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Dr. Carol Goldstone is the Managing Director of Carol Goldstone Associates. She has specialised in Public Sector Research for almost 20 years and has particular interest in issues of employment, education and disability. She has a PhD from the University of Manchester.
Summary

Background

- Jobcentre Plus wished to understand how the Disability Employment Adviser (DEA) role operates across the organisation and was interested in identifying which organisational models work best under which circumstances. A qualitative study was undertaken with Jobcentre Plus staff. A total of 109 interviews were undertaken in 15 Districts. To obtain a rounded perspective, respondents included DEAs, Advisory Services Managers (ASMs) and a range of other managers and advisers.

Organisational model

- The variety of organisational models for DEAs included deployment of DEAs in both a standalone capacity and in a merged role. The most frequent pairing for the merged role was DEA and Incapacity Benefit Personal Adviser (IBPA) since the two customer groups both require similar skill sets from advisers.

- Only large jobcentres had enough resource for a full-time DEA. Elsewhere, managers either created peripatetic (but standalone) DEAs or merged the DEA role with another job. The merged role was preferred by some managers because it provided resource flexibility but others opted for standalone DEAs because they thought it important not to dilute the role. Geography only rarely affected the decision, if distances between offices were particularly large.

- The merged role varied in the number of days allocated to each job. Some Districts asked DEAs to work in other roles only on an ad hoc basis (for example, if there were large numbers of mandatory interviews to complete) but the tendency was for managers to ask DEAs to prioritise the other role over the DEA work.

- Nearly all DEAs clearly preferred a standalone role over a merged role, although they were (sometimes reluctantly) willing to take on a merged role. Consultation about the implications of changing their role was uncommon although some DEAs were left with insufficient time to complete all parts of the DEA function.
• In most Districts, DEAs were line managed by an ASM who had responsibility for all Priority Group 1 (PG1) advisers. For DEAs, the biggest feature differentiating ASMs was their familiarity with the DEA role. ASMs’ knowledge and understanding depended on previous experience of working as, or managing, DEAs, interest in disability issues, managerial style and personality. All ASMs believed that they had adequate knowledge of the DEA role to be able to manage their staff; however, several DEAs suggested that this was not actually the case and this resulted in ASMs having unrealistic expectations of the DEA – either in terms of the number of interviews they could complete or in placing little emphasis on non-customer related work.

• Organisational models tended to change either because a new District Manager (DM) was in place or because of other factors impacting on the organisation. Changes are currently taking place because of the implementation of Pathways and more may be required when Employment and Support Allowance (ESA) is introduced in autumn 2008. There was uncertainty about how Provider Led Pathways would impact on the DEA’s job and further changes were mostly deferred until the impact was apparent.

Performance measurement

• The Adviser Achievement Tool (AAT) was interpreted by managers in a variety of ways although it was nearly always considered to provide targets rather than guidelines and working practices reflected this interpretation.

• DEAs were generally expected to complete fewer interviews per day than other advisers, although the differential varied across Districts. Moreover, whereas some Districts excluded time spent away from the office when calculating the required number of interviews, others included this time too. This was a strong disincentive for the DEA to spend time on non-customer-facing activity.

• Although all ASMs claimed to take all parts of the DEA role into account in assessment, in practice, the culture of the District varied so that some were much more target-driven than others.

• In the minority of cases where DEAs struggled to achieve their allocated goals, the reaction of DEAs varied. Some responded by ignoring the pressure and were able to justify not meeting the guideline because of the other work they were doing; in other cases, DEAs put in unpaid overtime or chose to exclude some parts of their job role – especially networking with employers.

• Opinions were varied about the impact of the Job Outcome Target (JOT) and whether or not it created less pressure for DEAs. There was also disagreement as to whether JOT would discourage emphasis on DEA customers (because they maybe harder to place) or encourage it (because customers with a health condition or disability (PHCD) earn more job outcome points than other priority groups).
**DEAs and employers**

- Non-customer-facing work, most significant of which was work with employers, tended to be the first tasks to be minimised or omitted when the DEA was under time pressure. This was encouraged by many ASMs who had less understanding of the DEA role since it was not subject to targets. A small number of managers actively encouraged work with employers, perceiving the networking to be essential for maximising job opportunities for DEA customers.

- Time spent out of the office varied. Where encouraged, DEAs could be out for one to one and a half days per week; others were hardly ever visiting employees, sometimes trying to replace visits with telephone calls. Long standing DEAs reported that the amount of time that they spent out of the office had reduced significantly in recent years.

- Retention work (which, by its nature was sudden and unpredictable) and work promoting the two ticks symbol were the two areas of employer work which tended to be undertaken by most DEAs. However, annual visits to symbol employers – which in some Districts had been reallocated to specialist employer teams – was often postponed until the end of the year when it was undertaken in a great rush.

- Not all DEAs felt that they were competent at employer work and there were suggestions that the move to a dedicated team – either the employment team or selected DEAs – might increase success rates. The disadvantage of this would be that there would be fewer networking opportunities for DEAs to place customers in work.

- DEAs frequently had good relationships with the providers in their area but contact was reduced when the DEA was under time pressure. Opinions of local provision varied with some providers better thought of than others, especially where the provider was not specialist in the DEA’s customer group. The number and range of providers was perceived to have decreased in recent years and this is expected to be exacerbated by the introduction of Provider Led Pathways.

**Training and networking**

- DEAs’ training has changed over the years and now consists of four workshops over ten and a half delivery days. The accompanying consolidation system of work shadowing and mentoring in the workplace and community, with support from a line manager and others, was however, highly regarded and considered an essential part of the training programme. Some current trainees had experienced administrative problems with the programme such as cancellation of courses at short notice.

- Upskilling through e-learning was used only by a small number of DEAs because most DEAs could not find the time for it during their working day.
• Some Districts provided regular networking meetings for DEAs and these were very highly valued as opportunities to case conference, learn new skills and attend presentations from outside organisations, particularly providers. They were often the only opportunity for DEAs to meet each other. Typically, successful meetings worked to an agenda and were chaired by a manager or senior DEA. Some managers routinely turned down invitations to such meetings.

• Other Districts had stopped or greatly reduced the frequency of network meetings because managers believed they provided little positive output. A small number of managers did not allow their DEAs to attend all networking meetings held.

• Few other networking opportunities were available to DEAs. However, most knew a senior DEA in their District who could be approached for help or guidance when required.

• DEAs frequently supported and coached non-DEA colleagues who worked with sick or disabled customers. Relationships were particularly close with other PG1 advisers, in part because advisers tended to be physically located together in the office. There was no evidence that relationships with colleagues differed according to the organisation model in use. Relationships with colleagues were thought to have been improved by the past decision to manage DEAs within the office rather than centrally.

Discussion

• For DEAs, the features that were perceived as most important in assisting them were: to have a manager who understood their role in full; adequate networking opportunities with other DEAs; proper emphasis given to elements of the role that were not customer-facing; and appropriate, realistic benchmarks within AAT which take account of the longer interviews and exclude time out of the office.

• ASMs had a less consistent set of ideal criteria, depending particularly on the knowledge and familiarity that the ASM had of the DEA role. Knowledgeable ASMs had similar preferences to DEAs and tended (with exceptions) to prefer the standalone model over the merged role. Other managers preferred the merged role model because of the resource flexibility it provided. There were some preferences and expectations that DEAs would be almost exclusively office-based and targets should be little different from those of other PG1 advisers.

• Examples of good and bad practice were found within the Districts visited. It is important to note that there were examples of good practice both in areas operating standalone DEAs and those using the merged role model. However, bad practice was more often found where merged roles were in place.

• Specific examples of good practice have been noted, some of which could be adapted for use elsewhere.
Conclusions and recommendations

Key findings and recommendations from this research are:

- DEAs almost all prefer a standalone organisational model, whereas managers are divided in their preferences. Managerial preference depends on a personal balance between the advantages offered by resource flexibility and concern over the dilution of the DEA role. Both models can operate successfully.

- The merged role works better in some Districts than others. A positive attitude to, and knowledge of, DEAs and their work is the biggest differentiating factor.

- Some ASMs have poor understanding of the DEA role; some are aware of this, although in other cases it was their DEA who perceived that they had a low level of knowledge. DEAs working for such ASMs are less likely to be able to fill all parts of their job description. Specific ASM training would help overcome this.

- There is some misinterpretation of AAT guidelines resulting in inconsistency. Additional guidelines are required.

- Work with employers and with the local community are the areas of the DEA role which are most likely to be minimised or stopped if the DEA is under time or target pressure. Furthermore, time spent on these parts of the job is often discouraged by managers who consider these tasks low priority. Guidance should be provided to managers to promote greater emphasis on this work.

- DEAs can feel very isolated, especially if network meetings are infrequent or non-existent. Such meetings, with guidelines for appropriate structure, should be encouraged.
1 Introduction

1.1 Purpose of research

Jobcentre Plus wished to understand more about how the DEA role operates across the organisation and was interested to identify which organisational models work best under which circumstances.

Carol Goldstone Associates (CGA), a specialist research agency with experience of working with Jobcentre Plus, was commissioned to undertake the research into DEA organisations and this document reports on the findings of that research.

1.2 Background

Each of the Jobcentre Plus Districts has an allocation of DEAs whose remit is, in part, to help people with health conditions and disabilities to find and retain secure work. Their responsibilities also include the disability symbol and raising employers’ awareness of disability issues. DEAs are also the gateway to some disability-related programmes and funds.

Deployment of DEA posts is a responsibility of DMs and varies by District. Although some DEAs work exclusively in this role and out of one office, this is not always the case. For example, in some areas a DEA may work in more than one office, elsewhere, an individual may combine their DEA role with other advisory roles, especially, although not exclusively, IBPA.

There are a number of factors which will feed into the decision of the DM in how to deploy available DEA resources. These may include:

- geography of the area (including the size and structure of the local population, the size of the office and the proximity to other Jobcentre Plus offices);
- experience of DEAs and their line managers;
- the attitude of the local DM (and other managers) to DEA responsibilities.
Over the last couple of years, deployment of DEA resources and their management structures in many areas has tended to change. Districts have merged the DEA role with others and, in some cases, have subsequently demerged it again. The impact of the Pathways to Work implementation may initiate further change\(^1\).

1.3 Research objectives

Three overarching aims for this research were identified. These were:

- understand how the DEA role operates across the organisation, including examining the role in different organisational structures and circumstances;
- understand the pros and cons of different organisational models and varying circumstances;
- provide an informed view of the best organisation in a broad range of circumstances.

In order to meet these overarching aims, a number of research objectives were also identified:

- To examine the organisational set up of DEA roles across Jobcentre Plus and to identify the key drivers of the organisational structure.
- To identify real and perceived advantages and disadvantages of each model.
- To determine the pressures on DEAs created by different structures, including which aspects of the role are most likely to either be done less thoroughly or not be done at all when under pressure.
- To explore how DEA work is affected by multiple job roles and identify any strategies used to protect the DEA role.
- To understand how different models impact on employer-related activity, including helping disabled customers to retain work.
- To investigate whether different organisational models have a more severe impact on customers with more complex barriers.
- To understand how well informed, equipped and supported DEAs are to do their jobs, including how they consolidate, maintain and build their knowledge and skills.
- To examine how supportive DEAs are of other advisers and staff, regarding disability and ill-health issues in their offices.

\(^1\) Pathways to Work is the new programme designed to provide extra support to Jobcentre Plus customers with a health condition or disability. National roll-out of Pathways to Work was achieved in April 2008. Districts in Wave 1 are implementing the Pathways programme themselves but those in Waves 2 and 3 are using a provider-led programme.
• To determine how the DEA role is perceived to feed into Jobcentre Plus target performance.

• To consider what factors are used by managers to assess performance of DEAs in different models.

It was anticipated that, whilst this research will not provide a quantitative or definitive answer, it will give a strong indication of the relevant factors and likely impacts for standalone DEAs and multi-role DEAs within the organisation.

1.4 Structure of document

The remainder of this document is divided into the following chapters:

• Chapter 2 – Research methodology.

• Chapter 3 – Organisational models. Description of the DEA and ASM roles and the organisational models under which they work. The chapter includes the attitudes of both DEAs and ASMs to these models and also describes the factors influencing the relationship between the DEA and their manager. The chapter concludes with a brief consideration of the impact of Pathways.

• Chapter 4 – Performance measurement. This chapter looks at the AAT and the impact of the guidelines on the DEA role.

• Chapter 5 – DEAs and employers. A review of the work that DEAs do with employers (including retention and symbol work) and how this is affected by the attitude of the ASM. The chapter also looks at the relationship between DEAs and providers and discusses other outreach that takes place in some Districts.

• Chapter 6 – Training and networking. This chapter discusses the training available to DEAs now and compares this with the training undertaken by long serving DEAs. The chapter also discusses networking opportunities available to some DEAs and considers how DEAs work with other colleagues in the Jobcentre Plus office.

• Chapter 7 – Discussion and conclusions. The final chapter discusses the impact of the findings. In particular, it examines the organisational models that DEAs and ASMs would most like, discusses good and bad practice found during the research and ends with some conclusions and recommendations.
2 Research methodology

2.1 Selection of Districts

Because of the nature of the required research, a qualitative approach was adopted, comprising depth interviews with a variety of Jobcentre Plus staff.

Interviews took place across a range of Districts and 15 were selected for interview. To try to cover as many variations as possible, the Districts were selected to cover the following variables, based on information provided by the Districts themselves:

- **Region**: The sample included all English regions – including London – plus Scotland (two Districts) and Wales (one District)

- **Organisational model**: A wide range of organisational models were included in the sample (e.g. DEA working solely in a DEA role, in a mixed role and Districts with both types) to cover as many variations as possible (see Chapter 3).

- **Pathways type**: Selected Districts were implementing Pathways at different dates – some were already operating under the Pathways model; others had moved across to the new model very recently (December 2007) or were due to do so in April 2008.

- **Area types (cluster groups)**: The selected Districts covered inner city, urban and rural Districts and also included both deprived and wealthier areas.

- **Adviser types**: Some of the Districts covered had specialist managers while others had managers who worked with a full range of staff.

The final sample structure is shown in Table 2.1.
Table 2.1 Sample structure

<table>
<thead>
<tr>
<th>Total</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisational model</strong></td>
<td></td>
</tr>
<tr>
<td>Standalone</td>
<td>6</td>
</tr>
<tr>
<td>Merged</td>
<td>4</td>
</tr>
<tr>
<td>Both</td>
<td>5</td>
</tr>
<tr>
<td><strong>Pathways type</strong></td>
<td></td>
</tr>
<tr>
<td>Jobcentre Plus</td>
<td>4</td>
</tr>
<tr>
<td>PLP (live December 2007)</td>
<td>5</td>
</tr>
<tr>
<td>Live 4/08</td>
<td>6</td>
</tr>
<tr>
<td><strong>Cluster group</strong></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>2</td>
</tr>
<tr>
<td>B</td>
<td>6</td>
</tr>
<tr>
<td>C</td>
<td>4</td>
</tr>
<tr>
<td>D</td>
<td>3</td>
</tr>
<tr>
<td><strong>Adviser types</strong></td>
<td></td>
</tr>
<tr>
<td>Specialist</td>
<td>7</td>
</tr>
<tr>
<td>Full range</td>
<td>8</td>
</tr>
</tbody>
</table>

2.2 Target groups

Because the research needed to explore the success of each organisational model from a number of perspectives, the study included Jobcentre Plus staff employed in a range of roles. These included not only DEAs and their line managers but also DMs and/or Customer Service Operations Managers (CSOMs); IBPAs (where the job was not incorporated with the DEA role) or other advisory staff; Jobcentre Managers; and Performance Managers (including Regional Contact managers). A total of seven or eight interviews were completed in each District visited.

The overall breakdown of staff interviewed is shown in Table 2.2.

Table 2.2 Breakdown of job roles

<table>
<thead>
<tr>
<th>Total</th>
<th>109</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEA (including those in merged role)</td>
<td>39</td>
</tr>
<tr>
<td>IBPA/ Specialist Incapacity Benefits Personal Adviser (SIBPA)</td>
<td>10</td>
</tr>
<tr>
<td>DEA line manager/ASM</td>
<td>15</td>
</tr>
<tr>
<td>Jobcentre Manager</td>
<td>14</td>
</tr>
<tr>
<td>Performance Manager</td>
<td>14</td>
</tr>
<tr>
<td>Regional DEA Support Manager</td>
<td>1</td>
</tr>
<tr>
<td>CSOM</td>
<td>10</td>
</tr>
<tr>
<td>DM/deputy DM</td>
<td>6</td>
</tr>
</tbody>
</table>
Within each District, a contact was nominated by the DM and this individual was responsible for identifying an appropriate range of staff for interview. In a small number of Districts, all respondents were working in the same office although it was more common for staff from two or three offices to be included within the District sample.

Fieldwork was undertaken in February – March 2008. All interviews were digitally recorded (with the permission of respondents) and transcribed to aid analysis.

Two separate topic guides were prepared – one for managers and another for advisers, although the emphasis within an individual interview depended on the respondent’s responsibilities and experiences. Both topic guides are appended to this report.²

² Please note that all respondents participated in the research under a promise of anonymity in order to encourage them to speak freely. We have, therefore, excluded a list of participating Districts.
3 Organisational models

3.1 Introduction

To provide context for this report, this chapter starts by outlining the work and responsibilities of the DEA and of the DEA line manager, the ASM. It then looks at the various organisational models that were in use at the Districts visited and examines how the different DEA models are viewed by Jobcentre Plus staff. The chapter concludes with a discussion of the nature of the relationships between DEAs and ASMs.

3.2 The Disability Employment Adviser role

The DEA has a particular focus on helping customers with a health condition or disability to obtain and retain work. According to the national DEA job description, the key responsibilities of the role can be summarised as:

1. Conducting Work Focused Interviews (WFIs) with customers who because of health and/or disability need support to help them return to, move closer to or retain employment.
2. Managing a caseload of customers pro-actively, working directly with customers to help them to overcome barriers to work and tailoring support packages to meet individual needs.
3. Providing support to colleagues who also work with disabled customers or those with a health condition.
4. Coaching and mentoring colleagues working with disabled customers or those with a health condition.
5. Building close and effective relationships with employers, providers and partners to develop and deliver innovative and customer-focused solutions.
6. Working with employers to encourage good practices in employing disabled staff, with emphasis on promoting and supporting use of the disability symbol.
7 Helping protect the integrity of the benefit system by making sure that people
fulfil their responsibilities and remain entitled to benefit.

Thus, the DEA has similar responsibilities to other advisers, each of whom work
with their own customer group but, in addition, the DEA is charged with guiding
colleagues in their work with disabled people and is also expected to work with
employers and others to enhance job opportunities for this customer group and
promote the use of the disability symbol. Overall, compared with other advisers,
DEAs have more responsibilities that are not directly customer-facing.

The depth interviews explored the perceived importance of the different roles and
the extent to which they thought that the DEAs in their office were able to meet
them.

Deployment of the DEAs is described in more detail in Section 3.4.

3.3 The Advisory Services Manager role

In nearly every office, DEAs were line managed by an ASM. ASMs were responsible
for a team of staff, such as Lone Parent Advisers, IBPAs and DEAs. The advisers
included with the ASMs team varied slightly – for example, some included New
Deal, Restart or New Claims Advisers – but most offices worked with managerial
responsibilities divided between an ASM and a Jobcentre Manager. Only two of
the Districts visited deviated from this general managerial scheme. In one District,
a single individual managed all staff in a jobcentre (including DEAs) and another
District was operating a centralised system whereby DEAs in the District were
divided into two clusters, each managed by a specialist DEA manager.

Where the jobcentre was small and had only a very limited number
of PG1 advisers, the ASM would be peripatetic. This term was used for those
members of staff who worked out of more than one office and in the case of
the ASM, they had responsibilities for a team covering two or, occasionally, three
offices. One example was found of an ASM who, because her patch covered a
large rural area, managed staff in five different jobcentres with a travelling time
of nearly half a day for a return trip to the most remote. Although she attempted
to spend entire days in one location, much of her time and energy was spent
travelling between offices.

‘It’s harder to get through your workload because of the time spent in my
car…I do find the peripatetic specialist management role quite, has quite
a lot of disadvantages…Being on one site, less stressful, you’ve got more
working hours available to you during the day because you’re not burning
up time in your car, you’ve got everything you need where you need it, and
you’re not always having to pack for the end of the day to go somewhere
else. I think you can build up a better rapport with your staff, you can hold
more effective Wednesday morning communications because that’s almost
impossible if your cross site.’

(ASM)
For DEAs, the familiarity that the ASM had with the DEA role was the most important factor affecting the relationship. ASMs’ knowledge and understanding varied enormously and depended on a number of variables including their previous experience, interest in and knowledge of disability issues, managerial style and personality. While many ASMs had a high level of familiarity, a number of ASMs lacked basic knowledge about what the DEA did. One Performance Manager moderated a workshop with ASMs about disability and was shocked at the low level of knowledge he encountered.

‘Now these are people who line manage DEAs, so we covered the basics around Work Preparation, Work Step, job direction scheme, the role of the psychologist, etc, etc. Basic stuff. Challenging on book one. What sort of person would a DEA refer to Work Prep? “Don’t know”. What sort of people do the DEA take on for their case load? What would be the criteria they’d use? “Don’t know”. Who are your Work Step providers? “Haven’t got a clue”. Why would someone be referred to the psychologist or why would a DEA need to do that? “Haven’t got a clue”. Now these are people who are quaffing, doing the quality, and line managing, assessing and marking DEAs…Now for DEAs looking for support, looking for support with a client, looking for support with whatever, who do they go to? To the ASM? The managers haven’t got a clue.’

(Performance Manager)

A small number of ASMs interviewed had previous experience of managing DEAs in the past, sometimes as a specialist manager with a DEA team. Examples were also found of ASMs who had personally worked as a DEA at some time in the past although this was relatively unusual.

The impact of the ASM knowledge and experience on the relationship that they had with the DEAs in the team is discussed later in this chapter (see Section 3.7).

3.4 Disability Employment Adviser organisational models

In line with the sample selection, the way that the DEA role was organised varied significantly. The Districts visited included some whose DEAs worked in standalone roles (i.e. they worked only as DEAs and had no other responsibilities) and others where DEAs worked in a merged role so that part of the working week was spent in a different job. A few Districts included both standalone and merged role DEAs. The two types could be in the same office as well as across the geographic area.

Only jobcentres in the larger locations tended to have enough DEA work to keep the DEA occupied full-time and only the very largest offices (generally in large city centres) had sufficient resource for more than one full-time DEA. More commonly, in smaller offices, there was insufficient resource for a full-time DEA.
Where a standalone model was in place, the situation was resolved by using peripatetic DEAs for the smaller offices so that the DEA resource was spread across more than one site. Most of these DEAs worked in two offices although a small number were spread across three locations. The time division obviously varied, depending on requirement but it was usual for the DEA to spend entire days at a specific location rather than moving between locations during the working day.

The alternative way of resolving the resource issues was to have an individual working part-time as a DEA and the rest of the time in another role. There was more variation in this merged role (sometimes described as a multi-functioning role). By far the most common job combination was that the DEA would spend a part of the week working as an IBPA\(^3\) as this was seen to cover a very similar target group and therefore, to need a similar skill set. However, a wide range of other merged roles for the DEA were encountered in the Districts studied. These were primarily advisory jobs, generally reflecting those in the ASM team. Other roles, therefore, included Lone Parent, New Claims, Restart and New Deal Advisers, although in a couple of Districts, DEAs also worked as floor walkers.

The way that the merged role operated varied from one District to another and sometimes there were also variations within a District. Some dual roles were formalised, with DEAs regularly spending a fixed number of hours per week in each of their designated roles. Alternatively, the arrangement could be more informal, with DEAs being asked to stand in for absent colleagues or, especially if there was a bottleneck of mandatory appointments for IB claimants, to help out colleagues. Thus, the merged role could be a regular or occasional feature of the DEA's working week. A number of DEAs reported that the amount of 'occasional' time that they were being asked to work in other roles was gradually increasing, reducing the time spent working as a DEA. They were generally instructed to prioritise the non-DEA work.

‘It’s a whole office approach so somebody’s required to floor walk or do mainstream advising, and I do that as well. It’s as and when really, just when there’s staff shortages and just to try and help out as everybody else does.’

Moderator: ‘So what would take priority? Would the DEA work take priority and you’d then do other work when you’ve got availability?’

‘No the other way around unfortunately.’

(DEA)

The most common way of allocating time across the merged roles was to allocate jobs in blocks of time. In some offices, the staff member would work as a DEA on

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\(^3\) In some Districts, the IBPA role is referred to as an Specialist Incapacity Benefits Personal Adviser (SIBPA). Where Provider Led Pathways had been recently introduced, the IBPA role – reduced under the Pathways provision – has been retitled Provider Led Pathways Adviser. Within this report, all are referred to as IBPAs.
designated days and in their other role for the rest of the week; less frequently, the staff member would be a DEA in the morning or afternoon. Neither DEAs nor managers considered it advisable to mix up the roles so that the adviser was an IBPA with one customer and a DEA with the next. This was felt to be confusing and inefficient.

However, a number of DEAs working in a merged role were willing to make exceptions so that they might see a DEA customer during an IBPA period or vice versa, if there were particular reasons for doing so.

‘My appointments are booked DEA in the morning and IBPA in the afternoon. But if somebody came in and wanted to see me I wouldn’t say, “I’m sorry I’m IBPA. I’ve got my wrong hat on”.’

(DEA)

DEAs in general were responsible for keeping their own diaries and nearly all booked their own appointments and determined the length of interviews. Those working in the merged role tended to block off periods when they were working as a DEA so that the Diary Admin Support Officer (DASO) could book appointments for them in their alternate role.

In several of the Districts selected as having standalone DEAs, it was evident that DEAs were actually working in a merged role, at least some of the time but often permanently. Whilst this was the prerogative of the DEA’s manager, the fact that DEAs were working in other roles had not always reached the senior management. For example, in one District, the DM was clearly convinced that her DEAs worked in a standalone capacity although other interviews in the District showed that this was not the case:

‘All of our DEAs are ring-fenced would be the wrong term, but they are dedicated DEAs where I would like to think we are protecting the skill, and the expertise that those people have…If we have DEAs, to be quite honest, who are spending a day a week doing some other job, that is not something either I, or my operations manager colleagues, are aware of.’

(DM)

‘I work three days a week…And I’m an IBPA nominally half a day a week, but it normally works out one day a week.’

(DEA in same District)

The organisational model in place was the responsibility of the DM, although the extent to which this had been discussed with senior colleagues tended to vary and some DMs delegated the decision to the CSOMs so that a variety of models were found within the District.

‘If managers decide to ring-fence their DEAs to do DEA pure work, that would be their decision.’

(DM)
The amount of time over which a model had been in place varied enormously. Whereas some had used the same model for a number of years, other Districts had made changes within the last year – and had sometimes tested and abandoned other models within the last few years. While changes had often been the result of other organisational amendments within the jobcentre network, for example, the introduction of Pathways, it would appear that some changes had been introduced by DMs, especially those who were relatively new in the post, because they preferred a different model or had worked with it elsewhere.

Managers were asked whether their current organisational model was likely to be changed in the near future. A number of Districts thought change was quite likely, particularly because of the introduction of Provider Led Pathways and the changing role of the IBPA (see Section 3.8). One way of ensuring that IBPAs were retained and their job satisfaction kept high was to train some of these staff members as DEAs because of the existing interest in, and knowledge of, health and disability. The expectation was that these members of staff would work in a merged role, side by side with existing DEAs (some of whom were also expected to move to a merged role). The expected introduction of the new ESA in the autumn was also mentioned by a number of managers as being a possible catalyst for organisational change although none had yet made decisions about this.

In addition to the District already operating a centralised model, such as had been in place in all Districts several years ago, another was also planning to reintroduce this. Their rationale was that the DEAs needed to be managed by specialists who understood their role.

There were a number of variables that were considered in deciding how DEAs and other advisers were to be deployed across the District. These included the available resource, the familiarity of relevant managers with the DEA role (see Section 3.5) and the geography of the District. For example, in urban areas in particular, jobcentre offices were not too far from each other, whereas in more rural settings, offices were sometimes far more spread out, hindering a peripatetic role. One manager suggested that the peripatetic standalone model worked well if the customer makeup was the same at the different sites but would be more difficult for the DEA if site customers differed significantly in terms of ethnicity, level of deprivation, etc.

However, the attitude of the senior management to DEAs was particularly important in determining whether the District opted for a mainly standalone model or preferred mainly merged roles.

### 3.5 Attitudes of managers to organisational model

While the choice of model was based on the preference of senior management (particularly the DM), other managers (in particular the DEAs’ line managers) also had a large degree of input in determining how this worked in practice. Their views were, therefore, also significant in organising the DEAs in their team.
For some managers, having staff working in two roles was a natural response to the fact that a specific office did not justify a full-time DEA. If the resource allocation was 0.6 DEA then it made sense for the staff member to be a DEA for three days and work in another capacity for the remaining two days.

‘Where it was possible I’d like somebody to be a specialist DEA because there’s so much to learn and it’s such an important service, but in a small office like [location] where I’m only given a small amount of resource and I have to deliver both services, and I had a full-time person, it made more sense for that one person to do both roles.’

(ASM)

Other managers, given the same situation, made a different decision and used the standalone DEA in a peripatetic role over two offices. Very occasionally, this option was rejected because of the impracticalities imposed by local geography involving long distances or difficult journeys but this was seldom an important factor in the decision.

Decisions on whether DEAs should be working in a standalone or merged role were most commonly based on the manager’s decision of what would be good for the office or the District. However, in a minority of cases, ASMs had chosen to move DEAs from a standalone role for personal reasons.

The preferences of the DEAs were not usually an important factor in deciding how their time should be spent or what could be the implications of merging their DEA job with another function. Many had little or no input in the decision to move them into a merged role.

A number of different reasons were given for preferring to have DEAs working in a merged role. The key feature was flexibility. Managers felt that the merged role was a natural use of resource and ensured easy cover when staff were out of the office – whether a planned absence such as leave or an unexpected absence such as sickness – or to help out when the number of mandatory interviews was too great for other staff to deal with in the available time window. A DEA working in a merged role could quite easily be taken off their usual duties when occasion arose.

‘One of the bonuses if you like, of having my DEA working for me, is that on the times when she’s not so busy because people haven’t turned up, I can use her to do other jobs.’

(ASM)

This was particularly easy since many DEAs had previously worked in other advisory roles and had the appropriate training. Moreover, since their own customer group interviews had more leeway when they took place, they could ask customers if they minded postponing their appointments for a short while.
Because both DEAs and IBPAs deal with customers who have health problems or disabilities, some Districts thought that this was a strong rationale for merging the two roles.

‘As an Ops Manager, I was responsible for trying to take forward the Incapacity Benefit agenda before Pathways and we always had the DEA almost doing like 50 per cent IB work and 50 per cent JSA work and the reason for that was because if you look at it, the DEAs predominantly are supposed to be dealing with jobseekers, who have disabilities and not so much the Incapacity Benefits customers and when you think about the key Incapacity Benefit they have got the same disabilities, there’s obviously a duplication there. So we made a concerted effort to try and have the DEAs dealing with both the IBPA role and the actual JSA customers. It made good use of the resource and the DEAs liked it, because it gave them variety.’

(DM)

In some cases, rather than have one full-time DEA, a manager would prefer to have two part-time staff members. This had the advantage that the DEAs could sometimes cover for each other (if other duties allowed) whereas cover was unlikely to be available if the office had only one trained DEA.

When asked about the relative benefits and disadvantages of merged and standalone DEAs, managers ranged from those who were adamantly in favour of the standalone role to those who equally vehemently preferred the merged role. The biggest drawback to the merged role – often acknowledged also by those preferring it to the standalone option – was the concern that the expertise and experience that the DEA had would be diluted if they were working as a DEA only part-time. Where the standalone option was preferred, concern over diluting the role was the overriding factor. However, for those liking the merged option, this was a disadvantage but was clearly minimal in comparison to the advantages of flexibility and improved use of resource that were important to this group.

3.6 Attitudes of Disability Employment Advisers to organisational model

Whereas the views of managers ranged from strong preferences for or against the standalone DEA role, DEAs themselves had a much narrower array of preferences, ranging from a very strong preference for the standalone role to a more neutral ‘don’t mind’ attitude. There were few DEAs interviewed who preferred to work in a merged role, although one DEA welcomed the contrast that it provided during her working week.
‘I personally wouldn’t change doing new claims because I actually do find it a little bit of a relief…When you come to do new claims or to do 13-week reviews it’s very much a standard process, it’s, I find it very stressless, completely. You’re doing your Jobseekers’ agreement, you know what you’re going to do, you know what you’re going to say to the customer and it actually does give my brain a little bit of time just to calm down a little bit.’

(DEA)

In common with the views of those managers in favour of the standalone model, many DEAs had profound concerns about the dilution of their role.

‘I do feel that it has weakened the role of the DEA completely really. I just think because people don’t really have that much of an understanding of what the DEA role is, they think well it doesn’t particularly matter if you do a day’s floor managing.’

(DEA)

They felt that a merged role reduced the amount of help that they could provide their (DEA) customers, meant that newer DEAs did not get as much experience as they needed, indicated a lower level of appreciation of their own expertise and suggested a lower respect for the job and for its target group.

Because DEA customers were often long term prospects for getting into work, it was usually the DEA work that took the lower priority. In addition, as will be explored in greater depth later in this report, the merged role (and the reduced amount of time spent as a DEA) was a major factor in squeezing out parts of the DEA role, in particular, those aspects of the work that were not directly customer-facing such as work with employers and providers.

3.7 Disability Employment Adviser/Advisory Services Manager relationship

As noted in Section 3.3, ASMs fell into two broad categories – those with a level of knowledge and understanding of the DEA role and its customer base of disabled people and those with little or no special knowledge or interest in this area of work. From the DEA perspective, the former type of ASM was very significantly to be preferred. However, senior managers were sometimes aware that their ASMs fell into the latter category.

‘I tend to feel DEAs are a little bit paranoid about the fact that nobody truly understands what they do, or they feel that nobody understands what they do…[I understand their role but] I have to say I think some of their managers are less clear about what they are there to do.’

(Performance Manager)

ASMs with knowledge about disability and the DEA role could be approached for advice on difficult cases. Often the only DEA in the office, a lack of peer
group with whom cases can be discussed face-to-face, was a constant theme with many DEAs and the presence of a manager who understood the issues was greatly valued. Furthermore, the knowledgeable ASM understood all parts of the DEA role and did not expect them to be constantly in the office with a customer at the desk. Rather, such a manager would be aware that the DEA should also be undertaking other elements of the role and would encourage the DEA to be out networking with clients, providers and other relevant contacts such as local charities who could help find suitable jobs for the difficult DEA customer group. The ASM who had poor understanding of the whole DEA job was more likely to expect to find a customer at the desk and to redeploy the DEA whenever this was not the case.

Because of the strong preference for a DEA who had a proper understanding of the role, there was much fond recall from long-serving DEAs of the time when they were part of a centralised Disability Service Team (DST) structure with dedicated managers.

‘When we had a disability service team manager if we had any issues regarding our role or our provision or anything like that, we could go to her and she would move heaven and earth to get things sorted out for us. But when we go to the manager that we’ve got now, she does her best, there’s no criticism whatsoever but she’s also got half a dozen other people saying, “I need this, I need that, I need the other”.’

(DEA)

It was not thought necessary that the ASM should have personal experience of DEA work, either as an adviser or as a manager. Many highly regarded managers had no earlier experience in this area. However, these ASMs had made a positive effort to understand the job fully and to come to grips with the job that their staff were doing. For example, whereas some ASMs had accompanied DEAs on employer visits or had attended DEA networking meetings, others had not thought that this was essential. Most certainly, there is no particular training in place which helps ASMs to understand the DEA role or to highlight how it differs from the roles of other advisers.

One ASM described how he had always believed that he had an adequate understanding of the DEA role until his DEA was off sick for a couple of weeks. In order to minimise disruption to other members of staff, the ASM arranged for calls to be diverted to his phone. By the time the DEA returned to work, the ASM had a new understanding and much enhanced respect for the DEA and the work that he did.

This also highlights another issue, namely, that a number of ASMs genuinely believe that they have an adequate understanding of the DEA role and all its responsibilities, whereas there may be many important aspects of the job which they misunderstand or where they fail to understand fully how the role helps to service customers. One District had chosen to centralise DEA management to overcome this problem.
'Previously when it came under the mainstream advisers I think there was a lack of knowledge and understanding by management of their role, what they needed to do, how much time sometimes it takes them to do that role.'

(Performance Manager)

Certainly, a number of ASMs agreed that they had only superficial familiarity with the DEA role and, especially where they had long serving DEAs who were on top of the job, were happy to leave them to ‘get on with it’ so that their time could be concentrated on those areas where they perceived problems.

‘I get on well with the manager. When she sees me, she says, “I don’t need to worry about you”.’

(DEA)

Such ASMs all felt that their understanding was sufficient for their managerial role, although this view was often not shared by their DEAs. Some DEAs felt rather abandoned and others were aware of a lack of direction which left them guessing as to what aspects of their work they should prioritise and which they should put to one side. In such cases, it was the customer-facing work, where there were targets to achieve, that tended to take priority. In addition, some DEAs (and also some Performance Managers) expressed concern that DEAs were having their quality assessment (QAFs) by ASMs who did not really understand what the DEA had to do.

In some Districts, staff commented on the rapid movement of their managers.

‘Our District Manager decided that we wanted a change around, so our managers have had a change around as well.’

(Jobcentre Manager)

Some DEAs had experienced a new ASM every year (or even more often). When each new ASM arrived with no previous experience of managing the DEA role, there was a sense of starting from scratch in helping the new manager to build up appropriate knowledge. If the new manager had previous experience of DEA work, this was a very welcome bonus.

Thus, poor understanding of the role of the DEA impacted on the relationship between the DEA and the ASM and affected the DEAs’ ability to do all parts of the job as well as they could. ASMs who were more familiar with the role, in particular, those who had personal knowledge of the role or who had been a specialist DEA manager, shared the DEAs’ views that such specialist knowledge is a very real advantage in managing DEAs.

Poor understanding had a number of other impacts on the work of the DEA apart from providing lack of direction, all of which are explored further in later chapters. Amongst the problems identified were: misunderstanding the relationship between DEAs and employers; and misinterpreting the AAT and reducing DEAs opportunity
to network between themselves. Each of these reduced DEAs’ effectiveness in the District and resulted in evident differences between offices where managers (and especially ASMs) were aware of the details of the DEA role and those where they did not.

3.8 Impact of Pathways

Fieldwork for this research was undertaken at a time when, for many Districts, Pathways to Work had either just been or was just about to be implemented locally. In those Districts where the jobcentre was the lead in provision, the anticipated impact was not high but Provider Led Pathways was a source of some apprehension and concern for both staff and management, with IBPAs particularly affected and especially anxious about the impact on their jobs. Several staff in provider led Districts commented that they believed that they would have been able to undertake the provision at least as well as the nominated providers.

From a managerial perspective, the revised IBPA role, greatly diminished from its previous function, was an expensive way to deploy experienced advisers. Moreover, in several Districts, IBPAs had already left because of their diminished role and others were very unhappy about the forthcoming changes.

‘It’s going to be hard to be sitting in the same office and having the same customers ringing up or coming in that I’ve helped before and I’m going to have to say, “no I can’t do that any more, I can’t give you a leaflet, I can’t refer you to a local day centre, I can’t give you some money to buy something that you need, I’ve got to send you to this other place”, and I’ve got to do that professionally and not let my feelings about it come into play. I think it would be easier to just pension me off and put somebody new in and teach them the basics instead because it’s not what I’ve been trained to do.’

(IBPA)

One solution was to redeploy IBPAs so that their expertise would not be lost and several Districts were retraining IBPAs as DEAs. The general expectation was that the former IBPA would work in a merged role as an IBPA and DEA which would maintain job satisfaction and use the IBPAs’ existing knowledge about disability issues and experience of working with the specific customer group. In some of these Districts, the DEA was simultaneously expected to move into the same IBPA/DEA merged role to ensure that there was appropriate DEA and IBPA resource for the office.

Few managers were able to confidently predict the impact that Pathways would have on DEAs.
‘I suspect there will be an increase in the number of referrals from Pathways, to what degree I’m not sure and nobody else seems to be too sure. Going back six, nine months we were told that in some of the pilots there was quite a significant increase in referrals from Pathways to DEAs, then we were told, well no actually there isn’t much of an increase at all and then it was, well there’s a bit of an increase, so we’d better be just aware of it, so who knows.’

(ASM)

The most common perception was that the number of referrals will ultimately increase as the Pathways provider will refer back those who are the hardest to help and where the provider will no be able to quickly place. However, it was expected that customers may take longer to be referred because of the need for them to be referred initially to the provider before coming back to the DEA at the jobcentre. A minority view anticipated that the number of referrals will be reduced. However, the level of uncertainty was such that most DMs had made a positive decision to delay significant change until the picture had become clearer. Thus, changes resulting from Pathways will continue for some time during 2008.
4 Performance measurement

4.1 Introduction

This chapter looks at the way the AAT is operated in different Districts and how this affects DEAs. It starts with an examination of how the guidelines are interpreted in different Districts and explores the attitudes of ASMs to targets. The chapter finishes with an examination of how these factors impact on the DEA role. It should be noted that a new AAT has been rolled out since this research took place.

4.2 Interpretation of guidelines

The AAT is intended as a guideline against which performance should be measured. All jobcentre advisers, including DEAs, are subject to a number of similar measures. Although the figures within the AAT are intended as guidance for ensuring all staff are achieving adequate performance levels, most staff (both managers and advisers) perceived the figures as absolute targets against which their performance was judged and discussed it in that way. Their behaviour and working practices were based on this misunderstanding.

One of the main figures within the AAT is the number of interviews undertaken per week and, because many of their interviews are longer than those of other advisers, this guideline figure should be lower for DEAs than other advisers. In most Districts this was the case, although not all.

‘We have two AATs if you like, an AAT for DEAs and one that covers all other advisers. So the expectation for DEAs and benchmarks is different, it’s distinguished by having a separate AAT, but ultimately you’re measured against the same.’

(Performance Manager)

Where DEAs were working in a merged role, their AAT was based on the number of days working in each role; this was consistent across all Districts.
Amongst the Districts visited, the guidelines were interpreted in a number of different ways: Firstly, the number of interviews per day was not the same in all Districts so that expectations for DEAs differed from one District to another. Moreover, there were differences in the way that the guidelines were interpreted for DEAs.

In some Districts, the DEAs were expected to spend some time out of the office (typically one day per week) working with employers, providers or other relevant organisations. In such cases, the expected number of customer interviews was calculated excluding the time spent out of the office. In other areas, the number of interviews was based on the number of days working as a DEA, regardless of whether the DEA was in the office or working elsewhere. Both patterns were common, although one Performance Manager suggested that the latter interpretation was probably based on a further misunderstanding of the guidelines.

Where ‘targets’ were based on the whole of the time spent working as a DEA, there was a strong disincentive to spend time out of the office as the work being done would not contribute towards the required outcomes and many of the DEAs working under such a regime spent the vast majority of their working days in the office. They were far less likely to visit employers or providers than those whose time away from the office was not included in the calculation of the identified number of interviews.

While there were variations in how figures for number of interviews required were calculated, there were equally variations in how performance was assessed. In some Districts, the culture encouraged staff to adhere strictly to AAT as the main target, whereas other Districts (or other ASMs) had a wider perspective and were more likely to encourage the DEA to work equally hard at those parts of their job which were not subject to AAT guidelines. These DEAs were far more likely to work regularly with employers and to undertake presentations to providers and outreach to the local community.

It should be noted that all ASMs claimed that their performance assessment of their DEAs was not confined to their achievement against the AAT goals. They were all quite explicit that all aspects of the job were considered. However, it was also apparent that the emphasis which ASMs placed on non-guideline work varied. Where ASMs were particularly target-driven (often because they themselves were under pressure to achieve the targets), there was undoubtedly increased pressure on DEAs to work to their full allocation and there was less consideration given to other aspects of the work.

4.3 Impact of targets on Disability Employment Adviser role

As noted previously, most DEAs and their managers perceived the AAT guidelines to be absolute targets and they were treated as such. DEAs seemed to vary in their ability to meet these set guideline figures; many reported that these caused
them no problems, whereas others reported that they sometimes, or often, found themselves unable to reach set targets. When this happened, DEAs responded in one of a number of different ways, depending on their own personality, self confidence and approach to their work. The first approach was to ignore the pressure to a greater or lesser extent and to treat the need to reach the target as secondary to meeting the needs of the customer. A second approach was to overwork to ensure that both the customer need and the targets were met. This could sometimes be achieved only by working long hours – typically by completing paperwork in the DEA’s own time. One DEA had changed from full-time to part-time working so that she could spend the ‘non-working’ hours doing those administrative parts of the job (e.g. letters to General Practitioners (GPs) or providers, form completion, etc) that she could not finish during the working day. The third, and most common, reaction was to squeeze those elements of the job for which there were no targets and to concentrate on the target-driven work. Typically, it was employer and provider visits that tended to be excluded.

There was also evidence that some DEAs allowed the AAT benchmarks to affect the way they work with customers. This was particularly true in the cases of job submissions and Better Off Calculations (BOCs). More than one DEA, on the condition of anonymity, admitted to completing inappropriate BOCs, either with a customer or after the customer had gone, in order to achieve the target.

‘It doesn’t influence what I do with the actual customer. What it does influence is, you work out how you can achieve the best target with what you’ve got? So there’s lots of customers that I don’t think are yet job ready, but I’ll do a calculation for Working Tax Credit with them, and I might do that every time I see them…And I have to honest with you, I don’t always give them the calculations. I might do the calculations when they’ve left, because it would stress them out. But that is the only way I could meet [the target]…I have to say that that satisfies my manager, who’s not 100 per cent sure what I’m doing. And it satisfies my customers, because I’m doing the right thing for the customer, but using their details to satisfy the manager.’

(DEA)

Although DEAs acknowledged the need for targets and/or assessment of some type, many were critical of the goals they were set. Some believed that the targets were inappropriate or not suitable. More than one DEA pointed out that the AAT figures are process-driven and, they maintained, did not actually achieve the aim of getting customers into work. Others noted that those parts of the job for which there were no targets (or AAT guidelines) were more likely to be downgraded both by the DEA and the ASM. This was not a plea for additional targets but rather a desire to find a route that would enhance the relevance and importance of the non-target elements of the DEA job.

Overall, therefore, there is no doubt that in those areas that were the most target-driven, the impact on the DEA was to reduce the amount of time that was spent on external elements of the job including the relationships with employers, providers and community organisations. This is discussed in more detail in the next chapter.
4.4 Job Outcome Target

In common with all other advisers, DEAs’ successes in finding work for customers was counted towards the District JOT. This system, which cannot identify successes at the level of the individual adviser, has replaced the previous measurement, the Job Entry Target (JET) which was based on the achievement of individual advisers.

Considering specifically the impact on DEAs, there were differences of opinion as to which method was preferred. Firstly, there were different opinions as to whether the JOT system would be more or less stressful for the DEA than the previous system.

‘We are obviously a target-driven District, there’s no question about that, but as a DEA I don’t think I find a huge pressure on targets now, especially as we move much more north from a JET to a JOT world. I feel it used to be much more pressurised when we used to have all the damn objectives and we were always hunting for job entry targets. I think some of that pressure has actually gone now with the introduction of JOT. And as DEAs we get probably a better deal, I think, to some extent, than some of the other advisers.’

(DEA)

Others noted that the introduction of JOT had been matched by the need for other measures which were at least as pressurised.

‘Now you’re into measuring individual activity so you want to know how much customer contact the DEA’s having, how much, how many interviews they’re doing in a week, how many submissions are they making, how many better off calculations are they doing. Those kind of activities are now measured, so yeah, it’s more intense now than it ever has been.’

(Performance Manager)

The second main area of disagreement around the JOT was whether this would encourage or discourage managers to place emphasis on DEA customers. It was perceived that DEA customers were generally harder to place – and therefore less likely to contribute towards the District JOT – but, on the other hand, many of these customers rated a greater number of JOT points.

‘We have what we call a marker on the system, PWD, Person with disabilities. Basically, if somebody has a PWD marker on them it means that we then get more job outcome points because in theory they have got more barriers, and we get more reward for placing them into work.’

(Performance Manager)
5 Disability Employment Advisers and employers

5.1 Introduction

This chapter explores the relationship between DEAs and employers. Work with employers included helping customers retain work; protecting and promoting the two ticks disability symbol which is awarded to employers who have demonstrated good practice in employing disabled people; and the general development of relationships with local employers who may be able to provide work for the DEA customer.

The chapter starts with an examination of the attitudes of ASMs to DEAs’ employer work and then looks at the way that such attitudes affect the DEA behaviour in meeting those parts of the job description. The chapter concludes with the separate but related topic of relationships with providers and outreach to the general community.

5.2 Attitudes of Advisory Services Managers

In some Districts, whenever DEAs had a conflict of priorities or their time was restricted through pressure of other work (including working in the merged role), the first tasks that were minimised or omitted were much more likely to be those that were non-customer-facing – the work with employers, providers and the community.

The way that many DEAs downgraded the employer work was significantly influenced by the way that such work was perceived by Jobcentre Plus management, especially the ASM. ASMs exhibited a range of attitudes towards employer work. At the polarities, a minority – generally those who were the most knowledgeable about the entire DEA role – firmly believed that all employer work was critical. However, the more common perception was that employer work should be, at best, limited to a minimal amount of retention and symbol work with no additional
leeway for forging other relationships with employers. As noted already, attitudes towards employer work were frequently fashioned by the lack of targets which was taken to indicate a lower priority than tasks where targets were in place. Hence, recruitment of employers to the disability symbol, which is subject to targets, was more likely to be given due emphasis than other aspects of work with employers.

A minority of ASMs actively encouraged their DEAs to visit employers and undertake other out of office work. In such cases, the DEA would typically be encouraged to spend one – one and a half days out of the office each week, spending the time forging and enhancing relationships with employers, providers and local voluntary and community organisations. These ASMs believed that this was time well spent as it would increase the opportunities for the DEA to find appropriate work for their customers with willing employers.

More frequently, however, ASMs had a more negative view of employer work. While lip service was paid to these parts of the DEA job (especially symbol work and retention cases which were more likely to be perceived as relevant and essential), there was often an underlying assumption that the work was peripheral and little awareness that networking with employers can develop job opportunities for DEA customers. These views were often mirrored by senior management who were equally likely to have minimal understanding of the role.

Where a DEA had been in place for many years (which was far more common than for many other advisory roles), it was evident that many of them had been obliged to significantly reduce the amount of time that they spent networking with employers. Whereas they had previously spent time visiting employers, the most common communication method was now the telephone. This was considered to be far less satisfactory and less likely to achieve the objective of providing DEA customers with work or placements.

ASMs seldom understood how negative their attitudes were or the impact that this had on their DEAs. For example, one ASM who noted that her DEAs were expected to be out of the office at least one day a month, truly believed that this was more than sufficient to complete all employer-based objectives.

5.3 Retention and symbol work

Of all the out of office work done by any DEAs, retention and symbol work are the two areas that were most likely to be undertaken by all DEAs.

Retention work, by its nature, tended to be sudden and urgent. An unexpected phone call could lead to urgent discussions with the employer and the disabled employee to try to ensure that the employee could stay in their job. Because the tendency was that neither the employer nor employee contacted the DEA until the situation was critical (i.e. the employee was about to lose their job), immediate action was often required, requiring diary changes to accommodate face-to-face meetings.
It was noted by more than one DEA that a DEA will receive more credit towards targets if the employee is sacked and then found a new job than if the DEA assists the employee to retain the existing job. This was seen as illogical and DEAs would welcome a change to the priorities that appear to be in place.

The other aspect of employer work that was more likely to be accepted as essential by ASMs was related to the two ticks disability symbol since visits to symbol employers are supposed to be undertaken annually. In a number of Districts, work with employers tended to be crowded into a very short period at the end of the year as managers realised that symbol visits had not been completed.

‘Last year my DEA, I charged him with taking the lead role to make sure the symbol visits did get done. And they divvied them up across the District. Because the District obviously deems them as important. But they do tend to get squeezed. As you’re approaching the end of the operational year, there’s more outstanding, so we’re trying to get a bit more proactive, and spread them throughout the year.’

(Performance Manager)

The symbol work has been moved from DEAs to specialist employer teams in some Districts. One District had moved responsibility for symbol work from DEAs to the marketing employment team but had recently moved it back to DEAs because of their special understanding of relevant disability issues and the requirements related to display of the symbol. Some of the DEAs would have preferred the work to remain out of their remit.

‘We do have a Disability2 tick symbol, that’s now gone back out to the DEAs, that was centralised, it’s gone back. I’ve got to be honest, DEAs are rather reluctant because they feel they don’t have the confidence yet to be able to deliver that agenda.’

(Performance Manager)

More confident DEAs perceived the symbol work as being an important tool in developing relationships with employers. They saw it as a legitimate reason to cold call employers and the foundation on which their relationships could be based.

It is notable that ASMs were not the only staff who perceived symbol work (together with retention cases) as being the only legitimate employer work. Several DEAs would not consider working with employers outside of promoting the two ticks symbol and ensuring its legitimate use. Others, however, felt that their remit was wider than this and that any contact with employers was appropriate, especially the larger employers on their patch who would have frequent job vacancies.

There was a view expressed by a small number of DEAs that, while an important element of their work, employer work was not necessarily something that all DEAs are equally adept at. Some were far less able than others to initiate relationships and not all were confident about their abilities in working with employers (as evidenced in the quote above). A small number of examples were found where employer work was delegated to just one DEA in an office or cluster.
There was a query as to whether it was preferable to restrict employer work to a select group of DEAs who could specialise in this area. Those in favour of such a move anticipated that there would be higher success rates than dissipating the work across all DEAs. However, the disadvantage was that there would be less opportunity to build up valuable relationships with employers by those DEAs not undertaking the specialist work.

5.5 Disability Employment Advisers and providers

DEAs are traditionally the Gateway to provision for disabled customers such as Workstep and Work Preparation. It was very important to DEAs that they developed and maintained good relations with their local providers since this was often the route to providing customers with the help they needed to get them into employment.

Inevitably, views of local providers varied. Some were praised for their excellent service but others were considered to be less ideal. In some cases, the problem was that the provider was not specialist in dealing with the DEA customer base of disabled people and was not familiar with the DEA.

‘These are just ordinary organisations, who have put in a good bid and won a contract, but possibly know nothing at all about the DEA role, they know the DEA post exists, but they don’t know why.’

(ASM)

Relations between DEAs and providers were forged through a number of routes: Firstly, many DEAs made a point of contacting new providers on their patch and visits (both by the DEA to the provider and vice versa) were common. Many DEAs expected to be in regular telephone and, when appropriate, email contact with providers to discuss potential or existing referrals. Where regular networking meetings were held for DEAs, providers would sometimes be invited to talk to the group and such sessions were generally well regarded as a source of information about providers.

Where the DEA was under particularly strong pressures on their time, visits to providers was one of the areas that tended to be reduced. This, DEAs felt, was greatly to be regretted since they valued a good relationship between themselves and their local providers and many felt that personal meetings were the best way to achieve this.

Another area of discussion by many staff was the number of providers available within a particular patch. Many DEAs and ASMs expressed concern that the amount of available provision was decreasing significantly. This was reducing the ability of the DEA to help all customers.
‘There’s not enough [providers] out there for my staff to be able to say to a customer sitting in front of them, “no matter what the illness is, so and so over there can sort you out”. We’re very limited I think, in terms of where we refer people to. And that’s perhaps where we fall down.’

(CSOM)

Sometimes, the deficit was in specific areas of provision.

‘Nobody’s picked up the fact that we don’t have anything in [location]. We have one provider for Work Prep who really is not up to the job. They’re really nice people but they don’t do what you ask them to do. And you can go back to the regional office and say that but they don’t really take on that issue for us. And the programmes are not due for renewal.’

(DEA)

The situation was exacerbated in those areas moving into Provider Led Pathways. In these Districts, DEAs expected that the breadth of provision would be even more reduced. Their rationale for this was that their experience indicated that different providers are able to offer excellence in particular areas and therefore a range of providers were required. It was generally felt that even the best provider was unlikely to be equally strong with all types of provision and that it would therefore be a lottery as to whether there was a suitable match between the provider and the customer. The DEA was restricted in the provider that could be used and had no alternative if the match was perceived to be poor. Overall, therefore, DEAs considered that there was a significant diminution of resource for customers.

5.6 Disability Employment Advisers and outreach

Where encouraged, DEAs can develop beneficial relationships with local organisations including voluntary and community organisations. In cases where such relationships existed, the organisations were often the source of information and referrals.

‘I’ve built up quite a lot of liaison with external groups…I do presentations to them on my work and they come and invite me to their presentations.’

(DEA)

Some DEAs occasionally undertook presentations to local groups to advise them how people with health problems and disabilities were helped by Jobcentre Plus through the DEA. DEAs varied in the self confidence with which they gave such presentations and it was suggested that a template could be made available for adaptation and use by all DEAs.
‘We’re expected to do presentations, etc to organisations if needed on our job role itself and I don’t think any of us get any presentation type training, specific or anything that would convey work on, for example, slides or any materials we can take for presentations. We’ve got nothing of the kind, nothing like that.’

(DEA)

In addition to working with the voluntary sector, some Districts encouraged work with the more general community to raise awareness of the work of the jobcentre. This was not usually restricted to work with disabled people although this was considered to be an important element. One District, for example, had a bus that was used to travel around the District and raise awareness.

‘We are trying to do more outreach because we’ve got a bus that belongs to the whole of the District and we have it on one afternoon a week.’

(DEA)

The amount of outreach within a District varied enormously and some Districts do none at all.
6 Training and networking

6.1 Introduction
DEA training has changed over the years and DEAs interviewed had not all been through the same training process. This chapter starts with a look at the basic training that DEAs had experienced and the ways in which they keep their skills up to date. It also includes sections on how DEAs network amongst their peer group and ends with a discussion of how DEAs help their colleagues in the local office, covering those who may refer cases to the DEA and other colleagues whose customers include people with health conditions or disabilities.

6.2 Start up Disability Employment Adviser training
DEAs who had been in the post for many years had undergone a lengthy training which included a two-week residential period. This training is no longer available and the current format consists of a mixture of four workshops over 10.5 delivery days and e-learning. The current system also expects the trainee DEA to work shadow a DEA colleague and to use an experienced colleague – also usually a DEA – as a mentor during the early period of work.

‘They’d have to have the adviser training so they’ve got a background but then there are formal packages for DEAs, week-long packages that they would be nominated for. And other than that, really you would want to pair them up with a very experienced DEA because of the amount of disabilities etc, the chances are they’d have to do the role for 12 months before they’d ever come across most of them, most of the disabilities.’

(CSOM)

Long serving DEAs tended to consider the existing system to be far inferior to that which they had been through.
'The new DEA training isn’t like it used to be, new DEAs...When we did the training, we were down in Ranmoor, residential training, away from everything, on courses where you learn interviewing, body language, all these sorts of things, but now it’s as if they don’t have the resource for that.’

(DEA)

Most importantly, existing training was said to cover appropriate language and some information about specific health conditions and disabilities but it failed to deal with the paperwork which was one of the most difficult things for the DEA to learn.

‘They don’t show you how to do things like fill your forms in and which forms you need for what.’

(DEA)

Nonetheless, training given to DEAs was described by senior managers as being significantly more intensive than that available for staff in any other role in the jobcentre.

It should be noted that in a small number of Districts, the difference in training resulted in divisions between those trained under the new and old systems. This is discussed in more detail in Section 7.2.

A number of examples were found of DEAs who were working in post with no training at all or who had worked as a DEA for up to two years before getting any specific training. Most had been given the opportunity to shadow experienced DEAs but one unfortunate individual had taken over the role with no training and no mentor because the previous incumbent had been forced to retire unexpectedly through ill-health. He described the experience as ‘a steep learning curve’.

Other aspects of training also seemed to be somewhat haphazard. One DEA based in North East England described how on two separate occasions she travelled long distances to training that was cancelled at the last minute.

‘[The first time] I turned up to on the Monday morning, to one in Edinburgh...I arrived in Edinburgh and there was a note on the door to say “sorry it’s been cancelled“.‘

(DEA)

The opportunity to work under the wings of a mentor was considered to be very important. Despite the emphasis given by DEAs to formal training, there was considered to be no adequate substitute for experience and learning under an experienced guide was of great importance.

Once trained, however, no courses were available for upskilling. Such additional training as was available was through e-learning and most DEAs either did not avail themselves of the opportunity (generally because of lack of time) or attempted to learn in their own time.
The only additional training provided was that available to all Jobcentre Plus staff, in particular anything relating to forthcoming changes. At the time of the fieldwork, most Districts had been organising training for staff about the new Pathways systems so that those affected would understand what was happening and how their particular job would be affected. Similar training was expected to be put in place prior to the introduction of the new ESA.

6.3 Disability Employment Adviser networks

Because, in most offices, there was only one DEA in the office, the opportunity to network with other DEAs was very highly valued indeed. DEA meetings were seen as the source of information on a wide range of topics including training provision for customers and any type of change that might affect DEAs. Although most DEAs attended weekly team meetings within their own office, they were often the only DEA present while other advisers were there in some numbers. It was common for the discussion to concentrate on issues relevant to the larger groups such as Lone Parent Advisers or IBPAs and for very little, if anything, to impact on the DEA within the team. In comparison, DEA meetings were entirely built around the interests and needs of the DEAs.

Network meetings were often the only opportunity to see other DEAs face-to-face. Case conferencing was common (especially if the ASM had little familiarity with DEA issues and was unable to advise) and some DEAs felt that these were their only opportunities to learn new skills from each other. Network meetings were also used for presentations by outside speakers such as local providers so that all DEAs could learn about provision together and discuss the ramifications.

In most cases, the meetings would have a formal agenda and, in the best cases, were chaired by an experienced DEA or a work psychologist or, occasionally, by one of the ASMs or other managers.

However, while the DEAs were unanimously in favour of regular peer group meetings, the views of managers were far more varied. One impact of this range of views was that while some Districts had DEA meetings monthly or even more often, others allowed DEA meetings less frequently – once every two or three months – and some had stopped them entirely.

‘When I first came to [location] District there was a huge amount of networking across offices, and across job roles, and we took a view, as a senior team, that there is value in that as long…as something was achieved as a result of them. [But] they were what we like to call, greeting meetings. That’s a Scottish term where you just go to get into a room with a lot of like minded people, and have a good moan about why things are not as good as they should be. And you do that every month. And it makes you feel better about life. So we cut that down as far as we possibly could. It didn’t impact on DEAs any more than it impacted on anybody else.’

(DM)
One DM was aware that his DEAs needed specific direction and guidance in undertaking their role which was unlikely to be provided through the ASMs. He, therefore, delegated a specific responsibility to the work psychologist to run regular DEA meetings and to act as the central conduit for any information specific to DEAs.

‘We very much acknowledge that they have learning needs and development needs that are different to other advisers and [the work psychologist] does work very closely with them and they are able to meet as a forum where he would discuss things particularly relevant to them and specially development sessions to help them progress understanding customers and different illnesses, etc.’

(Performance Manager)

The DEAs in this District were particularly satisfied and well motivated and considered this to be an excellent substitute for a centralised specialist DEA manager. It ensured that they had the knowledgeable guidance they wanted while retaining the local office line management structure which was one of the key factors influencing the ASM managerial structure found in most Districts.

Where networking meetings were held, it was common for managers to be invited to attend some or all meetings and a number of those interviewed had done so. Elsewhere, no manager had ever attended DEA meetings despite invitations and this was taken by some DEAs to mean that managers put little or no importance on either the meetings or the role of the DEA.

Outside of DEA meetings, there was little opportunity to network face-to-face, although a minority of DEAs did attend specific courses or conferences which could also be attended by their peers. However, the vast majority of DEAs did know at least some other DEAs in their locality (sometimes through the mentoring system) and it was usual for a DEA to know at least one experienced DEA whom they could phone or email if they had a particular problem on which they needed guidance. Some Districts appeared to have, at least nominally, a ‘senior’ DEA who was the usual port of call for all other DEAs in that District.

‘[DEA] is the oracle in terms of colleagues. [My other DEA], who’s only got five years’ experience says, “oh no [DEA] is the man you always go to”. So they do know each other and they do network. She always says, if I’ve got a problem I ring [DEA].’

(CSOM)

This telephone networking was of critical importance in areas where no DEA meetings took place since it was often the only way that DEAs could obtain help and guidance.
6.4 Disability Employment Advisers and colleagues

Part of the DEA role is to support, coach and mentor colleagues who also work with disabled customers. Non-DEA colleagues in the office are one of the most important sources of referrals to DEAs so it is also important for all staff to understand enough about the DEA role to know which customers might be appropriate for referral and, equally importantly, which are not.

DEAs all had a good relationship with their fellow PG1 advisers, especially the IBPAs in the office. In most offices, DEAs were physically located adjacent to the IBPAs so that they had some awareness of what each other were doing, if only because of the proximity.

Relationships with other colleagues was more patchy depending on the office. Most DEAs willingly supported colleagues on an ad hoc basis and this was appreciated by those that they helped and coached. However, it was common for Jobcentre Plus staff to have only a superficial understanding of the DEA role so that inappropriate referrals were quite common in some offices.

‘Staff see somebody come in physically in a wheelchair and they’ll think that the DEA has got to see that person so they go running over and they say, “I’ve got Fred downstairs in a wheelchair, can you see him?” Well Fred might be perfectly able, he’s probably been in a wheelchair all his life and he can actually help himself as long as we told him what he had to do. There’d be no need to fetch the DEA but there’s an instant thought, I’ve got to get the DEA to see this person, I can’t deal with him because he’s got a disability. I don’t know what to do.’

(ASM)

To overcome this, in some offices, DEAs were encouraged to occasionally present to colleagues, generally at the regular office meeting, in order to increase understanding of what the DEA does and the type of customers that should be referred across. These were generally considered to be very worthwhile by both DEAs and other colleagues.

One District had arranged for different teams within the office to present in turn at the monthly meeting to increase office cohesion and understanding.

‘We’re a huge office, over two floors, and you can go for days and days and days and not see anybody…So we decided that once a month we would hand over our office meeting to each team…They’d introduce themselves to everybody, say what they did…and the DEAs did one as well. And all right it didn’t make everybody an expert in mental health or in drug problems but it told them who was doing what and how they could get an appointment to see them, the telephone numbers that they were on. The sorts of people that they dealt with.’

(CSOM)
Some longstanding DEAs acknowledged that their relationship with colleagues had improved considerably since the centralised teams had been abandoned and they were incorporated into the general office team. However, one drawback for the standalone but peripatetic DEA was that they were working in multiple locations and this reduced the opportunity to develop such good relationships with colleagues, especially in offices that they were in only one or two days a week. In addition, improved relationships in the office and better understanding of their role by non-DEA colleagues did not make up for the perceived loss of specialist colleagues and managers.

Relationships with other colleagues differed only slightly depending on whether the DEA was in a standalone or merged role. There was little evidence that those in the standalone role had a different type of relationship than those working in a merged role.
7 Discussion and conclusions

7.1 Introduction

The earlier chapters have explored the different aspects of the DEA's role, how this is affected by the DEA role and the impact of the manager's level of knowledge about the DEA function. This final chapter starts by exploring differences between longstanding DEAs and those who have been in the role for a shorter time. It then summarises the ideal organisational model for DEAs and how this compares with the ASM ideal. Specific examples of good and bad practice are considered before some final conclusions are proposed.

7.2 Disability Employment Advisers – old and new

Many of the DEAs interviewed for this study had been in post for many years. More than one DEA described their role as ‘the best job in the office’. However, a number of DEAs had been trained much more recently and some were still in the middle of training.

As noted earlier (see Section 6.2), newer DEAs had been through different training from the long-standing DEAs. In some cases, there also appeared to be differences in the overall understanding of the job role. This led, in a small number of Districts, to a certain amount of tension between the older and more recent DEAs.

In these Districts, longer serving DEAs often believed that their more recent peers have been inadequately trained and may not be adequately immersed in the job. The newer DEAs, on the other hand, often felt that the long standing DEAs were too wedded to old ways and did not understand that the jobcentre network and the DEA role has changed – and is continuing to change. Similar views were expressed by a few managers.

One DEA suggested that the older style DEAs would benefit from some retraining which would update their expectations and ensure that they undertook the DEA role in the way which the current network required:
'The role has changed and in the past you dealt with every single customer and they became your caseload customers. Now the role is much more a signposting role that we actually are there to signpost them to the correct areas of help, so we don’t need to see them every week or every fortnight... but I know some of the more established DEAs who haven’t really grasped that it is much more a signposting role now because I’ve done the training in the role as it is now. And they haven’t, they’ve done their training and possibly should go through the training again now to know that actually the role has evolved and I think some of them are loath to move forward with it.’

(DEA)

The importance of such differences is that if they are not addressed, the DEA service could be subject to even greater tensions and diverging expectations.

7.3 Ideal organisational models: Disability Employment Advisers

Almost without exception, DEAs believed that a number of features were essential to help them to do their job in the best possible way and give their customers the best service.

The first requirement for many DEAs was a manager who truly understood their role in full. The ideal manager would be familiar with both customer- and non-customer-facing elements and would therefore, be in a position to help and guide the DEA in his work and be able to discuss specific cases where needed. Failing that ideal, the manager should at least undergo a minimal amount of training to ensure that they understand enough of the DEA’s role to be able to manage the DEA adequately. This meant that the ASMs needed to be trained to a level beyond that currently expected. As was noted earlier (see Section 3.7), ASMs themselves generally believe that they understand enough of the role to enable them to appropriately manage their DEAs but this level of knowledge and understanding is not sufficient for all DEAs.

The second feature desperately wanted by all DEAs is adequate networking opportunities with other DEAs. In Districts where such meetings are currently held on a regular basis, DEA morale was generally noticeably higher than in those locations where meetings were held very seldom or, even worse, not at all. While managers with a negative view of the meetings consider that they produce little positive outcome, the DEAs unanimously view their meetings as being a valuable element of their work which increases their skills and knowledge and allows them to pool their knowledge to the benefit of individual customers.

Most DEAs want their working week to allow them adequate time to network with employers, providers and voluntary and community organisations. As with the DEA meetings, the ultimate purpose of such networking is to increase the opportunities available to the DEA customers and achieve the Jobcentre Plus aim of getting customers off benefits and into suitable employment. The time available
should be sufficient to ensure that networking could often be undertaken face-to-face since this route was more productive than attempting to do the same thing over the telephone. Personal relationships were best forged face-to-face and were the key to meeting the ultimate objective.

In order to ensure that work with employers was given adequate emphasis, a strong message about this needed to be relayed to managers. At present, for some managers, only elements of the role that relate to meeting targets in the AAT are considered to be important. While not wanting more targets, DEAs would welcome a route that would increase the relevance and emphasis of non-customer-facing work to all managers.

Still on the subject of targets, while DEAs understood that they, like all advisers, should be given targets to meet in their work, they needed these to be realistic and take account of all parts of the role. The current situation is also inconsistent across Districts and sometimes within Districts since it often depends on the interpretation of the AAT guidelines by individual ASMs.

The final ideal feature for a number of the long-serving DEAs – although by no means all – is a return to the centralised model which they recall as belonging to halcyon days.

7.4 Ideal organisational models: Advisory Services

Managers

The ideal for ASMs varied much more than that for DEAs since it depended critically on the familiarity and knowledge that the manager had of the DEA role. Two different ideal models can be identified although it should be noted that the true position is a range of views between these two extremes.

For the ASM with a high level of knowledge about DEAs and their work, the ideal model was close to that of the DEAs themselves. Such ASMs generally preferred a standalone DEA who could work out of more than one office if necessary. The DEA should be scheduled to spend around one to one and a half days per week on the non-customer elements of the job and targets and assessments should equally take all parts of the DEA role into account.

For the ASM with more limited knowledge, there tended to be a preference for the merged role DEA covering more than one post on a regular and/or an ad hoc basis. This would allow the ASM the much wanted flexibility as DEAs could be used for cover whenever necessary. This type of ASM was more likely to want the DEA to spend only limited time out of the office and most of the time should be spent with customers. The DEA should expect to have very similar targets to those of other advisers, in line with the view that the DEA adviser is equivalent to all other advisers such as those specialising in lone parents or new claims.
7.5  Good and bad practice

Within the Districts visited, a number of examples were evident of both good and bad practice in the way that DEAs were deployed.\(^4\) It must be stressed that operating DEAs in merged roles is not in itself bad practice. However, there were undoubtedly examples of DEAs being expected to operate a merged role in ways which did reflect bad practice. Such bad practice was less frequently evident where DEAs worked in a standalone role.

In general, good practice would ensure that the DEA covered all parts of the job description; had good relationships with employers (potentially leading to more job opportunities for DEA customers); attended regular networking meetings to case conference, upskill and keep up to date with provision; and had an ASM who took full account of all non-customer work. Such practice ensured that DEAs were contented, well motivated and working to high performance levels.

Bad practice was often the reverse of this. It included DEAs in a merged role with insufficient cover or thought about the implementation of the DEA role – in such cases, some DEAs were unable to take on all available referrals because of lack of time. Another type of bad practice was for DEAs to be asked to cover other roles because their manager could see that they had no customer with them. The DEA role includes a very heavy administrative workload and much of this work is undertaken in the office after the customer has been interviewed. Often, this was accompanied by unrealistic expectations in relation to AAT – and sometimes the tool (i.e. without allowance for out of office time) was being incorrectly enforced.

Where DEAs were allowed little or no time to spend with employers, the relationship with employers suffered and fewer job opportunities were made available.

Similarly, where networking meetings were very limited or did not happen, the result was that DEAs lost touch with DEA colleagues and providers and, again, the result was a much less satisfactory service to customers.

In these examples, the DEA was far more likely to become demoralised, stressed and overworked. The result, according to DEAs, was that customers were provided with an inadequate service.

7.6  Examples of good practice

During the course of the research, a number of examples were found which appeared to be particularly good practice or which enhanced the DEA role and the way that it could be undertaken within the District. A small number of such examples are outlined here as illustrations of what is done in some places, together with suggestions as to how these examples can be adapted for more general use.

\(^4\) By good practice, we mean ways of working which improve the opportunities for DEAs to fulfil all parts of their job description while bad practice will detract from this.
7.6.1 Detailed record keeping

Many individual DEAs kept personal records of different types, for example, time sheets or details of outcomes for customers. However, in one District, record keeping was far more formalised. The Performance Manager within the District had identified a problem in that the DEAs’ case load could include a number of cases which are effectively dormant.

‘Certainly when I’ve done some analysis work sometimes a DEA will hold on to their customers for three or four years, yet there’s not enough activity going on with them. So why are they caseloading them if they’re not doing anything with them? It seems like to me a bit of a numbers game, yeah, “I’ve got 50 on my caseload”, “well how many of them are you actually interviewing?” If it’s only ten then what are they doing with the other 40?’

(Performance Manager)

To reduce the frequency of this, and to increase the performance of all the District’s DEAs, a spreadsheet was devised which listed all case load customers and the activity that was being undertaken with them. The sheet was devised to provide a message to the Performance Manager if a fixed period of time had elapsed without any activity for a specific customer.

Similar record keeping could benefit other Districts, ensuring that only customers with real potential to move towards employment are case loaded. Others could be maintained on a more occasional basis to monitor when they are ready to progress.

Other types of record can also be successfully utilised. For example, formal use of time sheets could be used to ensure that both DEAs and management recognise the importance of time spent in work outside direct customer contact.

7.6.2 DEA champion

Many DEAs have periods when they feel very isolated. They are generally the only DEA in the office and the opportunities to meet with their peers are few. The problems are compounded if the DEA has a manager who has little familiarity with their role and/or in Districts where network meetings are infrequent or do not happen at all.

An example was cited earlier of a District which had nominated the work psychologist as the DEA ‘champion’ for the District (see Section 6.3). This ensured that the local DEAs had someone to turn to when they had problems that could not be resolved by their ASM and they knew that he could be contacted whenever necessary.

In other Districts, DEAs would contact a long standing senior DEA who had a local reputation as being able to provide suitable guidance. Again, this ensured that all DEAs knew who to approach when a difficult situation arose. Unlike the example of the work psychologist, however, the senior DEA as ‘champion’ was informal.
DEAs would benefit if all Districts identified and nominated a ‘champion’ who could not only provide advice to DEAs and, ideally, chair regular networking meetings but could also represent the group at managerial meetings when necessary. Instead of centralising DEA management (as many DEAs would like), provision of a champion would motivate DEAs and reduce their isolation.

7.6.3 Presentations to colleagues and providers

It was evident that not all DEAs had been provided with the opportunity to talk to colleagues generally about the work that they do. A number of Districts, however, had encouraged DEAs to give short presentations to colleagues about their work. Not only did this enhance teamwork within the office, it also helped staff to recognise which customers could benefit from the DEA’s expertise. Without such meetings, referrals tended to be more haphazard, with some customers inappropriate selection of which customers should be referred.

Some DEAs had been invited to give a presentation to local organisations to describe the work that they do. Although an uncommon request for some DEAs, others expected to undertake such presentations several times each year. These presentations provided networking opportunities with relevant stakeholders and DEAs used the events to encourage referrals or enhance job opportunities.

In both cases, the work of DEAs was showcased to an interested audience and such presentations should be encouraged across the Jobcentre Plus network. However, not all DEAs are necessarily equally adept at preparing suitable presentations and it would be of great benefit if a template were available which could be adapted by a DEA to suit their specific audience and the thrust of their presentation.

7.6.4 Encouraging time out of office

A number of Districts encouraged DEAs to spend one or one and a half days each week out of the office. In these Districts, there was no suggestion that the time was badly used or that it failed to meet the ultimate objective of helping DEA customers to find and retain work. Indeed, where encouraged, there was some evidence that productivity amongst DEAs was high and that this was, in part, due to the opportunities taken when networking with employers, providers and others.

However, such opportunities were not given to all DEAs and, based on the variation found across the country, there is a lack of overall guidance as to what is appropriate. As long as DEAs are expected to undertake work outside the office with employers, providers and other voluntary bodies, clear guidelines should be provided to clarify that this is recommended.
7.7 Conclusions and recommendations

A number of conclusions can be drawn from the review of organisational models for DEAs.

• Amongst the Districts visited, there were many examples of good practice and organisational models resulting in productive and highly motivated DEAs. These were found both in Districts using a standalone model and those where DEAs were acting in a multi-functioning role. However, overall, the vast majority of DEAs preferred the standalone role while managers were more varied in their preferences. The preference of managers depended on a personal assessment of the balance between the flexibility offered by the merged role as compared with concern about the dilution of the DEA's knowledge and expertise.

• The merged role is working well in some Districts but not in others. The main factor differentiating the best Districts from the others is the fact that all managers have a more positive attitude towards DEAs and their work.

• One of the biggest drawbacks for DEAs is to have an ASM who has very poor understanding of their role – and who does not realise the extent of their lack of knowledge. In particular, ASMs falling into this category are likely to significantly fail to provide sufficient emphasis to the importance and relevance of the work undertaken by DEAs which is not direct customer contact.

• Additional guidance needs to be issued in relation to the AAT. In particular, ASMs and other managers need to be made aware that the AAT is a tool and not a target and that customer targets should not include non-customer time. At present, there is inconsistency across the country in the way that the AAT is used, resulting in some Districts virtually restricting DEA work to customer contact in order to ensure that targets are met.

• Lack of networking opportunities contributes to DEAs feeling isolated. Such meetings should be encouraged. However, in order to ensure that the time is spent appropriately – and to reassure managers who have concerns about this – it would be useful to provide guidelines about the frequency and conduct of the meetings. Useful elements are that they should be chaired by a manager, work psychologist or senior DEA and that they should include opportunities to see presentations from providers (and others), case conferencing and sessions directed at updating or improving the DEAs’ skills.

• Many DEAs are overworked and under considerable stress, especially if they are trying to complete their entire role as DEA when often asked to spend ad hoc time working in other roles. Under such circumstances, there is often a need to reduce the workload and it is the work with employers and providers that will be the first to get squeezed out or drastically reduced. This is often encouraged by managers who see such work as of lower priority because it is far less target-driven than other elements of the job.