



Evaluation of the Telephone Support Psychological Wellbeing and Work Feasibility Pilot

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Background

In 2013 RAND (Europe) in their report on *Psychological Wellbeing and Work: Improving Service Provision and Outcomes* recommended a pilot of a telephone-based intervention (Telephone Support).

The intervention was designed to provide a combination of psychological wellbeing and employment-related support from specialist providers delivered over the telephone to Jobseeker's Allowance (JSA) claimants who were struggling with the job search. This was done with a view to enhancing the self-esteem of participants, providing them with the social skills to job search effectively and building their resilience to setbacks.

The Telephone Support pilot was designed to trial this approach in a UK context and was piloted between August and December 2014 in the North East Yorkshire and Humber & South Yorkshire Jobcentre Plus districts.

Aims and methods

The evaluation was designed to provide insights into the performance of the Telephone Support and identify learning from its implementation and delivery to inform a larger-scale trial.

In-depth interviews were carried out with eight Jobcentre Plus staff, seven Provider staff and 32 claimants who participated in the intervention.

Analysis of Management Information (MI) was also undertaken to provide insights into pilot take-up, retention and outcomes.

Key findings

Referral and take-up

- Of 569 claimants who were referred to the Telephone Support, 146 (26 per cent) went on to complete at least one intervention phone call after the initial assessment call. Of these, 91 (62 per cent of those who started the intervention) went on to complete the number of calls scheduled.
- Work Coaches who referred participants to Telephone Support identified the following groups as suitable for referral:
 - those with mental health needs, anxiety and depression;
 - those with low confidence and/or low motivation, who were perceived to be struggling with their job search and had been unemployed for longer periods;
 - those who were experiencing difficult life events, for example, bereavement.
- Vocational Rehabilitation Consultants (VRCs) delivering the intervention reported that the intervention was appropriate for two groups in particular: (a) 'job ready' claimants who were actively seeking work but struggling with their

job search; and (b) those with low self-esteem or whose confidence had been affected by their job search.

- VRCs reported that the intervention was less suitable for claimants needing more than 'light touch' short duration support. This included those with more severe psychological wellbeing needs (e.g. clinical depression), those with a range of multiple and complex barriers and those in circumstances that would make it difficult to engage with the regular phone contact required for the intervention (e.g. those with substance misuse issues).
- To ensure appropriate referrals were made to the intervention, staff and claimants made five recommendations. These included: (a) providing further information to claimants about the Provider and the format and content of the support offered; (b) offering clear messaging around the voluntary nature of the intervention, mentioned particularly by claimants; (c) providing continuity of the caseworker between the initial assessment and main intervention to build trust and rapport and aid retention; (d) using reminders, such as text alerts, so claimants know when to expect contact from the Provider; and (e) Providers alerting Work Coaches where there has been no contact between the Provider and the claimant.

Telephone Support delivery

- The Telephone Support intervention aimed to build resilience to the setbacks experienced while job-seeking. The intervention was not governed by a prescribed format but was intended to be tailored to the specific needs of claimants. Accordingly, there was a great deal of variation in the content and the format of the support delivered – particularly around the number and duration of calls.
- In terms of the format of the support, it was clear that the telephone delivery of the support was acceptable to claimants, although screening may be required to identify those for whom this would be most suitable, as

discussed earlier. Similarly, weekly calls lasting no longer than an hour worked for claimants, although those with specific issues (e.g. memory recall issues) may require more frequent calls.

- Variation in the content of the support resulted in claimants receiving three types of support: (a) employment-related support only; (b) emotional wellbeing support only; or (c) a mixture of emotional and job search support. Provider staff delivering the support recommended setting clear and measurable objectives with claimants in determining the content of the support.
- The role of the VRC was viewed by claimants to be pivotal to their experiences of the intervention. Based on experiences of the support, five recommendations emerged from claimants on how VRCs should deliver their support: (a) VRCs should aim to deliver the support in a person-centred way (i.e. listen to and tailor their support according to claimant needs and deliver it flexibly); (b) VRCs should have the knowledge and experience in delivering both employment and wellbeing support and advice; (c) there should be continuity in the VRC across both the initial assessment call and the delivery of the intervention; and (d) VRCs should offer the option for claimants to contact them outside of the formal sessions. A key implication of these recommendations is that VRCs should be encouraged and supported (e.g. through training) to tailor their support according to claimant needs.

Engagement and retention

- Out of 569 claimants referred to the Telephone Support intervention, 250 were successfully contacted for an initial assessment phone call. Out of those contacted, 146 claimants took up the intervention. Out of those, 91 claimants went on to ultimately complete the intervention.

- Practical factors that delivery staff and claimants felt aided engagement and retention included: (a) providing detailed information about the Provider and the format and content of the support so that claimants felt sufficiently informed and could make an adequate assessment of its usefulness; and (b) ensuring consistent messaging around the voluntary nature of the intervention.
- 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 (engaged) non-completers and voluntary (disengaged) non-completers. A range of factors adversely impacted on engagement and completion. These included factors external to the intervention, such as low claimant motivation at the start of the intervention (e.g. if they felt they did not need it and/or were told it was mandatory) and changes in personal circumstances (e.g. bereavements). Factors internal to the intervention included challenges engaging with the intervention format, such as being able to sustain regular contact with VRCs due to personal issues (e.g. chaotic home life) and not having a rapport with VRCs, as well as claimants feeling that the intervention content did not meet their employment and/or wellbeing needs.
- Provider staff and Work Coaches made five recommendations to improve delivery of telephone support: (a) ensure claimants have a clear understanding of the intervention, including its format, content and the level of engagement required; (b) balance flexible and tailored support with the need for some sort of structure, such as goal setting, which provides claimants with targets and a sense of progress; (c) improve communication between Work Coaches and the Provider, to support claimant engagement; (d) explore the feasibility of initial face-to-face contact with VRCs to foster trust and build rapport prior

to the start of the Telephone Support; and (e) provide text reminders for calls to claimants.

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 track changes in wellbeing, self-efficacy and mental health:
 - Wellbeing (WHO-5 Wellbeing Index)
 - Work self-efficacy (Job Search Self Efficacy (JSSE) Index; General Self Efficacy Scale (GSE))
 - Mental health (Generalized Anxiety Disorder 7 Item Scale (GAD-7); Patient Health Questionnaire (PHQ-9))
- All five measures showed improvements between pre- and post-test scores. Findings from qualitative interviews with claimants supported these results by indicating that there were five key positive outcomes where the intervention worked well: (a) improved self-esteem in general and in relation to the job-market; (b) enhanced levels of self confidence in both job searching and in also being able to address wider personal issues (e.g. stress and anxieties); (c) a more positive outlook towards employment and life in general; (d) a reduced sense of isolation during the course of the intervention; and (e) the support acting as a gateway that encouraged claimants to take up external support for mental health issues (e.g. through their GPs).
- The qualitative interviews also indicated that there were a number of intervention and claimant specific factors that influenced outcomes. Intervention specific factors included (a) action plans, which helped claimants step out of their comfort zones; (b) the quality of the VRC support, particularly their person-centred approach; (c) receiving weekly calls, which served to reduce isolation; and d) how the intervention was terminated, with an abrupt termination adversely effecting

mental health issues. Claimant specific factors included the level of motivation they brought to the intervention and the severity of their mental health condition; those with more severe conditions found it difficult to engage and therefore benefit from the intervention.

Conclusion

- The results of this study indicate that further implementation of the Telephone Support 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.
- To aid engagement and retention, Providers should use text reminders and consistently specify dates and times for calls so claimants are expecting contact. Improving communication between Work Coaches and the Provider may facilitate take-up by allowing Work Coaches to follow up claimants. In terms of personnel, offering continuity of caseworker between initial assessment and the main intervention would also be helpful in building trust and rapport, so enhancing retention.
- Effective delivery of the intervention by the VRC is pivotal to the success of the intervention. Further implementation would benefit from additional VRC training on a range of support that could be offered to participants, reducing the risk of the support received by claimants reflecting the strengths and preferences of the VRCs, rather than the needs of claimants.
- In terms of intervention content, a key strength of the Telephone Support was its flexibility in allowing VRCs to tailor content according to claimant needs. However, in view of the variability of content, the intervention would benefit from further service design development, particularly in terms of identifying the 'key ingredients' of this intervention that should remain unchangeable.
- 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 Telephone Support intervention. A full impact evaluation is needed to allow a comparison between what actually happened and what would have happened.

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The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 911003 02 1. Research Report 906. September 2015).

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