Modernising Service Delivery

The Better Government for Older People Prototypes

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A report of research carried out by Andrew Irving Associates Ltd. on behalf of the Department of Social Security
CONTENTS

Acknowledgements vii
The Authors viii
List of abbreviations ix
Summary 1

1 Introduction 7
  1.1 Background and purpose 7
  1.2 Research objectives 8
  1.3 Method and sample 9
  1.4 Limitations of the study 10
    1.4.1 Customer sampling 10
    1.4.2 Non-participant sampling 10
    1.4.3 Stakeholder sampling 10

2 Background observations on the sample 11
  2.1 Awareness, experience and understanding of the benefit system 11
    2.1.1 Prototype customers 11
    2.1.2 Non-participants 12
  2.2 Non-participants’ perceptions of information and advice services available 13

3 Strengths and weaknesses of the different service delivery methods 15
  3.1 Information surgeries 15
    3.1.1 Participants and non-participants 15
    3.1.2 Staff and stakeholders 16
  3.2 Home visits 17
    3.2.1 Participants and non-participants 17
    3.2.2 Staff and stakeholders 18
  3.3 Benefit Bus 20
    3.3.1 Participants and non-participants 20
    3.3.2 Staff and stakeholders 21
  3.4 Telephone Advice Line 22
    3.4.1 Participants and non-participants 22
    3.4.2 Staff and stakeholders 24
  3.5 Video conferencing/IT kiosks 25
    3.5.1 Participants and non-participants 25
    3.5.2 Staff and stakeholders 25
  3.6 Overview of attitudes towards different services 27
    3.6.1 Common strengths 27
    3.6.2 Common weaknesses 27
4 The Benefits Agency Better Government for Older People Service

4.1 Participants 29
   4.1.1 Appreciation of prototype aims 29
   4.1.2 Comparison of prototype services with previous experience of the DSS/BA 30
   4.1.3 Initial triggers for contacting the service 31
   4.1.4 Reasons for approaching the service 33
   4.1.5 General attitudes towards the service 35
   4.1.6 Handling and resolution of enquiries 37
   4.1.7 Attitudes towards prototype Frontline staff 39
   4.1.8 Participants’ suggestions for improving the service 41

4.2 Non-participants 41
   4.2.1 Awareness of BA BGOP prototypes 41
   4.2.2 Reasons for not using BA BGOP 42
   4.2.3 Attitudes towards the BA BGOP concept 43
   4.2.4 Responses to different delivery systems 43
   4.2.5 Non-participants’ preferred types of service delivery 49

5 Staff and stakeholders 51

5.1 Background observations on staff 51

5.2 Staffing of prototypes 51
   5.2.1 How staff became involved in BA BGOP 51
   5.2.2 Attitudes towards and understanding of the client group 52
   5.2.3 Levels of involvement and commitment 54

5.3 Overall attitudes towards the prototypes 55

5.4 The set-up and the overall success of the prototypes 57
   5.4.1 Establishing relationships with partner organisations 57
   5.4.2 Staff 59
   5.4.3 Understanding potential customers and the use of publicity 60
   5.4.4 Other positive contributory factors to the overall success of the prototypes 62
   5.4.5 Other barriers to the overall success of the prototypes 62

5.5 The issue of resources 64
   5.5.1 Funding 64
   5.5.2 Workload management 64
   5.5.3 Managing increased demand 65

5.6 Methods of overcoming barriers and problems encountered 65

5.7 The indirect benefits of the prototypes identified by staff and stakeholders 66

5.8 Staff views on aspects of delivery 67
   5.8.1 Level of training and support provided 67
   5.8.2 Co-location of services and joined-up government 68
   5.8.3 The future of BA BGOP prototypes 71
6 The way forward 73
6.1 Objectives 73
6.2 Staffing 73
6.3 Characteristics of the service 74
6.4 Service delivery methods 75
6.5 ‘Joined-up advice’ versus BA-only advice 75

Appendix A - Types of services offered 77
Appendix B - Sample structures 81
Appendix C - Overview of customers of the different services 83
Appendix D - Discussion guides 87
Appendix E - Letter to potential respondents in the participants sample - English and Welsh language versions 95

Other research reports available 97

LIST OF TABLES

Table 1.1 Sample structure 9
Table A.1 Prototype areas by mode of service delivery 79
Table B.1 Customer depth interviews – Final sample 81
Table B.2 Frontline staff depth interviews – Final sample 81
Table B.3 Stakeholders’ group discussions 81
Table B.4 Non-participants’ group discussions 82
Table C.1 Numbers interviewed by different agencies 83

LIST OF FIGURES

Figure 1 Example of a model service 6
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## LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AA</td>
<td>Attendance Allowance</td>
</tr>
<tr>
<td>BA</td>
<td>Benefits Agency</td>
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<tr>
<td>BA BGOP</td>
<td>Benefits Agency Better Government for Older People</td>
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<tr>
<td>BGOP</td>
<td>Better Government for Older People</td>
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<tr>
<td>CAB(x)</td>
<td>Citizen’s Advice Bureau(x)</td>
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<tr>
<td>DLA</td>
<td>Disability Living Allowance</td>
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<tr>
<td>DSS</td>
<td>Department of Social Security</td>
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<td>IB</td>
<td>Incapacity Benefit</td>
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<tr>
<td>IS</td>
<td>Income Support</td>
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<tr>
<td>LA</td>
<td>Local Authority</td>
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<tr>
<td>PAT</td>
<td>Personal Access Terminal</td>
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<td>RAT</td>
<td>Remote Access Terminal</td>
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The Better Government for Older People (BGOP) Programme was established by Cabinet Office, along with partners from central government, local government, voluntary sector and private sector. It was designed to provide insight into how public service for older people (defined as aged over 50 years) might be improved. Twenty eight Local Authority (LA) pilots were established across the UK.

The BA BGOP project sought to complement the BGOP programme by developing an understanding of how to improve BA services for pensioners and to assess ways of combining BA services with other local service providers.

Prototype services were established in eight BA areas. These prototypes were community based and designed locally in consultation with a range of partners. Although each area designed its own services, they all aimed to provide older people with:

• clearer more accessible information;
• simpler access to services:
• improved linkage between service providers; and
• more say in the type of service they require.

The overall purpose of this research was to assess and evaluate customer, staff and stakeholder attitudes towards the Benefits Agency Better Government for Older People (BA BGOP) prototypes, and to explore their experience of these new ways of delivering benefit advice and services to older people.

The research involved a combination of depth interviews and group discussions across all the prototype areas. Depth interviews were conducted with:

• BA BGOP customers (134);
• Frontline staff (59);
• Prototype Managers (9).

Group discussions were held amongst:

• Stakeholders (9 group discussions);
• Non-participants in the prototypes. These respondents were aged over 50 years and therefore qualified to use the service (8 group discussions).
Within the primary BA BGOP target audience, viz. those aged over 50 years, there were huge variations with regard to age, state of health, financial and living circumstances, experience of the benefit system and ability to cope with its complexities. (Chapter 2)

Most did not understand how the benefit system worked, and there was a widespread and entrenched reluctance to get involved with it unless they had to.

*Information Surgeries* appealed to customers especially when they were conveniently located, on familiar, neutral territory and where discussions could take place in private. However, generating awareness of the information surgeries was a key problem. Information surgeries were also less attractive to the less mobile and those living in more isolated areas. They were also less satisfactory when they were operated infrequently, lacked sufficient privacy; and had a too explicit BA branding. (Chapter 3)

The *Home Visit Service* reached out to some vulnerable, isolated, less mobile and less aware customers, and appealed because it enabled them to get advice and assistance in their own homes. However, it was not clear how this service would be accessed by those most in need. There were also signs that visits were sometimes being made inappropriately to the fit and able, and viewed as check-ups.

The *Benefit Bus* offered users the advantage of getting advice or assistance without having to visit BA offices and this appealed in some close-knit communities. In theory, it could reach out to the more rural communities. In practice, advance publicity often failed to make people aware of the service. Customers feel that the bus was too public an arena to seek advice and to be seen seeking advice, particularly about benefits.

The *Telephone Advice Line* appealed because it was free and confidential and people could get quick and easy access to BA advice and assistance and have time to discuss their case. Less positively, however, there were signs that the telephone service idea lacked appeal for some, especially older customers and those with more complex needs.

There was a general consensus that no one BA BGOP prototype had delivered a complete service to older people. Staff and customers made the following suggestions for the future development of benefit services for people aged over 50 years, viz. that they should:

- be about joined-up government rather than simply the BA offering a better service to the over 50s;
- be able to adapt to suit local community needs;
• have a team of committed, knowledgeable staff (Frontline and processing staff) who had received cross-training about the different benefits and services available both locally and nationally;
• incorporate a combination of appropriate service delivery methods so that services were available to all potential customers, e.g. permanent and ‘travelling’ information surgeries, home visits and telephone;
• adopt a ‘caseworker’ approach that covered every aspect of relevant service provision (i.e. one named point of contact who seeks to handle all aspects of the client’s case);
• be sustainable;
• have appropriate, suitable venues, e.g. accessible, comfortable, approachable, etc.;
• have adequate administrative support (telephone answering, letter writing, etc);
• have publicity and public relations that are effective and reach the target audience;
• have appropriate IT support for staff (Chapter 3)

Strengths of the prototype services

A particular strength of some prototypes was the calibre of staff, in particular where involvement with BA BGOP was their primary role. In the more successful prototypes, the staff seemed to be well supported at all levels and came across as co-operative, diplomatic and good team workers.

Staff in more successful prototypes also came across as:
• personally committed and highly motivated towards making the prototype work;
• understanding of, and interested in, the client group;
• friendly and approachable, experienced, knowledgeable and well-informed;
• willing to adopt a creative and flexible approach to handling cases.

Some staff had made an effort to raise awareness and understanding of available benefits and services. There was evidence from both staff and customers that, in some cases, considerable effort had been invested in encouraging customers to accept that they had a right to certain benefits.

Other strengths of successful prototypes included:
• pro-active targeting of services and more effective use of publicity and public relations;
• the use of well chosen locations and appropriate venues;
• the development of closer inter-agency relationships;
• operating flexible and well thought out service delivery approach(es);
• the use of ‘Signposters’, trusted and respected volunteer and non-volunteer individuals who were able to signpost individual customers to the service, e.g. home helps, care workers, wardens, mobile library staff, charity workers, etc.
The following weaknesses were identified:

- staff, especially those who were part-time on BA BGOP and, therefore, less able to commit themselves fully to the initiative. They often lacked both sufficient support from managers and the experience and confidence to deal with their new role;
- low levels of awareness of, and interest in, the prototype;
- poor inter-organisation relationships, e.g. between BA and LA or BA/ LA and other stakeholder organisations;
- limited success in effectively reaching potential customers; and
- less flexibility in the frequency and method of service delivery.

Some of the barriers discussed below were beyond the remit and objectives of the BA BGOP prototypes, e.g. time taken to process claim forms, etc. (Sections 4.1.5, 4.2.3, 5.4.5, 5.5)

It was recognised by both staff and customers that the BA was a very large and complicated organisation. Customers often saw it as a faceless, unhelpful body that was not customer orientated. Furthermore, there was a widespread perception of the benefits system as ‘unfair’ or not applicable to them especially amongst those who had worked all their lives and/or had savings. Many felt that the claims process and the forms were over-complicated and written communications were too impersonal and very hard, if not impossible to understand.

Communications within the BA seemed poor, and the speed of processing benefits depended on the benefits applied for and was different across the country. Some customers claimed not to have been told the length of time that it would take to process their claim for those benefits which are known to have longer processing times (e.g. Disability Living Allowance (DLA), Attendance Allowance (AA), etc.). Others felt, in the absence of contact or communication from prototype staff, that they had been forgotten about. (Chapter 2)

Amongst customers, there was also low awareness and understanding of both BA and LA benefits and services, especially with regard to what benefits and services were available and their respective eligibility criteria, and how changes in circumstances could affect existing or potential claims.

For many in the target audience, an entrenched reluctance to claiming benefits was a major barrier. Even if they were aware that they might be eligible for assistance, many were unwilling to be seen seeking help for fear of being labelled as 'scroungers'.

To some extent, the prototypes’ potential was also influenced by levels of co-operation between the BA and partnership organisations. Locational, cultural and bureaucratic differences between the BA and LAs and the need for co-operation at all levels within organisations could set up a barrier to service provision and delivery within the prototypes.
Many staff felt that the Data Protection Act was one of the biggest barriers to providing more joined-up government services. However, the implications of the Data Protection Act seemed to be largely lost on the customers. (Section 5.4)

The way forward

Figure 1 sets out the preferred structure for service provision that emerged from this research. This preferred structure would use an appropriate combination of the following service delivery methods; face-to-face, telephone, home visits and outreach. Whilst it is not radically different from that which is currently on offer, it should be appreciated that none of the prototypes were, at present, providing the total package. Some were offering one or two elements only, others were offering more. It has to be noted that factors such as cost, value for money and practicality were not incorporated in the model at this stage. (Chapter 6)

Objectives of the service

The key requirement, however, is for a more customer focused approach with a designated team providing effective assistance to customers enabling them to receive all the benefits they are entitled to. This service will need to be:

- more pro-active – reaching out to all potential customers to identify their needs and entitlements and following up enquiries and applications;
- more integrated so that customers get help via one point of contact to access assistance from the various departments, agencies, etc.

As well as taking and processing claims, the service will need to:

- raise awareness and understanding of benefits and services for older people;
- raise awareness and understanding of benefit eligibility;
- encourage take-up of benefits and services;
- reach out to all potential customers (Section 6.1)

Staff

It is essential that the service is operated by a dedicated team of full-time staff who have the relevant experience, commitment and motivation to provide a high quality service to older people. (Section 6.2)

The caseworker approach seems most appropriate for this target audience. Caseworkers could:

- educate and encourage customers to come forward to claim the benefits and services they are entitled to;
- help them through the benefit system;
- follow up claims; and
- explain the complaints and appeals process.
Other key characteristics of the service are:

- a unique and distinctive branding that expresses what customers might expect from it;
- good inter-agency links and co-operative relationships across different organisations;
- pro-active outreach to the over-50 target age group, e.g. reaching out into the over 50s age group and actively seeking to find people who are entitled to additional benefits and services;
- the use of Signposters to encourage the target group to make themselves known.

A more joined-up and integrated service would be the most positive offering for this target audience.

In the final analysis, our view is that, whatever delivery methods are employed, the commitment and motivation of staff will be the key factors leading to the effective provision of Better Government for Older People. (Section 6.3)

**Figure 1 Example of a model service**

- **Permanent information surgery**
  - In form of a High Street base to provide visible presence and location = over 50 years Advice Centre
  - Will help to raise general awareness of service and increase recommendation by word of mouth

- **Telephone link**
  - Roadshow or travelling information surgery
  - Will need to include direct targeting of pensioner groups, sheltered accommodation and other places where older people live and visit

- **‘Home Visit’**
  - For those who need them

- **‘Travelling Advice’**
  - Channelled into service via freephone helpline and signposters

- **Potential Customers**

6
1.1 Background and purpose

The work of the BA BGOP project complemented the Better Government for Older People Programme. The Cabinet Office is leading a consortium (including Age Concern and Help the Aged, amongst others) to explore:

- how more integrated inter-agency strategies can be developed for the over-50 target group;
- how services for the over-50 target group can be delivered in a more user-friendly, cost-effective manner.

The overall BA BGOP programme aimed to encourage new partnerships, e.g. central and local Government, voluntary and community sectors, to take better account of older people’s wishes in the delivery of benefits. Its objective was to work with older people and provide them with:

- clearer, more accessible information;
- more say in the type of services they can get;
- simple access to services;
- improved linkages between agencies;
- better opportunities to contribute to the local community.

The wider BGOP Programme, funded from April 1998 to March 2000, promoted joined-up public services for older people, defined as over-50s, in 28 Local Authority (LA) pilot areas. The BA became involved in eight of the wider BGOP Programme areas and BA BGOP prototypes were established to test different ways of delivering BA advice and support services to pensioners. The prototypes were designed locally and reflected four broad themes:

1. **BA go to older people**, e.g. home visits, visiting older people in residential care, etc.
2. **Other service providers go to older people**, e.g. LA and NGO staff performing home visits.
3. **Older people go to BA and other service providers**, e.g. pensioners visit BA/LA staff in Age Concern outlets or LA locations such as day care/community centres, Civic Centres, libraries, etc.
4. **Service providers reach out to older people**, e.g. via benefit bus and travelling information surgeries.

A fuller description of the prototypes is included in Appendix A.
1.2 Research objectives  The overall purpose of this research was to assess and evaluate customer, staff and stakeholder attitudes towards and experience of these new ways of delivering benefit advice and services to older people.

The more specific objectives were:

1. To explore customers’ attitudes towards the type of service they received overall and on dimensions such as:
   • positive aspects of the service;
   • negative aspects of the service;
   • perceived efficiency and effectiveness;
   • satisfaction with service provision;
   • comparison with previous experiences of service provision.

2. To find out how customers became aware of the prototype and the triggers/motivations that prompted them to make contact and, insofar as possible, to establish the reasons for non-use of prototypes by non-participants.

3. To identify customers’ and non-participants’ ideal requirements and preferences with regard to delivery of information and advice about benefits and services overall and on dimensions such as:
   • location of advice delivery;
   • mode of delivery, e.g., face-to-face vs. telephone vs. written advice;
   • integrated service provision.

4. Extrapolating from experiences of customers, staff, and stakeholders, to assess the overall appeal, potential and effectiveness of alternative prototype delivery methods:
   • information surgeries;
   • home visits;
   • roadshows (benefit bus and workshops);
   • telephone advice line;
   • information technology.

5. To identify staff and stakeholders’ perceptions of the factors that contributed towards more satisfactory and successful delivery of advice and assistance.

6. To identify staff and stakeholders’ perceptions of the factors that impeded satisfactory and successful delivery of advice and assistance.

7. To explore staff’s overall views about working on the prototypes, with particular reference to:
   • new ways of working;
   • co-working with others;
   • level of training provided and need for additional training;
   • any problems or barriers encountered and how these might be overcome;
   • the reality of providing joined-up government advice.

8. To obtain prototype managers’ views about setting up the prototypes, the problems and barriers encountered, and how these had been or might be overcome.

9. To obtain BA prototype managers’ views on ideal service provision for older people.
1.3 Method and sample

A qualitative methodology was adopted for this research in order to explore and identify the range of issues and attitudes that affected the set-up, operation and responses to the different BA BGOP prototypes. The sample structure is set out in Table 1.1.

Table 1.1 Sample structure

<table>
<thead>
<tr>
<th>Sample</th>
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<tr>
<td>Depth Interviews:</td>
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<tr>
<td>Prototype Customers</td>
<td>134</td>
</tr>
<tr>
<td>BA BGOP staff (including volunteers)</td>
<td>59</td>
</tr>
<tr>
<td>Prototype Managers</td>
<td>9</td>
</tr>
<tr>
<td>Group discussions:</td>
<td></td>
</tr>
<tr>
<td>Stakeholders</td>
<td>9</td>
</tr>
<tr>
<td>Non-participants</td>
<td>8</td>
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Exact sample structures for the different segments is set out in Appendix A.

Information on prototype customers was collected by Frontline staff. Names, addresses and telephone numbers were passed on to Andrew Irving Associates Ltd. (AIA) via the DSS and letters were written to customers explaining the purpose of the research. Potential respondents were given the opportunity to opt out of taking part if they so wished. A selection of those who did not opt out were contacted by phone and an appointment was made to interview them at their home. A copy of the approach letter is included in Appendix C.

Lists supplied from some prototype areas contained information on the customers’ age and gender. Where this information was available, prior to sending the ‘opt out’ letters, the lists were profiled and loose quotas were set at recruitment broadly to reflect this profile. No quotas, other than age and sex, where this information was available, were applied.

Staff and stakeholders were contacted by telephone from lists supplied by DSS. Non-participants were recruited by standard market research recruitment methods. Copies of the recruitment questionnaires are included in Appendix D.

Interviews broadly followed the discussion guides (Appendix B) and were tape-recorded and transcribed for subsequent reference and analysis. Depth interviews with customers and staff lasted around an hour although some were longer. Group discussions with the non-participants and stakeholders lasted between 1½ and 2 hours.

Fieldwork was conducted in all prototype areas between 21st October 1999 and 9th May 2000. In addition, a half-day workshop was held with prototype managers in London on Friday, 12th May, 2000.
1.4 Limitations of the study

1.4.1 Customer sampling

In the original research design, the plan was to interview equal numbers of customers who had used each of the service types to enable comparison of the different services. However, as the project progressed it became necessary to modify the customer sample because, in the event, services were very different in each of the prototype areas and did not adhere to any set format or type. Secondly, some services were used quite heavily whilst others had very low take-up, at least initially, which meant that there was only a limited number of potential respondents. For other services (e.g. IT and video conferencing) it was not very practical to collect data on those who had used the service. To do this it would have been necessary to ask customers to complete and fill in a form about their participation. It was thought that most customers would not in fact do this, and any that did might be somewhat atypical. Consequently no lists of IT and video conferencing customers were collected for research purposes.

As with all social research, participation was voluntary, and it was only possible to interview those who were prepared to take part. It is probable that some degree of self-selection operated resulting in some segments being under or over-represented. This is a factor for all social research and is not unique to this project.

It must also be observed that many respondents were quite elderly or not very well or less able to recall issues and events surrounding their 'recent' BA BGOP encounter and their wider financial and social circumstances.

1.4.2 Non-participant sampling

Initially, the plan was to conduct research amongst active non-participants, i.e. those who knew about the service and had declined to use it. However, it became apparent early on that it was impractical to collect this data. It proved impossible to establish a system for recording those who were aware of the service but decided not to use it. In order to explore attitudes of those in the target group who did not participate in BA BGOP, it was consequently decided to conduct group discussions amongst a random selection of the target audience in each of the prototype areas who had not used any of the BA BGOP prototype services.

1.4.3 Stakeholder sampling

At the outset it was envisaged that the Stakeholder group discussions would include senior representatives of the organisations involved in the BA BGOP prototype in each area. We relied on the prototype areas to supply names of Stakeholders. In the event, the composition of the Stakeholder group discussions varied in the different areas in terms of:

- numbers of participants (ranging from two to 12);
- the type of organisations represented;
- the participants’ responsibilities, level of involvement with the BA and BA BGOP prototype, and level of seniority;
- the scale of activity in the area.
For the purposes of this report ‘DSS’ is used for the Department but this was not the nomenclature used by respondents who more commonly referred to it still as the DHSS (or DHSSS) or ‘the Social’. Likewise, few had heard of ‘Benefits Agency’ or were aware that it was a separate arm of the Department. It should also be appreciated that respondents largely failed to distinguish between local and central Government services and benefits, and tended to lump the various agencies into one amorphous whole. Sometimes ‘the Social’ was used to denote Social Services and sometimes the DSS.

‘I think they’re all the same, I’m not sure but I think so. We just call them the Social Security people.’

(Male Participant, aged 65, BA Home Visit)

For around half the sample, contact with the prototype service had been their first experience of dealing with the BA.

The remainder had had some form of previous contact with the BA prior to participating in the prototype. Of these, around half were longer-term claimants, often because of long-term illness, disability or unemployment. Others had more limited experience of the BA, ranging from those with a ‘fledgling’ relationship who had only recently started to receive benefits, to those whose relationship with the BA was historic and intermittent (occasional visits to the DSS office in the past to pick up a form, enquire about entitlement, or sort out issues regarding their pensions).

There were indications that those who had a more established relationship with the BA tended to know rather more about the system and what they were/were not entitled to.

Across the sample as a whole, irrespective of their relationship with the BA, the majority had relatively low awareness and understanding of the benefit system and their likely/possible entitlement. Many were unaware of what benefits were on offer and some even did not fully understand what benefits they were receiving and on what grounds they were receiving them.

‘That’s why I’ve never applied before for anything because I don’t understand it and I don’t know what people get.’

(Female Participant, aged 80, Home Visit)

‘I don’t know what they call all these payments now. It’s a funny rigmarole, isn’t it.’

(Female Participant, aged 77, LA Information Surgery)
A sizeable minority assumed that they would not qualify for any benefits and had either not sought to apply or, having tried once without success, had been put off applying again. Many could be described as ‘proud poor’ and were reluctant to be seen accepting a ‘hand out’ from the state, even if they were entitled to benefits and/or in need of assistance.

‘If I could possibly have managed I wouldn’t have claimed because I have never claimed for nothing in my life. I was brought up if you can’t pay for it, don’t have it. That’s my generation as a rule.’

(Female Participant, aged 72, BA Home Visit)

‘Other people tell me that I should put in for Care Allowance … but you think we have never done it, we have always worked, so you feel awful putting in for these things.’

(Male Participant, aged 64, Benefit Bus)

‘I know that my claim would be legitimate but I am not the sort of person that thinks that the State should support you. That really is the basis of it, I am reluctant to apply for anything.’

(Female Participant, aged 88, Age Concern Information Surgery)

2.1.2 Non-participants

There was a general lack of awareness and understanding of the benefit system, especially amongst those not currently in receipt of benefit. There was often little knowledge of how the system worked, what benefits were available and who was eligible for them. There was a widely held belief that all benefits, except the state pension, were means-tested. Therefore, it was often assumed that anyone who had savings, income, or a private pension could not qualify for any benefits.

‘I don’t think anybody understands the benefit system.’

(Females, Non-Participants, aged over 60 years, State Pension only)

Many non-participants who were not receiving state benefits had little or no personal experience of the BA. Their perception of the BA and claiming benefits reflected their image of claimants who they often saw as the ‘work shy’; single mothers; drug addicts; and asylum seekers. Not wishing to be associated with such people, they were inclined to steer clear of the Benefits Agency if at all possible.

Most of those with some past experience of claiming benefits tended to have a fairly jaundiced view of the BA, the staff attitude and the process of claiming. Specific aspects of the process of dealing with the BA that attracted criticism were:

• the lack of guidance as to what benefits they were or might be entitled to;
• the stigma of being seen going to the offices;
• having to wait in a queue with other ‘undesirable’ benefit claimants;
• the perceived lack of privacy when talking to staff;
• staff’s perceived unhelpful or offhand attitude;
• the lack of assistance with completion of forms;
• the complicated appeals process.

‘You’ve got to go down there to enquire about your benefits and you’re left waiting down there, there are people on drugs and everything.’

(Females, Non-Participants, aged 50-59, Benefit recipients)

‘They tell you what they want you to know.’

(Males, Non-Participants, State Pension + other benefits)

‘Because you’re old you shouldn’t be bothering them too much, that’s their attitude.’

(Males, Non-Participants, aged over 65 years, State Pension only)

Amongst both benefit and non-benefit recipients, the CABx were universally recognised as providing information and advice on a wide range of issues including:

• legal problems;
• problems relating to debt;
• disputes between neighbours;
• pensions and other benefits advice;
• form filling.

‘I always go to the CAB. They did all the paperwork for a claim I was making, they were fantastic.’

(Males, Non-Participants, aged over 65 years, State Pension only)

‘Being an ex-policeman you get a lot of people asking you for advice, and I say ‘go to the CAB’.’

(Males, Non-Participants, aged 50-64, Non-Benefit recipient)

Interestingly, a fair proportion of the sample had used the CAB service at some time, and those who had not nonetheless seemed aware of how it might be of use to them.

Not surprisingly, amongst benefit recipients, the BA often was the next most frequently mentioned source of advice and information, especially for financial or benefit related issues.

For many, irrespective of background and current circumstances, family and friends were seen as offering the safest and most private starting point for resolving problems or seeking advice.

‘I'd go and see my daughter first, advice off the family first, then Age Concern. … If it were me, I'd go and see my son.’

(Females, Non-Participants, aged over 60 years, State Pension only)
‘I think it is mostly one person tells the other one and that’s how you get to know.’

(Females, Non-participants, aged over 60 years, State Pension + other benefits)

The Civic Centre (or ‘rates office’) was preferred to the DSS offices, even amongst those who were used to going to the latter. The Civic Centre was seen as a more comfortable, relaxed and less hostile environment and provided a more efficient service with less waiting.

‘[In the LA] you can go in, there’s a desk that you go to, they say ‘take a seat’ and they take you into a nice little room, then your business is your business, nobody else knows about it and it is so much easier.’

(Females, Non-participants, aged 50-59, Benefit recipients)

Age Concern was only mentioned spontaneously in a couple of the groups as a source of advice and information for older people. In these areas, the Age Concern centre was close to the local bus station and, therefore, more accessible. Those who had used Age Concern found it accommodating and friendly, and a familiar environment where they could get information on a range of issues such as travel and home insurance, legal issues, as well as about benefit and pensions.

Other less specific sources of information mentioned, especially in smaller, more rural communities included:

- neighbourhood associations;
- solicitors;
- libraries;
- local papers;
- GPs and practice nurses.

‘A nurse or a doctor or something, they might say ‘well, you’d be entitled to something, look into it’. ’

(Females, Non-participants, aged over 60 years, State Pension + other benefits)
In this chapter we have combined the viewpoints of prototype customers and non-participants and those of staff and stakeholders on the strengths and weaknesses of the different prototypes. In the event, the viewpoints of all the segments interviewed were generally quite similar. Therefore, in discussing the professionals’ viewpoint we have concentrated on additional observations they made regarding the different service delivery methods.

3.1 Information surgeries

The basic principle behind information surgeries was to have BA staff available in various locations such as Age Concern, libraries, day centres, OAP associations, etc., which would be convenient for the target market and have a comfortable and approachable ambience. The staff would be there to offer advice and assistance on services for older people and, where appropriate, to put customers in touch with other services and/or organisations. Customers could either drop into an information surgery or make an appointment.

3.1.1 Participants and non-participants

Strengths

Positively, the location of the surgeries, which were often in accessible venues frequented by the target audience, allowed for spontaneous or opportunist visits. The venues themselves were informal, relaxed and on neutral territory, which enabled customers not to feel they were experiencing the indignity associated with going to BA offices. Consultations in the surgeries could take place with some degree of privacy, and knowing an advisor would be available at given times meant it was possible for customers to make repeat visits. Some surgeries had been prefaced with an introductory talk which helped to generate interest and put customers at their ease.

‘They’ve got more time for you at the Age Concern. In the DHS you’re just a number, you’re not a person, whereas at the Age Concern they tend to listen to you better and you can ask questions and they can more or less try and give you an answer.’

(Female Participant, aged 60, Age Concern Information Surgery)

Weaknesses

However, there were several disadvantages to the information surgeries concept. First, our experience from both non-participants and staff was that overall awareness was quite low. This was especially so in the early stages of the prototype, and was possibly due to limited promotion and explanation of the aims of the surgeries. Secondly, information surgeries were seen as less appropriate for the less mobile and those living in more
isolated areas. Some surgeries only operated infrequently, e.g. half a day once a week, and so failed to establish a regular presence. Also, there were signs that many older people were uncomfortable about approaching an explicitly BA branded surgery, and a minority felt the surgeries did not offer sufficient privacy and other customers waiting to be seen could overhear their ‘business’ and added to a sense of time pressure.

‘They’ve got to pay fares to go there and back to find out whether they’re entitled … and you have to make sure you take all the necessary papers with you, they’ll want proof of your income, what rent you have to pay, they need all these things.’

(Males, Non-participants, aged over 65 years, State Pension + other benefits)

‘They’re getting experts coming in on certain days which isn’t much good if the expert isn’t there on the day you want him or her.’

(Males, Non-participants, aged 50-64, Benefit recipients)

3.1.2 Staff and stakeholders

Strengths

Positively, some staff saw information surgeries as potentially providing an imaginative out-reach to a captive audience on their own territory. Information surgeries allowed both the development of a flexible approach tailored to reach different customers and the co-location of staff with differing expertise and specialisations.

‘What you find is you’re on their territory so they are with all their friends and you are the sort of stranger in the camp.’

(BA Frontline/Administrative Staff)

‘We were invited to them and that makes a big difference.’

(Prototype Manager)

‘People can see that you’re doing something. They’re not just seeing somebody who’s passing somebody on to somebody else in a waiting room.’

(BA Frontline Staff)

Weaknesses

However, there was some acknowledgement that some premises used were less suitable, for example, screened rooms which were unwelcoming and inappropriate. Likewise, some venues were not very private and there were some premises (e.g. church halls) which the target audience seemed reluctant to visit in order to seek benefit advice.

‘The disappointment for me is that the stigma factor in these villages still pertains to that generation of people. We’ve had experiences at coffee mornings where people were willing to talk about benefits but ‘it is not me, it is someone I know’.

(Prototype Manager)
There were also some complications with time management for both appointment based and drop-in systems. Appointments meant only a limited number of people might be seen in a day, and some customers might have to make a return journey. Drop-ins meant that staff and customers were under more pressure if a number of people were waiting. In the early days in some areas, there had been problems with holding the surgeries at inappropriate times.

'We initially had a number of open access Community Day Centres, Luncheon Club type places. We fairly quickly moved away from running them because they were less successful as surgeries. People are going in to have lunch and then they’re going home after lunch. They’ll talk to you before lunch but as soon as lunch is served you lose them.'

(Stakeholder)

Another weakness that was identified was that where staff were only working infrequently on the BA BGOP Frontline there were very limited opportunities to build any lasting rapport with individual customers.

3.2 Home visits

Home visits aimed to provide a range of benefit advice and assistance to the target audience in their own home. They were conducted by BA and LA (Welfare Rights, Social Services) staff and also volunteers from Age Concern and the CAB. In some areas home visits were made to all new claimants, whilst in others, the visits were targeted at specific groups, e.g. those over 80. Assistance ranged from completion of claim forms to identifying what benefits people might be entitled to.

3.2.1 Participants and non-participants

Strengths

Positively, it was felt that home visits had the potential to access harder to reach segments (e.g. the less mobile, the isolated, the more vulnerable, the less aware and those living in rural areas) as well as more sensitive and complex cases. They were seen as providing an opportunity to assess customers’ circumstances and needs, and allowed customers to discuss their personal and financial details in the privacy of their own home. Additionally, it was easier to locate any necessary paperwork and evidence of financial circumstances whilst, at the same time, providing a confidential and rather more personal service.

'What is nice is if, say, a lady could call on you with the two of us here because if I went to the office I would have to go on my own. If they came to the house you can put your cards on the table with her and she could tell you everything, what you are entitled to and work it out for you.'

(Female Participant, aged 56, Benefit Bus)

'The information surgery would be all right if you suddenly had a problem that’s just come up and you were passing. But most of the time they want to see evidence of things as well before they give you any information so unless you were definitely going you wouldn’t take anything with you, would you?'

(Female Participant, aged 75, BA Home Visit)
'Like I've said, you don't want everybody listening to your private details in a way at all, so I think house visiting is ideal and I think it should be done.'

(Male Participant, aged 73, LA Information Surgery)

**Weaknesses**

However, less positively, there were some doubts about how the service would be accessed by those in need. Many respondents appreciated that home visits would be labour intensive and expensive and thus there was some feeling that careful targeting of potential customers was necessary so that the service was provided for those who really needed it. On a more personal level, many customers were unhappy about staff having to take away evidence of financial circumstances, e.g. building society pass books, bank statements, etc.

‘Me, for instance, I would never dream of it, if I could go down myself, to get somebody up because I’d think it was a waste of their time when I can go down.’

(Females, Non-participants, aged over 60 years, State Pension only)

Furthermore, in some areas there were signs that customers could misinterpret the service as the BA checking up on their circumstances and/or the validity of their claim.

‘I think they have to come to your home to check out all the paperwork. It is very personal isn’t it? But on the other hand I just thought well they’ve got to prove it. You read in the papers, all theses people, benefit fraud and whatnot, I don’t know how they do it, if they do check everyone out.’

(Female Participant, aged 62, BA Home Visit)

‘I think it was just to verify what you’ve said at the office. She had a lot of papers and the papers looked similar to the ones I’d signed and then I had to sign a few, so I think it was just checking on you really, to see you told the truth.’

(Female Participant, aged 76, BA Home Visit)

**Strengths**

Staff recognised that home visits were important for people (e.g. the isolated, and those who were less mobile/less independent), who were unable to access the service by other means.

‘I think the home visits benefited some people who really were housebound and would have found it difficult to have the form unless a professional guided them and filled in the form.’

(Volunteer Frontline Staff)

Some BA visiting officers claimed that home visits allowed them to provide a more holistic, wider advice and information service. Being in the

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**3.2.2 Staff and stakeholders**
customers’ homes allowed them to assess the wider situation for themselves rather than having to rely on what the customers told them.

‘From my point of view you felt as if you were providing a better service and you could spend longer with them.’

(BA Frontline Staff)

‘Going into a house and seeing if they weren’t claiming something that they could claim and the satisfaction is saying to somebody ‘you’re getting an extra £40, £50 a week’ which is an awful lot of money to people. I just saw all sorts of reactions. . . . You’re picking up things, you might go into a house and find that they didn’t qualify for Income Support but they might qualify for Attendance Allowance because they needed it, so you’d do that aspect.’

(BA Frontline Staff)

Home visits also showed that Signposters (e.g. home helps, chiropodists, etc.) could be used successfully to direct people to the service. Such people could build on their relationship with more isolated older people and encourage them to seek assistance. Likewise, they could also point BA BGOP staff towards people who needed help.

Staff recognised that Signposters often had a closer relationship with potential customers and were able to overcome their reservations about approaching the BA for advice.

‘Home helps have been good because they’re actually in the homes and they’re rung me up before and said ‘could you come out and see this woman’.‘

(Stakeholder)

Weaknesses

Both setting up and carrying out the visits were generally regarded as time consuming and potentially expensive, especially in areas where a substantial amount of travelling was required. Consequently, staff in some areas felt that there ought to have been more careful identification of appropriate people to select for home visits than the BA BGOP initiative was allowing. This was seen as a more efficient use of resources both in terms of staff time and saving on costs.

‘They speak to Housing Benefits . . . they don’t even deal with Income Support and they are the ones booking them in for appointments with us and we get over there and they wanted something to do with rent arrears. It’s just wasting their time and our time as well.’

(BA Frontline Staff)
'It’s an ideal, but the amount of time it takes, if you’re doing other things as well, that was the biggest drawback. … For someone who was in dire circumstances we will go and do an outreach, but to do it consistently, a day in the bureau and then what effectively is either another morning or afternoon, it’s quite time consuming. So it’s an ideal but whether there are the people available to carry it out, I don’t know.’

(Volunteer Frontline Staff)

In some areas there were concerns that home visits were too heavily reliant on volunteer help, and some issues such as funding, expenses, and internal politics and the need to remain independent of BA philosophy tended to remain unresolved.

‘It is also quite difficult to be dependent on statutory bodies for your funding because they are coloured by whatever colour of government is around and if they have cuts, where are they going to cut? They are not going to cut their own throat. They’re going to cut something else.’

(Stakeholders)

‘We didn’t have any extra resources at all to manage this project so we’ve done it within existing resources … That has created some tensions … We had no funds at all for travel costs or anything, we just had to find the resources.’

(Stakeholders)

Another weakness identified by staff was that the scope of home visits was largely limited to form filling and did not always cover the wider range of welfare issues. In some areas, this apparently reflected the remit they had been given.

‘As far as we know, the forms are sent off and that is the end of our involvement.’

(Volunteer Frontline Staff)

3.3 Benefit Bus

The benefit bus was a ‘travelling’ service providing advice and assistance. It was, staffed by a combination of BA, LA, CAB and War Pensions personnel. Staff were equipped with laptop computers and mobile phones to enable them to contact their main offices for any requisite advice and support. The bus was located in places considered either likely to be very busy or somewhat isolated. Advertisements were usually placed in advance in the local press giving details of where and when the service would be available.

3.3.1 Participants and non-participants

Strengths

Having access to advice and information without the need to go to the main BA offices was particularly appealing in smaller, more close-knit communities. Also, this service had the potential both to generate spontaneous enquiries and to reach out to more rural/more isolated areas where the idea of travelling advice was quite familiar.
‘If you happened to be in town and the bus was there you could get on.’
(Males, Non-participants, aged over 65 years, State Pension + other benefits)

‘That would be all right for small villages. … It’s for smaller communities perhaps.’
(Females, Non-participants, aged over 60 years, State Pension only)

**Weaknesses**

However, the advance publicity had not always registered. This had often resulted in low awareness of the service, what it had to offer and the range of services available. For some, it was too public an arena in which to be seen seeking advice, especially if it was about benefits; indeed, the bus did not always come across as a very private or confidential venue. There was some feeling that the benefit bus was not necessarily familiar and/or relevant for urban areas and not particularly accessible for the less mobile, those with disabilities, and those living in more isolated areas.

Other negatives to the service included:

- some customers felt rather rushed, especially if there were queues forming outside;
- doubts about whether the quality of advice available on the bus would be satisfactory.

‘It depends what sort of person you are. That wouldn’t worry me going on to a bus, but if you’re doing it in rural areas, everybody knows everybody else in that place and someone sees you go in and somebody will say ‘she’s not entitled to anything, what’s she going in there for?’. That sort of thing, it puts people off.’
(Female Participant, aged 75, BA Home Visit)

‘We just seen the bus there and I don’t know who she was working for, she was a very nice lady but she couldn’t tell us what sort of things he should claim for or couldn’t claim for.’
(Female Participant, aged 62, Benefit Bus)

‘If I saw them on a bus I wouldn’t think that they would know anything. I’d like to see them in an office and then I’d think ‘these are professionals’. It’s like having the mobile library. They’ve got books but they’ve not got the books that are in the main library, if you know what I mean.’
(Females, Non-participants, aged over 60 years, State Pension + other benefits)

**Strengths**

Staff acknowledged that the benefit bus had the potential to co-locate experts in different fields, and its flexibility and mobility allowed it to be
located in appropriate places at suitable times, e.g. busy market days, outlying villages, town centres by the main bus station. There was also some feeling that the use of multiple branding, showing the logos of the different agencies and organisations represented on the bus, helped to soften the BA associations.

'It’s got all the logos. It is a Benefits Agency bus, so it says Benefits Agency, but then there’s a sort of screen put along the side which is Local Authority, Age Concern, Better Government for Older People, Carers’ Support Project, all their logos on as well so that’s taken the stigma off. I mean, they could be coming on for insurance from Age Concern.’

(BA Frontline/Administrative Staff)

Weaknesses

However, in practice, it was sometimes very difficult for staff on the bus to provide a full service and deal with more complicated or urgent cases, and, like customers, staff often felt constrained and unable to carry out form filling. Moreover, it was felt that a bus that was too overtly BA branded might reinforce potential customers’ resistances to being seen approaching the DSS and put them off.

‘They took this bus out to this small village and nobody got on and they [BA staff] said it must be a really prosperous village, everybody there must be pretty well off as they don’t need any help. It was because nobody wanted to be seen going on the bus, that’s why!’

(Volunteer Frontline Staff)

3.4 Telephone Advice Line

This was a freephone helpline for those aged over 50 years which aimed to provide advice and assistance on benefits and other services that might be available for the target audience. The line was staffed by teams based in the LA or BA. The service aimed to offer a similar level of advice and information that would be provided face-to-face. In theory, this included help with filling out claims forms. Where appropriate, staff could refer callers to other sources of help, e.g. Age Concern, CAB, or to request a home visit, etc.

3.4.1 Participants and non-participants

Strengths

The major positive of this service was that calls were free, confidential, and could be made anonymously. Access to BA advice and assistance was easy and immediate and customers felt they had time to discuss the issues fully. Customers felt that their needs and concerns could be aired and skilled staff could put less confident customers at their ease. It was also thought that the service could be used for effective and pro-active follow-ups which helped to consolidate links between staff and customers.

‘To me, the person was very understanding and just told me exactly where I stood and as I said, there was no hesitation at all, she seemed to know what she was talking about.’

(Female Participant, aged 53, Telephone Advice Line)
‘I would say she couldn’t have been more helpful and she is the only one that I have really spoken to. There was only once I phoned and it was the afternoon and she wasn’t there. But she phoned me the next morning and apologised and said she had been out.’

(Female Participant, aged 75, Telephone Advice Line)

‘If it works properly it could be very good because you do get thrown from department to department and you don’t always know which department you want anyway.’

(Female Participant, aged 62, BA Home Visit)

‘That’s quite useful. Say you’re filling in a form and you come across something you don’t know, it would be handy to ring up, it would relieve things. And if they can’t answer you they could probably refer you to somebody who knows what they’re doing.’

(Female Participant, aged 69, LA Information Surgery)

**Weaknesses**

However, there were inherent drawbacks with a telephone advice service, especially amongst an older target audience. Many respondents had doubts about the practicality of filling in complicated forms over the phone. There was uncertainty about the quality of service that they might receive over the phone and many were unsure that they would be able to establish any form of relationship with a disembodied voice, to the extent that they would be willing to disclose details of their personal and financial information. Most felt that face-to-face discussions were preferable when trying to sort out benefit enquiries.

‘Well, I think you can put things over better face to face, rather than speaking on the telephone. Sometimes even an expression tells you if you’re saying the right thing.’

(Female Participant, aged 53, Telephone Advice Line)

‘I can’t hear very well on the telephone and if it’s a local number I’m all right, but if it’s far away and then if it’s English, perhaps you get a different accent, I can’t hear what people are saying. I can’t hear with my hearing aid on the telephone. That puts me off when I’ve got to phone a distance because I think I’m listening too hard and I’m missing what they’re saying.’

(Female Participant, aged 70, Age Concern Home Visit)

‘I think when you’re on the phone, unless you’ve got everything right in front of you you tend to forget different things and afterwards you think I should have said so and so.’

(Female Participant, aged 55, LA Information Surgery)
‘When you’ve actually got it in front of you you can say ‘look this is the piece of paper I’m referring to’ and you can show them. It’s easier than trying to explain over the phone.’

(Females, Non–participants, aged over 60 years, State Pension + other benefits)

In general, a telephone advice line was seen as more appropriate for more confident customers and simpler, more straightforward enquiries. However, it was arguably less suitable for those who were less capable, the hard of hearing, and where the enquiry related to a fairly complex or personal situation.

3.4.2 Staff and stakeholders

Strengths

Staff saw the Telephone Advice Line as a cost effective service which was easy to run and a cheap, easy and private way for customers to access a range of advice and information. The staff involved in this delivery method felt it was an essential link between services and customers.

‘People are doing it from their own hone. It’s private, they are not being seen.’

(Stakeholder)

Weaknesses

Staff acknowledged that it was harder to establish a customer’s wider service needs, especially when customers forgot or omitted to mention relevant information, e.g. disabilities, illnesses, bereavements, etc., and they were not able to check their living circumstances. Similarly, some staff felt that telephones had limited use when it came to checking whether customers had fully understood the advice they had been given, particularly with regard to form filling or directing them to further services.

It was acknowledged that very skilled call handling was required to gain customers’ confidence. Staff were aware that customers, especially within the target age group, frequently felt less at ease talking over the phone than face-to-face.

There was also some feeling that a telephone advice line could not operate in isolation and that it would need support from other service delivery methods such as home visits and information surgeries.

‘Maybe telephone help lines are OK for some people but I do think that they might not ring if they think it’s just going to be talking to someone over the phone, if there isn’t any offer of someone coming to their home at the end of it, maybe. And when you go to the home you see so much that you don’t get over the phone.’

(Volunteer Frontline Staff)
3.5 Video conferencing/IT kiosks

Both services were accessed via booths set up in various locations, e.g. libraries, Civic Centres, etc. **Video Conferencing** offered virtual ‘face-to-face’ contact between the BA advisor and the user via a touch screen and telephone. **IT kiosks** offered general benefit advice and/or information about other services in the locality.

### 3.5.1 Participants and non-participants

**Strengths**

It should be noted that we did not speak to anybody who had actually used either of these services. The following observations are, therefore, based on respondents’ perceptions and expectations of these services.

The main positive was seen as the fact that advice and information could be accessed without having to visit the BA offices.

Whilst the true potential of these services probably lay in the future with a sexagenarian computer literate generation, presently their appeal was likely to be limited to a small, more techno-literate and confident minority.

‘We’re talking about over-50s. All right, youngsters may have the confidence to go and sit in front of a screen and talk to somebody, I don’t think that it’s really the sort of thing for over-50s. I don’t think it would be mine unless I was desperate!’

(Female Participant, aged 55, LA Information Surgery)

‘My son and daughter work with computers, they’ve no problem with it at all, but I prefer just a pen and paper. I can see what I’ve written. I still think the elderly prefer to see someone face-to-face.’

(Female Participant, aged 75, Age Concern Home Visit)

‘Me? I’m completely computer illiterate, me.’

(Males, Non-participants, aged over 60 years, State Pension only)

**Weaknesses**

The services’ limitations were seen as similar to those of the telephone. Many were unclear when the service might be used and were uncertain about what kind of advice would be available. Respondents remained to be convinced that video conferencing would prove a satisfactory alternative to face-to-face dialogue, especially when it came to trying to sort out more convoluted issues and filling in complicated forms. Furthermore, privacy was questionable – people could be listening in both at the customers’ end (e.g. other library customers) and in the BA office.

Overall, video conferencing and IT kiosks were seen as:

- off-putting and impersonal;
- utilising ‘frightening’, unfamiliar technology;
- probably going to be complicated to use and requiring computer skills;
• not very private;
• not for ‘our generation’.

**Strengths**

In theory, video conferencing provided face-to-face advice and it would be possible for staff to observe whether customers had understood what had been said (particularly with regard to form filling). There were also more opportunities to judge whether or not the customer might require another service.

There were some anecdotal claims from staff and stakeholders that when people were encouraged to use video conferencing they found the system surprisingly straightforward.

> ‘Although the numbers of people using video conferencing has been pretty small, I think we did prove that the technology worked as a form of communication and the customers did use it and felt fairly comfortable using it.’

(BA Administrative Staff)

The main strength of IT kiosks was that they were another means for the BA to provide information without staff time being taken up monitoring or manning machines.

**Weaknesses**

The major problem with both these service delivery methods was low levels of take-up. Staff admitted that there were very few in the BA BGOP target age group who were using the video conferencing facilities. Levels of usage may have been affected by the situation of the kiosks. There was some feeling that, currently, information kiosks were not necessarily in the right locations. Units were unlikely to be visited if they were in places where face-to-face advice was on hand.

> ‘Pensioners, they’re a bit afraid of things like that, they like to speak to people. They like personal contact.’

(BA Frontline/Administrative Staff)

> ‘I think the places it’s in are absolutely useless, as well. I mean, libraries … there’s hardly anyone around who goes to the libraries.’

(BA Administrative Staff)

There seemed to be no way of effectively monitoring either the levels of use or the cost-effectiveness of the kiosks. With hindsight, some staff questioned whether the level of usage justified the cost of setting up the kiosks.

> ‘It was a lot of money [installing video conferencing machines] and I don’t think it was worth the money.’

(BA Frontline Staff)
As with telephone advice, some staff felt that there was no conclusive way of checking that the customer had understood the advice or information given, which was particularly important when it related to form filling.

There were also some complaints from staff that the information held on the kiosks’ computer was frequently out of date and required constant up-dating.

Predictably, those prototype customers who were satisfied with the service they had received tended to prefer that service over alternative options. There was also a tendency for people to opt for the service that seemed most appropriate for their needs and circumstances. That having been said, there was some consensus about the different services.

Staff emerged as a common strength. Where they were good, they provided a single, known (first names) point of contact. They were friendly, approachable and understanding, and came across as knowledgeable and experienced. They provided a hand-holding service throughout the application process. Not only did they encourage customers to apply for benefits, they also took sufficient time over each case and provided support by helping with filling in forms, etc., a proactive follow-up and, where appropriate, support with appeals and complaints.

More successful services provided broad ranging advice and were helpful and encouraging. They adopted a caseworker approach with advisors staying in touch with applicants throughout the process.

In some areas, venues were particularly well located and accessible. Surroundings were more relaxed and informal and afforded sufficient privacy.

The services also helped to change customer perceptions and attitudes. They reached out successfully to the right target groups and enhanced awareness and understanding of both BA and LA services and eligibility criteria. They managed largely to overcome resistances to claiming benefits and services and minimised the more demeaning elements of the claims process.

Staff had been seemingly less successful in delivering the service when they had not managed to establish a relationship with the customer and had come across as no different to ordinary BA staff in the main offices. In these instances there was little or no mention by respondents of staff in the context of their experience of BA BGOP services.

There was also some evidence of staff taking a somewhat off-hand approach in delivering the service. In some areas customers were offered no help.
with filling in forms or were left to fill them in themselves, or were not offered further assistance with their claim, e.g. sending the form off. There was little, if any, investigation of customers’ wider service needs.

There were instances where more hand holding and follow-up would have been appreciated. Customers had had to go to the BA offices to supply evidence even when it was difficult for them to do so (some were quite elderly, frail, vulnerable and not very mobile). Some customers had received an impersonal letter from an apparently unconnected BA office rejecting their claim and without any explanation from prototype staff; nor had they been provided with any encouragement to either appeal, re-apply or re-visit the prototype.

Some staff had experienced problems with workload management, especially those working part-time on BA BGOP. In some instances, this had been compounded by a perceived lack of IT and managerial support and back-up.

Inappropriately located venues could also contribute to the weakness of service delivery. Not all venues were easily accessible for the target market. Thus some needed to make special trips and incur extra costs in the way of fares. In other venues there was a perceived lack of sufficient privacy for the consultation itself. Some customers also felt under time pressure during their discussion especially if they were aware of others waiting or getting impatient.

The prototype’s aims and services, viz. what it was trying to do and what kind of support could be expected, had not always been well explained or communicated. Also, little attempt had been made to overcome misunderstandings about how the BA worked and linked up with other services.

In some prototypes little effort had gone into overcoming customers’ entrenched resistance to the BA and making claims. Little seemed to have been done by way of raising awareness and understanding of benefit eligibility and encouraging customers to feel that they were entitled to claim.

Similarly, it was not always immediately apparent that attempts had been made to provide joined up advice. Customers frequently failed to appreciate that any effort had been made to provide one point of contact for all services aimed at older people.
Significantly, it was seldom appreciated that BA BGOP was a unique service for older people. Very few showed any real spontaneous understanding of the underlying aims of the BA BGOP prototypes and their target market. There was virtually no evidence of any understanding or appreciation of two of the main aims of the prototype, viz.:

- providing general advice under one roof;
- the ability of staff to refer across agencies.

Most felt that BA BGOP had not been explained to them. Ideally, they would have wanted it advertised or otherwise promoted more effectively to enable them to make the most of what it had to offer.

In the absence of such explanation, most customers did not really understand how they could make the most of it. Indeed, across all services, there was little awareness of any extensive review of a user’s needs as a whole.

The one advantage that did appear to elicit very widespread spontaneous appreciation was the ability to obtain benefits advice without visiting the BA offices. Given that most were loath to go to the BA offices, any service that bypassed this requirement was generally seen as a step in the right direction. However, that having been said, a small number claimed to have gone to the main BA office after using a prototype service either because they had apparently been advised to do so (e.g. to drop off completed forms) or they were not aware or it had not been made clear to them that it was not necessary for them to do so.

‘There is nothing worse to a pensioner than be hanging about in an office waiting their turn to go in. You’ve lost heart before starting.’

(Male Participant, aged 74, Age Concern Home Visit)

When prompted about the prototype aims, there was almost universal support for the idea of an initiative aimed at improving service provision for the over-50s. The main benefits of this initiative (other than avoiding the main BA office) were seen as:

- having a regular point of contact at an accessible and relaxed location;
- having one-to-one contact with a familiar face for all benefit queries and claims (although some experiences suggested otherwise);
- a pro-active (e.g. filling in forms and sending away claims) as well as a purely advisory service.
‘I think that’s a very good idea, especially with older people. When you’ve worked all your life I think there should be a system that should tell you what you should be getting. You shouldn’t have to go and try and find out yourself, there should be somebody available to give you that advice, what you are entitled to.’

(Female Participant, aged 60, Age Concern Information Surgery)

It should be noted that only a minority of our sample had a more established relationship with the DSS or BA and could claim to be experienced customers of their services.

The image, real or perceived, of the BA office experience was consistently negative across all prototype areas. It was frequently described as:

- demoralising and degrading;
- threatening and intimidating;
- impersonal;
- chaotic;
- time consuming, entailing long queues.

‘You have to wait hours there, you take a ticket and you sit and you wait and many times you go down and there’s about six places with only two working in them. I hate going, I do.’

(Female Participant, aged 69, LA Information Surgery)

‘It’s all right first thing in the morning but on an afternoon you couldn’t get in there for smoke. And there were some weird people going in there as well. The atmosphere wasn’t very nice.’

(Male Participant, aged 77, BA home Visit)

‘There used to be a lot of stories about, that people were abusive there and they’d be throwing chairs around and what not. They had to screw the chairs down, things like that I think stick in your mind. They say you have to go to the counter and then everyone could hear you.’

(Female Participant, aged 70, Age Concern Home Visit)

There were indications that, for some, just a brief encounter with the DSS offices had been enough to deter them from re-contacting the service, even when their circumstances suggested they should.

In contrast, the BA BGOP services were widely seen as an improvement on previous DSS experiences. They were more conveniently located, the service provision was better than anticipated, and the surroundings were more congenial.

Locating the service away from BA offices usually meant more privacy and led to a friendlier, less threatening atmosphere in a more familiar, comfortable, informal environment.
‘It is so much better to sit at a table in what looks like a shop and have a cup of tea and talk to a young man who will take it slowly.’

(Female Participant, aged 55, Age Concern Information Surgery)

‘It was far easier for me to step on that bus than go to the office. That is the only thing that kept me from the office was my experience in the past. I didn’t see much shape to it, no organisation of any sort.’

(Male Participant, aged 58, Benefit Bus)

The overwhelming impression in all the areas visited was that experience of BA BGOP services was almost universally preferred when compared to previous experiences or expectations of the main DSS offices.

Given that BA staff were not always seen as particularly helpful or sympathetic, the friendly, helpful, approachable staff on the prototype were a considerable improvement on what had been anticipated. Often the staff were seen as more neutral, particularly Age Concern home visitors. The reduced queuing and the availability of interpreters in some locations all helped to foster a positive feeling about service provision.

### 4.1.3 Initial triggers for contacting the service

Five main routes to finding out about the different BA BGOP services emerged:

- referral to a particular service;
- advertising;
- word of mouth;
- by chance;
- pro-active targeting.

### Information Surgeries

A minority had used information surgeries as a result of word of mouth recommendation from close friends and family, or simply by chance. In the former case, most had low levels of awareness about the different benefits and had had only minimal previous contact with the BA.

‘My son’s friend’s mother has got this allowance and I applied about two years ago and I got refused then and my son said ‘apply again, mam’ and he got this number from the DSS and they made an appointment for me to go down.’

(Female Participant, aged 77, LA Information Surgery)

Respondents had come across information surgeries by chance in Age Concern outlets, often when they had dropped in for another reason (e.g. to sort out home insurance); in day care/community centres; in libraries; and when they were held at pensioner group meetings or functions.
'I went in on a Friday [to the local library] and there was a chap there from the DHSS which was excellent. He was sitting there and he was available to anyone over 50 to ask questions.'

(Male Participant, aged 53, LA Information Surgery)

'I belong to a Transport & General Workers Union retired members association and we get visits from Help the Aged and different people once a month to have a chat. We had people round from the DSS and they came along and told you about different entitlements. And one fellow, he came along and he said if you don’t succeed the first time, don’t get perturbed, keep trying.'

(Male Participant, aged 82, Age Concern Home Visit)

Other visits to information surgeries had been prompted by:

- advertising (public notices, leaflets), and occasionally pro-active targeting by mail;
- word of mouth recommendation from professionals, e.g. carers or wardens in sheltered accommodation units and day centres;
- direct referrals from main BA offices.
  ‘The Express and the Star said ‘benefits for the over-50s’ and being over 50 I thought no harm in going to see.’

(Female Participant, aged 58, LA Information Surgery)

**Home visits**

A large proportion of home visits had arisen as a result of referrals from:

- another BA BGOP service (e.g. information surgery);
- the BA office;
- social services (e.g. home help or other contact with Social Services);
- other organisations.
  ‘I phoned them [BA] and explained my situation and they said ‘no problem, we’ll make arrangements for somebody to come out’.’

(Male Participant, aged 65, BA Home Visit)

Other home visits appeared to have been prompted by more direct targeting of potential customers via mail shots from the DSS or BA. A letter or claim form was sent suggesting the addressee might be entitled to some form of benefit assistance. Appointments for the visit were made when the recipient responded by phoning the prototype service.

A few of the home visits were allegedly unprompted. In some cases, it had come across that the DSS or BA was visiting to check respondents’ entitlement.

‘The lady got in touch with me and she came unexpectedly. I don’t know how she got my number or why she came, but she did come.’

(Female Participant, aged 68, BA Home Visit)
'They sent me a letter to say when they were coming out, told you to have your bank statements, your rent books, everything for them to look at.'

(Female Participant, aged 75, BA Home Visit)

**Benefit Bus**

All but one of those who had used this service had come across it purely by chance.

'**It was just there on the street. I was walking past it and I thought I would call in to see what you are entitled to and what you are not entitled to.**'

(Male Participant, aged 58, Benefit Bus)

'I was just stood there and I was looking at the bus and I was reading what it said. And the lady said would you like to come in and I thought why not.'

(Female Participant, aged 56, Benefit Bus)

**Telephone Advice Line**

Almost all of those who had contacted the advice line had done so as a result of advertising or leaflets.

'**It was a leaflet that came through the letter box. I think that’s the way I found the number.**'

(Male Participant, aged 71, Telephone Advice Line)

'I must have read something in the paper.'

(Male Participant, aged 72, Telephone Advice Line)

It was difficult to assess the wider role that advertising had on participation in the various BA BGOP services. It did not appear to have played a very significant role in directly prompting usage, but it may be that it helped in stimulating word of mouth recommendation.

4.1.4 Reasons for approaching the service

**Caveats**

The observations in this and the following sub-section are extrapolated from respondents’ accounts. Respondents sometimes found it quite difficult to recall the exact history and circumstances, the whys and wherefores, leading to their taking part in the prototype, especially if participation had taken place in the earlier stages of the BA BGOP prototypes. Secondly, sample sizes for the Telephone Advice Line and benefit bus were not really large enough to provide any detailed findings about their reasons for contacting these services. We were unable to conduct any interviews with customers of Video Conferencing or IT kiosks. Therefore, these services have not been included in 4.1.2 and 4.1.3.
The most common reason for approaching the prototype services related to benefit entitlement and general financial queries. Some sought advice with regard to their individual circumstances, others wanted to find out if they qualified for any benefit, or looked for advice relating to a specific benefit, or to a possible situation in the future (‘what would happen if I...’), or with regard to their pension.

‘I think I phoned them for advice, explaining about the money situation, and that’s how it started.’

(Female Participant, aged 62, BA Home Visit)

‘I’d heard that everybody now gets a pension when they get to 60. So anyway I was in town and I saw the bus so I went on just to check if this was true.’

(Male Participant, aged 58, Benefit Bus)

Other reasons for approaching the prototypes included getting help with filling in forms. Only a minority had approached the prototypes with queries about LA services and grants. Across the sample, one or two claimed to be unable to remember why they had approached the service in the first place.

A fair number of enquiries had been prompted by third parties (friends, family, professional carers) encouraging take-up because they had noticed respondents’ difficulties getting by day-to-day. Most of these respondents were unfamiliar with the benefit system and had little previous contact with the DSS or BA. We suspect that without this encouragement they probably would not have approached the service.

‘I weren’t having nothing, just my basic pension, and my granddaughter kept on to me ‘you should be getting more money than that to live on’.’

(Female Participant, aged 80, BA Home Visit)

Although the majority who had visited information surgeries had done so about benefit entitlement and general financial advice, there was a greater proportion of non-specific enquiries.

Some had approached the surgeries out of curiosity, wanting to know what was being offered. Many people also seemed to be seeking general financial advice, e.g. whether they were entitled to some or to more help.

‘It was just curiosity. I thought, ‘I wonder what that is’. I’ve looked at it a few times so I thought well I’ll go and ask what it is.’

(Female Participant, aged 67, LA Information Surgery)

Amongst those who had had a home visit, the main reasons for contacting the prototype were enquiries about benefit entitlement or other financial advice, or in response to a direct approach from the prototype. In the event, many ended up receiving a home visit to help them fill in forms.
Only one or two had contacted the prototype specifically about getting help with filling in forms.

A few respondents seemed slightly unsure as to why they had been visited. Often, it seemed to be a referral across departments (Social Services and BA), or as a follow-up to a previous contact made by the user (for example, over the phone). However, the reason was not always obvious or had not been made clear to the user. This prompted the suspicion that perhaps the authorities were checking up on them rather than providing a helpful service.

‘The people themselves were all right but I didn’t like all these forms, continually coming, wanting this and wanting that. I thought that was really prying that was.’

(Male Participant, aged 78, Age Concern Home Visit)

‘At the end I told her I’ve got nothing to hide. I haven’t said fibs about everything, anything. I don’t think she was Age Concern. I can’t understand it really why she had to ask all those questions.’

(Female Participant, aged 80, Age Concern Home Visit)

Customers often felt that the service had done much to counter the stigma and embarrassment associated with claiming benefit. In many cases, the staff were personable and approachable and had taken time to help with forms, explaining the issues, benefits available, etc. The fact that the service was located in ‘neutral’ venues effectively overcame customers’ resistance to having to go to BA offices.

‘It was a private room and you didn’t feel like you were begging or anything like that. He just told me what I was entitled to and he filled everything up. I had nothing to do, I think I just signed it.’

(Female Participant, aged 69, LA Information Surgery)

‘It’s a good idea to have somebody explain things to you because half of these forms that you get say do this and if you’ve done that turn to page so and so, if you haven’t done that go to another page. In the end you think, ‘oh God’.’

(Female Participant, aged 58, LA Information Surgery)

‘They were more willing to tell you about things you can claim and what you can’t claim and they were more helpful.’

(Male Participant, aged 64, Age Concern Information Surgery)

Some prototypes made access to the service easy. Information surgeries were located in the sort of venues that customers either went to in the course of things or were willing to go to. Waiting times were frequently minimal with little or no queuing and, in some cases, there was no need to make an appointment. With home visits, the service had, in effect, come to the customers without requiring any special effort on their part.
The service was also provided in the privacy and security of their home environment.

‘You didn’t have to be on edge, you were able to sit and talk and you didn’t feel as if you were holding somebody else back. They didn’t rush the interview with you.’

(Female Participant, aged 60, Age Concern Information Surgery)

‘I liked the idea that someone was coming out to see you. Also the way it was done – they wrote and told you and they arranged a day for her to come so that you expected that person to come and you weren’t opening the door to anybody.’

(Female Participant, aged 75, BA Home Visit)

A minority were less positive about the overall service they had received for a variety of reasons. In some cases there seemed to have been no follow-up to the enquiry by staff. This was particularly irksome when it concerned applications for more specialised benefits like DLA and AA which have long assessment times, and especially so when the customer had not been warned how long it might take. Lack of follow-up left respondents feeling that they had been forgotten about. Customers were also likely to be dissatisfied with the service when their claim had been rejected and they were not given a satisfactory explanation as to why they had been unsuccessful.

‘I just keep getting told it’s being sorted, at least another two weeks. That’s what I got told last week. I got told that the week before and, to be honest, I’m losing my temper with them and I’m getting very agitated over it.’

(Female Participant, aged 60, Age Concern Information Surgery)

‘She answered my question but she wasn’t able to give me what I thought would be available. I haven’t had any dealings other than one brief phone call and I didn’t get very far, it didn’t help me any.’

(Male Participant, aged 72, Telephone Advice Line)

One or two who had received an allegedly unsolicited home visit felt they should have been given advance warning better to prepare themselves and, in some cases, to ask another family member to be present.

‘If I had been warned I’d have been a lot better [prepared] for it.’

(Female Participant, aged 72, BA Home Visit)

With regard to service delivery across the different prototypes, some customers were critical of the fact that they had not been made aware that a wider range of information and advice was (theoretically) on offer. More general dissatisfactions related to feeling that the delivery had been somewhat too hurried or there had been no offer of help with filling in forms. Criticisms relating to staff included their seeming to lack sufficient knowledge and the absence of follow-up or the offer of support.
‘Said what I wanted to know and that was it. Five minutes I was in there. When you have people waiting behind you you cannot go in depth for anything. You are not going to spend half an hour in there and you have two couples waiting behind you.’

(Male Participant, aged 68, Benefit Bus)

‘She didn’t really do a lot. She just asked a few questions and she didn’t really do anything. She didn’t think I’d get any more Income Support. She was sort of pleasant but she didn’t help me at all in any way, really.’

(Female Participant, aged 75, Age Concern Home Visit)

‘She turned round and she took my name and address and she said they would get in touch but I haven’t heard no more.’

(Female Participant, aged 65, LA Information Surgery)

‘I really just provided her with what she asked for and relied on her to do what was necessary to help me. Perhaps a follow-up visit to see how it’s gone, if it’s being handled correctly. Even if she rang me up to say ‘I came out three weeks ago, how’s it going, have you heard anything, is there anything else you want to know’.’

(Female Participant, aged 62, BA Home Visit)

4.1.6 Handling and resolution of enquiries

Level of follow-up received after the initial enquiry

The majority of customers had expected a more pro-active follow-up to their enquiries which reflected a desire for a reassuring, hand-holding approach to their case.

‘She thought the wife should have a larger Care Allowance and that I should have Care Allowance for myself. She said, ‘right, I’ll see to that, I’ll fill it in’ and she did, she filled everything in and I just left it.’

(Male Participant, aged 78, BA Home Visit)

However, only a minority appeared to have received any follow-up letting them know how their enquiry was progressing. Pro-active follow-up was rare even for applications which took a long time to process.

Many respondents who would have liked some active follow-up claimed to have received no contact at all from the prototype staff since their initial enquiry. Other customers had been told to re-contact the prototype service themselves if they needed any more advice or assistance.

‘I’m asking for an Attendance Allowance which is where I started off with Age Concern. I asked them to come and they filled it in and they said if I didn’t have a reply within six weeks I could get in touch with them.’

(Female Participant, aged 87, Age Concern Home Visit)

Those who had had a claim rejected were unlikely to reapply or appeal without the encouragement which might have come via a follow-up.
Indeed, only a handful of customers had reapplied for a benefit or appealed against the rejection of a claim.

‘I’m the type of person if they said, ‘no you’re not entitled’ I’d just leave it at that. I’m not a pushy type to go and say why or whatever.’

(Female Participant, aged 67, LA Information Surgery)

**Resolution of enquiries**

Only around half of all initial enquiries had been resolved at the time the research interview was taking place. Some applicants were still awaiting news of their claims, and many had heard nothing further from the BA BGOP prototype. A minority were more confident about the delay and seemed aware that the claim was being dealt with. Significantly, this segment either had more contact with or knew the contact details of the BA BGOP member of staff who had dealt with their claim.

The remaining enquiries had not been resolved primarily because the initial application form(s) had not been sent off. This was due to a variety of factors including:

- a change of circumstances since the original advice had been given;
- a lack of follow-up encouraging the customer to send off the form;
- the reluctance of some respondents to give personal details to the BA BGOP advisor and who wanted instead to fill in the forms on their own and in their own time;
- customers finding the forms too confusing, but not seeking further assistance in filling them in;
- customers not finding the time to fill the forms in;
- customers not believing they would be entitled and so not bothering to fill the forms in.

‘Forms frighten an awful lot of people. I honestly think that some elderly people, rather than having to fill forms in will go without, won’t bother to claim or won’t bother to do anything.’

(Female Participant, aged 75, BA Home Visit)

‘She gave me all the forms but there were that many different things we didn’t know which ones to fill in.’

(Female Participant, aged 60, Age Concern Information Surgery)

However, it should be noted that some found it quite hard to recall their exact experience of the prototype service and frequently seemed quite muddled about the different benefits they were receiving or had applied for.
Successful applications for BA benefits as a result of BA BGOP advice

At the time of fieldwork, amongst both those who had visited an information surgery and those who had received a home visit, only a few applications for benefit had been unsuccessful. The majority were still pending a decision.

Few of the Telephone Advice Line or benefit bus customers had applied for benefits as a result of contact with the BA BGOP prototype. This was partly because the enquiries at these services tended to be less pressing, more routine.

Significantly, most respondents expressed no real preference for staff from a particular agency to act as advisors. Likewise, respondents did not seem unduly concerned about the age or gender of the advisor. It was more important that the staff had the right approach and personal qualities.

‘It wouldn’t matter who they were as long as they knew what they were doing.’
(Female Participant, aged 69, LA Information Surgery)

‘An old person or a young person or whatever – as long as they can do their job, they know their job – I don’t think that makes a lot of difference myself.’
(Female Participant, aged 67, Age Concern Home Visit)

‘I think they need to be sensitive, they need to try to understand everybody. They wouldn’t be able to understand everybody, nobody can understand everybody but if they tried to understand most people. A considerate sort of person. I don’t think age comes into it really. I wouldn’t mind personally anyway.’
(Female Participant, aged 82, Age Concern Home Visit)

Awareness of who the staff represented was very mixed. Not surprisingly, those who were more confused about the role of different organisations were most likely to be uncertain about who was supplying the service.

‘I don’t think she has anything to do with the DHSS, I think she’s somebody like you, she must be. It wasn’t the DHSS, it was like a private thing.’
(Male Participant, aged 63, LA Information Surgery)

‘I don’t know where she was from, she was sat in the office and she said she couldn’t help me but she would try to find out and then she rang up and give us a telephone number but John had already got in touch with the housing.’
(Female Participant, aged 63, Age Concern Information Surgery)
Of those who visited information surgeries, the majority were fairly confident that the BA BGOP staff worked for the DSS or BA. A minority thought that the staff worked for the LA or Social Services, and a handful were convinced that the staff had been Age Concern employees. Those who received home visits tended to be more confident about who had visited them. However, the few who had received ‘surprise’ visits remained unsure. The staff on the benefit bus were generally thought to be working for the BA, but this impression had often come from the branding on the bus. Very few customers of the Telephone Advice Line had any idea who the person on the other end of the line worked for.

More generally, attitudes towards Frontline staff were usually very positive and most customers were full of praise for the staff that they had dealt with. Some staff had clearly established a warm and positive relationship with customers who referred to them by their first names. Staff were almost universally seen as approachable, friendly, helpful, polite, patient, reassuring and sympathetic. Customers of the service praised those staff who had:

- invested time and effort into developing a good relationship;
- provided realistic expectations, and been honest and straightforward;
- been more pro-active in helping the customers;
- filled in forms on the spot;
- posted or delivered the forms for applicants;
- telephoned the LA or other relevant departments in an effort to resolve the enquiry;
- sent out promptly forms not available at the surgery;
- taken time to follow-up cases to see how people were getting on thereby providing support (a ‘friend’ at the DSS) and a single point of contact for the user;
- given the impression that they were on the customers’ side.

‘He was very good, he made a lot of sense. I asked the question and he put it in the best way for me to understand, and he was very patient.’
(Male Participant, aged 70, LA Information Surgery)

‘She helped me to fill the forms in. Because when you haven’t been writing letters and things like that you lose your confidence as you get older to do these things.’
(Female Participant, aged 68, Age Concern Home Visit)

‘She was willing to help, she knew what was going on. You got the feeling that she wanted to help you.’
(Female Participant, aged 67, LA Information Surgery)

‘It was excellent because they gave me the phone number of people that could help me.’
(Male Participant, aged 62, Benefit Bus)
‘He was very helpful. He said ‘I'm here to help you and put things back in order for you’ and went straight back to the office and got the girls working on it and that was it.’

(Male Participant, aged 74, BA Home Visit)

Specific criticisms of the staff were fairly rare, but generally related to wider issues surrounding their ability to help or understand the user, as well as issues of service etiquette. Criticisms included:

- staff seemed to lack knowledge of the different benefits (particularly BA staff on LA issues);
- staff had been less personable, viz. they had not provided a name, card or contact number;
- staff seemed to have hurried the service when another customer was waiting;
- staff had not made clear what they could help with or did not ask enough questions to get the full picture of the customer's circumstances;
- staff had not got back in touch with the customer after the initial contact.

‘I'm not saying they haven't been helpful, they have, but they haven't actually told you what you could claim.’

(Male Participant, aged 64, Age Concern Information Surgery)

4.1.8 Participants’ suggestions for improving the service

Spontaneous ideas for improving the service included:

- making it clearer that staff could advise on a whole range of queries;
- staff offering to help with filling in forms as a matter of course;
- the advisor taking responsibility for getting evidence and taking the forms to the appropriate offices;
- simplifying forms and procedures;
- processing forms more quickly, especially for older, more vulnerable customers;
- providing the home visitor’s name in advance for security or follow-up reasons.

The apparent preference for face-to-face contact should be viewed with some caution. For many, it was preferred because this was how they had experienced the prototype. Realistically, telephone advice might well have sufficed for some of the more straightforward enquiries although for more complicated queries and for those less confident on the phone or with hearing difficulties, face-to-face contact would still have been essential.

4.2 Non-participants

4.2.1 Awareness of BA BGOP prototypes

Amongst this non-participant sample, awareness of BA BGOP was non-existent in all but two of the areas evaluated. In one area, information surgeries were being held in Age Concern. Respondents visiting Age Concern for advice on insurance, home security, etc. had heard that a benefits advisory service was on offer. In the second area, a respondent
in her 50s had found out about BA BGOP from a leaflet that had been delivered to her aged father. In the other areas, awareness of BA BGOP was conspicuously lacking.

‘We were in X a fortnight ago and there were loads of signs saying they were doing a ‘workshop’ for the over-60s. I think they had it in the library. There’s one in the Civic Centre as well, and we went to the hospital and we were in the outpatients’ department and there were four different ones.’

(Females, Non-Participants, aged 50-59, Benefit recipients)

‘My father last week gave me a leaflet and it said that there was a roadshow in the X primary school and he said ‘I thought it was for the 70s and 80s, but when I read it it’s your age group. It’s for the 50s’ and so he said ‘I’m not interested, you take it’.

(Females, Non-participants, aged 50-59, Non-benefit recipients)

Since non-awareness was more or less universal there was no difference between levels of awareness by age or by current claiming of benefits.

4.2.2 Reasons for not using BA BGOP

From 4.2.1 above it is clear that the main reason for not using BA BGOP amongst this sample was lack of awareness of the service.

‘Letting people know about the initiative, I guess, is a starter!’

(Males, Non-participants, aged 50-64, Non-Benefit recipients)

‘You never get a letter or anything from them to say this is changing.’

(Females, Non-participants, aged 50-59, Benefit recipients)

Many, especially the more independent and financially better off, did not use the service because they saw, as yet, no need to enquire about benefit entitlement. This was more pronounced amongst those who were under retirement age, fit, and employed. Many of those at the younger end of the target audience (50-60) claimed that they would not even consider accessing a service aimed at ‘older people’, believing that this would really only be relevant to those who had retired or the elderly. Furthermore, without actually knowing what was on offer, it was difficult for many to imagine how such a service might help them.

‘We probably don’t know because we’re probably not interested in that. ‘Pensioner’ is nothing to do with us. You see that and you automatically think of 65 for a man and 60 for a woman. … What you’ll find is that people will only look for something like this if they have a severe problem that they can’t cope with. If they’re coping they won’t go.’

(Males, Non-participants, aged 50-64, Non-benefit recipients)

A pride in self-reliance and a cultural reluctance to seek help were also observable across the sample. Thus, even if they had known about BA BGOP, many indicated that they would have been reluctant to seek advice and assistance about claiming benefits unless positively encouraged to do so.

42
Neither of the guys living either side of me have worked since their factories closed 20 years ago, but they wouldn’t dream of going to the Benefits Agency. They get what they get and they don’t want to know nothing else.’

(Males, Non-participants, aged 50-64, Non-benefit recipients)

The BA BGOP concept attracted a quite to very positive response across the sample.

‘That sounds good, doesn’t it … that they’re doing something for older people, that we’re not the forgotten race.’

(Females, Non-participants, aged over 60 years, State Pension only)

‘It’s a very good idea.’

(Females, Non-participants, aged over 60 years, State Pension + other benefits)

Specifically, respondents envisaged a more friendly, helpful and approachable service with staff who were geared up to dealing with older people. Not having to suffer the perceived indignity and discomfort of going to the BA offices was also seen as a major plus.

The main positives of the BA BGOP concept were seen as:

• staff will give advice and tell people what they are entitled to (i.e. appear to be on the customers’ side);
• help with filling out claim forms;
• not having to go to the main BA offices;
• seeing one advisor for all enquiries.

Less positively, the BA BGOP name with its emphasis on older people did not come across as particularly relevant or appealing to ‘younger’ older people in the over 50 years age group.

‘The name would put me off. I wouldn’t be interested at all.’

(Females, Non-participants, aged 50-59, Benefit recipients)

‘We’re not old! Older is my parents, people that generation. We won’t read that, we’d just carry on.’

(Males, Non-participants, aged 50-64, Non-benefit recipients)

Information surgeries

Amongst this sample of mobile, older people, the idea that people aged over 50 years could get advice and assistance about benefits and other services without going to the BA offices had strong appeal. There was an almost universal preference to be able to get such advice separate from other benefit claimants. For both those who were receiving benefits and those who were not, the possibility of getting advice and assistance in more congenial, informal and less intimidating surroundings was a major
plus. Such surgeries also largely circumvented sensitivities about being seen going into the BA offices.

‘This is it. I think that should have been available at all times. I think it would be great.’
(Males, Non-participants, aged over 65 years, State Pension only)

‘That takes the pressure off because there are people who are queuing up at the Benefits Office because they’ve been given a form by somebody and they have to wait three hours for the person on the other side of the counter to say ‘you should have put it in that box there’!’
(Males, Non-participants, aged 50-64, Non-benefit recipients)

It was anticipated that staff operating the surgeries would provide a more positive, friendly, helpful and understanding service compared with expectations of the service at BA offices. For those who were less confident or literate, or the more elderly, the offer of assistance with understanding and filling in complex forms was especially appealing. Some claimants contrasted this with BA staff’s unwillingness to provide this type of help, even when asked.

‘I think that all of these forms are designed simply to confuse you, to bamboozle people. I think in that case it would be nice if you got a form and they said ‘there’s staff at Age Concern what can help you’.’
(Males, Non-participants, aged over 65 years, State Pension only)

Ideally, information surgeries would:
• have facilities for interviews to be conducted in private if required;
• be staffed by people who were well informed about all relevant benefits and services;
• have staff who could relate to the aged over 50 years target audience.

There were a few requests that the staff should themselves be in their 50s, although the actual age of the staff was seen as largely irrelevant; what mattered was their demeanour. Respondents looked for someone who would understand how best to approach and talk to older people, be patient, sympathetic, etc. They did not want callow youth.

‘You need someone you feel comfortable talking to.’
(Females, Non-participants, aged 50-59, Benefit recipients)

‘You don’t want someone talking down to you. The young ones talk down to you sometimes. They can be a bit smug.’
(Females, Non-participants, aged over 60 years, State Pension only)

For those under retirement age, the name ‘pensioners’ surgeries’ was distancing. An alternative name addressing the audience as a whole was requested. Names such as ‘50 plus Information and Advice Surgery’ seemed to be more appropriate.
‘We’re still working. We’re not pensioners. That wouldn’t mean nothing to me.’
(Males, Non-participants, aged 50-64, Non-benefit recipients)

It also has to be observed that for those who were still working full-time, there was a need for flexible opening times.

**Home visits**

Predictably, the idea of home visits by BA staff was widely seen as preferable to having to go to BA offices for benefit advice and assistance.

‘Home visits are better. You haven’t got to visit them!’
(Males, Non-participants, aged over 65 years, State Pension + other benefits)

It was, however, observed that home visits would be very labour intensive and expensive to operate. This encouraged the view that they should be restricted to those who needed this type of service.

‘How many would be having to work for them to cover all the people that need assistance? I can’t imagine they’d be able to do it.’
(Males, Non-Participants, 50-64, Non-benefit recipients)

Realistically, respondents observed that home visits were essential for those who were more elderly, less mobile and housebound to a greater or lesser degree. For such people, home visits represented the only practical service option. The only possible alternative might be a system which went out picking people up and bussing them to a central advice location.

‘That’s a must for people that can’t get out.’
(Females, Non-participants, aged over 60 years, State Pension only)

‘That’s better than going to a library or somewhere. If you’re ill or you’re an old person you never know how you’re going to feel the next morning. You think, “tomorrow, I’ll go down there” and then you get up feeling rotten.’
(Females, Non-participants, aged 50-59, Benefit recipients)

An advantage of home visits carried out by BA staff was that evidence could be seen and verified on the spot. Not surprisingly, older respondents were somewhat reluctant for their pension book, bank statements, etc. to be removed from their home. Those less familiar with the system did not know what might constitute the relevant evidence and envisaged having to make at least a couple of trips to the BA offices before they satisfied the requirements.

‘They’d be seeing you in your home environment. Then they know what you need, what you’ve actually got.’
(Females, Non-participants, aged 50-59, Benefit recipients)
‘You’d have things to hand as well. You’d have papers and things that you
could go and get, whereas you might forget to take them to the offices.’

(Females, Non-participants, aged over 60 years, State Pension +
other benefits)

A further benefit of home visits was that of enhanced privacy, especially
by comparison with BA offices. However, a small minority disliked the
idea of home visits, seeing this as an intrusion on their privacy.

‘I don’t like people coming to my house, it’s an intrusion on my property.
If I went to the office or was on the phone, I’d like things to be completed,
filled in there and then. It’s no good somebody saying ‘I’ll come to your
house next week’. I don’t like that, it’s encroaching on my privacy.’

(Males, Non-participants, aged over 65 years, State Pension only)

Benefit Bus/Roadshows

The underlying idea of a mobile advice centre had some low-key appeal.
References were made to such mobile centres run by the Police and
Inland Revenue.

Positively, it provided opportunities for getting benefits advice and
information without having to get to the BA office. In theory, the idea
of reaching out into more rural communities made sense. There were,
however, some hints of people being reluctant, within their own
community, to identify themselves as seeking benefit help. There were
also some concerns expressed about possible problems with queuing and
privacy.

‘It might deter a few people, especially some of the very older ones who look
upon things as charity. They’re not, they’re entitled, but they still look
upon it as charity.’

(Males, Non–participants, aged over 65 years, State Pension + other
benefits)

‘There’d be no privacy.’

(Males, Non–participants, aged over 65 years, State Pension + other
benefits)

Telephone Advice Line

The idea of a telephone advice line attracted a fair degree of interest. It
was, however, seen as essential for it to be a freephone number. It was
also important that the call handling was undertaken by people who
were both well-informed and skilled at explaining issues over the phone,
especially to older people who might have difficulty assimilating
information.

‘Just pick up the phone! Why trek to my library to talk face-to-face when
I could talk to them on the phone from home.’

(Males, Non–participants, aged 50–64, Non–benefit recipients)
‘Anything that’s going to save people money is a good idea. It could do with being a freephone number, I’m sure that would make a difference.’
(Males, Non-participants, aged over 65 years, State Pension + other benefits)

Generally, the phone was seen as a convenient and confidential way of finding out basic information about benefit entitlement. It was particularly suitable for those who were housebound or less mobile and less able to access other sources of advice.

‘I don’t suppose that’s a bad idea if you’re terribly busy or you can’t get out or something like that. You can just pick up the phone and ask for advice.’
(Males, Non-participants, aged 50-64, Non-benefit recipients)

However, the phone had its limitations. Many older people preferred face-to-face contact where they could see whether or not they had been understood. Some also admitted that they found it difficult to take on board more complex information over the phone. Furthermore, it was observed that, for those with poor or limited hearing, the phone was not necessarily a very effective means of communication.

‘I don’t like filling in forms, simple as that. And even if I phone up and asked for advice on how to fill it in I’ll get confused in the conversation … whereas when you have eye-to-eye contact and you’re filling it in, it’s much easier.’
(Males, Non-participants, aged over 65 years, State Pension only)

‘I’m fine, but then you’ve got a lot of elderly people with hearing problems and they’re not so good on the phone and when they’re explaining something they’re missing out.’
(Females, Non-participants, aged over 60 years, State Pension + other benefits)

**Video conferencing**

The idea of communicating with BA staff via a video link attracted very little positive support from this sample of older people.

‘It’s like talking to an answering machine.’
(Females, Non-participants, aged 50-59, Non-Benefit recipients)

The technology was unfamiliar and therefore attracted a degree of suspicion. Doubts about how it would work in practice largely overwhelmed any possible benefits of the system.

‘I think that’ll be for when we’re gone.’
(Females, Non-participants, aged over 60 years, State Pension + other benefits)
‘You dry up when you’re faced with a microphone. … You’re talking about the older generation, aren’t you, people older than 60s and 70s. There’s no way they’d use that.’

(Females, Non-participants, aged 50-59, Benefit recipients)

In theory, this system would provide a more local and easily accessible place to obtain advice and assistance about benefits and avoid the need to visit the BA office. However, locating the service in the library did not attract a very positive response with respondents fearing that it might lack sufficient privacy and anonymity. Libraries tend to be quiet places and respondents may have envisaged having to discuss their personal circumstances in full hearing of library customers. At a more basic level, libraries are frequented by people from the locality, and older people may have had reservations about being seen to be seeking advice about benefits in a neo-public scenario. This concern may have been amplified in smaller communities.

Just as privacy was questionable at point of delivery, there were also doubts about confidentiality at the BA end. Some were concerned that their discussion could be seen or overheard by others working at the BA offices.

A further problem with this delivery system was technophobia. Respondents feared that it might be difficult to operate (much like the problems many older people have with video recorders) and would not really provide an equivalent to face-to-face contact. There were signs that, for women especially, the idea of being on camera did not really appeal very much.

‘Unless you’ve got people who are happy using computers and that sort of technology, there are a lot of old people who are uncomfortable on the phone, let alone having this face in front of them.’

(Males, Non-participants, aged 50-64, Non-benefit recipients)

In the final analysis, this delivery system, in abstract, seemed to offer little advance on telephone contact which could be made from the privacy of their own home.

‘Video conferencing is a complete no-no. It’s not adding any added value to the telephone line except that we’re seeing the person.’

(Males, Non-participants, aged 50-64, Non-benefit recipients)

**Information Technology**

The vast majority of this sample were not at all into computers and the internet. Consequently, the idea of using computers or the internet as a means of accessing information and advice had very limited appeal.

‘How many older people have you met that know how to work a computer for a start? … I’ve got enough trouble with the video.’

(Males, Non-participants, aged over 65 years, State Pension + other benefits)
Only a minority of younger and more adventurous respondents felt they were sufficiently computer literate to find this option interesting. For the minority more familiar with the internet, the idea of being able to find out more about benefit entitlement in this way had some appeal. However, those with access to the internet, often via their children or grandchildren, were still a small minority.

The idea of providing information on touch screens at kiosks in public places had very limited appeal. On the one hand there were hints of resistance to being seen seeking information about benefits in a public place; on the other, there was a wariness about possibly not being able to manage unfamiliar ‘computerised’ technology.

‘some people can’t spell and things like that. i mean, they’d get very embarrassed typing out questions on the computer.’

(females, non-participants, aged over 60 years, state pension + other benefits)

4.2.5 Non-participants’ preferred types of service delivery

It was generally agreed that more than one service type was required.

‘That one-stop-shop would need a telephone advice line running alongside it. somewhere that you ring and they’d say ‘we can help you, come and see us’.

(males, non-participants, aged 50-64, non-benefit recipients)

Not surprisingly, the home visit option attracted a fair bit of support because it was discreet, private, and relatively effortless for those seeking advice. However, on further consideration, most recognised that home visits were only appropriate for those who were more elderly, housebound, etc., who really needed this type of service.

For the majority, information surgeries located at neutral, friendly and easily accessible venues and staffed by well-informed, understanding and helpful staff were an acceptable option. Ideally, these surgeries would be positioned as advice centres for those aged over 50 years, and not too overtly branded as for benefit advice only.

interest in the telephone advice line was more limited. some could see it as an easily accessible, fairly anonymous service for basic information and guidance. it also had a role as an access point to information surgeries and home visits. consequently, most felt that a telephone advice line would be desirable if not essential. however, enthusiasm for this service was tempered by widespread doubts about the practicability and ease of filling out (complex) forms over the phone.

‘i couldn’t fill a form out over the phone if someone were telling me how to do it. i couldn’t do that, i couldn’t concentrate on doing that over the phone.’

(females, non-participants, aged over 60 years, state pension only)
Of the other types of service delivery only the benefit bus and roadshow idea attracted much support. In theory, it would be useful for this mobile office to visit outlying areas for people to get advice in their own neighbourhood. However, there were hints of actual reluctance to seek benefits advice so openly within their own community/neighborhood.

In relative terms, interest in the other service delivery ideas such as advice via computers/the internet and video conferencing was minimal.
Across the different prototype areas there were variations with regard to size of team, the organisations from which staff were drawn and the amount of time they were able to dedicate to BA BGOP delivery. Some were working full-time on BA BGOP whilst others were part-time.

Staff came into three categories. Frontline staff delivered the advisory service. BA prototype managers and administrative staff managed the service and provided the administrative support. In addition, we identified a third group which we have called Signposters; they directed potential customers to the service rather than worked in any direct advisory capacity. They were professionals in frequent contact with the BA BGOP target audience, and thus known and trusted. Typically, those falling within the Signposter category included sheltered housing wardens, home carers, nurses, etc.

‘They [customers] are not always trusting when they think of the Benefits Agency … you have to build a relationship and the way to do it was with people they did trust, which was Local Authority staff like home carers and those kind of people that had already gained their trust.’

(Prototype Manager)

The majority of the Frontline staff in our sample were BA personnel. The others were either LA employees or from the voluntary sector. Some of the Frontline staff we interviewed, including care managers and representatives of voluntary organisations, could more accurately be described as Signposters.

Stakeholders were defined as representatives of organisations other than the BA who were involved in the BA BGOP prototype. Across the prototypes, Stakeholders differed widely with regard to the numbers involved and the organisations represented, which ranged from voluntary organisations such as Age Concern and CABx to different departments within the LAs, e.g. Finance, Housing Benefit, Social Services, etc. Also, Stakeholders’ level of involvement with the prototype and their level of seniority varied across the prototypes.

Most BA employees involved in the prototypes had actively volunteered and applied for the various BA BGOP positions. Our impression was that those who had applied for full-time positions in particular seemed to have been through more careful selection procedures. The positions had been advertised and they had had to apply formally. They had then gone through the interview process. In contrast, many of the part-time staff seemed to have been seconded, more or less informally, to BA BGOP positions which they were fulfilling in addition to their other responsibilities.
There were various reasons why staff wanted to get involved with the prototype. Some saw the BA BGOP client group as more rewarding to deal with or they were interested in helping the people in the over 50 years age group. There was also a desire to do something different (away from the BA offices) and an opportunity to take on new challenges and responsibilities. Some saw the BA BGOP role as a natural extension of their existing job, e.g. as customer service manager, visiting officer, Frontline reception staff, etc.

‘Myself and X were very keen on the idea anyway. We saw an area where we both had a genuine interest in and we’ve both got sort of past knowledge, we’ve both worked with older people, so actually doing it now as full-time employment has been something that’s a genuine interest as well as a professional interest.’

(BA Frontline Staff)

‘It’s rewarding. You feel you’ve done something worthwhile. If an old lady is £30 a week better off then it’s worth it.’

(BA Frontline/Administrative Staff)

Other Frontline staff had been approached and encouraged to take part in the exercise. As with BA employees, in many cases their role in BA BGOP was simply an extension of their normal job (e.g. LA information officers, Age Concern home visitors, CAB advisors, etc.).

‘Since my job description is Information Officer it fitted perfectly. It would be something that I would be doing if any other member of the public rang in to say ‘what do I do about this’. Perhaps it brought a greater number of people into my remit, but that’s only to be encouraged, it’s my job described.’

(LA Frontline Staff)

There was evidence to suggest that some staff involved in the project had been ‘passively’ volunteered, especially where senior managers and organisations were keen to be involved. Whilst most passive volunteers had enjoyed participating in BA BGOP, there were some signs that insufficient consultation had taken place at the outset about what was expected of them and how much time they would need to dedicate to the project.

‘I was chosen to be a volunteer … because he thought that I would enjoy doing it anyway. So that’s how I first ever heard of it and was literally thrown in at the deep end because it probably wasn’t given to him in very great detail what it would involve. He was just asked to find volunteers from the department so he put my name forward.’

(LA Frontline Staff)

5.2.2 Attitudes towards and understanding of the client group

Many staff clearly understood and empathised with the over-50s. They were aware of the particular problems operating within this age group, viz. that many older people were very confused about the benefits system, were not comfortable visiting BA offices, found it difficult to fill in very
long and complicated forms, and often needed extra time and more privacy
to discuss their circumstances.

‘People need benefits at a bad time, when there’s a change in their life
circumstances if you will, and that’s bad enough to cope with without having
to go through a maze of forms. When someone loses their partner and so
forth they lose benefits. They don’t know what they are entitled to. Because
when they are in grief like that going and queuing up at the Benefits Office
isn’t the right environment for them, so it has helped with things like that.’

(Stakeholder)

‘They don’t want to sit in the waiting room. We’ve got a lovely waiting
room downstairs, really, but they say ‘we don’t want to come in and wait’,
they feel quite comfortable going into somewhere other than a Benefits Agency
office.’

(BA Administrative Staff)

‘You have to take them by the hand, the pensioner client group, especially
the older ones that are over 80. We see them that are 90, 95, you’ve got
to guide them through yourself. You have to treat them completely different
than you would a single parent coming in the office.’

(BA Frontline Staff)

Some staff seemed to have made a particular effort to put a friendly,
informal and approachable face to the organisation they represented. This
had been achieved by establishing a relationship with the customer (first
name terms) and attempting to adopt a ‘caseworker’ approach by personally
following cases through.

‘I always look at how I would like to have things explained to me. I try to
say it like it is and be as realistic and as honest as possible, and I found
that’s paid dividends, really.’

(BA Frontline Staff)

‘When you build up the trust they might come to see you next time and
they won’t just bring the benefit query with them. They bring the electric
bill, the gas bill, their insurance policy. It gets like, ‘can you ring the Town
Hall for me’.

(BA Frontline Staff)

‘I always give them my name. I give them a little card and say if you have
any problems give me a ring and they are so grateful for that. The fact that
there is someone they can phone up, that’s the sort of thing they want, they
like people’s names. Not a lot of people do volunteer their names.’

(BA Frontline Staff)

Only a few staff seemed less at ease with older people and their needs.
They did not seem to understand very readily why older people might
need special treatment, or why they might be reluctant to visit the BA offices where they might find screened environments unwelcoming and inappropriate. Nor was it always appreciated why older people might require a more patient approach when discussing their circumstances and finances, or when filling in long and complicated forms.

‘Sometimes a pensioner maybe goes round the houses to get to a point or to get the information and that can be a bit exasperating.’

(BA Frontline/ Administrative Staff)

‘There’s quite a difference between filling in forms in the bureau and filling in forms in the home. In the bureau you are in a small room and are focused on what you’re doing. In someone’s home the phone’s ringing, people calling and it probably takes longer. Because perhaps people were relaxed [in home] they were chatty but it was also more difficult to focus on what you were actually doing.’

(Volunteer Frontline Staff)

Also, some staff did not seem comfortable outside the secure and protected environment of the BA offices.

‘One of the major concerns was the safety of staff in the accommodation outside the Benefits Agency office. I think all the people who were involved in the project are skilled in interviewing people and know how to deal with potentially violent situations and things like that.’

(BA Administrative Staff)

5.2.3 Levels of involvement and commitment

There were hints that levels of staff involvement and commitment varied quite widely. This often appeared to be related to the amount of time staff were able to invest in BA BGOP. Clearly, staff who were dedicated full-time were able to focus more effectively on BA BGOP than those for whom it was a part-time role that had to be fitted in around their full-time job.

‘I’m not specially involved with BA BGOP. Well, I am involved in the various aspects, the New Deals for Lone Parents, BA BGOP, New Deal for 16-24 year old, you know, all the different strands of it. It’s all part of what we do, we’ve got to be aware of it, it’s just one of the parts of it.’

(BA Frontline Staff)

‘Having a dedicated worker really has made the difference. Someone who can focus on it 100% of the time whereas we are all doing it in amongst everything else we were doing.’

(Stakeholder)

There were also signs that some staff had become more personally involved and committed to the prototype and probably had put in more than was expected of them at the outset.
'I think it worked well that there were two of us, so we could bounce ideas off each other.  If there’d been one of us working it would have been quite difficult.  You’re left to your own ideas as to how you want to work it and thinking of things like publicity, posters, leaflets, locations, where and when to hold them, what’s involved, risk assessments, everything really.’

(BA Frontline Staff)

Individual staff’s ability to take the service forward depended on a variety of factors including their level of responsibility and their involvement with the prototype. The time they had available to dedicate to the project and their personal commitment were also important, as was the availability of funding for what they wanted to do in terms of developing the prototype.

‘When I came on board all that was in the pipeline was there would be a surgery once a week at Age Concern with no other details.  Getting the other surgeries set up was left down to us, so it was quite nice to have a blank sheet.  Because it was so new we didn’t inherit the tail end of somebody else’s work.’

(BA Frontline Staff)

‘I think if we’d been on a section somewhere we wouldn’t have been able to do what we’ve done.  By taking us away from the normal business we’ve been doing we’ve been able to do a lot more, work differently and try new ways of working.’

(BA Frontline Staff)

5.3 Overall attitudes towards the prototypes

In the main, most staff had enjoyed working on the BA BGOP prototype and found the experience both professionally satisfying and personally rewarding.

‘I’ve enjoyed being part of it and I think it’s a brilliant idea and it’s a very necessary idea.  I also think that this Better Government for Older People initiative would fit really perfectly well with that new provision of providing services.  Rather than making people come to you for information, taking information to them.’

(LA Frontline Staff)

‘I have to say that I think the people are benefiting.  They come in with a query, we can give them the answer and, other than getting access to the national computer system, we can do virtually everything that can be done in the office in the reception area at Age Concern or whatever.’

(BA Frontline Staff)

‘Based on the experience I’ve got at the moment and how far it’s gone, I would say it certainly seems to be working and benefits the customers.’

(BA Frontline Staff)
This said, there was a minority who had found the experience less rewarding. Some had not been able or willing to dedicate enough time to the venture, in some cases because they had been under pressure to fulfil other job requirements. Others had been unable to overcome frustrating barriers and had not received adequate consultation with or support and encouragement from senior managers and colleagues.

‘It’s a major issue for me. It’s certainly something that I find really difficult and definitely there should have been someone else, at least one other person full-time because it’s very difficult to deal with customers effectively and do everything else, arrange meetings, arrange roadshows, arrange venues, arrange the publicity.’

(Stakeholder)

Criteria for judging a prototype’s success included quantified data such as:

- the number of prototype customers (where known);
- the number of new claims or changes in benefits received as a result of the prototype;
- the increased number of correctly filled in claim forms.

‘We were getting upwards of maybe 12 – 15 people a day [on the benefit bus]. It doesn’t sound many, but when you don’t publicise it and you just happen to be there, and people walk in off the street, it wasn’t bad.’

(BA Frontline/ Administrative Staff)

‘Some of it is numeric and some of it is social. It’s \(x\) new customers and there’s nobody can argue with that, but also it is that we’re able to convince a group of people that we are providing security for those who can’t work and if that becomes accepted in some of the population then that is a criteria for success.’

(Prototype Manager)

Other criteria tended to be more subjective. These included an awareness that better and more co-operative working relationships had developed between partner organisations, some of whom had evinced a desire to continue working together beyond the life of the prototype. There was also a perception amongst staff of an increased awareness of and willingness amongst customers to approach the BA and partner organisations. Staff had also received positive feedback from service customers.

‘It’s been very worthwhile in terms of personal relationships as much as anything else and in terms of communication between the members of staff working on the project. I am more than happy to pick up the phone and talk to Benefits Agency staff or Social Services Housing Advice Centre. I think we are all happier to pick up the phone and ask for information from somebody else or refer somebody on or whatever.’

(Volunteer Frontline Staff)
'I think it’s been successful because we’ve reached so many people and people we would not normally have been able to reach.'
(Signposter)

'The feedback from the public has been so very positive. I have never had, in my years at the Benefits Agency, anyone come up to me and say thanks and it happened several times. It makes a difference, it’s a step in the right direction.'
(BA Frontline/Administrative Staff)

'I think the feedback coming from a lot of older people is that it has been successful and they don’t want to see it die a death. They feel it should be kept going because it has been a good thing.'
(Prototype Manager)

5.4 The set-up and the overall success of the prototypes

5.4.1 Establishing relationships with partner organisations

Establishing relationships with partner organisations, both at senior management and Frontline (‘shop floor’) levels, had led to known contacts and sharing information via secondments and job-shadowing. A better understanding had developed of how other departments worked (within and between organisations), and the various agencies were better able to conduct joint ‘take-up’ campaigns. Existing partnership and service level agreements between LAs and the BA had facilitated sharing of customer information.

‘At Age Concern the people there are really, really nice so the relationship we’ve got with those from the start has been absolutely brilliant. … The Chief Executive there is an absolutely fabulous chappie, and from the start we also had the Housing Benefit and Council Tax Benefit people attending with us.’
(BA Frontline Staff)

‘The LA were already on board here so we were jumping in with them and being able to join forces with them and take it forward.’
(BA Administrative Staff)

Effective establishing of links

Some prototype areas already had better and more developed relationships between organisations (particularly BAs and LAs) at the outset. They had, therefore, spent less time on forging new and reliable links.

‘We had two existing partnership arrangements with the Council and had worked closely with them in the past. We had links through the district information offices which we used to have. The welfare benefit advisors, we know one another personally, we’ve had telephone links with one another over a period of years.’
(Prototype Manager)
Prototype areas seemed to have approached the process of improving liaison in different ways. Some had been more concerned with establishing and consolidating links with other organisations prior to providing the service. Others had been more keen to start service provision and links were established during the course of the prototype.

There was a general consensus that, in order to have effective liaison between organisations, there needed to be co-operation at all levels, senior management as well as amongst Frontline staff, as well as reliable inter-agency contacts.

Liaison also seemed more likely to succeed when staff:

- made efforts to understand how other organisations worked and their rules and regulations by establishing a rapport with colleagues through job-shadowing, cross-training, secondments, visiting partner agencies, etc.;
- identified mutual benefits for all partners;
- made more effort to be diplomatic and avoided treading on toes;
- had shown more determination to get round any barriers to effective liaison.

**Barriers to establishing effective liaison**

Problems sometimes arose with organisations having to learn to work together. Prototype Managers and Stakeholders needed to gain the active support of other organisations without ‘treading on toes’ which required a degree of diplomacy. Frontline Staff had to learn to trust staff from other organisations to deliver correct information. They also had to accept each other’s ways of working and accommodate the different requirements for evidence, risk assessment, etc.

‘It’s all about inter-communication between the different departments that has been a major problem.’

(Stakeholder)

‘It wasn’t easy [LA and BA working alongside]. …There are cultural differences in working for the two organisations, there are grading differences.’

(Prototype Manager)

One of the barriers to effective liaison was the loss of key liaison personnel which inevitably affected the development and maintenance of links between organisations. Other barriers were inadequate explanation at the outset of what might be expected of different organisations and the lack of meaningful support from and involvement of partnership organisations.

‘I think with a change of staff you lose the links as well.’

(Stakeholder)
‘I don’t think the Local Authority’s liaison worked particularly well because they’ve got staffing problems. … They just couldn’t afford to send a member of staff there to sit and not see anybody when their other work was piling up.’

(BA Frontline Staff)

However, it must be observed that, despite the efforts of prototype staff, there were several inherent and insuperable barriers to improved liaison. At local level there were the conflicting agendas and priorities of the different organisations, and the feeling amongst some voluntary agencies in some areas that they could not be seen to be working too closely with the BA. Across all areas, there were the restrictions imposed by the Data Protection Act which protected customers’ confidentiality but also restricted information sharing, and the different rules and regulations with regard to verification of evidence of entitlement.

‘The two different agencies have got their own legislation to work to, ours dictate how we assess people and then Benefits Agency dictate how they actually dish out the money from their point of view and they don’t marry up all the time.’

(Stakeholder)

‘That was something we had to watch for, very often you don’t realise that they have got a different agenda and they have got their own timetables to do things in, so it’s more difficult.’

(Prototype Manager)

The effects of less successful networking

In contrast, where networking had not been so successful this had resulted in less established and co-operative relationships with partner organisations. Some areas appeared to have been less successful in developing new relationships with potential partner organisations, i.e. it had not been clearly communicated what was required and expected. Conflicting agendas and inter-agency rivalries and cultural differences were also a barrier to co-working.

‘I think that the timescale has been driven by them [BA] and that’s been a problem. I think even within their own organisation there has been differing views about what should be done and how quickly it should be done and that’s been a difficulty. They wanted to do something regardless of what people are saying about how long it will take and so on.’

(Stakeholder)

‘If we could have worked more as a partnership we could certainly have done a lot more in the way of benefit advice. I don’t think it worked very well. The voluntary organisations are very competitive.’

(Prototype Manager)

5.4.2 Staff Setting up the prototypes was easier and service delivery more successful when staff had been carefully selected for the role and were dedicated, experienced, knowledgeable and enthusiastic. Typically, such members
of staff were flexible and capable of finding imaginative solutions to
problems that might arise. They had previous experience of providing
out-reach services and were able to adapt and put into practice what was
learnt through the course of the prototype.

‘They [Frontline staff] were all very experienced. Experience, enthusiasm
and commitment.’

(Prototype Manager)

Relatedly, prototypes tended to be more successful where the Frontline
staff sought to and had the ability to relate well to the BA BGOP target
audience and appreciate their needs and concerns.

‘If you’re trying to break down some of the barriers, the first barrier you
break up is [to give] your first name. … I will draw the benefits as a flow
chart or something like that. On reception, if somebody walked away from
me and they’re still thinking, ‘I’m not sure about that’ then I haven’t done
my job right.’

(BA Frontline Staff)

‘I want to help people when I go out. If I see a pensioner and think she
should be claiming for Attendance Allowance I don’t think that’s an hour
and a half’s work filling in the claim form, I think she needs that so I make
sure it gets sorted out.’

(BA Frontline Staff)

Where the staff team was less compact and less dedicated, overall
responsibility for taking the BA BGOP prototypes forward became
unclear. In such areas staff were seemingly less able to overcome barriers
at the outset, or were not very well supported by senior managers and
colleagues, or had less time to dedicate to the project.

‘I provided the service and I did my bit and I went away again. I was just
told to go along, become involved in these things.’

(LA Frontline Staff, Housing Information Officer)

‘I’ve had to go down to sections to ask them to help. The staff have really
enjoyed it but the management here won’t let them go. It’s a real fight to let
them go.’

(Prototype Manager)

5.4.3 Understanding potential customers and the use of publicity
In the more successful prototypes, representatives of the target group had
been consulted prior to developing the prototype. Effective background
research amongst the target audience had led to an enhanced awareness
and understanding of their needs which, in turn, had helped to tailor the
prototype services more effectively. Potential customers had been
identified through take-up campaigns and scans, and relevant organisations
and venues (day care centres, sheltered accommodation, OAP associations,
etc.) had been visited.
'It’s giving them more choices to be where they want to be seen. Not everyone likes coming to the office, so they’ve got that and it’s a more personal service than they were getting before.’

(BA Frontline Staff)

‘Again, it was getting over the reticence of old people to claim Income Support. So the Local Authority Housing Benefit, from the information on their system, were able to identify that on the face of it there were 900 of their customers who were potentially entitled to Income Support who weren’t claiming it.’

(Prototype Manager)

It should be appreciated that we did not seek specifically to assess the use and impact of advertising on generating awareness and increasing take-up of the service. Much of the evidence we gleaned was anecdotal and given in the context of discussing levels of take-up. Furthermore, because the prototypes were developed and organised on a local level, there was no over-arching approach towards and guidance for publicity. In different areas, a variety of approaches was adopted, more and less successfully. Also, because staff were not ‘advertising experts’ they often did not appreciate the reasons for the success and failure of some of their efforts.

In one area, most of the initial budget was spent on a radio advertising campaign which had limited success, the suspicion being that it was not targeted at the appropriate age group. In another area, the design of the posters and the prominent BA branding seemed to put off potential customers.

Positively, in some areas staff had used advertising advantageously and demonstrated an awareness of the appropriate tone for publicity material and an understanding of what the target audience was likely to take notice of and what they were likely to overlook. They had adopted innovative approaches and were willing and able to adapt their approach if the advertising was not initially successful.

‘When we were doing posters and weren’t getting much response it was like adapt the posters to a leaflet through the door. Still no response, adapt the leaflet to a newsletter, then we got somewhere.’

(BA Frontline Staff)

‘We advertised and got little response and we mail shotted people and we got a big response.’

(Prototype Manager)

Overall, the signs were that well-targeted leaflets and direct mail aimed at the target audience containing appropriate information and encouragement worked more successfully in inviting people to come forward.
Newspaper coverage of the prototypes varied and did not always manage to get across the kind of advice and assistance that might be available. In some areas, especially those operating a telephone advice line, mention of the BA BGOP phone number had generated enquiries. In other areas, a lack of awareness amongst staff of how to spin a story limited the contribution from free press publicity. In a couple of areas, BA BGOP publicity had been constrained by the need either to work through the LA machinery or in conjunction with other partnership organisations.

There was some feeling amongst the Prototype Managers that a one-day workshop designed to provide guidance to staff about advertising and publicity issues would be of great help and value.

5.4.4 Other positive contributory factors to the overall success of the prototypes

A commitment by the BA and other partnership organisations to provide a regular and consistent service had led to staff establishing an accessible and reliable presence outside of the main BA offices.

‘Commitment … and consistency of providing the service. I think you need to know that the service is there on a regular basis. It can’t be ad hoc, people have to know they can come in on a Thursday morning and it’ll be there.’

(Prototype Manager)

Comprehensive (cross) training of Frontline staff and Signposters, by the sharing of information, job-shadowing, secondments, etc., had broadened knowledge and understanding of a range of benefits and services. This had helped staff feel more confident when giving advice or helping with form filling.

‘You need knowledge, that’s most important. It’s no good just going out and doing a PR exercise.’

(BA Frontline Staff)

Positive word of mouth about the service had led to a gradual increase in momentum within the target audience/wider community.

‘Another thing I have found as time has gone on with the helpline is that word of mouth has really increased. People are phoning because their neighbours last year got help from us so they’re telling them to phone us. So I’m finding that the helpline is getting busier all the time.’

(Stakeholder)

5.4.5 Other barriers to the overall success of the prototypes

Complying with statutory and health and safety requirements

Implementation was sometimes delayed by the need to comply with statutory and health and safety requirements. In some instances, this limited the level and type of service they were able to offer.

‘We still have to do risk assessments even though you haven’t got the same pressure of you don’t know who’s going to walk through the door and sit opposite you today. It’s a pensioner who’s having a coffee. They’re not going to be volatile, are they, really?’

(BA Administrative Staff)
‘Risk assessment, any of the outreach work you wanted to do there was hell with the local Trade Union and so on not allowing me to do it. That’s why it took so long to get going and that was just red tape, a bureaucratic nonsense nightmare.’
(Prototype Manager)

‘There are issues going on about how we share common information so the older person doesn’t have to give their name and address and National Insurance number and financial details to 12 different people to get 12 different services. But that’s some way off yet.’
(Stakeholder)

**Inadequate IT support**

Another barrier was unsatisfactory IT support. Some Prototype Managers and Stakeholders claimed they had been given assurances about quality, delivery, etc. which had not been fulfilled. Sometimes the technology provided did not work. Staff were unable to access the BA mainframe (PATS/RATS) and the laptops provided could not always be used in outreach situations because of risk assessments.

‘We had one poxy laptop with no connection to the workplace and we were ringing through on mobile phones trying to find people who were at lunch who could help us, and it was embarrassing for us.’
(BA Frontline/Administrative Staff)

‘When you’re in the bureau little queries come up and you have access to information, and suddenly [when out of the office] you are bereft of information and filling in forms. There’s a slight anxiety because you’ve not always got the information to hand and you don’t commit anything to memory because it changes every six months or so. Suddenly you’re out in the community just with your pen and pencil.’
(Volunteer Frontline Staff)

**Lack of support and communication from management**

Frontline staff and some Signposters (viz. those who directed potential customers to the service rather than acted in any strictly advisory capacity), complained about a lack of effective support or communication from senior managers and other BA BGOP staff. In some areas there had been poor consultation prior to setting up the prototype and a lack of positive feedback. There was some feeling that they had lacked support and training with regard to publicity, PR and advertising.

‘I haven’t spoken to [the Prototype Manager]. I think she might deal with X who was customer services – she was one of us who goes over [to the surgery] … but I haven’t spoken to her. I think we were talking about reviewing it after so long but we haven’t had any meetings.’
(BA Frontline Staff)
‘We haven’t had a lot of positive feedback [from management]. They’re not telling us when you’re doing things right. It’s a case of the only time we’ve had the contact is when they want to change something or they want us to do extra forms or extra information or complaining because of the quality of the A6. That’s the only time we’ve heard from them.’

(BA Administrative Staff)

**Excessive paperwork**

The additional paperwork used for the evaluation process, and the time it took to complete was problematic for staff.

5.5 The issue of resources

5.5.1 Funding

Funding for the prototypes was seen as a major issue. For many Prototype Managers and some Stakeholders, the perceived lack of sufficient funding to implement and maintain the services they wanted to provide was a major gripe. Limited funding also meant a lack of resources to fund full-time staff. This led to some prototypes not being able to provide all the services they wanted to.

‘It’s quite challenging and exciting and I’m just sad that we didn’t have the resources to really go for it.’

(Stakeholder)

‘I think the ideal prototype need funding and I don’t care what anybody says, it needs strong funding. It can’t be done cheaply, it takes a lot of staff time and that’s expensive.’

(Prototype Manager)

‘I’m not sure they can afford to offer that kind of service. I think financially it’s probably not possible [to have caseworkers].’

(BA Frontline Staff)

‘Even if the system [home visits] works, how many visits are we as a local bureau going to be able to cope with? We can’t afford it unless something is done to continually fund something like this. There should be funding there for someone to go and see these people once they’ve been identified.’

(Volunteer Frontline Staff)

A minority expressed some concern that the money that was available was not necessarily being spent appropriately.

5.5.2 Workload management

Limited funding and not having enough full-time staff on the prototype had a knock-on effect in terms of work load management. Some prototypes were inherently more demanding on manpower and required considerable juggling of available resources.

‘I could have done with a team of people all the time and I couldn’t deal with everything because I was on my own and dealing with something else.’

(Prototype Manager)
'One of the contradictions, it seems to me, is that if you improve access you increase demand. More people come and that particular method [video conferencing] doesn’t save you time. It’s probably increased the amount of time because effectively it’s one-to-one interviewing at a distance, so they have to staff it. If it’s going to be effective, you’ve got to have a member of staff on it.'

(Stakeholder)

Part-time staff in particular found it difficult to adjust to taking on the additional responsibilities and changes to their job as a result of BA BGOP. They felt they were being overworked and yet still expected to satisfy their other responsibilities.

‘One reason for not pushing it is because I suspected that any work that it created would end up falling on my shoulders and I haven’t enough time. I have a lot of other pressures.’

(Volunteer Frontline Staff, Age Concern)

‘I know it’s an age old staffing problem, but if one of us has been off on leave you never stop, you never catch up with your own work you’ve got to do back at the office.’

(BA Frontline Staff)

5.5.3 Managing increased demand

Sometimes the prototype was a victim of its own success, which often added to the pressures. The more successful the prototype the harder it was to deal with customers’ demands for information and process the completed claims given that:

• teams were often small and not BA BGOP dedicated;
• time and resources set aside for working on BA BGOP were frequently limited;
• teams had no control over processing of claims, especially those, like DLA and AA, which were inherently slow to adjudicate.

‘There should be a dedicated team, but it also needs the back-up at this end. It’s no good the team going out and saying ‘great, this is wonderful, we can do all this’ and we get more people coming in if we can’t cope with it in the office.’

(BA Frontline Staff)

5.6 Methods of overcoming barriers and problems encountered

Where both management and Frontline staff had overcome problems in delivering BA BGOP services, they had done so by:

• resorting to tact, diplomacy and compromise;
• taking a flexible and innovative approach;
• lateral thinking and finding logical ways round red tape.

‘We had to be careful to start with because a lot them are volunteers and they’ve been there quite some time and we didn’t want to make them feel that we were going in there and taking over. But I think we’ve won them over now. You’ve just got to be aware of how they view you.’

(BA Frontline Staff)
'We came up with an idea that what we'd do is have an initial period of three to four months. Stop, review, evaluate with a view to revising if necessary and moving on. We had to amend as we went along because it was trial and error. Some things worked better than others.'

(Stakeholder)

'We got round that (risk assessments) but it cost us. We graded the A4s we used upwards to executive level and that is the grade in the office which the local information officer operates at and she goes out into the community giving general advice so they don’t work behind screens. So we moved them away from the screened environment but it cost us because we had to pay them at the higher grade!'

(Prototype Manager)

They had used effective communication and co-operation between partnership organisations to revise and review those aspects of the prototype that were causing problems. When barriers proved insurmountable they had accepted this and tried another approach.

Other Frontline staff and management did not appear to have found ways round problems encountered. Some of these were logistical such as not being able to use a suitable venue, others were inherent, e.g. the Data Protection Act. Problem solving seemed to be especially weak where both management and Frontline staff were not working full-time on BA BGOP, or if BA BGOP was a low priority amongst key personnel; also when there was little communication and support from management, and where there was less evidence of effective ‘partnerships’ between organisations.

Many staff recognised that improved liaison and co-operation between organisations was one of the main benefits that had emerged from the prototypes. Establishing and improving links between various agencies and departments and learning about the functions and responsibilities of partnership organisations had fostered a greater willingness and ability to share information and work together more effectively. This was seen as essential if the aim was to provide more joined-up government.

‘We’ve got a good rapport. We’re not Age Concern and Benefits when we go out. We’re just going out as a whole team. It’s definitely a feeling of a team.’

(Volunteer Frontline Staff, Age Concern)

‘This has definitely given them and us people that we will contact for a long time to come. Even if we didn’t continue with this project, we would still know who to contact.’

(Prototype Manager)
‘We have got a much better understanding of one another and we have rapport with one another now. And that’s what we would want to continue because that actually means that you do give a better service to your clients whoever they might be.’

(Stakeholder)

In some areas organisations now felt more confident about working with the BA in that they had formed established and reliable contacts. Also, the BA had made an effort to change its image both with regards to the general public and other organisations. There was a general feeling that the prototype had shown that they could change the general public’s perceptions of the BA, and that BA staff were able to provide this kind of pro-active, customer-orientated service.

‘We’re putting a human face to the Benefits Agency. They think, ‘these people are human, they’re actually OK and they are there to help us and to assist’ and not think, ‘we’re some awkward customer coming to find out something that perhaps we hadn’t ought to’.’

(BA Administrative Staff)

Many staff felt they had learnt more about the target audience, in particular the over-50s’ understanding of and attitudes towards claiming benefits and services, how they lived, how they felt about the BA, etc.

‘Before I started this I would have generally used a screened room unless I was absolutely sure. Now it’s the other way round. I will always use an unscreened room and would find it quite difficult now to use a screened room unless I know there’s a danger.’

(BA Frontline Staff)

The exercise had also made staff, BA staff in particular, more aware of the need for pro-active outreach service provision within their communities.

5.8 Staff views on aspects of delivery

5.8.1 Level of training and support provided

Frontline staff

Most were fairly experienced and did not feel that they needed more training with regard to their own department’s benefits and services.

‘We don’t need any extra training. If you can manage the counter here you can do anything, really.’

(BA Frontline Staff)

It should be noted that not all Frontline staff were cross-advising in a very formal or consistent manner. There was little evidence to suggest that BA staff were given any formal training on other organisations’ services. Rather, their training often related more to use of laptop computers, IBIS (a program to assess claimants’ likely eligibility for different benefits but which did not have access to the BA mainframe), etc.
More often, cross-training was conducted on a fairly informal level via job shadowing, guidance sheets, information sharing at the venue (information surgery, benefit bus), or over the phone. There was also evidence of some staff actively seeking out information for themselves by making their own contacts within the appropriate organisations.

'It was up to us to sort out how we were going to do this, what information we needed. We made our contacts with Social Services, we did quite a lot of job shadowing to start with to find out all the bits of information that we could pass on to the older people that weren’t normal BA business.'

(BA Frontline Staff)

The volunteers used on the prototypes were, by and large, experienced advisors who were relatively well-informed on a range of issues relating to benefits and relevant local services. Many saw their BA BGOP role as an extension of their normal volunteer work. As such, most did not feel that they needed much more in the way of training with regard to welfare issues. Indeed, CAB staff were often already very highly trained.

This having been said, they had been formally trained by BA and LA staff on benefit form completion and most had found this exercise to be both practical and useful.

'The BA provided quite a bit of information about form filling. It was helpful to hear from the BA’s side about the specifics of form filling, how the slightest omission, an unticked box, can result in the form being sent back. So it was a good exercise.'

(Volunteer Frontline Staff)

Signposters had experienced little in the way of formal training about benefits advice and assistance. However, the way in which they were involved in the prototypes meant there was little need for very detailed knowledge on their part as, in the main, their role was to reassure, encourage and ‘sign post’ potential customers into the service.

'I wouldn’t give advice on anything for Housing Benefit. I would ring somebody from Housing and I would say ‘can you speak to this lady’. They don’t expect us to know any of the answers.’

(Signposter)

Some of the ‘professional’ Signposters also had to complete a relatively simple document which was then passed on to the Frontline staff delivering the service. They seemed quite happy to carry out this element of the service rather than get involved in something for which they had not been trained or which might get in the way of their primary relationship (e.g. as carer) with the user.

5.8.2 Co-location of services and joined-up government

Co-located services refers to services that had Frontline staff from different organisations working in the same location but staff only advised within their own area of expertise. Integrated services refers to situations where Frontline staff were able to offer advice and information about different
organisations’ benefits and services. It should be noted that prototype areas were providing different levels of co-located and integrated services. Some were just co-located, some were integrated, and some were co-located and integrated.

In all prototypes, staff had gone some way to providing a more joined-up service by:

- active cross-referring customers to other services;
- pointing customers towards other services;
- giving customers basic information on what other services were available to them.

‘[Age Concern’s Advice and Information Officer] used to be a manager here and left, so we thought we might have been treading on her toes, but as time’s gone on it’s a two way thing, now she’ll bring things to us.’

(BA Frontline Staff)

‘I was passing information, giving them more information other than just benefit information.’

(BA Frontline Staff)

There was evidence that some staff were providing an integrated service by actively finding out about other services on behalf of customers and taking on responsibility for passing on the information to the customers themselves.

Attitudes towards co-located and integrated services largely depended on staff’s experience of these methods of delivery and their attitude towards making the service work for the customer.

Co-located services

Positively, staff saw co-located services as a convenient means of providing easily accessible information about other services. Co-location offered Frontline staff the opportunity to expand their knowledge by enabling them to consult with colleagues from other agencies and learn about other services.

‘If you’re sat next to each other and all co-located you can turn round and say, ‘I’ve got this person on the phone, can we deal with this together’ and you partner work it. It breaks down a lot of the barriers.’

(BA Administrative Staff)

However, co-location did not always offer customers a complete service via a single contact – they could still be passed from pillar to post. Also, co-location did not necessarily get past the problem of dealing with the conflicting rules and methods operating in and across the different organisations. For example, BA staff wanting strictly to enforce the benefits system at all times whilst LA welfare rights staff had a different philosophy and outlook.
Integrated services

Staff felt that integrated services offered customers a more complete service via a single point of contact, and a more customer-friendly ‘caseworker’ approach to service provision. Also, staff were required to adopt a more holistic approach to service provision for older people.

‘I don’t think there is any disadvantage in integrated work. The Government want us to all work together which is what I think we should have been doing from the start and not all these little separate agencies because we’re all collecting the same information. We’re doing it twice when we could do it once and interchange that information’

(BA Frontline Staff)

However, on the down side, staff saw that integrated services could lead to customers being misinformed. Consequently, both the service and the staff providing it would need careful supervision. In particular, staff would need regular training and to be kept up-to-date about any changes in legislation, etc.

‘I’ve found out quite a lot about Income Support or the Minimum Income Guarantee as it’s called now. But I would hate to give any specific advice on that subject. I would never mislead people.’

(LA Frontline Staff)

‘I don’t think you can call it a ‘simple’ answer of right, instead of three people going to see so-and-so, we should just send one and get them to do three jobs. It becomes unmanageable for a single person, or even a single agency. I don’t want my doctor checking my teeth!’

(Stakeholder)

Nonetheless, it was universally recognised that integrated services did not and could not mean Frontline staff ‘knowing everything about all services’.

‘You can’t be a master of all trades.’

(LA Frontline Staff)

Joined-up government

Virtually all staff agreed that joined-up government was the ultimate aim regarding service provision to the over 50 years BA BGOP target audience. As staff saw it, the key benefits of truly joined up government were:

• the possibility of establishing an efficient, cohesive and approachable system that could prompt a considerable and lasting change in attitude amongst the over-50s towards seeking benefit or other advice;
• dismantling the red tape as the result of conflicting agendas and rules and regulations.
'I think there are huge advantages for the customer. A clearer understanding for a customer about a whole range of things and the time that it takes to get through all the different services. The advantages for our organisations are enhancement of the partnership arrangements and a clearer understanding of the processes … how you can speed claims through by the two of us working more closely together.'

(Prototype Manager)

‘It breaks down a lot of the ‘us and them’ barriers which can then break down the idea of something being delayed simply because we’ve got to refer it to ‘them over there’.’

(BA Administrative Staff)

Most agreed that there were many barriers still to be overcome before joined-up government could become a reality. There would need to be a more realistic and practical sharing of resources between organisations, and for support at all levels and in all the organisations involved, from senior management through to Frontline staff. Furthermore, it will be essential to enrol staff who are keen to develop a truly holistic approach to service provision.

‘It’s not good having joined-up services if they’re not passionate because they’re always defending their own backs.’

(Volunteer Frontline Staff)

5.8.3 The future of BA BGOP prototypes

Across the prototype areas, all the staff and Stakeholders were very positive about the BA BGOP prototypes and felt it was crucial for the services to continue. The majority claimed to be frustrated that the prototype period had come to an end and they were concerned about winding the project down, often at a stage when it had just reached critical momentum. There were also widespread concerns from BA staff about how customers and potential customers, having had their expectations raised, would view the withdrawal of the service at local level.

‘There’s been some good ideas, there’s been some enormous potential but I’ve got some worries that there’s a bit too much emphasis on window dressing and not tackling the real substantial issues. Six months down the road I’ll go to X and it’ll still be there but nobody will be doing anything with it because the interest has gone.’

(Stakeholder)
Nonetheless, many were hoping to continue being able to offer an enhanced level of services to the over-50s, although some feared they would be unable to fund the more expensive aspects currently covered by BA BGOP resources.

‘Wouldn’t it be nice if we could set up a section. Even if you’re talking about four to five staff that are utterly devoted to that, not to one kind of benefit but one kind of person. …A section or a small office that purely deals with pensioners, that would be a nice avenue to go down. I’d like to be there doing it because I think it’s such a cracking idea, it’s been so interesting to get involved in that.’

(BA Frontline Staff)
In this chapter we have sought to draw out some broad lessons for national strategy that have been learned from the experience of the BA BGOP pilots.

It has, however, to be appreciated that these pilots were not set up in a standardised fashion and that there were significant differences in the way similar services, e.g. Information Surgeries, were actually delivered in the different areas. It also has to be noted that pilots operated in areas where BA offices had volunteered and many also had partners who had agreed to co-operate. For these reasons, the following suggestions with regard to the way forward are necessarily tentative, and have been extrapolated from the experiences of, and ideas of, staff, stakeholders and participants in the different BA BGOP pilots.

In general terms, it can be observed that, whilst the structure for service provision recommended may not be inherently different from that which is already in place, the key need is for a rather more customer focused approach which provides effective assistance to customers enabling them to receive the all benefits they are entitled to. In particular, we believe that the service could benefit from being:

- **more proactive** – reaching out to all potential customers, via a range of service delivery methods, to identify their needs and entitlements, and following up enquiries and applications;
- **more integrated** – so that customers are given help, via one point of contact, in getting assistance from other departments, agencies, etc.
- **more varied** – so that different types of service delivery methods are available to meet the needs of different customers.

**6.1 Objectives**  
More specifically, beyond the taking and processing of claims, a service aiming to provide assistance to older people also needs to:

- raise awareness and understanding of benefits and services provided by the BA, LA, and relevant national/local voluntary organisations;
- raise awareness and understanding of benefit eligibility;
- encourage take-up of benefits and services;
- reach out via alternative service delivery methods to all its potential customers.

**6.2 Staffing**  
In each locality the service would be operated by a compact team of dedicated full-time staff. Experienced, committed and self-motivated, they need to have a wide knowledge of BA benefits and services. Able to empathise and communicate readily with the target group, they would have a flexible, pro-active and constructive outlook.
Customers would have easy access to a team of advisors. Where appropriate, these advisors would act as caseworkers signposting customers to other agencies such as the LA, NHS, Inland Revenue, voluntary organisations, etc. and, facilitating more joined-up services. To function effectively the advisor team will need administrative back up and IT support, as well as training where this is required.

The service needs a **unique branding** that expressed what might be expected from it. It would also have **good inter-organisation links** (e.g. between BA, LA and voluntary organisations) which would lead to co-operative relationships and known contacts within different organisations. The different organisations would be able to share knowledge, provide integrated services, and precisely target potential customers via use of databases.

Service providers would be pro-active in targeting the client group by going to where older people live or visit and by using LA and BA records to target potential customers, etc. Relatedly, **Signposters**, people who were trusted and respected by the customers, could be used to encourage those aged over 50 years to try out the service. Signposters could be drawn from family, carers and close friends of potential customers; GPs, physiotherapists, district nurses, opticians, chiropodists, hospital staff; care managers, home helps, staff in mobile libraries and Meals on Wheels; nursing home staff and sheltered accommodation wardens; volunteers in organisations such as Age Concern, CABx, etc.; outreach workers; OAP clubs and associations and ethnic minority clubs and organisations; the British Legion and Working Men’s Clubs; funeral directors, hairdressers, etc.

The service should seek to develop effective relationship building and follow-up of cases. Advisors should aim to:

- educate and encourage customers;
- hand-hold them through the system;
- chase applications and keep customers informed about their progress;
- explain the complaints and appeals process and provide assistance and guidance if required.

In the longer term, the service could work more satisfactorily from the customers’ point of view if some of the barriers within the BA system were addressed:

- If the names of benefits were more self-explanatory this might make it clearer who could be eligible for which benefit.
- The process of applying might be made less onerous if forms were developed that were easier to complete (with particular regard to IS and AA).
- Consideration might be given to adjusting the rules about provision of evidence in certain circumstances (home visits) where the requirement to take away documents is likely to provoke distress and confusion.
• Ensuring that the fast track priority processing service does actually operate for the more vulnerable and urgent cases.

6.4 Service delivery methods

Preferably, the service would incorporate different service delivery methods and be tailored to the needs of different local communities. A combination of information surgery, home visits and dedicated telephone line is envisaged. There is also a role for some form of travelling outreach advice, e.g. a roadshow or benefit bus.

Given pensioners’ entrenched resistance to visiting BA offices, the information surgery service could take the form of an office dedicated to pensioners and their benefit and other service needs, and be sited in accessible town centre locations.

Alongside the face-to-face surgery, those who were less mobile, etc., could be catered for by a home visit service. However, potential customers of the home visiting service would need to be made aware that it is available. Possible routes into the service might be:

• signposting into the service by professionals and/or voluntary organisations;
• pro-active and direct targeting of potential customers by prototype staff;
• advertising and PR;
• word of mouth via friends and family.

It is acknowledged that the home visit service will be costly. In order to make most efficient use of resources it will be important for staff to find ways of identifying those who are genuinely in need of this type of service.

A dedicated telephone line would have a crucial role to play in providing:

• a satisfactory delivery method for those who were confident about using the phone or who had relatively simple enquiries/information needs;
• a link into the range of services on offer.

Older people could also be reached via some form of travelling advice which could lock into existing pensioner groups, clubs, sheltered accommodation units, housing associations, etc. It could also be used to reach out to those in more rural and isolated locations.

6.5 ‘Joined-up advice’ versus BA-only advice

Many in the target group did not understand the structure and organisation of either the Benefits Agency or their Local Authority. If they had a problem, whether with the BA or their LA, they did not like being passed from pillar to post when trying to sort it out. They were thus likely to expect a BA BGOP service to be able to provide more joined-up services. This implied that the BA BGOP service developed should aim to encourage and support the provision of joined-up services, provide
joined-up government by helping older people to access and get the benefits and services to which they were entitled.

Joined-up services should ideally aim to include information and advice about the following:

- Benefits Agency provision;
- all LA benefits and services;
- Inland Revenue;
- NHS;
- pensions.

If the aim was to provide joined-up information and advice, staff would need to have fairly broad knowledge on a wide range of topics and be able to quickly access accurate, up-to-date information if necessary. Caseworkers and call handlers should take on board the enquiry, source solutions and report back to the client.

As well as providing information and advice about BA and LA services and benefits, the remit of the service could be widened to include signposting to other services such as Crime Prevention and any relevant local or national voluntary organisations.

In the final analysis, our view is that, whatever delivery methods are employed, the commitment and motivation of staff will be the key factors leading to the effective provision of Better Government for Older People.

As one of the more successful Prototype Managers observed:

‘You have to have the vision. You have to know where you are going, you have to have the direction. You have to have a positive outlook, but then, given that and given a good team of staff and the support you get from your partners, there ain’t an awful lot of problems to encounter.’

(Prototype Manager)
Prototypes were located in Bolton, Devon, Harrow, Middlesbrough & Hartlepool, Newcastle, Rhondda Cynon Taff, Stirling, and Wolverhampton.

Service delivery methods developed were as follows:

A.1 Information surgeries

There was no universal definition of ‘Information Surgery’, and each prototype area decided how they would set up and run their surgeries. The basic principle was to have experienced staff available in various convenient locations. They would offer advice and assistance on services for older people and, where appropriate, put customers in touch with other services and/or organisations.

In the event, however, information surgeries proved to be a very flexible form of service provision. Ways in which they differed across the prototypes included:

- **co-located advisors**: staff from more than one organisation provided an advisory service in the same location (e.g. BA staff in Age Concern and Civic Centres or BA, LA and volunteer staff in a neutral venue) vs. **solitary advisors**, staff from one organisation who were offering the service in a particular location;

- **level of integrated advice** where a representative from one organisation could provide, to a greater or lesser extent, advice and assistance on a broader range of issues beyond the remit of their particular organisation;

- **travelling advice**: one-off surgeries in different locations vs. **permanently located** advice which was based in regular venues;

- **awareness raising plus service delivery** where, in addition to service delivery, the staff also gave talks about benefit entitlement and other services available in the locality before dealing with specific individual enquiries vs. **service delivery only**;

- **full-time**, e.g. a daily advice service at different venues within the area vs. **part-time** (e.g. a few hours one day a week) service provision;

- **LA** premises (Civic Centres, libraries, health centres, sheltered accommodation, resource centres) vs. **non-LA** venues (Age Concern, nursing homes, church halls, OAP associations, local clubs).
A.2 Home visits

Home visits aimed to provide a range of benefit advice and assistance to the BA BGOP target audience in their own home. The type of service provided across the areas was fairly similar. However, the following variations existed:

- visits could be conducted by staff from different organisations, e.g. BA, LA (Welfare Rights, Social Services), or the voluntary sector (Age Concern, CAB);
- in some areas home visits were made to anyone making a new claim regardless of age and circumstances. In other areas, home visits were targeted at the less mobile, the more isolated, etc.;
- in some areas the main reason for the visit was to assist in the completion of claim forms whilst in others it included a more general assessment of customers’ needs.

A.3 Benefit Bus

The Benefit Bus was a ‘travelling’ advice and assistance service which went to different places considered likely to be very busy or somewhat isolated. Advertisements were usually placed in advance in the local press informing those who might be interested where the bus would be located and the times it would be open.

A combination of staff from BA, LA, CAB and War Pensions, worked on the bus. They were equipped with laptop computers and mobile phones to enable them to contact their main offices for any requisite advice and support.

Different methods were adopted to encourage people to visit the bus. In some areas, staff handed out leaflets and chatted to passers-by whilst staff in others adopted a more passive approach.

In some areas the bus carried the branding of several organisations including BA, whilst elsewhere it was more discretely branded as a BA benefit bus.

A.4 Telephone Advice Line

This was a freephone helpline which allowed the target audience to phone for advice not only on benefits but also on the range of services available for them. The line was staffed by teams, varying from one to five according to prototype area, based in the Local Authority/Benefits Agency.

Prototypes endeavoured to offer a level of advice and information that was equivalent to that which would be provided face-to-face. In theory, this included giving advice and help on filling out forms. Where appropriate, staff could refer callers to other sources of help, e.g. Age Concern, CAB, or to request a home visit, etc.

The Telephone Advice Line number was advertised on the radio and in the local press and in leaflets, posters, etc.
Booths were set up in various locations providing access to either BA or LA and other local advisory services without having to visit the main offices.

*Video Conferencing* offered virtual ‘face-to-face’ contact between the BA advisor and the user. Inside the booths was a touch screen and telephone. The touch screen offered three options – advice from BA; information on benefits; information on LA-run activities. The BA advice button activated a direct link to the BA; the call would be answered at the BA office. Customers would see the BA staff member on the screen and then had to pick up the telephone to initiate communication.

*IT kiosks* offered general benefit advice and/or informed customers about the availability of other services in the locality. Information was accessed via a touch screen computer display.

**A.6 Nursing home visits**

The idea behind this prototype was to reduce the number of financial assessments for those either going into, or already in, residential nursing homes. For those going into care, the LA carried out a home visit and collected financial information for both the BA and LA. For those already in care, the BA took responsibility for carrying out financial reviews for both BA and LA.

### Table A.1 Prototype areas by mode of service delivery

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<tr>
<th></th>
<th>Harrow</th>
<th>Bolton &amp; Hartlepool</th>
<th>Newcastle</th>
<th>Stirling</th>
<th>Mid Devon</th>
<th>East Devon</th>
<th>Rhondda</th>
<th>Westhampton</th>
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### Table B.1 Customer depth interviews – Final sample

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<th>M &amp; H</th>
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<th>Stirling</th>
<th>Devon</th>
<th>Rhondda</th>
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<td>-</td>
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### Table B.2 Frontline staff depth interviews – Final sample

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### Table B.3 Stakeholders’ group discussions

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Table B.4  Non-participants’ group discussions

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<th>M &amp; H</th>
<th>N’castle</th>
<th>Stirling</th>
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<th>Rhondda</th>
<th>Wolv.</th>
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<tr>
<td>C2D Not Benefit Recipients,</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>50-59, Female</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>C2DE State Pension + other state benefits, 60+, Female</td>
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</table>
These findings were based on 134 interviews conducted with customers of the BA BGOP service. The total numbers interviewed within each prototype are set out in Appendix B.

Perhaps not surprisingly, customers who had visited information surgeries tended to be younger and more mobile. Likewise, those who had received a home visit tended to be older, or less mobile, or less willing to leave their own home. They were also more likely to be living alone, probably reflecting the older age profile of these customers.

Information surgeries were held either at LA premises or at Age Concern centres. Home visits were conducted either by BA staff or volunteers (Age Concern or CAB). The numbers falling into the relevant categories are shown in Table C.1.

Table C.1 Numbers interviewed by different agencies

<table>
<thead>
<tr>
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<th>Total interviewed</th>
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<tbody>
<tr>
<td>Information Surgeries</td>
<td></td>
</tr>
<tr>
<td>on LA premises</td>
<td>41</td>
</tr>
<tr>
<td>at Age Concern</td>
<td>23</td>
</tr>
<tr>
<td>Home Visits</td>
<td></td>
</tr>
<tr>
<td>by BA staff</td>
<td>18</td>
</tr>
<tr>
<td>by volunteers</td>
<td>18</td>
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<tr>
<td>uncertain</td>
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</tr>
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</table>

Within our sample, respondents’ ages ranged from early 50s through to the 80s. Over half were in the 60-75 age range. Most of those attending information surgeries were under 74 whilst the majority of those who had home visits were aged 70+.

The majority of our sample were living on their own, as they had been widowed or divorced/separated; some had never married. The remainder were married or living with a partner.

The level of support couples could give each other was often constrained by the state of their health. For many couples, it was not unusual for one (sometimes both) not to be very well, and this clearly had some impact on how much mutual support they could provide. Across the sample as a whole, however, some level of support was provided by the spouse and/or other close family members. Some also had friends and neighbours who helped out. A large minority seemed to be much more socially isolated and received little or no support from family, friends, or neighbours.
It was beyond the scope and remit of the research to establish respondents’ actual state of health. The following observations are based on respondents’ own accounts of their ailments and researchers’ somewhat subjective viewpoint of how they seemed during the interview.

Many appeared to be in quite to very poor health. However, state of health and age were not necessarily linked; some of the quite aged were in very good health. Some of the ailments were part of the natural ageing process whilst others were the result of major illness. Health complaints included:

- heart problems (heart attack, angina, bypass operations, etc.);
- arthritis (hands, knee, spine, ankles, etc.);
- strokes;
- lung problems;
- physical disabilities;
- partial blindness;
- diabetes.

A couple of respondents were terminally ill.

Quite a few appeared to be fairly to very confused. Some were emotionally rather fragile, often because of the recent loss or (very) ill health of their spouse. In the circumstances, attempting to organise their finances and/or benefit entitlement often added to their confusion and reluctance to get involved with complicated paperwork, new benefit applications, etc. There was also a suspicion that a few respondents had problems with literacy.

The sample was split fairly evenly between owner-occupiers and those living in rented accommodation (council or private). There were also a few who were in high dependency units or sheltered accommodation.

Respondents were fairly vague about their income and the precise names of the benefits they received. Furthermore, some were reluctant to disclose their financial circumstances in any detail. That having been said, only a few appeared to be financially secure. Most were in some degree of financial difficulty and a sizeable minority were clearly struggling to make ends meet.

Of those under pensionable age, the sample was roughly split between those who appeared to be totally benefit reliant, often because of long term sickness or disability, and those who were reliant on benefits in addition to some form of private income. A few were living solely on their earnings or savings.
Amongst the pensioners in our sample, a sizeable minority were claiming benefit, usually as some form of disability allowance (AA, DLA, IB, etc.). A few were also topping up what they received from the State with other income or savings. Some were not claiming benefit but had some form of private income/savings on top of their statutory pension, e.g. a private or work-related pension. However, the sums involved were often fairly small (£15 a month in some instances). A few appeared to be living solely off their State Pension.

Those who admitted to having savings sometimes assumed that they would be unlikely to be eligible for benefits and this had dissuaded them from applying. Many of these respondents were quite resentful at apparently being penalised for their thrift over the years.
Customers

1. Warm-up/Introduction
   - Reassurance about the research and explanation of its purpose.
   - Explanation of how findings would be used.

2. Current circumstances
   - Whether receiving state pension yet ... whether receiving any other benefits.
   - General health, whether has disability or not.
   - Whether living alone/with partner.

3. Perceptions of recent request for information/support
   - What prompted you to seek advice? How did you hear about the service (as appropriate)
     a. Information/Advice surgery:
        > is it located in a place you visit often?
        > did you make a special trip? Or were you just passing by?
        > where did you go/who did you see?
     b. Benefit Bus:
        > was it advertised/word of mouth, etc;
        > did you just drop in or did you have to make an appointment?
        > how did you feel about going on to the bus for this sort of advice/help?
        > who did you see on the bus/who was there?
        > what did they do/ask you?
        > what help did they give you?
     c. Home Visit:
        > how was it arranged; who arranged it?
        > who came to see you?
        > what did they do/ask you?
        > what help did they give you?
     d. Telephone Advice Line:
        > what happened when you called?
        > did they just answer enquiry or did they ask more questions?
        > what help did they give you?
        > how comprehensive do you think the information and advice was?
   
   For all respondents:
   - In the past, when have you gone for information and advice?
   - What do you like about this source of advice?
   - How satisfied were you with the service you received?
   - What kind of service was on offer?
   - What kind of help or assistance did you get?
   - What was good and what was less good about the service?

- Did you have to wait to be seen?
- What were the people you saw like:
  > friendly
  > helpful
  > polite
  > easy to understand
  > well-informed
  > etc.
- Explore whether respondent fully aware of special services being offered by prototype (BA) staff
  and if, and how they identified them from other members of staff
- What did you like about the way you were treated/helped?
- What, if anything did you dislike about the way you were treated/helped?
- In what way could the service be made better:
  > location of service
  > helpfulness of staff
  > opening hours
  > knowledge of staff
  > waiting times
  > etc.
- Did you/would you tell anyone else about the service, Why/Why not?
- How happy would you be if someone else from another organisation offered the same service
  (Benefits, Local Authority Department, CAB, Age Concern, etc)
- Assess knowledge and understanding of what services the Benefits Agency and the Local Authority
  (Housing, Community Centres and Social Services) provide.
- What do you think the main differences are between Benefits Agency and the Local Authority.
- What sort of business (services) is appropriate for each organisation.

4. Resolution of problem/provision of advice
   - What was the particular problem or need that prompted you to seek advice?
   - Were your needs understood?
   - Were you given helpful advice and assistance with your enquiry?
   - What was particularly helpful, and what was less helpful?
   - Could your enquiry/problem be dealt with on the spot or did it need to be looked into?
   - How quickly did you get an answer/solution to your enquiry?
   - In the end, was your enquiry handled satisfactorily?
   - Why do you say this?
   - Did you make a claim and did you get help with completing the claim form?
   - Did you have any difficulties with your claims/problem with providing evidence for the claim?
   - Did you know what to do next? Or were you told what would happen next?
   - Were there any problems with your claim?
5. Comparison of service delivery with previous experience/alternatives

- Past experiences of dealing with DSS/BA.
- What was it like?
- What problems were encountered?
- How did experience of recent enquiry compare with past experience?
- What was better/worse about:
  - the new service
  - the staff
  - location/ease of access?
- What would be your ideal way of providing advice and assistance to older people?
- Where would the service be located?
- What kind of staff?
- How would it operate?

Here are some different ways of providing advice and assistance to older people on pensions and benefits ...

Show brief concepts for each prototype

- Which of these do you find more appealing/easy to use? Why do you say this?
- Which of these do you find less appealing/easy to use? Why do you say this?
- What would be your ideal service for providing advice and assistance to older people:
  > location
  > staff
  > face-to-face v. telephone v. IT v. contact in writing
  > general advice v. specialist DSS pensions/benefits advice service
- Overall view of service experienced.
- What improvement(s) would they like to see?
- Which would be the single most important improvement?

Front line staff

1. Background

- Reassure about research and usage of data
- Role, experience and responsibilities of respondent
- Level of involvement with prototype and its operation
- Activities undertaken during prototype

2. Overall perceptions of the set up of the prototype in their area

- Did the set up of the prototype go reasonably well and did it operate in the way it was intended?
- What aspects of the prototype worked well?
- What aspects of the prototype worked less well/did not operate?
- What were the barriers to the prototype working successfully/more successfully?
- What, if any, background factors relating to service delivery in the area/local issues contributed towards the performance of the prototype in their area?

3. Overall perceptions of the operation of the prototype in their area

- How well did the prototype service work?
- What makes them think it worked well/less well?
- What criteria do they use to judge its success/failure?
- What elements of the prototype helped it to work well/got in the way of smooth operation:
  > staff knowledge and experience of providing Social Security advice and information
  > levels of liaison and co-operation between staff in different organisations/agencies
  > issues of management and responsibility
  > levels of training and support provided
  > publicity and promotion of the service
  > etc.
- What would have helped the prototype to work better in their area?
- What were the main barriers to the prototype working well/working better?

4. Perceptions of liaison with other agencies

- How was this achieved?
- How well did this work in practice on the ground (did agencies understand each other)?
- What contributed towards better liaison and co-operation?
- What got in the way of good liaison and co-operation?
- What would help to overcome any barriers and difficulties that did occur?
- How easy was it for BA staff to work alongside other staff from Local Authority, Age Concern, etc.?
- What were the advantages/disadvantages of integrated working?
- What were the views of participating organisations prior to the prototype and how did these change whilst working on the prototype?
5. Perceptions of customers’ levels of usage/satisfactions with the prototype service

- Impressions of/estimates of customers’ interest in and usage of the prototype service
- Was this above or below expectations. What kind of enquiries were handled
- What proportion of enquiries led to changes in benefit provision
- What evidence was there, if any, that the prototype managed to deliver a better service to customers
- What aspects of the service delivery were improved
- What is their impression of customers’ feelings about the prototype service
- Was it seen as different/better than service in the past. In what ways

6. Perceptions of staff performance, ability to cope, training, etc.

- Did they find participation in the prototype rewarding/enjoyable/worthwhile – why/why not
- How easy was it to fulfil the role/responsibilities required by the prototype
- To what extent did the prototype require a shift in values/focus
- What aspects of their new role were more easy to handle
- What elements of their new role did they find less easy to handle, e.g.:  
  > providing wider benefit advice  
  > co-operating with other agencies  
  > taking on increased responsibilities  
  > etc.
- How confident did they feel about adapting to the new way of working – what fears and concerns did they have
- What level of support was provided by prototype managers/other line managers
- To what extent was their (increased) role and responsibilities explained, understood and accepted when the prototype was set up
- Was training provided to equip staff for new/extended responsibilities
- How satisfactory was this training
- How could it be improved
- What kind of training would be most relevant/useful

7. Summary

- Overall perceptions of success and effectiveness of the prototype service
- What was more/less successful
- What impact did prototype have on service delivery to customers
- Ideas for improving the effectiveness and efficiency of the prototype
- What kind of BA BGOP prototype service would provide the best way forward

Prototype Managers

1. Background

- Reassurance about the research and how the data would be used

Description of the prototype service:
  > what ideas for the prototype were considered;
  > which were dropped and why;
  > what did they set out to do in their area;
  > how was the prototype meant to operate

- Who was involved in providing the service:
  > when it start operating
  > number of cases handled

- What is the background history of service delivery in the area

- How did this affect the performance of the prototype/perceptions of its performance

2. Perceptions of the set up of the prototype in their area

- How easy was it to set up the prototype service(s) in this area
- For each service set up:
  > what stages did they go through in setting it up
  > what elements of the service were easy to set up/arrange
  > what elements of the service were less easy to set up/arrange
  > what problems were encountered
  > how easy were these problems to overcome

3. Overall perceptions of the operation of the prototype(s) in their area

- How well did the prototype service work
- What makes them think it worked well/less well
- What criteria are used to judge its success or failure

- What elements of the prototype service helped it to work well/got in the way of smooth operation:
  > staff knowledge and experience of providing advice and information on benefits
  > levels of liaison and co-operation between staff in different organisations/agencies
  > issues of management and responsibility
  > levels of training and support provided
  > publicity and promotion of the prototype service

- What would have helped the prototype to work better in their area
- What were the main barriers to the prototype working well/working better
- How did the prototype service provided compare with previous service delivery
4. Perceptions of liaison with other agencies

- How was this achieved
- How well did this work in practice on the ground (did agencies understand each other)
- What contributed towards better liaison and co-operation
- What got in the way of good liaison and co-operation
- What could help to overcome any barriers and difficulties that did occur
- How easy was it for BA staff to work with/alongside staff from Local Authority, Age Concern, etc.
- What were the advantages/disadvantages of integrated working
- What were the views of participating organisations prior to the prototype and how did these change whilst working on the prototype

5. Perceptions of customers’ levels of usage/satisfaction with the prototype service

- Impressions of/estimates of customers’ interest in and usage of the prototype service
- Was this above or below expectations. What kind of enquiries were handled
- What proportion of enquiries led to changes in benefit provision
- What evidence was there, if any, that the prototype managed to deliver a better service to customers
- What aspects of the service delivery were improved
- What is their impression of customers’ feelings about the prototype service
- Was it seen as different/better than service in the past. In what ways

6. Perceptions of staff performance, ability to cope, training, etc.

- Did staff find participation in the prototype rewarding/enjoyable/worthwhile – why/why not
- How easy did staff find it to fulfil the role/responsibilities required by the prototype
- How did this vary according to staff background and experience
- Which aspects of their new role did staff find more/less easy to handle:
  > providing wider benefit advice
  > co-operating with other agencies
  > taking on increased/different responsibilities
  > etc.
- How confident did staff feel about adapting to new ways of working – what fears and concerns did they have
- To what extent was staff’s increased role and responsibilities explained, understood and accepted when the prototype was being set up
- How much training was provided to equip staff for their new/extended role and responsibilities
- How satisfactory was this training
- How could it be improved
- What kind of additional training would be most relevant

7. Summary

- Overall perceptions of success and effectiveness of the prototype service
- What was more/less successful
- What impact did prototype have on service delivery to customers
- Ideas for improving the effectiveness and efficiency of the prototype
- Is this prototype a service for the future
- What kind of BA BGOP prototype service would provide the best way forward
Stakeholders

1. Background/Warm up

Explain purpose of the group and that we are seeking to get views to guide future provision of Benefit advice and assistance to older people.

Encourage each member of the group to introduce themselves and explain their organisation’s interest and involvement in the development of the prototype (why they chose to take part, what their expectations were).

2. Overall perceptions of the prototype set up

- How well did the set up of the prototype go
- What, if any, problems or difficulties occurred
- How were they overcome

3. Overall perceptions of the prototype operation

- How did the prototype work in their area
- What aspects of the prototype worked particularly well:
  > volume of cases handled
  > staff training
  > staff co-operation and co-working
  > good liaison between agencies
  > co-location of services
  > publicity and promotion
- What impact did participation have on stakeholder organisations
- What, if any, were the main problems/barriers that got in the way of the prototype working effectively
- How might these be overcome

4. Perceptions of customers’ views on service delivery

- Was level of cases handled above or below target/expectations
- What evidence is there of customers being satisfied/impressed by the service delivered
- Any indications that the service was recognised as being a marked improvement on previous service provided

5. Ideas for the future

- What might be done to make prototype work better in the future
- What could be done to improve delivery of BA advice and assistance to older people
- What opportunities are there to provide other types of advice and assistance to older people alongside BA services
- What opportunities are there for more co-working and co-location of services
- What are the problems encountered with co-working and co-location of premises
- What would help to provide ‘joined up’ service delivery to older people
- Who should be the lead organisation for providing different types of prototype service

6. Summary

- Overall perceptions of success and effectiveness of the prototype service
- What was more/less successful
- What impact did prototype have on service delivery to customers
- Ideas for improving the effectiveness and efficiency of the prototype
Non-participants

1. Introduction to researchers
   • Reassurance about the research and explanation of its purpose.
   • Explanation of how findings would be used.

2. Introduction to respondents
   • Name, current circumstances, whether working or not…, interests, length of time living in
     area, family?
   • What is your area like as a place to live these days?

3. Perceptions of services available to provide information/support
   • Need for general information and advice – what sort of issues/matters?
   • Where have you gone/do go/would go for general information and advice? (family and friends,
     places in town e.g. Neighbourhood Associations; CAB; Council; DSS)
   • Which places deal with which queries? (use examples)
   • Are they located in suitable places? Or would you need to go out of your way to get there?
     Easily accessible?
   • What are these places like? Helpful? Friendly? Politely?

4. Awareness and understanding of benefits system/entitlement
   (NB: Might need to give introduction to BA BGOP to set in context)
   • Assess general awareness of Benefits System
   • How did/would you find out about entitlement? Are differences between benefits clear?
     > word of mouth (family/friends/others);
     > advertising;
     > leaflets;
     > common knowledge.
   • What are major areas of confusion? Which benefits?
   • What/which are more straightforward to understand?
   • Is it clear what the following departments/organisations deal with:
     • Local Authority (home help/housing); Benefits Agency; Social Services; Age Concern; CAB.
     • When might you go to each of them and what for?
     • How do people find out which place deals with which issue?

5. Previous experience of service delivery* (for benefit recipients)
   • Past experiences of dealing with DSS/BA.
     • What was it like?
       > what problems were encountered?
       > was query handled satisfactorily?
     • How was the service in terms of its:
       > location;
       > atmosphere;
       > speed of service;
       > level of usefulness of advice received;
       > problem resolved; level of follow up;
       > staff (knowledgeable/friendly/helpful/reassuring).

6. Potential of new concept
   • Any awareness of any new services active in your area? (if so, probe where and how heard about
     this)

   Explain theory behind new service provision – BA BGOP (show concept board – make clear its for
   people aged over 50 years).

   Show boards explaining different individual prototypes
   • Information Surgeries (3 types – which method preferred and why?)
     > where would they like this located?
     > who would they like to receive the advice/info from?
   • Telephone Advice Line
     > what BA services would they like on telephone advice?
     > who should give the advice?
   • Video Conferencing Advice Services
     > again, what services would they like advice on? what sort of advice would they need? who
     from? where should kiosks be located?
   • Home Visit
     > all types of home services (which types of service appealing)?
     > who should deliver the services?
     > when might they rather go to an office?
   • Roadshows
     > would they use them? what sorts of services would they like to receive via this route?
     > which locations are best? who might they like to see on benefit bus?
   • Information Technology
     > Internet/kiosks – which more appealing?
7. Ideal Service Delivery

What would be your ideal service for providing advice and assistance to yourselves:
> location (home, roadshow, LA/BA, Age Concern, Community Centres, etc);
> staff (type of person);
> face-to-face v. telephone v. IT v. contact in writing;
> general advice (e.g. like CAB; friends and family, etc.) v. specialist DSS pensions/benefits advice service;
> integrated services/data sharing i.e. joint visits and joint claim forms… (collecting BA and LA info in 1 visit not separate ones from both organisations)? Likely appeal?

What do you think about the idea of cross-referral?
What are the key elements of 'ideal' service?

8. Promotion of Prototypes

Where should this be promoted and when/how/why?
> TV/radio, local/national press; notice boards; leaflets; supermarkets; library; Age Concern; Post Office; etc.

9. Summing up

Overview of service ideas shown.
Most appealing idea/least appealing.

Prototype Manager Workshop - 12.05.00

a) Warm-up
• Introduction of each prototype manager

b) Overall attitudes towards prototypes and their level of success
• Criteria used to judge success of prototypes
• Factors contributing to success of prototypes
• Barriers to success of prototypes
• Success in delivering BA information and advice and taking claims
• Success in delivering 'joined-up' advice

c) Co-location of services vs. offering an integrated service
• Reality/practicality of each proposition
• Different grades of co-location and integration
• What would need to happen for these to work
• Currently, what are the limitations of delivery of joined up government

d) Staffing of Prototypes
• LA vs. BA vs. voluntary sector
• Key attributes of suitable staff

Split in to two groups of 4
e) Designing the Ideal Prototype to deliver BA advice, information and take claims
   - Elements of the ideal prototype
   - Service delivery methods to include
   - Staffing
   - Practicality/reality of proposition
   - What would they need to make it work

f) Designing the Ideal Prototype to deliver ‘joined-up’ advice and information
   - Elements of the ideal prototype
   - Service delivery methods to include
   - Staffing
   - Practicality/reality of proposition
   - What would they need to make it work

b) Summary
   - Review of ideal prototypes from each session
   - Present and discuss AIA’s hypotheses for ideal prototype
   - Best way forward:
     > for improving BA service delivery
     > for improving delivery of joined-up services
5th April 2000

Dear

Your Views on Pensions and Benefits Advice

The Benefits Agency are trying out new ways of providing advice and assistance about pensions and benefits and have asked us, an independent market research agency to find out what people think about this new service.

We understand that you have recently received Benefits Agency advice via ………………….. and would be very interested to hear what you think about the service you received and any improvements you would like to see.

We are planning to talk to some people in your area over the next month or so. Participation in this research is, of course, completely voluntary but the research will be better if more people take part. However, if you do not wish to be contacted about taking part, please can you let me know by ……………….. You can write to me at the following Freepost address (you do not need to use a stamp).

Nicky Spicer
Andrew Irving Associates Ltd
FREEPOST LON11911
LONDON N10 3BR

Alternatively, you can ring Anne Harrop at the Benefits Agency on 0113 232 7970 during office hours - Monday to Friday, 9am-5.30pm. She will also be able to answer any queries you may have about the research. If you get an ansaphone, please leave a message and she will return your call.

We would like to reassure you that your views about the new service will be treated in the strictest confidence by everyone concerned. We very much hope you will consider taking part as your views are important and will help improve the services delivered.

Yours sincerely,

Miss Nicky Spicer
Director
Annwyl …

Eich Barn am Bensiynau a Chyngor Budd-daliadau

Mae'r Asiantaeth Fudd-daliadau yn chwilio am fflerydd newydd i roi cyngor a help ynglyn â phensiynau a budd-daliadau ac maent wedi gofyn i ni, asiantaeth annibynnol ymchwil i'r farchnad i gael gwybod beth yw barn pobl am y gwasanaeth newydd hwn.

Rydym yn deall eich bod newydd ddodryn cyngor Asiantaeth Fudd-daliadau drwy ymweliad â’ch cartref ac fe hoffem glywed eich barn am y gwasanaeth a gawsoch ac am unrhyw welliannau yr hoffech eu gweld.

Ein bwriad yw siarad â phobl yn eich ardal dros y ddau ffaith nesaf. Wrth gwrs, does dim rhaid bod yn rhan o’r ymchwil hwn ond bydd yr ymchwil yn well po fwyaf o bobl fydd yn cyfrannu. Fodd bynnag, os nad ydych am i ni gysylltu â chi ynglŷn â chymryd rhan, byddwchystal â roihwybod i ni erbyn dydd Llun 10 Ebrill. Gallwch ysgrifennu ataf yn y cyfeiriad Rhadbost canlynol (ni fydd angen stamp arnoch)

Nicky Spicer
Andrew Irving Associates Ltd
FREEPOST LON11911
LONDON N10 3BR

Neu fe allech ffonio Anne Harrop yn yr Asiantaeth Fudd-daliadau ar 0113 232 7970 yn ystod oriau swyddfa – dydd Llun i ddydd Gwener 9am – 5.30 pm. Fe fydd hi’n gallu ateb unrhyw gwestiwn fydd gennych am y gwaith ymchwil.

Ymddirir â’ch barn am y gwasanaeth newydd mewn dull holol gyfrinachol gan bawb sy’n rhan ohono. Ein gobaith yw y byddwch yn barod i gymryd rhan gan fod eich barn yn bwysig ac yn help i wella’r gwasanaethau fydd ar gael.

Yn gywir,

Nicky Spicer
Cyfarwyddwr
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