type: none"> • Self-belief, self-esteem • Coping strategies to deal with setbacks <p>Facilitators and barriers to impacts:</p> <ul style="list-style-type: none"> • Specific aspects of Group Work that may lead to these impacts • Constraints to achieving/observing positive impacts • Any negative indicators from participation that may need additional follow-up support (e.g. 1 to 1 with adviser on a particular job goal and coping needs) • Whether impacts or changes (negative or positive) were influenced by customer characteristics (e.g. whether been on Work Programme or receiving other employment or health-related interventions) • Views on sustainability of impacts – what post Group Work support would help the individual maintain gains made from participation
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	<p>Distance to the labour market</p>	<p>Explore extent Group Work programme has capacity to enable participants to take positive steps towards a job goal</p>	<p>Impacts on:</p> <ul style="list-style-type: none"> • Using Job search skills • Belief that work is possible • Putting an employment plan in place • Longer-term belief in personal Job search skills and capability to be effective in finding employment/efficacy • Wellbeing <p>Facilitators and barriers to impacts:</p> <ul style="list-style-type: none"> • Features of Group Work that lead to these impacts • Barriers to impacts • Whether impacts influenced by customer characteristics (e.g. whether been on Work Programme) • Views on sustainability of impacts
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	Emotional and mental wellbeing	Explore extent Group Work programme has capacity to improve emotional and mental wellbeing	<p>Impacts on:</p> <ul style="list-style-type: none"> Emotional and mental wellbeing – did the facilitator notice any changes in participants’ thinking during Group Work (reflecting improved emotional and mental wellbeing) <p>Facilitators and barriers to impacts:</p> <ul style="list-style-type: none"> Features of Group Work that lead to these impacts Barriers to impacts Whether impacts influenced by customer characteristics (e.g. whether participated in work programme or receiving other employment or health-related interventions) Views on sustainability of impacts
7. Key learning/ recommendations <i>(Aim: to explore overall key learning from programme and summary of recommendations. To gather views on feasibility/desirability of wider programme)</i>	Key Learning from programme	Anything they would do differently/improve	<ul style="list-style-type: none"> Key learning from programme Recommendations for changes <ul style="list-style-type: none"> – Implementation – Delivery
	Wider roll-out	Views on value/ feasibility of larger programme	<ul style="list-style-type: none"> Views on overall value of approach Views on feasibility of rolling out to larger programme
8. Closing interview	<ul style="list-style-type: none"> Thank them for their time Ask them if there is anything else they would like to add Reassure them about confidentiality 		

B.4 Group Work strategic staff

*The following guide lists the discussion phases, key themes, sub-themes and the prompts and probes to be used for each interview. It does not include many follow-up questions like **Why? When? How?** As it is assumed that participants' contributions will be fully explored throughout in order to understand how and why views are held. Researchers are not tied to phrasing the questions as they are presented in this topic guide – these are for guidance only.*

Aims of the interview

The overall aim of the PWWP evaluation is to inform future considerations on what types of support work best and assist claimants with their mental health and to move closer to the labour market. The aim of the interview with the Group Work Provider strategic lead is to gather an overview of their experiences of implementation and delivery from a strategic perspective to inform decisions about whether to move to larger scale trials.

Accordingly, the topic guide explores the following issues:

- Role and Aims
 - Overview of participant role, and specific role in relation to Group Work
 - Overview of the purpose of the Group Work intervention and the JOBS II model
- Targeting, referral and take-up
 - Who the intervention is aimed at and why
 - How the referral process has worked and whether the intervention is reaching its target audience
 - Levels of take-up and barriers/facilitators to take-up and retention
- Group Work implementation
 - Views and experiences of implementation including training, set-up and logistics; what went well and any improvements/developments
- Group Work delivery
 - Overview of content of Group Work sessions
 - Views on JOBS II model
 - Features of effective delivery
- Perceived impacts
 - Feedback from Work Coaches – overview of their perception of impacts/benefits
 - On resilience, mental and emotional wellbeing and distance from labour market
 - What helps/hinders impacts
- Recommendations and reflections
 - Key learning from programme
 - Desirability and feasibility of programme expansion

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Phase	Theme	Sub-theme	Probes and prompts
<p>1. Introduction (<i>Aim: to introduce the evaluation and NatCen. To ensure participant gives informed consent and has an opportunity to ask questions</i>)</p>	<p>Introducing NatCen and the study</p>	<p>Purpose of interview. To explore their views and experiences of facilitating Group Work sessions. To explore the implementation and delivery of the programme and their views of the impacts on participants. To gather their insights on what went well and any recommendations for improvements to the programme</p> <p>NatCen has been commissioned by DWP to carry out an evaluation of the Psychological Wellbeing and Work Programmes. The aim is to inform future development of the most promising interventions</p> <p>Participation. The interview will take about 1 hour</p>	<ul style="list-style-type: none"> • No wrong or right answers • Participation is voluntary • Confidential. The report will not name any individuals who participated • Permission to record. Recording means we have an accurate record of what was said. The recording is kept securely in accordance with the data protection act and only the research team have access to it • Any questions. Including any concerns they have
<p>2 Role and aims (<i>Aim: to explore participants' background, previous experience and route into current roles. To explore their understanding of the aim of the Group Work programme and the JOBS II model</i>)</p>	<p>Overview of their role</p>	<p>Explore the nature of their current role, and their role in relation to the Group Work programme</p>	<ul style="list-style-type: none"> • Overview of role • Role in relation to the Group Work programme
	<p>Aims of programme</p>	<p>Explore participants understanding of the aims of the Group Work sessions, and the JOBS II approach</p>	<ul style="list-style-type: none"> • Purpose of Group Work sessions <ul style="list-style-type: none"> – Aims/goals • Theory behind JOBS II model <ul style="list-style-type: none"> – How it works – Key features and components to produce effects

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<p>3 Targeting, referrals and take-up (Aim: to explore who the programme is targeted at, level of referrals and views on take-up. To gather insights and feedback on referrals and take-up to inform future development)</p> <p>Note: this is of ministerial interest – who for and who is it less appropriate for (across both programmes)</p>	<p>Targeting</p>	<p>Explore who the intervention is aimed at and who it is most appropriate for and why</p>	<ul style="list-style-type: none"> • Who intervention is aimed at <ul style="list-style-type: none"> – Rationale • Any types of people this might be less appropriate for <ul style="list-style-type: none"> – Rationale
	<p>Referral</p>	<p>Gather feedback on the overall referral process and how well it is working (across both districts) e.g. levels of referrals and their appropriacy, any recommendations for changes</p>	<ul style="list-style-type: none"> • Levels of referrals <ul style="list-style-type: none"> – Higher or lower than anticipated – Appropriacy of referrals – Nature of any variation <ul style="list-style-type: none"> • Across Jobcentre Plus offices • Across districts • Administration of referral process <ul style="list-style-type: none"> – Information received – Timescales for referrals • Any recommendations/improvements to referral process
	<p>Take-up</p>	<p>Explore levels of take-up including retention (across both districts) - barriers and facilitators to take-up and any recommendations to encourage take-up/retention</p>	<ul style="list-style-type: none"> • Levels of take-up (compared to referral level) • Levels of attendance/completion • Facilitators/barriers to take-up • Any differences between different types of people/districts/JC P offices • Any recommendations to encourage take-up/participant engagement

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<p>4 Group Work implementation <i>(Aim: to explore how the programme has been implemented and lessons for future development)</i></p>	<p>Facilitator training</p>	<p>Views on staff recruitment/training – how staff were selected, nature of any recruitment. Overview of training/ supervision provided</p>	<ul style="list-style-type: none"> • Staff selection/ recruitment <ul style="list-style-type: none"> – How staff selected as Group Work facilitators/previous experience – Any recruitment specifically for programme – Characteristics looked for in facilitators • Staff training/ supervision <ul style="list-style-type: none"> – Level of training provided – Level of supervision/support • Recommendations for changes/amendments what would have helped
	<p>Logistics and set-up</p>	<p>Explore views on the set-up and logistics e.g. location/facilities, group size. Any recommendations for changes</p>	<ul style="list-style-type: none"> • Logistics of Group Work <ul style="list-style-type: none"> – Geographical spread of sessions – Practicalities of resourcing/ organising Group Work • Location and facilities <ul style="list-style-type: none"> – Adequacy of facilities e.g. space, noise levels – Access • Group size <ul style="list-style-type: none"> – Views on optimum group size • Length of sessions/ length of course • Recommendations for changes

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5 Group Work delivery <i>(Aim: to explore content of Group Work programme and views on what features are most effective and why)</i>	Overview of Group Work content	Explore what is covered in Group Work sessions and views on content including anything not covered and why	<ul style="list-style-type: none"> • Overview of content <ul style="list-style-type: none"> – Content of five sessions – Anything they would add that would enhance the group intervention
	Features of effective delivery	Explore their perceptions of what are the key features of the approach that are effective	<ul style="list-style-type: none"> • Features of effective delivery <ul style="list-style-type: none"> – What works well and why – What is less effective and why • Views on Group Work format <ul style="list-style-type: none"> – Strengths – Weaknesses – Suggestions for future delivery
	JOBS II model	Explore views on the JOBS II model –how closely the Group Work sessions follow the JOBS II model	<ul style="list-style-type: none"> • Views on JOBS II model <ul style="list-style-type: none"> – What works well and why – Any adaptations made – How appropriate for UK context – Any views about anglicising the materials
6 Perceived changes/ impacts <i>(Aim: to identify perceived changes/impacts particularly in relation to the individual's feelings of wellbeing, their jobsearch skills, belief about work and how they cope with setbacks)</i>	Views on impacts	Explore what they think the impact/benefits are to the customer of Group Work on coping with job search setbacks	Changes/Impacts on: <ul style="list-style-type: none"> • self-esteem, self-belief • Strategies to deal with setbacks e.g. in job search
		Explore what they think the impact/benefits are to the customer of Group Work on taking positive steps towards a job goal/job	Changes/Impacts on: <ul style="list-style-type: none"> • Job search motivation • Job search skills/ efficacy • Belief that work is possible
		Explore what they think the impact/benefits are to the customer of Group Work on their feelings of wellbeing	Changes/Impacts on: <ul style="list-style-type: none"> • individual's wellbeing <ul style="list-style-type: none"> – feeling more positive/less positive/ no change

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7 Key learning/ recommendations <i>(Aim: to explore overall key learning from programme and summary of recommendations. To gather views on feasibility/desirability of wider programme)</i>	Key Learning from programme	Anything they would do differently/improve	<ul style="list-style-type: none"> • Key learning from programme • Recommendations for changes <ul style="list-style-type: none"> – Implementation – Delivery
	Wider roll-out	Views on value/ feasibility of larger programme	<ul style="list-style-type: none"> • Views on overall value of approach • Views on feasibility of rolling out to larger programme
8. Closing interview	<ul style="list-style-type: none"> • Thank them for their time • Ask them if there is anything else they would like to add • Reassure them about confidentiality 		

Appendix C

Customer topic guides

C.1 Group Work interview – claimants

*The following guide lists the discussion phases, key themes, sub-themes and the prompts and probes to be used for each interview. It does not include many follow-up questions like **Why? When? How?** as it is assumed that participants' contributions will be fully explored throughout in order to understand how and why views are held. Researchers are not tied to phrasing the questions as they are presented in this topic guide – these are for guidance only.*

Aims of the interview

The overall aim of the PWWP evaluation is to inform future considerations on what types of support work best to assist claimants with common mental health problems achieve better employment and wellbeing outcomes.

Interviews with claimants on the Group Work programme aims to provide insights into the most effective design for delivering this support option. *Please note: the Group Work programme is based on the prescribed JOBS II model, which is not in question – rather, the focus on how it was delivered and views on this.*

The interview will meet this objective by exploring the claimant journey in to and through the support option, their experience views of the support received and will touch on the impact of the support in helping them think about returning to work, including which aspects of the support were most helpful.

Accordingly, the topic guide explores the following issues:

- Background of claimant
 - Recent employment history and previous barriers to work
- Targeting, referral and take-up
 - The process of hearing about the programme and what they heard
 - Why they wanted to be on the programme
 - Their experience of the full referral process
- Engagement with the programme
 - Whether programme completed or not, and why
 - What helped/hindered their engagement with the programme
- Experience of Group Work sessions
 - Views on the content and form of the support
 - Views on the support workers

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- Outcomes – i.e. the perceived benefits of taking part, including:
 - Anything changed as a result of attending the Group Work sessions (if not, why not? If so, why?)
 - How are they now getting on with finding work
 - Have they changed in any other way as a result of attending the group sessions (e.g. feeling more positive/less positive/no difference)
 - In what way attending Group Sessions contributed to perceived outcomes

Equal weight should be given to all of the sections. However, if running out of time please focus on the highlighted (in yellow) areas.

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Phase	Theme	Sub-theme	Probes and prompts
<p>1. Introduction <i>(Aim: to introduce the evaluation and NatCen. To ensure participant gives informed consent and has an opportunity to ask questions)</i></p>	<p>Introducing NatCen and the study</p>	<p>Thank them for taking part</p> <p>Purpose of interview. DWP, the Government department in charge of benefits and Jobcentres, is looking at how they support customers find work. As a part of this, DWP would like to understand customers' views and experiences of the Group Work sessions they received at the Jobcentre to find out how well it worked</p> <p>Interviewer – if necessary, remind them what this support was (took place over 5 days, working in groups with 2 facilitators, each session was 4 hours long. Sessions could have taken place in a number of venues, including Jobcentres and public venues)</p>	<p>Who NatCen is. NatCen is a research organisation that is completely independent of DWP</p> <p>Why they have been selected. As part of the study, we are talking to people who have received Group Work sessions</p> <p>Reassurances</p> <ul style="list-style-type: none"> • Participation voluntary. We can stop interview at any time and we can move on if they don't want to answer a question • No wrong or right answers. Just want to hear their experiences and views. We may ask obvious questions, but important to hear what they have to say in their own words • Participation is anonymous and confidential. We will not name anyone that has taken part to the DWP or to anyone else. The report will not name any individuals who participated <p>Taking part</p> <ul style="list-style-type: none"> • Duration. The interview will last up to an hour • Incentives. We will send £20 cash by recorded delivery • Permission to record. Recording means we have an accurate record of what was said. The recording is kept securely in accordance with the data protection act and only the research team have access to it • Any questions. Including any concerns they have

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<p>2. Background (<i>Aim: to gain context about their work history and constraints they have faced.</i>) Interviewer instructions: <i>Keep discussion brief</i></p>	<p>About them</p>	<p>Overview of recent employment (last four years) (keep brief)</p>	<ul style="list-style-type: none"> • Had any regular work in last four years • How much of the last four years spent on benefits
		<p>Overview main constraints to work – reasons for unemployment (keep brief)</p>	<ul style="list-style-type: none"> • Qualifications • Experience • Confidence and self-esteem • Any additional health concerns • Whether jobs available • Anything else
<p>3. Targeting, referrals and take-up (<i>Aim: to explore claimant experience of being targeted, their reasons for take-up, effectiveness of the referral process, and what could be improved.</i>) Interviewer instructions: <i>Emphasis on the messages they received about the support, reasons for take-up and improving the referral process.</i></p>	<p>Process of hearing about the programme</p>	<p>Explore how they heard about the Group Work support (keep brief)</p>	<ul style="list-style-type: none"> • Work Coaches (most cases) • Other claimants • When told (usually during advice sessions)
		<p>Key messages they received about the Group Work sessions</p>	<p>What were they told about:</p> <ul style="list-style-type: none"> • What the Group Work was about • The type of support they would receive • Expectations of participating • Who it was for/Why were they selected <p>How did they feel about being selected/identified</p>
	<p>Reasons for take-up</p>	<p>Their reasons for agreeing to take part in the Group Work sessions (or not)</p>	<p>Explore with individual what influenced them to take up the Group Work sessions e.g.</p> <ul style="list-style-type: none"> • Voluntary nature of support • Non-compulsion/no sanctions • Something else (e.g. my have been told it was mandatory!)

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	Experience of the referral process	What was their experience of the referral process	A very brief overview of what happened after the initial conversation with Work Coach <ul style="list-style-type: none"> • What did Work Coach tell you would happen next? • What happened next/ when • Length of time before Provider contacted them (should be within 10 days) • Then length of time before group happened Their experience of the referral process <ul style="list-style-type: none"> • What worked well • What could have been better? (E.g. the time between Initial Reception Meeting and starting the Group Sessions – some expected to start straight after IRM but this had not been explained to them) • What could be improved

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<p>4. Experiences of the Group Work sessions</p> <p><i>(Aim: To explore claimant experiences of the intervention and what could be done to improve it)</i></p> <p>Interviewer instructions:</p> <p><i>Description of the support can be kept brief, as Group Work support is standardised</i></p> <p><i>Emphasis should be on their views on the form and content of the workshops</i></p>	<p>Experience of the Group Work sessions</p>	<p>Description of the group sessions – what they entailed. (keep brief – this is to help them reflect)</p>	<ul style="list-style-type: none"> • Process of joining groups • What happened in days 1-5 • Description of the group sessions
	<p>Views on the Group Work sessions</p>	<p>Views on the form and content of Group Work sessions</p>	<ul style="list-style-type: none"> • Was it what they expected? If not, why not? • What worked well • What could have been better? • Suggested improvements/ anything they would add <p>Prompt for views on:</p> <ul style="list-style-type: none"> • Length and frequency of workshops, i.e. 4 hours a day delivered over 5 days • The number of participants in group • Set/structured nature of workshops • Group Work dynamics. i.e. learning through Group Work (e.g. support received) • Pacing of sessions e.g. enough time for rehearsal, mini-Group Work etc. • Active learning aspect of Group Work (i.e. using knowledge of participants, rehearsing skills, working in smaller groups to brainstorm issues)

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			<ul style="list-style-type: none"> • Whether Group Sessions support touched on wellbeing. Did it meet their wellbeing needs? If not, explore why • How it differed from work support normally received e.g. from Jobcentre • Any issues attending Group Sessions (e.g. childcare etc.)
		<p>Views on the facilitators delivering the sessions</p> <p>Interviewer – Delivery depends on facilitators being a ‘referent power’. I.e. ideally they should be respected and participants should value the feedback and observations given by facilitators</p>	<ul style="list-style-type: none"> • What they did well • What could have been better? • Suggested improvements <p>Prompt on how they saw the facilitators and their delivery of sessions, including what contributed/did not contribute to them being a ‘referent power’:</p> <ul style="list-style-type: none"> • Style and skills in facilitating group • Understanding of peoples’ situation • Knowledge and skill in offering support/ strategies • Good to have two facilitators?
<p>5. Engagement (Aim: <i>To explore different levels of engagement with the workshops and the reasons behind this</i>)<i>Interviewer instructions: Level of engagement should be gauged very quickly</i></p>	<p>Engagement</p>	<p>Explore how they would describe their level of engagement with the support option (keep brief)</p> <p>Interviewer – This should be in the screening information. This is just about cross-checking this information</p>	<p>Using prompts below, explore with participant where they are now, how they got on with the support and the reasons for sticking with the programme/dropping out:</p> <ul style="list-style-type: none"> • Still doing support (should be a few) • Completed full programme (all days) • Couldn’t make all the days but attended final session and/or most sessions • Decided to drop out and not come back

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	<p>Completers or claimants still on support option or claimants who completed most sessions</p>	<p>Specific reasons for staying in the Group Work programme and any constraints overcome</p>	<p>These prompts can apply to both reasons for completing, and potential constraints they overcame</p> <p>Reasons related to the Support option</p> <ul style="list-style-type: none"> • Relevance of option • Quality of facilitator • Style/content of workshop • Feelings about social contact/Group Work • Logistical reasons <p>Reasons outside of the Group Work programme</p> <ul style="list-style-type: none"> • Family/Childcare <p>Potential constraints to completion and if/how overcome</p>
	<p>Non-Completers</p>	<p>Specific reasons why they left the programme (or didn't complete all the sessions)</p>	<p>Reasons related to the Support option</p> <ul style="list-style-type: none"> • Relevance of option • Quality of facilitator • Style/content of workshop • Feelings about social contact/Group Work • Logistical reasons <p>Reasons outside of the Support Option</p> <ul style="list-style-type: none"> • Family/Childcare <p>Anything that could have kept them on the programme</p>
<p>6. Outcomes <i>(Aim: to identify general outcomes and outcomes support option is specifically geared towards).</i> Instruction for interviewers: <i>Establish overview of specific impacts briefly, then use prompts to focus on specific change outcomes</i></p>	<p>Views on outcomes and reasons for outcomes</p>	<p>Explore whether they feel the Group Work sessions have made a difference to them?</p>	<ul style="list-style-type: none"> • Did anything change for you because of the Group Work? • If so, what • If not, why not. <p>(Interviewer - allow them to spontaneously to respond and then use the prompts in the row below)</p>

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		<p>If not raised spontaneously, prompt about specific support benefits</p> <p>Interviewer - For each outcome, explore facilitators and constraints. Ask what it was about the support option that facilitated or was a constraint to outcome i.e.:</p> <ul style="list-style-type: none"> • Group sessions components – active learning, group dynamics, facilitators, how it was delivered • Generally delivery of support – 5 days a week, 4 hours per session etc. 	<ul style="list-style-type: none"> • In terms of coping with job search setbacks, whether anything changed for them as a result of attending the Group Work sessions? • In terms of enabling them to take a positive step towards a job goal, did anything change as a result of attending the Group Work sessions? <ul style="list-style-type: none"> – Using job search skills – Belief that work is possible for them – Putting an employment plan in place • In terms of their own wellbeing, has changed for them as a result of attending the group sessions?
<p>7. Key learning/ recommendations (<i>Aim: to explore overall key learning from programme and summary of recommendations</i>)</p>	<p>Key Learning</p>	<p>What key messages would they give to DWP about what worked or not</p>	<ul style="list-style-type: none"> • 1-2 things they would keep about the programme • 1-2 things they would change
<p>8. Closing interview</p>	<ul style="list-style-type: none"> • Thank them for their time • Ask them if there is anything else they would like to add • Reassure them about confidentiality 		