# A Study of Customised Service Within Income Support

A research report submitted to fulfil the requirements of the
Massey University Master of Business Administration degree

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June 1997

Date Due

RAECO

ABSTRACT

This research report, commissioned by Income Support, involved an assessment of the effectiveness of customised service within that organisation.

Customised service is a form of case management.

A study of the literature suggests that there are a variety of definitions and models of case management. All however have common features that relate to an underlying principle of continuity of care, and a single point of planning, monitoring, and accountability for services. Contemporary studies to date on the effectiveness of case management throw doubt on any significant outcomes for clients, although more positive trends are emerging.

A review of Income Support itself has tracked the growth and development of the organisation, and identified the significant changes that have occurred. A paradigm shift in the focus and purpose for the organisation has been noted.

The introduction of customised service was achieved through a series of pilots driven very much from the front-line of the business. The decision to extend the model across the organisation encapsulated other strategic considerations beyond simply the effectiveness of customised service.

This study has found that customised service has not been extended to the degree that Income Support presumed. Furthermore, an assessment of the effectiveness of customised service could find no significant enhancement to customer outcomes, although customers receiving this form of service were more likely to be receiving their full income maintenance entitlement. A number of positive interventions were identified, which in time may well lead to positive customer outcomes.

Customer satisfaction levels increased demonstrably when customised service was delivered. Indeed, the greater level of involvement in the programme for customers, the higher levels of satisfaction recorded. Staff presented as strong advocates for customised service, and were unanimous in the view that the programme benefited customers. Staff preferred working under customised service to the traditional forms of service delivery, and obtained greater job satisfaction from their involvement in the programme.

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Chapter One. Introduction.

This research report was commissioned by Income Support, which has been generous in sponsoring my MBA studies during the last fifteen months or so. The study has been undertaken to fulfil the requirements for completion of the Massey University degree of Master of Business Administration. The broad nature of the research was approved by Professor Martin Devlin, Director of the MBA programme. Supervision during the course of the research has been provided by Associate Professor Frank Sligo and Professor Philip Dewe, both from the Department of Human Resource Management at Massey University.

In July, 1994, Income Support introduced, in four pilot sites, a dramatically new way of providing service to its customers. Labeled "Customised Service", this new method of interacting with clients was ultimately to be extended across the entire business, and become the enshrined way by which the range of services offered to the public of New Zealand would be delivered by staff of the organisation.

Income Support's interest in research into customised service was two-fold:

Firstly, although there has been, and continues to be, a plethora of reports and documentaries on the genesis and implementation of customised service, there has never been any attempt to singularly document the significant developments that occurred during this noteworthy stage in the life of the organisation. Income Support saw, therefore, the need for an historical summary of the significant factors surrounding this new venture. This research report will endeavour to synthesise the information held by Income Support into a cogent and sequential summary of the important stages in the development of customised service.

Secondly, although there have been periodic, snapshot assessments of the value of customised service to customers, these have largely been anecdotal and random in nature. Income Support, therefore, was keen to see some contemporary research carried out amongst its customers to gauge the relative effectiveness of the programme.

Customised service is a derivative of case management. Indeed, Income Support referred to its customer intervention initiative as case management for some time. In this report, therefore, the two terms are used synonymously.

The report will begin, in Section 2, with a description of the research objectives, as enumerated by Income Support. Section 3 will set out the research methods followed for this study. In section 4, there will be an examination of the available literature concerning customised service, or case management as it is more commonly known. This will be followed, in section 5, with an overview of some theoretical models for delivery of customer services, and especially service delivery systems.

In Section 6 the organisation itself will be examined, with a brief portrait of the nature of its operations, and the outcomes and outputs it is required to deliver to Government. The development and growth of the business itself will then be traced, with particular emphasis on the important business milestones that were to shape the organisation's future.

Section 7 will record the historical development of customised service. It will begin by assessing the initial pilots, and the results from those pilots which led Income Support to extend to phase 2, which saw customised service rolled out to all sites and embracing 30 per cent of the targeted customer population. Finally, section 7 will document the important factors that surrounded the decision to adopt customised service as the service delivery platform for the business, and briefly assess the implementation issues that arose as a consequence. The operational model released to the organisation will also be depicted.

The heart of the report is contained in Section 8. Here, the results from a comprehensive customer and staff survey will be explored. A number of conclusions and assumptions will be drawn, and discussion will centre around the significant findings from the research undertaken.

In section 9, the important issues that have emerged as a result of this research study will be set out in summary form. Income Support has requested that recommendations not be made, and so the significant findings will be encapsulated in such a way as to enable the organisation to adopt as action points the major conclusions as it sees fit.
Acknowledgments, references, and appendices will conclude this research study.

Chapter Two. Research Objectives

The following was agreed, following discussion with Income Support:

Research Objective

> To research the history, and evaluate the effectiveness, of customised service within Income Support.

Critical Success Factors

- To research the genesis of customised service within Income Support, the significant factors that led to its introduction, and the empirical features that differentiate customised service from traditional forms of customer management;

- To identify and measure the difference, if any, that customised service intervention has made to the lives of income support recipients (customer outcomes);

- To assess the value, if any, of customised service to income support recipients (customer satisfaction);

- To determine relative levels of staff satisfaction in working under the two separate customer delivery regimes;

- To report the research findings to Income Support and draw to its notice such conclusions as may be appropriate.

Chapter Three. Research Method.

The research was undertaken in a number of ways, involving both primary and secondary research methods, as follows:

1. Literature Review

A literature review was undertaken to gain a better understanding of case management . The search, inter alia, was particularly concerned to gather information relating to contemporary definitions of case management, and the development or emergence of this style of customer intervention. Some popular case management models were examined, as were process and staffing issues. A brief review of case management effectiveness was undertaken, and particular regard was paid to the operation of case management in a welfare setting.

2. Theory Review

A study was made of contemporary theory relating to service delivery systems. This was done on the basis that case management, as a strategic delivery option, must be integrated with broader imperatives to do with how, and in what context, service is delivered to customers.

3. Organisational Review

Significant time was spent reviewing the history, development, and growth of the organisation. It was felt that the organisation had undergone a dramatic transformation over recent years, which contextually was important in the decisions that were later taken in regard to case management.

4. Customised Service Review

The organisation, as part of its research brief, specifically asked that the significant historical events relating to the introduction of customised service be captured. This involved a review of a large, fragmented, and disparate number of files and other documents. The research has endeavoured to synthesise the important milestones

in the development of customised service in a summarised, and chronological manner.

5. Customer Questionnaires

Income Support specifically requested that the four pilot sites initially involved with the trial of customised service be the target group for this research. These were Henderson, Taupo, Masterton, and Greymouth. The organisation also nominated one other district, Levin, to be surveyed.

It was agreed that 750 customers from each of the targeted sites would be canvassed for their perspectives on customised service. Customers were selected randomly from the organisation's computer database, and represented a cross-section of customers whose benefits were within the catchment group for customised service.

The customer questionnaires were developed in consultation with Income Support, and my Massey University supervisors. The questionnaires covered three broad areas:

> (i) Demographic data;
>
> (ii) Knowledge and understanding of customised service;
>
> (iii) Qualitative perceptions and experiences with customised service. This section utilised a Likert Scale consisting of five possible answers, in which respondents were required to nominate a response ranging from "strongly agree" to "strongly disagree".

The questionnaires were posted with an accompanying Information Sheet which backgrounded the research, and gave an unequivocal undertaking as to confidentiality.

Copies of the customer questionnaire and information sheets are to be found in Appendix A.

6. Staff Questionnaires

Staff from the five targeted districts were also surveyed. Once again, the questionnaires were developed in concert with Income Support (including the Human Resources Department) and Massey supervisors. These questionnaires also covered three broad areas:

(i) Demographic data;

(ii) Information specific to staffs' work with customised service;

(iii) Qualitative perceptions and experiences with customised service. Again, a five-point Likert Scale was utilised for this section.

Questionnaires were distributed to staff by local managers, but returned directly to my private address. As with customers, a covering Information Sheet gave details of the research study, and provided a guarantee of confidentiality.

Copies of the staff questionnaire and information sheet are in Appendix B.

Chapter Four. Literature Search.

(i) Introduction

Customised service is a form of case management. In order to accurately determine the effectiveness or otherwise of customised service, it is important for concepts and theories relating to case management to be understood. This literature review will therefore examine a range of contemporary views, and critical theories, relating to case management as a unique and discrete form of customer service intervention.

A review of the literature concerning case management has left me with two main impressions:

(1) The dearth of literature on the subject of New Zealand origin; (almost all the writings on the subject seem to emanate from the United States);

(2) The embryonic nature of the work itself. Case management is a relatively contemporary form of service delivery or intervention, and the writings to date not surprisingly reflect the seminal nature of the study into case management.

This literature review will focus on six main areas. Firstly, definitions of case management will be explored, in order to provide some context and framework to what will follow. Secondly, the emergence of case management as a significant phenomena in its own right, particularly in the delivery of welfare-related services, will be assessed. Next, some popular models of case management will be examined, with a view to identifying the discriminatory characteristics that set case management apart from the more traditional models of service delivery. Some common processes issues for delivering case management will then be addressed. Fifthly, an examination will be made on studies to date that assess the relative effectiveness of case management. Research in this area has tended to focus on the provision of care to the mentally ill, homeless, or recidivist offenders. Nevertheless, the findings are relevant to the wider issue of case management effectiveness. Some issues to do with staff will next be explored, with a particular emphasis on

required competencies. Finally, the available literature relating to case management in a welfare setting will be examined.

(ii) Definitions of case management

Definitions of case management vary, and many models have been identified. What all the models have in common, however, according to Orwin et al (1994) is "the provision for some greater continuity of care through periodic contact between the case manager(s) and the client that provides greater (or longer) coordination and brokerage of services than the client could be expected to obtain without case management."

Rothman (1992) refers to case management as "a process carried out by human beings (called staff) to assist other human beings (called clients) to conduct themselves in community settings while maintaining a reasonable standard of life."

On one hand case management is accepted as a predominant tool for engaging a set of critical problems plaguing society. (Intagliata, 1982; Rapp and Chamberlain, 1985). On the other hand its character is indistinct and somewhat esoteric. Cnaan et al (1988) suggested that case management "is amorphous, ill-defined, and conceptualized differently by different practitioners and scholars", while Rapp and Chamberlain assert that case management "is a variety of idiosyncratic programs (and) appears to be applied to a number of programs that lack specific definition."

Solomon and Draine (1995) talked of intensive case management as being "a single point of planning, monitoring, and accountability for services", while Rubin (1987) refers to a "boundary-spanning approach."

Perhaps the most useful descriptive definition of case management comes from Rothman (1992) who acknowledges the practice as one of the most frequently discussed human service developments on the contemporary scene. Case management is seen as the means for addressing problems of severely impaired client groups "whose condition or circumstance is not reversible, and where long-term continuing professional attention is required."

Both professional service providers and public officials have come to view case management as a powerful tool for providing the necessary help to clients, while at the same time integrating agency programmes, and hopefully conserving government funds.

What does seem clear from the literature is the lack of any empirical or definitive definition of case management which could be universally applied to all situations where case management was said to be occurring. Clearly, each agency will apply those elements of the programme that best suit the circumstance at the time. Case management may, in this context, be said to be anything you want it to be.

As Rothman observed : "Paradoxically, a great deal of uncertainty exists about the nature of case management despite its prominence. There is variation and contradiction in how case management is defined, and its practice assumes many different forms. The vague mental image of case management results in problems in practicing, communicating, and developing it."

Of interest is that where some more absolute definitions of case management have been suggested, they tend to focus on therapeutic or social-work related interventions with chronically affected clients. This is not generally the case with Income Support. It must be said, however, that one would struggle to apply a definitive description of customised service as practised by Income Support. As shall be seen later in this report, this lack of a definition or framework has created some difficulties for Income Support in the delivery of customised service.

(iii) The Emergence of Case Management

Case management has emerged as a favoured service delivery approach in various programme areas in public agencies, in health insurance, and as a fee-for service activity (Austin, 1990). Case management is so prevalent that a recent study in Ohio found that case management services were used in six state agencies, including human services (income maintenance, child welfare, medicaid,) aging, mental health, mental retardation/developmental disabilities, health, and youth services. In Ohio, case management is used in programs as diverse as children's services, services for the chronically mentally ill, and AIDS patients.

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Furlong (1996) posits that "like an idea that finds its perfect moment, case management has spread exponentially across all the human services. Administrators and policy makers have been enthusiastically promoting the rise and rise of case management.

Over its brief but meteoric rise, the term "case management" has come to be used eclectically to the point that it is now a rubric under which a range of practices take place. It has sometimes been said that case management involves a "continuum" of expressions, yet the uses at either end have little in common conceptually or functionally."

Furlong goes on to suggest that part of the growth, and arguable success, of case management may be found in the evocative language which surrounds this service delivery methodology. "With words such as "work", "opportunity", "participation", and "community", "case management" is loaded with positives. To managers the term is endowed with what is both familiar and satisfying, and so perhaps represents one of those mother-of-pearl, question-begging, holes-in-one. Its particular resonances are so seductive that the pitch seems perfect. Another reason for the attractiveness of case management is its apparent legitimacy. It is self-evident to managers and to the public that the management of cases is as sensible as the mismanagement of cases is unacceptable.

Within the current culture of human service management the rise and rise of case management is therefore entirely sensible. The current position of case management is explicable in a context where services are becoming more programme-defined and where the forms of practice undertaken are characterised as being less about complex transactions between individuals than undimensional procedure performed by the case manager upon the client."

Rothman (1992) concedes that there is widespread agreement that case management is one of the most significant contemporary developments in the human services. Case management is a service modality that cuts across such fields as mental health, aging, child welfare, health, and developmental disabilities. Professionals and government officials view it as a prime means of providing vital care to severely impaired clients.

There seems little doubt that case management is increasingly being looked upon as a favoured methodology in delivering quality services to a broad range of clients. Its "flavour of the month" status seems likely to endure for some time to come.

(iv) Models of Case Management

In developing appropriate models for case management delivery, broad attention to multiple needs is a distinguishing characteristic. Test (1979) speaks of two dimensions in the approach. One is "cross-sectional" and postulates that services be comprehensive in order to meet the client's diverse requirements at any one time. The other is "longitudinal" and necessitates that the system continue to provide assistance over time for a changing spectrum of needs

A few but increasing number of writers have described and evaluated discrete models of case management. In an empirical study of 128 clients receiving services from three agencies, Korr and Cloninger (1991) were able to distinguish three models of case management services by their level of comprehensiveness. These were : a **minimal model** (outreach, client assessment, case planning, and referral to service providers), a **coordination model** (the above four activities plus client advocacy, direct casework, developing natural support systems, and reassessment), and a **comprehensive model** (the above eight activities plus advocacy for resource development, monitoring quality, public education, and crisis intervention).

Case management is, inter alia, a means of meeting the social service and health care needs of clients with diverse and complex problems. An activity of a number of different professionals and paraprofessionals, it is not a uniform mode of service delivery. (Netting, 1992). Although some writers concur that case management is primarily a "boundary-spanning approach, in that, instead of providing a specific direct service, it utilizes case managers who link the client to the maze of direct service providers" (Rubin, 1987), others give the direct service component prominence (Harris & Bachrach, 1988; Rapp & Wintersteen, 1989). Indeed the current development is "away from the brokering-only pole of the continuum" with a "concurrent emphasis on clinical responsibility" (Bachrach, 1992).

Levine and Fleming (1985) suggest that a variety of different models of case management are currently in existence. The first of these has been designated by the authors as the **"generalist" model**. In this formulation one individual has responsibility for carrying out all the functions relating to serving a given client. Case managers may have different backgrounds, however, all must implement a broad range of tasks, and possess varied competencies. There is minimum difficulty about coordination around client service, since all tasks inhere to a single professional. This approach has several advantages. The client has only one individual to relate to concerning all needs. There is coherence and accountability in service delivery. From the practitioner's standpoint the approach optimises both autonomy and the opportunity to exercise diverse skills.

One disadvantage of this approach is that, with the staff needing to have considerable training and skill, there are high cost implications. Another is the possibility that taking full responsibility for the diverse elements of the many cases may be taxing for practitioners.

In the **specialist (team) model** a client is served by several different practitioners, each of whom implements a different function or set of functions. Through this division of labour, professionals are able to delimit their respective tasks. Through their collective actions the overall needs of clients are met. The members of the team may be from one discipline, or they can represent different fields and levels of training. Levine and Fleming make the point that for the specialist model, special effort is needed to develop a set of standard procedures, and good communication among the staff through meetings and other means is essential.

As has already been observed, the term "case management" lacks specific definition and is applied to a wide variety of practice approaches. Hagen (1994) posits that traditionally, case management has included responsibility for service access, coordination, and continuity. She goes on to suggest that case management is now generally conceptualised as containing at least five functions: (1) assessment, (2) case planning, (3) linkage to services, (4) monitoring of service provisions and client's progress, and (5) advocacy. A similar model (assessment, planning, linking, monitoring, and advocacy) was proposed by Johnson and Rubin (1983). Rapp and

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Chamberlain, while acknowledging these five key components, suggest that confusion arises because of the imprecision with which these functions are translated into specific tasks and behaviour by the case manager. Other commonly recognised functions are outreach, resource development, crisis intervention, and direct provision of therapeutic services.

Given this range of functions, a variety of case management models have been developed that may be conceptualised along a continuum. At one end is the case manager as "broker" who links clients to needed services. In this model, there is little client contact, and the case manager performs primarily a clerical-type function. At the other end is the case manager as primary therapist who treats the client and performs other case management tasks.

Studies and analyses of case management have found it to constitute a phased process with sequential functions that often overlap. In a study into the process of case management, Rothman (1992) found the following commonly identified functions:

> **1. Client Identification and Outreach:** Identify individual clients in targeted population and reach out to potential clients who do not seek services.

> **2. Assessment:** Provide individual assessment or diagnosis to include client's level of functioning, social supports, service needs, and attitudes towards service.

> **3. Service Planning:** Plan for individual service needs based on the assessment and steps for service delivery, monitoring and evaluation.

> **4. Service Linkage and Coordination:** Connect clients with needed services and see that the service plan is carried out and that agency interactions and delivery benefit the client.

> **5. Follow-up, Monitoring, and Evaluation:** Assure that the client is receiving the expected services and that these are appropriate.

> **6. Advocacy:** Advocate for the needs and best interests of the client.

Cohen (1996) assessed the emerging trend of national account management (NAM) programmes as an important development in the way many companies now do business. While ostensibly well removed from case management, the fundamental notion of the assignment of a dedicated staff member to manage a critical relationship does seem congruent with the principles of case management. Cohen found that while national account management (NAM) programmes can help a company's business, they are not easy to create. They take time, patience, and a commitment from everybody in an organisation. He identified seven key steps companies must take to ensure that a NAM program is successful. The hypotheses is that a similar approach would sit very well for organisations contemplating the introduction of case management. The steps are:

1. Top management commitment. A NAM program takes a long time to develop, so the highest executives must be committed to it. They must believe in it and give it time to flourish, without quickly pulling the plug on it.

2. A culture of customer service. NAM programs have to fit into a company's existing business philosophy. If an organisation is too focused on redefining itself, then the program is destined for failure.

3. A culture of cooperation. Very often, national account strategies involve cross-functional teams to ensure the customer is getting exactly what a contract stipulates. All departments in a company should be able to work well together.

4. Involve everybody in the program's development. When the strategy is being developed, anybody who deals with customers should be consulted. This will ensure that all departments' perspectives are taken into consideration, and that nobody will be surprised.

5. Always communicate. Salespeople need to be updated continuously about national accounts. Whether its a change in the customer contract or a change in the way account reporting is handled, salespeople should be kept informed on a regular basis. If salespeople are kept in the dark, then internal strife is sure to infest a company.

6. Compensate people properly. Money is often at the root of a NAM program's downfall. Compensation should drive the behaviour companies want from their salespeople. If salespeople are selling less and consulting more, then they should be paid with a higher base salary and a lower commission.

7. Have a strategy and structure. A company shouldn't create a NAM program just to tell its biggest customers that it has one. The program must be defined, have a goal, and everyone in the organisation must know why the program exists.

In considering models for case management, therefore, it might reasonably be concluded that different models will be appropriate for different organisational and delivery settings. However, all models should reasonably be expected to contain the key components identified earlier. These are : assessment, planning, brokerage and advocacy, monitoring, and evaluation.

It is appropriate to close with Furlong (1996) who offers an insightful perspective in suggesting that case management could be thought to involve:

- the *nomination* of a single person for the purpose of clarifying legal and organisational accountability;

- a service development role for *initiating/brokering* new services, in order to meet the multiple needs of clients;

- a *role* for ensuring single point case coordination;

- a perceived *unit of competence* in relation to a set of practical skills;

- a *technique* for matching clients to services;

- an holistic *way of thinking.*

Of all the models examined, Furlong's probably more closely matches customised service for Income Support.

(v) Process Issues in Case Management

Case management is delivered in a variety of ways : based on target population, auspice, or purpose; by teams or individual case managers; with or without counselling; with frequent or needs-based contacts; and by a range of types of personnel (Moore, 1990).

Case management has emerged as a major mechanism for dealing with those clients whose circumstances and requirements call for a response by many and varied community service and public sector organisations. Rothman (1992) believes that because of this inter-agency dynamic, case management has been conceptualised in terms of patterned relationships, not only between clients and agencies, but also between agencies themselves. (Income Support will relate to this, given the fall-out that occurred between themselves and the New Zealand Employment Service. NZES saw Income Support's move to a case management approach as a direct threat to work seen to be the responsibility of their agency.) Case managers, therefore, must have the capability not only to work within their own agency, but also to solicit or purchase relevant services from other agencies.

Rothman suggests that the quest for interorganisational cooperation confronts deep-seated institutional patterns, for case managers must overcome long-standing organisational resistance to integration. Human service agencies, he says, by and large operate to a greater degree under an ethos of autonomy and a "go it alone" programmatic zeal than one of cooperation and shared concern.

Stein and Test (1980) emphasise the role of a core agency functioning as a locus of sustained responsibility in the provision of integrated services across categorical distinctions. In the view of Gerhart (1990), the task includes aiding clients to access agencies, and making agencies responsive to clients.

Baker and Vischi (1989) observed a growing conflict between the efforts of case managers to optimise service and the concerns of sponsoring agencies to control costs. They remarked that "the importance of the conflict is likely to increase."

A 1996 survey conducted by the Social Policy Research Centre in Australia concluded that case management requires a degree of reciprocal trust to work

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properly. Reconciling the watch-dog and counsellor roles can thus be problematic. It also found that *action plans* were an effective mechanism to overcome some process issues. This was especially so if they were developed cooperatively with clients according to their individual needs, in ways that encouraged appropriate referrals to other agencies and helped clients to "own" their plans.

Thus, organisations and case practitioners must have regard to inter and intra-organisational issues, and develop relationships and cooperative plans that will minimise process difficulties.

(vi) Staffing Issues with Case Management

Rothman (1992), in a review of case management emphasised the importance of staffing and identified some of the complexities and unresolved issues associated with it. His research indicated that staff were rather homogeneous with regard to age, sex, race, and experience. A basic implication however was that case management programmes will need to be more proactive with regard to staffing : recruiting for a better demographic mix of personnel. The research also showed the advantages of matching particular staff with specific clients, and deciding analytically when an individual or team approach is appropriate. The potential of in-service training to enhance staff competency was also emphasised.

Weil (1985) suggests that "the practitioner must possess diverse skills to fulfill a variety of roles, such as advocate, broker, diagnostician, planner, community organiser, evaluator, consultant, and therapist."

Bertsche and Horejsi (1980) state that the knowledge required for case management encompasses both formal and informal processes and many variations of ideology, procedure, policy, and protocol.

Rapp and Chamberlain (1985) suggest that differences of opinion exist regarding such matters as the level of training required, the preferred professional background, and whether therapy or social skill development should be emphasised in work with clients.

Ozarin (1978) concludes that the case management function may be carried out by a variety of disciplines and agencies, but sounds two cautions. The first is that the responsible person possess the skills and training required to carry out a specific client's plan and the second is that parsimony prevail. The supposition here is that the case manager should have the minimum level of skills so that higher skilled staff are not underutilised and so that costs are contained.

Rothman (1992) found that staff people who work in case management programmes have challenging and rewarding jobs. They become familiar with all the resources and supports in the communities, as well as the harsh realities (rejections, stigma, waiting lists, etc.). They establish trusting relationships with the client and their families. They often have considerable autonomy and are allowed to be creative about solutions to clients' problems.

In researching the key functions performed by case managers, the Institute for Family Self Sufficiency (1992) developed the following template:

Figure 1: State Agency Survey : Key Functions Performed by Case Managers
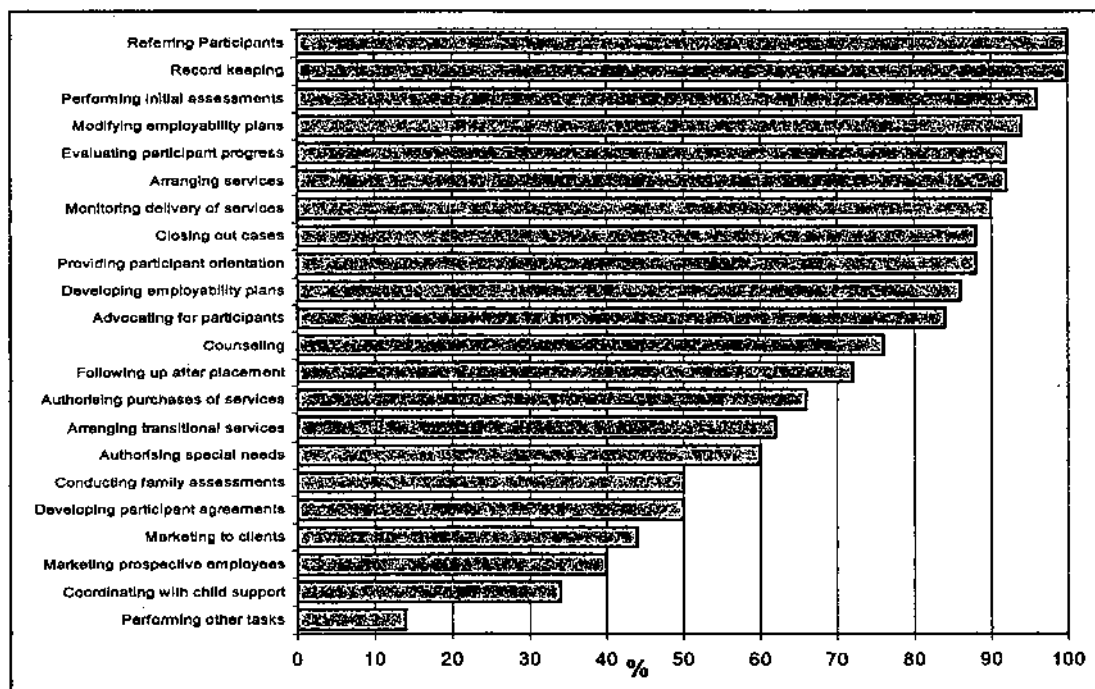
Source: Institute for Family Self-Sufficiency, Summer 1992.

In all, 22 key tasks were identified as a representative spectrum of the breadth of responsibilities carried by case managers.

(vii) Case Management Effectiveness

Not surprisingly - given the relatively contemporary nature of case management - there is a lack of long-term study into the effectiveness of case management. Indeed, those studies undertaken, by and large, fail to find significant positive outcomes arising from case management intervention.

In evaluating the relative effectiveness of case management intervention for homeless people with alcohol and other drug problems, Orwin et al (1994) found few clear indications of case management effectiveness. Their findings were consistent with those of recent reviewers of the case management literature who concluded that after more than a decade of advocacy, adoption, and attempts to evaluate, firm evidence of case management effectiveness is still lacking. (Franklin 1988; Rubin 1992; Solomon 1992).

In a one-year trial with seriously mentally ill clients leaving jail, Solomon and Draine (1995) hypothesised that clients receiving case management would improve to a moderate extent in terms of a variety of psychosocial and clinical outcomes compared with clients served by the usual system of care. Two hundred seriously mentally ill inmates leaving jail were assigned to three conditions, and 94 remained in the study at year one. One-year outcomes were analysed by service condition, using a hierarchical block discriminant function analysis. Contrary to the hypothesis, more clients in the experimental conditions (case management) returned to jail within a year. No differences were found among the three conditions in social or clinical outcomes.

Sands and Cnaan (1994) in a 1994 study into care for the mentally ill compared the processes and outcomes of two modes of case management - Community Treatment Teams (CTTs) used by the state and Intensive Case Management Teams (ICMTs) used by city agencies. It was believed that because CTTs invested more services per client, had a higher staff-client ratio, and were staffed with a variety of professionals to support case managers' work, the CTT model would be more effective than the ICMT in dealing with the more severely disabled individuals. The analysis revealed that although CTTs did indeed engage in more case management activities, there were few significant differences in the outcomes of the two

approaches. Both were rehospitalised at the same rate and there was no marked difference in community tenure for the two groups.

A United States study into the effectiveness of case management for the homeless showed similar results. It was generally believed that homeless individuals - particularly those with substance abuse problems or mental illness - were unable to access the full range of available benefits and community services on their own. In recent years, community service providers increasingly looked toward case management as the intervention of choice for solving this problem. Yet the evaluation findings of the National Institute on Alcohol Abuse and Alcoholism Community Demonstration Program, which included three case management projects, showed few clear indications of case management effectiveness. (Perl and Jacobs, 1992). The results of these studies - which focused on homeless clients with alcohol and other drug problems - were consistent with studies of case management services for the homeless mentally ill.

In mitigation, Orwin et al (1994) identified several phenomena that potentially explain the apparent lack of positive effect, and suggested that the reasons for negative findings may lie as much with the evaluations as with the interventions. These included (1) bias from differential attrition from measurement caused by case management clients who are "doing less well" being easier to track than comparable comparison group clients; (2) lack of sufficient intervention intensity to give case management a "good test"; (3) lack of distinction between treatment and comparison groups due to comparison group clients also receiving some level of case management; (4) contextual factors related to the network of services in the broader community into which case managers attempt to link clients; (5) additional design issues, specifically, low statistical power and selection bias; and (6) measurement issues. Orwin et al concluded that each of these phenomena tend to obscure any positive effects that case management may have.

There have, however, been some successes. In the USA, the Family Support Act of 1988 introduced a new welfare employment programme, the Job Opportunities and Basic Skills Training (JOBS) programme, that sought to increase the economic self-

sufficiency of recipients of some types of welfare benefits. Many states utilised case management as the intervention model by which JOBS would be delivered.

In a 1992 survey of the effectiveness of case management in the JOBS programme, the Institute for Family Self-Sufficiency found that almost all case managers and state agency administrators rated case management as an effective way of serving JOBS participants.

A 1996 Australian study by the Social Policy Research Centre into case management for long-term unemployed found that overall, case management was viewed positively by most of those involved, but a number of factors limited its effectiveness. These included weaknesses in the instruments used to assess and classify clients; financial pressures for short-term outcomes; insufficient skills and experience among case managers, particularly those in the public sector; excessive caseloads; difficulties in managing the relationship between the agency and the contracted case managers; and conflicts over the role of case managers in sanctioning clients for breaches of activity agreements. Client complaints about treatment by some case managers were also highlighted in a recent Ombudsman's report, while there were reports that violence against case managers by frustrated clients had been increasing.

The new arrangements were designed to deal with some of these problems by (inter alia) giving case managers more flexibility to assist their clients.

The Research Centre went on to examine the likely effectiveness of this approach and of case management more generally. Firstly, it found that few countries apart from the US, and more recently New Zealand, have adopted explicit case management techniques into their labour market programs, although forms of individualised and intensive job search assistance were more common - with examples in Canada, the UK and a number of other European Union countries. Secondly, it was difficult to isolate the case management elements from broader packages of policy.

The literature did offer support for the idea that targeted job search assistance can be more effective for the costs involved than some other types of labour market

program. However, its major impact, in the absence of substantial job growth, was still to redistribute opportunities among the unemployed. The study concluded that this may not necessarily be a negative result. Helping people to avoid slipping into long-term unemployment may be a legitimate aim of public policy. What was less clear was when, in unemployment duration, intervention works best for different types of client.

In assessing some possible causes for the failure of case management, Austin (1983) posited that while case management is a prevalent and popular response to service delivery problems, it will always be beset with difficulties "because it does not significantly alter the relationship and the distribution of resources among providers in local delivery systems."

Rothman (1992) suggested that for case management to be effective through exercising its joint service functions (individual assistance at the micro level and linkage to service agencies at the macro level), "there has to be concurrent educational effort and political activism spotlighting the need for structural reform."

Furlong (1996) believes that case management can clearly be a constructive aspect of a thorough design system, but warns that "if it is introduced without appropriate resourcing and within a climate of fear, if it is promoted by managers who distrust their agency's front-line staff, the tendency will be for simplistic, unilateral images of practice to become ascendant."

According to Johnson and Rubin (1983) a major problem with case management is its lack of operational clarity. Its functions, they say, have been interpreted in disparate ways, making case management a paradoxical assortment of activities requiring substantial commitment from all organisational levels for successful implementation. The main source of uncertainty and controversy about the case management role revolves around whether it is to be restricted to coordinating and expediting care delivered by others or will also include therapeutic functions to be performed by the case manager.

Thus, the question arises, according to Austin: has case management been unrealistically oversold? The answer, he says, is yes, if we expect case managers,

at the local service delivery level, to overcome systematic problems without having the necessary authority; fail to recognise that case management alone will not successfully address basic policy and programmatic issues; fail to provide necessary systems support (e.g. information systems); and do not recognise that case managers function within a range of delivery systems at various stages of development.

To face the challenges implied by these questions, Austin suggests we focus on two fundamental issues : First, case management does not occur in a vacuum. In and of itself, it will not substantially alter structural problems in the delivery of services. Second, case management is not a quick fix that will correct problems whose origins lie in dramatically reduced support for social services. We must be wary of promoting simple solutions to complex problems. As H. L. Mencken warned, "There's always a simple solution to every problem - neat, plausible, and wrong."

The jury is still out on case management effectiveness!

(viii) Case Management in a Welfare Context

The opportunity was taken, during this literature review, to identify service delivery strategies or approaches which might be of some more direct relevance to Income Support, and which might warrant further investigation by the department. This is aside from the issues already identified that are clearly germane to the organisation, and this research study, relative to case management.

In examining income maintenance delivery processes in the USA, Bane and Ellwood (1994) spoke of the concentration, in the exchange between beneficiary and staff, on establishing and maintaining eligibility. In describing practices that bore a remarkable similarity to recent New Zealand experiences they posited that "the process actually discourages efforts at self-support. A woman who finds a part time job, and thus has earnings that vary from week to week, becomes an "error-prone" case and is scheduled for redetermination more often. For a client to find a part-time job also means more work for her ongoing worker, who is required to monitor monthly income reports.

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There is little in the relationship between recipients and line workers that would aid a recipient in putting together the necessary child support, child care arrangements, training and employment necessary to become self-supporting. Rather, by encouraging passivity, by focusing the recipient's attention solely on the problem of maintaining eligibility, by discouraging movements towards self-support, the nature of worker-client interactions may hinder clients' efforts at becoming self-sufficient.

The eligibility-compliance culture that characterises the current welfare system contrasts sharply with what we might call a self-sufficiency culture. A self-sufficiency culture would structure interactions and expectations around work and preparation for work, with most of the attention of clients and workers devoted to moving off welfare rather than validating the credentials for staying on it."

Bane and Ellwood went on to suggest that "changing the character of welfare requires genuine cultural change, reinforced by management commitment, new definitions of what welfare workers do, and adequate resources. It also requires understanding and untangling the work-welfare dilemma. Changing the welfare system can only occur when life outside the welfare system also changes, so that expectations of self-sufficiency are reinforced by reality."

Derthick (1970) talked of the need for a widely shared goal: "rehabilitation of the poor, an end to dependency, and restoration of self-support."

Bodrock (1995) examined changes introduced to a Californian agency charged with delivering income maintenance services. With case management as an underlying delivery tool, the Merced County (California) Human Services Agency reengineered the processes of eligibility determination and ongoing case management for recipients of 5 different kinds of public assistance. Beginning in the late 1980s, Merced County redesigned the application process, focusing on two primary objectives: improving client focus and service, and assuming a sense of fiduciary responsibility for the use of tax dollars. Employee groups in every division helped design new service-delivery processes. Specific goals included:

- integrating policy and rules across programs to achieve a single determination of eligibility for all the different types of aid;

- reducing paper processes to a minimum;

- eliminating specialised jobs, and training workers to serve all aspects of a client's eligibility and need;

- creating consistency and uniformity of eligibility determination from worker to worker;

- improving quality of case management to reduce error rate and instances

- reducing training time and costs, while concentrating on creating highly skilled workers;

- increasing case loads while decreasing case workers to reduce and control all components of administrative overhead.

Employee groups in every division helped design new service-delivery processes. They helped write new job specifications that changed the job of Eligibility Worker to Family Assistance Representative. Under the new paradigm, a representative is responsible for an individual household rather than a single functional area.

Merced's reengineered processes have been fully operational since December 1992. The county has managed to handle a 43% increase in caseload, despite a 7% decrease in staffing between July 1991 and December 1993. During 1993 alone, average daily production rates increased 114%. Under the new system:

- Over 400 paper forms have been eliminated;

- Workers are evaluated on the quality of delivery of services and accuracy of benefits, rather than efficiency at completing paper processes;

- Training time for workers has been reduced from 35% annually to 8%;

- Workers manage a caseload of 270 households, rather than the prior average of 185 program cases.

In their 1988 announcement of project objectives, Merced County officials projected that the new system would save taxpayers $5 million a year. But in the first year of full implementation, the county actually saved more than twice that amount.

A 1995 review by the California state auditor's office showed that Merced County's administrative cost for a combined AFDC, food stamp and Medicaid welfare case was $273, as opposed to a statewide average of $431. The county cut its administrative costs by 55% between 1990 and 1994, more than double the statewide average reduction in such costs of 27%.

The initiatives undertaken by the Department of Health and Social Services in the State of Wisconsin have attracted a good deal of publicity of late. Indeed, there were widespread protests in this country earlier in the year when representatives from that department addressed a national conference on welfare dependency.

Writing of the success of welfare reform in Wisconsin, Mead (1995) suggested that "if paternalism means the attempt to enforce values through combining benefits and requirements, then case management is at the core of such programs. I mean by it the use of staff to supervise welfare clients closely, especially to see that they undertake required activities, such as looking for work or attending training classes. Case management may well be an underexploited strategy in social administration.

Case managers appear to motivate their clients with a combination of help and hassle. Liberals tend to see case managers as advocates who see that clients get needed services and benefits. That effort reflects, in the view of Hagen and Lurie (1994) " a commitment to individualising services and creating a more responsive social service system." Mead disagrees, positing that in a complex bureaucracy, recipients, many with limited ability, do need help from knowledgeable insiders to get the assistance they need.

At the same time, in Wisconsin, the monitoring role is clearly paramount. Case managers suggested in interviews that their key purpose was to levy expectations on their clients so they would help themselves. To do that, close attention was vital. "Making them active, tracking them, not letting them sit in limbo" - this was what got people moving, according to one case manager. Another spoke about

"Contact!...Once a week, twice a week, there's no such thing as too often. It reminds them that you care." Still another, "it's really simple : you've got to be all over every client like flypaper! Every day."

According to Mead, the surprising thing with this approach is how positively the recipients respond. "They not only tend to do as they are told, but they *like* it. Supervision, to them, is a sign of concern, and they are pleased someone shows interest and wants them to succeed."

O'Looney (1993) argues for fundamental change to the current models for service delivery. His advocacy for seamless services and one-stop-shopping are particularly relevant to both the Government's, and Income Support's, thinking at the moment.

O'Looney says that human services delivery is being changed by pressures from those on both on both the left and right of the political spectrum. Ironically, advocates of both neoconservative and progressive reform agree that the traditional welfare bureaucracy with its "one rule for all occasions" is moribund and that traditional delivery of services is, at best, only partially effective and in many cases undermines the self-respect and self-reliance that service recipients have managed to maintain. The calls for change centre on the idea that clients are consumers whose expressed needs should be considered and satisfied and that the system should be redesigned to those ends.

In assessing the argument for total service integration O'Looney notes that service-integration advocates assert for building new, more effective integrated networks of full service delivery. The result, it is argued, would be one "blanket coverage" service system instead of numerous niche monopolies. This system might have numerous one-stop, comprehensive "outlet" or service "department stores" staffed with cross-trained, flexible personnel, any one of whom would be able to adapt to the personal needs of individual clients while tapping into a larger resource network in order to find and deliver the set of services that best fits specific clients.

> The model of service integration in the human services is similar to that employed by Wal-Mart and other successful retailers in the private sector. Service integration, its proponents argue, will be more effective because:

(1) consumers will be able to find everything they want at one-stop, family centres;

(2) access to services will be assured through program hooks;

(3) a more comprehensive set of services will be available because of more coordinated systems-level planning;

(4) a better fit will be made between consumers' and community needs and the array of services made available because of more coordinated planning, information sharing, and pooling of agency funds;

(5) direct service workers will be more knowledgeable of the entire array of services available, more capable of delivering a wider range of services, and less blindly loyal to their own agency's need to retain clients, especially when those clients would be better served elsewhere.

Many of the strategies suggested here are of relevance to the Income Support position. The welfare-work dilemma, organisational restructuring to achieve efficiencies, seamless service, and one-stop-shop options are all issues that Income Support has dealt with, or is addressing currently. The other compelling factor in the examination of other welfare initiatives is the critical importance of case management as a fundamental plank by which delivery of those innovative programmes is achieved.

This literature review has examined case management against a range of factors relevant to the position of Income Support. Definitions of case management tend to be somewhat esoteric, but some definitions particularly suited to the organisation's position have been identified. Case management has emerged as a significant intervention methodology, and a number of starkly different models have been developed. They do, however, have some uniform characteristics, and those most relevant to Income Support have been identified. Process and staffing issues point to the need for the achieving of balance between inter and intra-organisational cooperation, and cost factors. The multi-dimensional elements of the work for case managers has been highlighted, and a range of skills necessary for staff have been identified. Studies into case management effectiveness are inconclusive. Most

studies to date suggest little change in outcomes for case-managed clients, although there have been questions raised about the integrity of some evaluations. The contemporary nature of case management has also mitigated against reliable long-term studies into effectiveness. Finally, case management in a welfare context has been examined, and several initiatives particularly relevant to Income Support identified.

One of the challenges identified in the literature review is how organisations might integrate case management into wider service delivery systems already in place. Case management does not just "happen". In the next section, some important characteristics of service delivery systems will be examined.

Chapter Five. An Overview Of Service Delivery Systems.

Case management, or customised service, cannot operate in a vacuum. The services delivered must, of necessity, form part of a wider delivery system. This section will briefly traverse some issues to do with service delivery systems, in the context of the operational imperatives for Income Support. It will examine the major dimensions in, and important features of, a service delivery system.

The nature of service encounters, models of customer service, after-sales requirements, and the measurement of results will be explored.

The service delivery system may be seen as the process by which the service can be both marketed and delivered to customers. Heskett et al (1990) argue that the service delivery system should be conceived as "an opportunity to enhance and control the quality of results achieved for customers."

(i) Major Dimensions

Some major dimensions in the system of service delivery which will influence the outcome of the service encounter, according to Clutterbuck et al (1993) are:

- The **location** of the encounter (whether in the customers premises, the service providers, or elsewhere.) Income Support possesses a very wide and distributed network of offices, and over the last two years or so has pursued a strategy of establishing neighbourhood offices to move services even closer to customers. As well, it will often open temporary sites where the demand justifies (for example, in Universities and Polytechnics at the end of the academic year). These actions are admirable, and do provide Income Support with a significant competitive advantage. In the longer term, Income Support might be wise to consider outreach and home-visiting services (many customers are frail, elderly or disabled), or services in culturally more appropriate settings such as marae. The **involvement** of the customer in the service encounter may be viewed on a scale from high (as in self-service) to low (as in back-room activities, such as the preparation of a business

report). Income Support has, of necessity, high customer involvement. Most encounters require the personal input of the customer, often in a face-to-face situation. Service delivery systems must currently factor that imperative into the design of the system. The risks of failure are, of course, higher when customer involvement is high. It may well be worth Income Support considering how it might refine its service delivery system to reduce the level of direct customer involvement. This could involve, for example, self-assessment forms for potential clients, and the greater use of, say, telephone (0800) services. The latter is, in point of fact, a critical and significant initiative currently underway within the organisation.

The **complexity** of the encounter may be viewed on a scale between standardised and customised. Many of the encounters for Income Support are complex because they involve detailed questioning to establish the personal circumstances of the customer, their needs, and entitlements.

The **size** of the group in the encounter, which could (and for Income Support generally is) be a single individual, or a group.

The **frequency** of contact with the customer is an issue, and whether the encounter is the same in each case. Income Support has very frequent contact with a wide range of customers such as the unemployed and sole parents (whose circumstances change often), but little contact with others (such as superannuitants who access the service perhaps on one occasion only).

The **time** taken for a single encounter will have implications affecting the arrangements for managing the encounter. A one-off service encounter for one group of customers lasting a few minutes is quite different from one lasting several hours with follow-up encounters over long periods of time.

What this suggests, of course, is that service delivery systems need to be flexible and robust if, as is the case for Income Support, many variables are present. It would have to be said that the historical disposition (with a "one size fits all" approach) did not support that principle. The shift to a case management methodology is therefore critical in the delivery of personalised service to customers.

(ii) Important Features

Heskett et al believe that it is vital for an organisation to identify the important features of the service delivery system, which include:

(a) The role of people

Like all service agencies, Income Support is critically dependent on its staff in the delivery of its services. But staff need to be supported by appropriate delivery systems. Front-line staff will feel a lot more confident if they know they are being supported in delivering the customer promise through such things as:

> *Emotional Support* - the knowledge that the manager will back your decisions, and wants you to succeed;

> *Communications Support* - for example, promotional and marketing material, brochures and pamphlets relating to income support entitlements, well-designed application forms etc;

> *Technological Support* - which are really the tools to do the job. Increasingly, technological support encompasses information....the more relevant information a front-line operator has about a customer's circumstances and previous transactions, the higher the chance of meeting the customer's expectations.

(b) Technology

Income Support has a mixture of IT systems to support its operation. Currently, a major replacement and upgrade programme is underway which will significantly enhance the technological capacity of front-line staff to deliver to customers.

(c) Equipment

Office equipment, furniture and fittings, and so on are of a high standard within the organisation, and certainly do not frustrate the delivery of quality services.

(d) Layout

Income Support embarked some time ago on a nation-wide remodelling of the internal layout of its offices. The shift, now largely completed, has been to a far more open-plan layout (in much the same way as Banks now operate). The rationale is that staff are far more likely to take responsibility for customers if they (both parties) are "on view". To date, the remodelling has been generally well received, although some customer disquiet has been expressed at the compromise to privacy and confidentiality. Income Support continues to closely monitor the advantages and disadvantages of that particular reform.

(e) Procedures

Not surprisingly, Income Support has very good written procedures which are readily accessible, easy to follow, and frequently updated.

(f) Capacity

This is an area that causes the organisation some concern. The economic reforms have trimmed the organisational resource capacity significantly (and rightly), but the department is still locked into the traditional methods of resource allocation and funding. Thus, it must maintain a largely permanent work-force, yet there is a wide variation in its capacity demands throughout the year. This is especially so for the unemployment area, with significant seasonal variations in demand.

(g) Quality Standards

This too is an area currently engaging attention within the organisation. It would be fair to say that, historically, the singular focus in the quality domain has been with financial controls (and that is not surprising, given the payment of almost $10 billion annually). However, there are few standards or measurements against which the intrinsic *quality* of the service might be measured.

(iii) Models of Service Delivery Systems

Zeithaml et al suggest that the service delivery system may be conceptualised diagrammatically as a process which has a number of potential gaps. The challenge is to locate and close those service gaps. They depict it as follows:

Figure 2: Service Delivery Gaps

```
┌─────────────────┐   ┌─────────────────┐   ┌─────────────────┐
│  Word of Mouth  │   │ Personal Needs  │   │      Past       │
│  Communication  │   │                 │   │   Experience    │
└─────────────────┘   └─────────────────┘   └─────────────────┘
                              │
                      ┌───────────────┐
                      │   Expected    │
                      │   Service     │
                      └───────────────┘

Consumer          Gap 5
                      ┌───────────────┐
                      │   Perceived   │
                      │   Service     │
                      └───────────────┘

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Provider                                   ┌─────────────────┐
                      ┌───────────────┐     │    External     │
                      │   Service     │     │ Communications  │
                      │   Delivery    │◄─Gap 4─►│ to Customers │
                      └───────────────┘     └─────────────────┘
               Gap 3
                      ┌───────────────┐
                      │Service Quality│
                      │Specifications │
Gap 1                 └───────────────┘
               Gap 2
                      ┌───────────────┐
                      │  Management   │
                      │ Perceptions of│
                      │   Customer    │
                      │  Expectations │
                      └───────────────┘
```
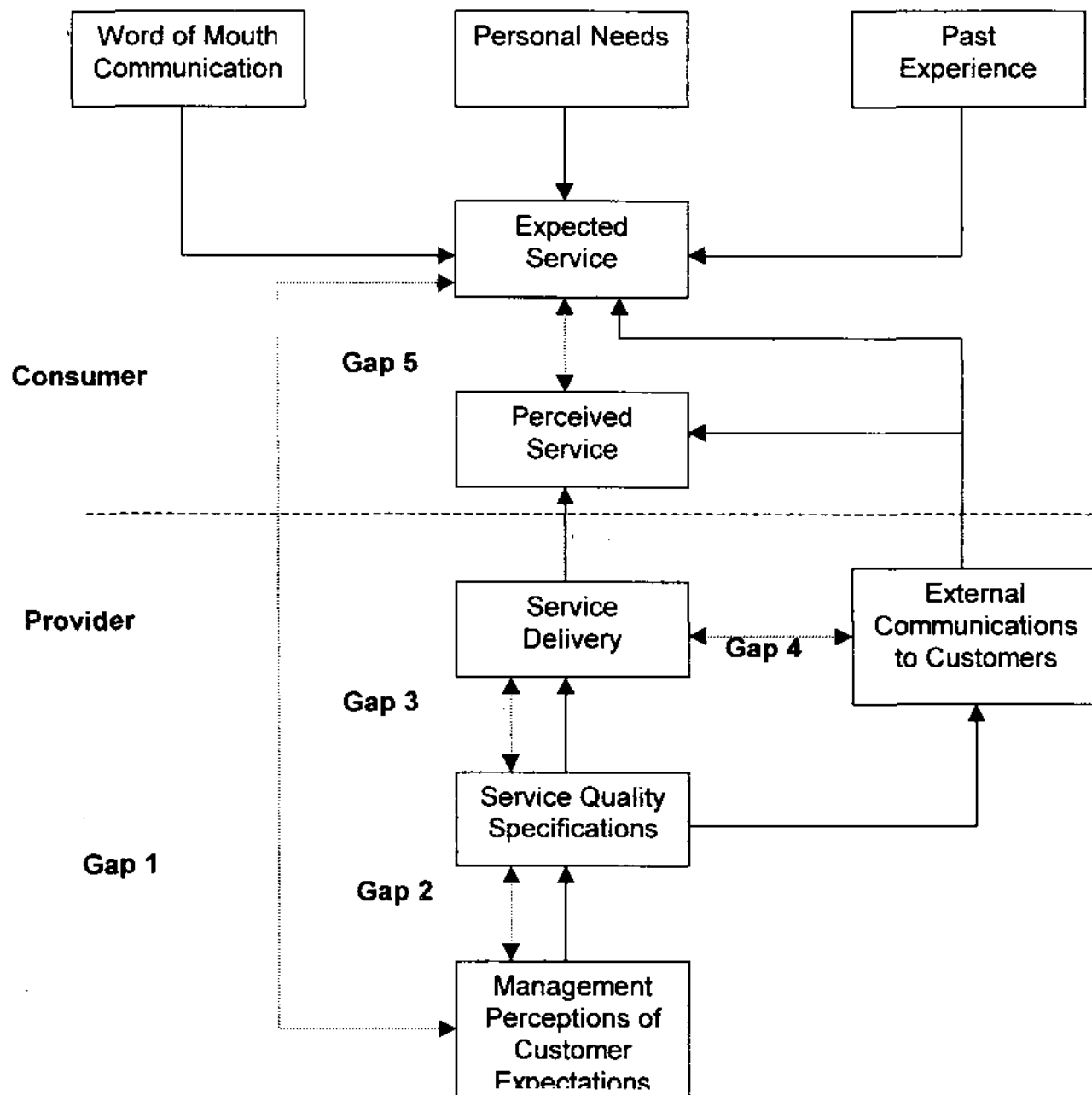
Gap 1 (between expected service and management's perceptions of the customer's expectations) may be closed through researching customers' expectations by such means as :

> : Strategic use of complaints;
>
> : Assessment of customers' desires in similar industries;
>
> : Research of intermediate customers;
>
> : Key client studies;
>
> : Customer Panels;
>
> : Transaction-based studies;
>
> : Comprehensive customer expectations studies.

As well, it is important for management to stay in touch with customer needs and issues. One particularly noteworthy initiative introduced within Income Support is for the Executive Team to spend one full week a year working on the front line in a district office. Other possibilities include "management by walking around", the introduction of suggestions schemes (for both staff and customers), and reviewing hierarchy and structures to ensure the organisation is as flat as possible.

Gap 2 (between service quality specifications and management perceptions of customer expectations) might be closed by:

> : Management commitment to service;
>
> : Feasibility assessment (financial resource availability etc.);
>
> :Task standardisation;
>
> : Goal setting (which includes the formal process for setting quality of service goals, and performance measurements for employees).

Gap 3 (between service delivery and service quality specifications) may be closed by addressing:

> : Role Ambiguity (job instructions, training, management communication relating to goals and expectations of employees);

> : Role Conflict (interdependencies, work scheduling etc.);

> : Poor Employee - Job Fit (recruitment, training and so on);

> : Poor Technology - Job Fit (the tools and equipment to do the job well);

> : Inappropriate Supervisory Control Systems (including job evaluations, staff rewards systems, recognition, and career development);

> : Lack of Perceived Control (decentralisation, and freedom to make decisions);

> : Lack of Teamwork (managerial and staff commitment to team effort, and recognition of "those who serve those who serve the customer").

Gap 4 (between service delivery and external communications to customers) occurs when the promises do not match the delivery. This gap might be closed through:

> : Horizontal Communications (involving front-line staff in advertising and marketing campaigns, giving advance notice to employees of external communications...a particular issue for Income Support for new policy announcements; consistency of service approach across departments and branches through benchmarking and best practice initiatives);

> : Not Overpromising (propensity to overpromise and under-deliver must be avoided).

(ii) Models of Service Delivery Systems

(a) Service Encounters

Much of the effort in designing the most appropriate service delivery system is directed at the critical **service encounter**. This is the point described by Carlzon as *the moment of truth*, when the expected service and the perceived service become a reality. The following diagram illustrates some of the critical elements within that service encounter.

Figure 3: Model of Customer Service

Customer's Perception of Nature of Service

Customer's Emotional Response

Anger   Zone of Indifference

Environment

Transaction

Assist
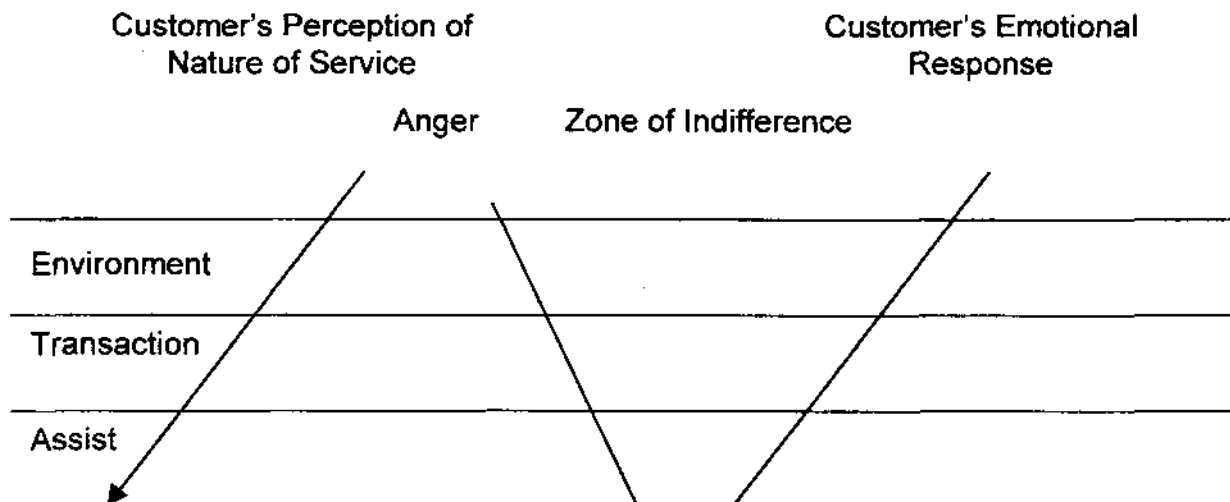
The conceptual hypotheses here is that each and every service encounter offers a unique (and once-only) service opportunity. The customer's emotional response to that encounter may well be one of anger, or one of complete indifference. The challenge for service staff (supported by the appropriate service strategy) is to exploit the event and the environment so as not to *transact* with the customer, but rather to *assist* the customer, beyond the level of initial expectation, to the point where they move either from a state of anger, or one of indifference, to a position of excitement about the service encounter.

If service staff are to excite customers in the service encounter, it is essential to know what the critical elements of that service encounter are from the customer's

point of view. These are the places where (in the words of Clutterbuck et al) the "opportunities to screw up" (OTSUs) are highest. To find OTSUs, they suggest the organisation should first ask customers where things are most likely to go wrong, and what happens to them when they do.

There are two dimensions which determine criticality (or OTSUs). Firstly, the **importance** to the customer of something going wrong, and secondly the **probability** of that event occurring. It may well be difficult for service organisations such as Income Support to determine real probabilities (given the wide range of interactions and services), but it should be possible to rank an event according to probability and importance. In quadrant form this would look thus:

Figure 4: Criticality of Service Encounter
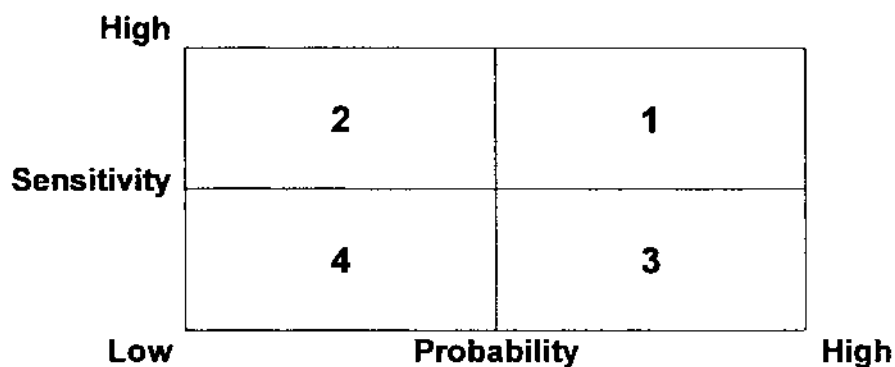
Source : Clutterbuck et al, 1993

In this example, zone 1 of high sensitivity and probability requires every effort to minimise the incident and to look to recover well from any failure in the encounter. Zone 2, while of lower probability, is still sensitive and requires good recovery when incidents do happen. Zones 3 and 4, while less sensitive, still require attention in managing the encounter. The danger, with this latter group, is that as they become more frequent, they could increase in importance and sensitivity.

(b) Nature of service, process and outcome

Another way of approaching the service encounter is by the nature of the service, the process, and the outcome for the customer. Thus:

Figure 5: Service Encounter through Process and Outcome

Nature of Service

	Routine	Non-Routine
Process Service Delivery	3	4
Outcome	1	2

Source : Clutterbuck et al. 1993

In this scenario, Zone 1 is the area where organisations concentrate most of their attention, and training. Conventional wisdom suggests that service companies must get the routine operations right between 95% and 98% of the time. Zone 2, however, has been described as a Minefield or a Goldfield. It is in this area where customers are far more likely to leave the zone of indifference. Whether the outcome positions the customer in an area of anger, or one of excitement, will depend on how well the service encounter is handled. The winners will be those organisations which have invested in staff and delivery systems with a view to exploiting just such an opportunity. Customised service may well provide Income Support with some leverage in its quest to "excite" its customers.

(c) After-sales support

While much of an organisation's efforts are rightly directed towards the critical service encounter, the importance of after-sales service cannot be underestimated. While after-sales support arguably has greater relevance to products rather than services (warranties, dealer support, repairs and maintenance etc.), there does seem to be an opportunity to reinforce a successful encounter, or perhaps recover a bad encounter, by returning to the customer. This is especially so for non-routine service encounters. For Income Support, this might mean making contact with a

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customer some weeks after benefit has been granted to see how they are managing, or spending time with a client who is exiting the welfare system to gauge how they viewed their experience with the department, and offering a commitment to service in the event assistance is required in the future. Indeed, Lele and Sheth (1991) assert that "the real sale begins after the sale", and offer the following diagram to reinforce their point:

Figure 6: After-Sales Service

Service Delivery

	Good	Poor
Good	Unbeatables	Time Bombs
Poor	Walking Wounded	DOA

After-Sales Support

Source : Lele & Sheth, 1991

Quality delivery systems, coupled with strong after-sales support, may well create an unbeatable position for the organisation. A poor service encounter, and little or no after-sales support, on the other hand may see the organisation at some point "dead on arrival."

(d) Tracking effectiveness

Service delivery systems need not only be designed, and implemented. They also require constant monitoring to ensure "fitness for purpose", and to detect deviations from the service delivery goals. Zeithaml et al propose the following model shown as a useful way of keeping track of the effectiveness of service delivery systems.

Figure 7: Assessing the effectiveness of service delivery systems

```
┌─────────────────────────┐
│ Do your customer's      │                    ┌─────────────────────────┐
│ perceive your offerings │ ───────N───────▶   │ Continue to monitor     │◀──┐
│ as meeting or exceeding │                    │ customers' expectations │   │
│ their expectations?     │                    │ and perceptions.        │   │
└─────────────────────────┘                    └─────────────────────────┘   │
        │ Ye                                                                   │
        ▼                                                                      │
┌─────────────────────────┐                    ┌─────────────────────────┐   │
│ Do you have an accurate │ ───────N───────▶   │ Take corrective action. │   │
│ understanding of        │                    │                         │   │
│ customer's expectations?│                    └─────────────────────────┘   │
└─────────────────────────┘                                                   │
        │ Yes                                                                  │
        ▼                                                                      │
┌─────────────────────────┐                    ┌─────────────────────────┐   │
│ Are there specific      │ ───────N───────▶   │ Take corrective action. │   │
│ standards in place to   │                    │                         │   │
│ meet customer's         │                    └─────────────────────────┘   │
│ expectations?           │                                                   │
└─────────────────────────┘                                                   │
        │ Yes                                                                  │
        ▼                                                                      │
┌─────────────────────────┐                    ┌─────────────────────────┐   │
│ Do your offerings meet  │ ───────N───────▶   │ Take corrective action. │   │
│ or exceed the standards?│                    │                         │   │
└─────────────────────────┘                    └─────────────────────────┘   │
        │ Yes                                                                  │
        ▼                                                                      │
┌─────────────────────────┐                    ┌─────────────────────────┐   │
│ Is the information      │ ───────N───────▶   │ Take corrective action. │   │
│ communicated to         │                    │                         │   │
│ customers about your    │                    └─────────────────────────┘   │
│ offerings accurate?     │                                                   │
└─────────────────────────┘                                                   │
        │ Yes ────────────────────────────────────────────────────────────────┘
```

Source : Zeithaml et al, 1990

(e) Measuring Results

If service superiority is to be maintained, organisations must have a clear, measurable picture of how well they are doing, and how their customers perceive them. Crosby (1980) notes that, although it is not easy to measure service quality, it is vital to do so. He goes on to cite studies that show that 85% of the paperwork produced by organisations contains at least one error. The cost of fixing those errors

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is at least 25% of the operating expenses for that function. To put it another way, one dollar out of every four is spent in correcting mistakes.

Carlzon posits that "employees must have an accurate feedback system for determining whether the decisions they are making are, in fact, the ones that will accomplish the company's overall goals". He goes on to suggest that the necessity of measuring results is just as crucial for those employees who affect customer service through their work but who don't have face-to-face contact with those customers.

Some common mechanisms for measuring results are:

(i) Surveys

A survey provides a quantitative snapshot of an organisation's health at a given point in time. It is designed to obtain specific opinions on specific subjects from specific groups of people. Surveys can be particularly useful tools for management because they measure the percentage of satisfaction and dissatisfaction with the organisation's key services. Some common forms of surveys are:

(a) The Management Climate Survey

This measures the degree to which supervisors and managers are satisfied with the way the organisation is managed, and in particular how well they are managed.

(b) The Employee Opinion Survey

This survey tells supervisors and managers what employees think and how they feel about their bosses, pay, benefits, working conditions, job security, and opportunities for advancement, and their perceptions of how well or how poorly they are managed.

(c) The Internal Customer Survey

This measures how well the different departments, functions, and people within an organisation service each other's needs. The idea behind the internal customer survey is that customers cannot be serviced properly if the individual who provides that service does not know what is needed. Each department is a customer of other

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departments, and each in turn provides services to other departments. (those who serve those who serve the customer).

(d) The Customer Satisfaction Survey

This instrument feeds back to management how customers feel about service policies, practices and procedures at the point of sale and the point of complaint. It gives management precise information about its products, services, and personnel.

Currently, Income Support conducts quarterly customer satisfaction surveys, and also undertakes occasional "mystery shopper" campaigns. It does no other surveys.

(ii) Customer Liaison Panels

The use of customer liaison panels can:

> - provide a two-way exchange of views between an organisation and its customers;

> - reflect customer concerns, develop options, recommend solutions, and often act as agents of change.

For Income Support, this presents a wonderful opportunity to get alongside such groups as Unemployed Workers Union and other beneficiary advocacy networks to the mutual advantage of all parties.

(iii) Customer Focus Groups

Focus groups are useful ways to get feedback on service, and to elicit suggestions for service improvements. They might also be used to monitor the implementation of change. Thus, Income Support might for example gather together a group of sole parents to assess what impediments there might be for them to undertake training to assist the transition to work in the future. Focus group meetings were a key ingredient in the Taupo trial of customised service.

An effective service delivery system therefore is complex and multi-faceted. It requires the delicate management of people and things, processes, standards, and measurements to ensure that the vital service encounter is an occasion of pleasure and excitement for the customer, the provider, and the organisation. Importantly, it is

also about the integration of particular service delivery methodologies (such as customised service) into the wider service delivery system. The move by Income Support to customised service may well provide the organisation with the means by which quality service delivery can be achieved, but it must bear in mind that customised service is but one link in a complex service delivery chain.

This section completes the theoretical analysis. Following sections will background the organisation, its growth and development, and then move to a study of customised service and its effectiveness within Income Support.

Chapter Six. Organisation Background.

Formed in 1992 at the time of significant public sector reform, Income Support (or the New Zealand Income Support Service as it was then known) became the largest business unit of the Department of Social Welfare.

(i) Outcomes And Outputs

The work of Income Support is based generally on the Government's outcomes for income maintenance, and specifically on contracted outputs which are negotiated each year. These currently are:

(a) OUTCOMES

Income Support will contribute to the Government's goal of a fair and just welfare system, specifically:

General Outcomes

- People are encouraged to take responsibility for themselves, their families and whanau:

- Appropriate services and support are available to people with special needs, disabilities, and other disadvantages:

- Social Welfare policies and practices help to develop strong and supportive families and whanau;

- Social Welfare policies and practices support older people to live independently, and help them to participate in and contribute to community life;

- Social Welfare policies and practices support and strengthen safe and cohesive communities;

- Special treatment of Maori is afforded in terms of the Treaty of Waitangi.

Specific Outcomes

- People receive sufficient income to prevent hardship;

- People are well informed about their income maintenance entitlements, how to access them, and their rights and obligations;

- Customers are supported to become independent and move into paid employment to the greatest extent possible;

- Particular customer needs and circumstances are recognised and appropriate services and support are available to those with special needs;

- Benefit crime is detected and deterred;

- Debt is appropriately managed.

(b) OUTPUTS

NZISS is contracted by Government to deliver the following outputs:

1. Assess benefits, grants and the Community Services Card

This includes assessing applications for the ten major benefits administered under the Social Security Act;

2. Review benefit entitlement

This involves conducting reviews as appropriate on the primary and supplementary benefits;

3. Pay benefits and grants and issue the Community Services Card

This includes the payment of primary and supplementary benefits, grants, allowances and subsidies;

4. Provide services to reduce benefit crime

This involves activities to reduce the level of benefit crime. These include deterrence, investigation, and applying sanctions;

5. Debt collection

This involves activities related to managing and recovering debts in respect of benefits overpaid. It also involves collecting maintenance monies and liable parent contributions;

7. War Pension services

This involves the administration and payment of War Pensions and related services.

(ii) Profile Of Income Support

(a) Customers

Income Support is a large organisation by any standards, employing over three thousand staff, and operating from 91 sites strategically distributed throughout the country. Its client base is significant - almost 850,000 New Zealanders are dependent to a greater or lesser degree on Income Support for their daily living needs. The mix of Income Support customers is as follows:

Figure 8: Customer Profile

CURRENT CUSTOMER PROFILE
(Period ending 31 March 1997)

- NZ Superannuation
- Unemployment
- Domestic Purposes
- Sickness and Invalids
- Others

5%
10%
14%
17%
54%
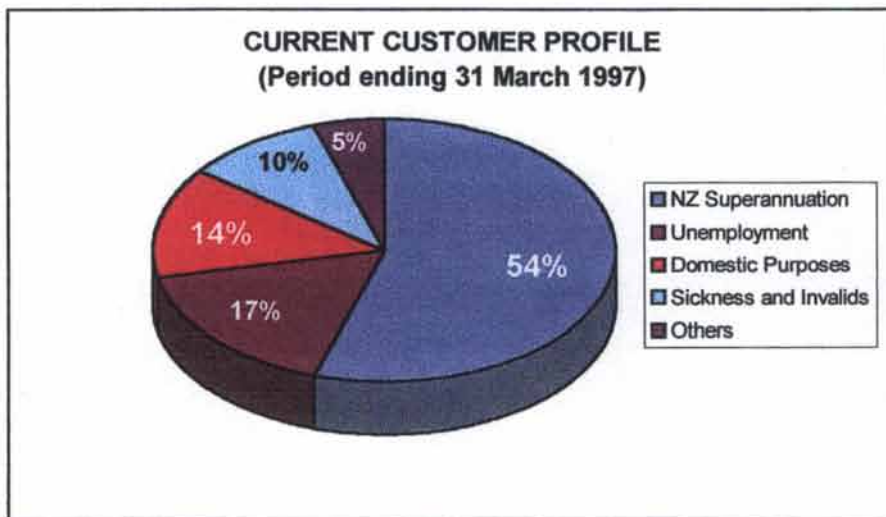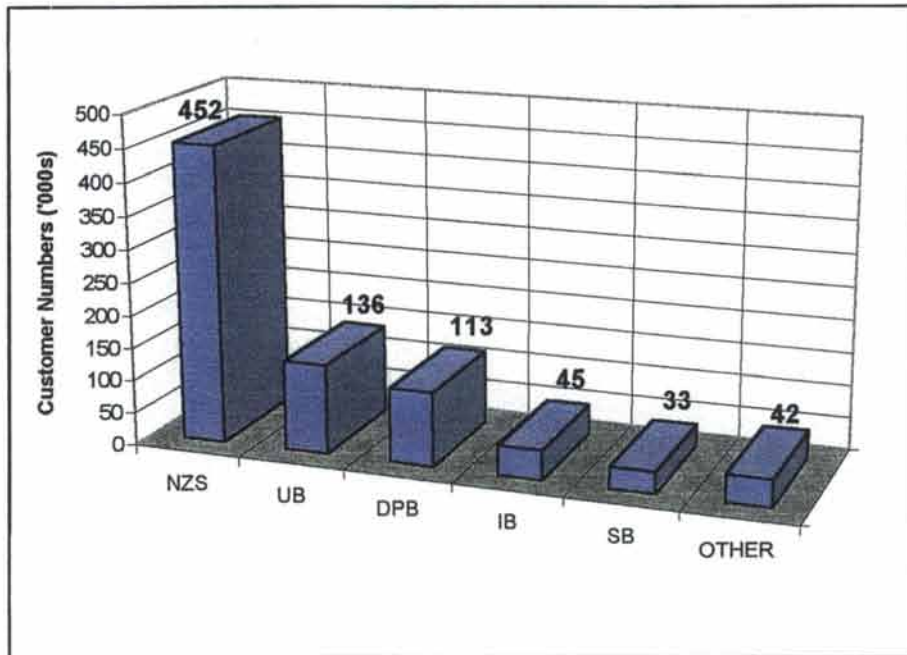
Expenditure figures for Income Support are equally impressive. For the fiscal year 1997, budgeted expenditure for the organisation is $9,870 million, with the proportional distribution as follows:

Figure 10: Income Support Expenditure
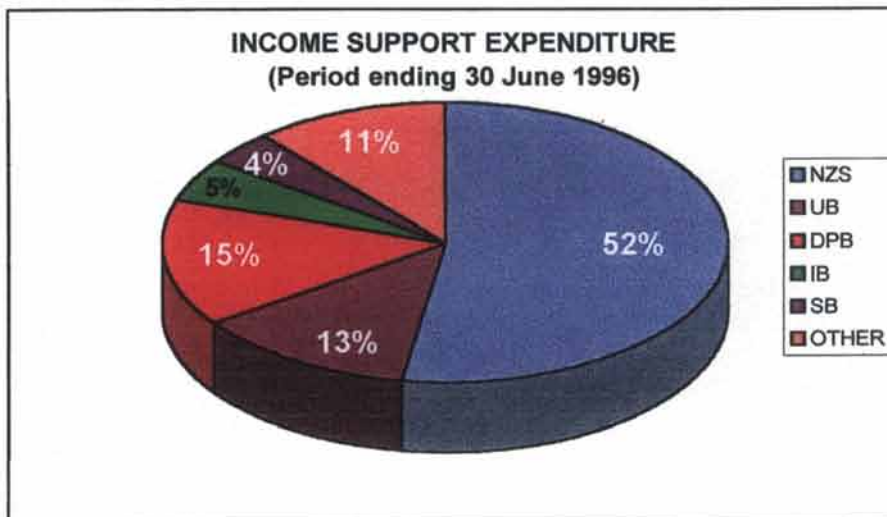
(b) Organisation

The business **Purpose** for Income Support is:

We will provide quality customer service

supporting individual growth and development,

assisting people to be the best they can be.

The business **Vision** for Income Support is:

To be the recognised world leader transforming

social dependence into social contribution,

promoting hope and worth within New Zealand communities.

The **Strategic Goals** for Income Support are:

To be the recognised world leader in the design of income support and related social assistance for people and their communities;

To have a technology platform that allows flexibility of business initiatives (anything, anytime, anywhere);

To have an operational staff who are highly competent advisors, skilled in the effective development of relationships with customers and their community;

To have organisational structures and systems that facilitate the high quality delivery of a wide range of flexible services;

To manage the mix of Crown and operational expense to maximize the results for Government, communities and the customer;

To be the most cost effective agency of Government;

To be the community's agency of choice;

To impress our customers with our absolutely fabulous service.

(iii) Growth And Development Of The Business

For contextual purposes, it is useful to trace the early development of Income Support, and identify some of the key initiatives and milestones which have helped to shape the organisation as it is today.

In 1992 the department of Social Welfare, with over 8000 staff, was the largest core public service department in the Government sector. Early in 1992 Andrew Kirkland, who as Chief Executive had managed the privatisation of the Forestry Corporation, accepted appointment as Director-General of Social Welfare.

He immediately moved to restructure the monolithic organisation, creating five autonomous, and largely independent, business units. One of those, and by far the largest, was the New Zealand Income Support Service.

The Department of Social Welfare, like many government departments of the time, generally relied on internal staff to fill its management positions. It was something of a surprise therefore when George Hickton[1] was appointed General Manager of NZISS.

Hickton's background was in the private sector- he had began his working life on the shop floor in a motor assembly plant, had entered management in the industrial relations area, and risen to the position of National Sales Manager with Honda New Zealand. More recently, he had joined the public service through appointment as General Manager, NZ Employment Service, where he had earned a reputation for his leadership style, innovation, and results. Indeed, he had been the subject of a feature article in NZ Management.

Hickton himself continued the 'new look' in the appointment of his NZISS Executive Team. Only one of the eight incumbent Assistant Directors-General of the former Department of Social Welfare was successful in securing appointment to Hickton's Executive Team. The rest of the team were a mixture of lower-level staff from within the organisation (characteristically young, motivated, with high potential), and people from outside the organisation with a commercial, private-enterprise background.

The largely conservative history of the department was turned upside down by Hickton's style, and the direction he plotted and laid out for his managers. He challenged them to become market-led and customer-focused, stressed the importance of innovation, and publicly acclaimed that risk-taking would be rewarded and not punished. Four of his Executive Team were placed in regional positions, and required to spend all of their time amongst staff in district offices communicating the vision, reinforcing the changes, and representing front-line issues at the strategic Executive Team meetings. Hickton himself spent much of his time in the field. As well as regular conferences for Managers, he introduced a series of 'Front-Line'

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[1] Hickton resigned from Income Support in December 1994 to take up appointment as Chief Executive of the TAB.

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conferences where staff from lower levels were encouraged to submit ideas, and challenge policies and procedures. A glossy national staff magazine to communicate new products, ideas, and keep everyone well informed was issued from the newly-formed Marketing Department.

Other significant organisational initiatives included:

(a) The Office Environment

The business became passionate about ridding the organisation of its 'grey, old-public-service' image. It began with the layout of offices. Historically, beneficiaries (now, incidentally, known as customers) were seen initially by a receptionist, and then by an interviewing officer either in the public area (at a cubicle) or in a private interview room. The new team believed this approach reinforced the stereotype that invisible public servants, hidden behind walls, spent much of their day drinking tea and doing the crossword. It ruled that all walls come down (including the Managers) and introduced an open-plan layout where customers were seen at the desk of their caseworker. It was argued that in this way customers could see how hard staff were working, and furthermore staff would be forced to take responsibility for customers-there was nowhere to hide. Hickton himself modelled these changes by dismantling his own office and working, along with everyone else in the business regardless of status, in an open-plan environment.

(b) Business Standards

Hickton believed that leadership was about setting standards, not rules, and a series of business standards were instituted, including:

Dress Code-a corporate wardrobe was introduced. Initially, some staff were reluctant to be visibly identified with NZISS. However, following a strong marketing campaign, almost 70% of staff had purchased the relatively expensive (and unsubsidised) wardrobe. Other staff were expected to dress to that standard.

Opening Hours-the standard opening hours (9.30 to 3.30) were extended-offices were expected to open from 8.30 to 5.00 as a minimum, and encouraged to consider extensions to those core hours.

Identification-all staff were expected to wear name-tags, and display name-plates on their desks so that all times customers knew exactly with whom they were dealing.

Customer Contact-standards were set for telephone answering time (within three rings), and style (including greeting style etc.) and standard letters were revamped and personalised.

(c) Communication

A daily reporting process (9 O'Clock News) ensured that processing results for the previous day for every site were on every manager's desk by 9.00am each day. As well, a weekly publication (Grapevine) containing all internal communication replaced the indiscriminate issue of a plethora of material and instruction that had been the general practice. The General Manager personally vetted all formal communication with the front-line to ensure that only absolutely vital information was issued in the belief that intrusion from Corporate Headquarters needed to be minimised.

(d) Delegations

Decision-making authority was pushed to the lowest possible level-predominantly with front-line staff, and a number of management levels were trimmed from the structure.

(e) Recognition

All new ideas, and significant achievements were acknowledged and promoted. Many were adopted as 'best practice' and universally applied throughout the business. A national Awards Conference was introduced, with district office and managerial achievement being formally recognised. Some mangers found their efforts rewarded with exchange trips to Canada and Australia.

(f) Visibility

Throughout this time Hickton maintained a high profile, continuing to visit offices, issuing staff notices in novel ways such as through videos, and personally leading outdoor-type training for Team Leaders from the front line. Once a year he and his Executive Team took over the running of a district office for a week. In the first year Hickton himself acted as receptionist at the Otara office, arguably the toughest district in the country.

By the end of 1993 NZISS had been transformed. Staff surveys indicated a level of commitment and pride for the organisation that would not have been even remotely contemplated 18 months earlier. Customer Service surveys (undertaken every six months) showed a growing level of satisfaction with services being provided, and overwhelming support for the changes made.

The level of innovation continued unchecked, with such initiatives as mobile offices, home-based services, and preventive campaigns through schools.

Quantitative results were equally impressive. Staff numbers had reduced from 5600 to 4500 through a combination of attrition and active encouragement to those struggling to adjust to the new way of working. Operating budget dropped from 4.4% of turnover in 1992 to 2.7% in 1994, at a time when workloads in real terms were increasing significantly as unemployment continued to climb.

Perhaps the most significant result related to turn-around time for the processing of benefit applications. In 1991, it took on average 16 days to complete a benefit application. In June, 1994 the business achieved (one year early) one of its key strategic goals when every single application for benefit was processed within 24 hours of receipt.

It was against this backdrop of significant organisational change and achievement that Income Support looked to the future. While ostensibly quality customer service was being delivered within a dynamic and vibrant culture, there remained a concern that customers were still getting locked into, and lost, in the system. As a general rule, customers interacting with the business dealt with whoever was available at the time. Moreover, often several different staff members would need to be seen if

different transactions were involved. There was no continuity of service, and fundamentally, nobody "owned" the customer, or indeed the transaction.

In early 1994, at a strategic planning session, senior management of Income Support introduced the notion of staff taking personal responsibility for the level and quality of service provided to customers. The fundamental principle was described at the time as one of **"personal accountability"**. The desired ethos was for customers to be allocated a particular staff member who would act as their "case manager", be the single and dedicated point of contact for the customer with the organisation, and be responsible for ensuring that what needed to be done, was in fact done.

More than that, the opportunity was seen for customised service to be a vehicle by which some of the strategic business objectives, and indeed broader Government outcomes, might be better met. Specifically, it was considered that an approach which focused on the "whole" needs of the customer would enable a far more proactive approach to assisting people off benefit and into the workforce. Therefore, helping people towards "independence and self sufficiency", and "transforming social dependence into social contribution" became the strategic cornerstones of the new service delivery system.

And so it was that customised service was born.

Chapter Seven. Customised Service : An Historical Summary.

This section will trace the development of customised service, beginning with the initial plan to trial the new system in four pilot sites. The results from those pilots will be analysed. Then, the extension of customised service across all sites, but contained to 30 per cent of customers, will be explored. Finally, there will be an assessment of the move to implement customised service as the universal business standard.

(a) Stage One - The Pilots

The decision to trial a new system of service delivery was an interesting development for Income Support. Historically, new initiatives were introduced nationally, accompanied by definitive guidelines and standards. In setting out a broad framework, and few parameters, Income Support was arguably embarking on a significant stage of business process engineering, but one which was to be driven by the front line of the business.

Four sites, one from each region, were selected to pilot customised service. These were Henderson, Taupo, Masterton, and Greymouth. There would appear to have been no particularly scientific rationale behind the selection of these four offices, other than perhaps a keen desire on the part of the local managers to be involved in a new venture.

Instructions were deliberately vague, with the underlying principles explained to the four participants, but the planning, methodology, and delivery design left to the individual districts to develop. However, the basic ingredients of the customised service trials were set as follows:

- **One to one service**

  Providing a holistic approach to individual customer needs: identification of issues, aspirations and goals; participation in network meetings with other customers; and incorporating a follow-up element.

- **Information brokerage**

  Referring customers to the services of other agencies to address both pre-employment and job search needs.

- **Coordination with other agencies**

  Liaising at a local level with other government agencies to provide a seamless service to customers.

- **Wider involvement of the community**

  Liaising with local training providers and working alongside other community groups to promote and coordinate information, opportunities and support for customers.

In general, very different approaches were adopted by the pilot sites, which may be summarised as follows:

Henderson

- Target population of approximately 260 DPB customers

- Commenced operation 11 July 1994

- Four caseworkers operating from the parent office

- Case load of approx. 1:65

Taupo

- Target population of 967 customers (all benefit types)

- Commenced operation 12 September 1994

- Four caseworkers operating from the parent office, although home visits and customer focus meetings were also offered

- Case load of approx. 1:204

Masterton

- Target population of 516 customers (rural unemployed in Greytown, Featherston and Martinborough)

- Commenced operation 20 July 1994

- Two full time case workers doing mostly field work plus an office-based administrator

- Case load of approx. 1:200

Greymouth

- Target population of 707 customers (all benefit types, in Reefton and Westport)

- Commenced operation 15 August 1994 (Westport) and 22 August 1994 (Reefton)

- One full time caseworker in Westport, and two part time caseworkers in Reefton

- Case load of 1:280 for Westport, and 1:180 for Reefton.

(b) Findings

The four pilot sites reported the results of, and experiences from, the trials in a variety of ways, and it must be said with a variability of exactitude and expertise. In summary, however, the reported findings for the pilot as at 31 December 1994 were:

(i): Customer Interface

(a) Customer Contact

Initial contact was made with the customer either by letter or telephone in most of the sites. Both the Greymouth and Taupo pilots used an invitation letter as the primary contact mechanism. Local advertising flyers were also used. Masterton used a combination of letter and telephone invitations. In Henderson, customers were invited to participate in the pilot as they visited the office.

Sending a letter provided the opportunity to test true eligibility. The Taupo pilot took action to suspend the benefits of those customers who failed to respond to the letter of invitation. The suspension/cancellation rate for these cases was around 5% of the targeted population. These results have a correlation with the perceived level of fraud and abuse that exists in the benefit population - it has always been felt that this sits at around 10%, but is not proven.

Follow-up work took a variety of forms. For example, at the first interview Masterton contracted with each customer for some action to be taken (either by themselves or by the caseworker) that would initiate the follow-up. In Taupo, the caseworker diaried a follow-up contact six weeks later(follow-up was a constant feature).

(b) Customer Reaction

Customer reaction had been very positive. Only one or two people in each site had not agreed to be involved in the pilot. In general customers preferred the personalised service, finding it less threatening and themselves more empowered and involved in their benefit management. They particularly enjoyed dealing with the same person every time, and appreciated the holistic approach that was being taken

in their case, instead of having to see a variety of staff who necessarily saw each encounter as an isolated transaction.

In remote areas customers said the pilot service has alleviated their transport problems, and they were appreciative of the increased access to services. Customers with disabilities expressed the same view.

There was an improved perception of the organisation - that is, that it was genuinely interested in helping. This was seen to be contributing to the end of the "faceless bureaucracy". Customers were reported to be giving personal greetings and thanks for the service they received.

The positive reaction was said to be not just confined to the individual customer. Communities were also reported as being supportive of the approach. In Reefton in particular, the township reacted positively to the new presence of Income Support - as one caseworker commented, Reefton was more used to seeing businesses closing than setting up. In Taupo, the "good news" spread to the extent that friends and relatives of participants were literally queuing up to take part in the pilot.

(ii): Outcomes and Results

(a) Movement towards Independence

Suspensions and cancellations of benefit due to a return to work ranged between 2 - 18% of the targeted population. The results, interestingly, were a direct correlation with the characteristics of the target populations and their assumed level of work readiness. Masterton, which targeted exclusively the unemployed, achieved a suspension/cancellation rate of 18%. The rate for DPB customers in Henderson was 2%. Taupo and Reefton, both of which picked up all customer types in their pilots, achieved rates of 5% and 7% respectively.

To place this in perspective, the results from a control group of non-customised income support recipients showed a suspension/cancellation rate of just 1% for the same period of time. This tended to indicate that the operation of a case management approach would increase the likelihood of a customer exiting the benefit system and returning to work.

(b) Short Term vs Long Term Assistance

In general, there was a reported reduction in the number and value of Special Needs Grants (SNGs) and advance payments during the pilot period. Special Needs Grants and advance payments, and the need to access these payments, might be said to be a reflection on the customer's (in)ability to manage on the core benefit payments. The inference was that customers who were forced to call upon these special payments less were more likely to be coping with their benefit payments. Measured against either a control group (for Taupo), or the usual office results, three of the pilot sites showed reductions in SNG numbers of between 9% and 24%.[2] The corresponding result for advance payments was 2.5% to 9%.[3]

At the same time, some significant changes to entitlement to supplementary payments were reported. Supplementary payments, such as Special Benefit and Disability Allowance, are available as of right to those qualified. An historical criticism of Income Support was that persons entitled to such payments were never informed of those rights. In general, there were more increases to supplementaries than decreases for those managed under customised service, although statistics gathered in this area were fairly incomplete. Taupo kept a track on increases in Special Benefit and Disability Allowance for a period of four weeks, for both pilot customers and a control group. The pilot increases for Special Benefit were three times higher than for the control group, and two times higher for Disability Allowance.

The inference drawn from the data in respect of emergency assistance (SNGs and Advances) and supplementary entitlements (Special Benefits and Disability Allowances) was that there was a direct correlation between the two. That is, that if customers were receiving their full and correct entitlement, they were far less likely to have a need to access emergency grants. The hypotheses was that a case management approach provided the opportunity to correct this imbalance.

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[2] The exception was Henderson.
[3] Masterton did not have a result for advance payments, as their pilot targeted the unemployed who do not qualify for this assistance.

(c) Fraud and Abuse

Case management seemed to produce a flow-on effect into the vexatious area of fraud and abuse. It was suggested that positive personal rapport between the customer and their case manager contributed to earlier identification of non-entitlement. In the short term, it appeared that there was a higher rate of detection - all four pilot sites reported a higher rate of investigation unit referrals than the usual office result.

(d) Debt

The pilots suggested that case management had a positive effect on the debt area, both in terms of debt repayment, and avoidance of the establishment of a debt in the first place. In all sites, debt creation was reduced during the pilot period when compared to usual office results. It was also felt that the personal relationship between customer and caseworker facilitated the process of contracting for repayment, and contributed to avoidance of debt through more prompt advice of changes in circumstances. As well, finding alternatives to SNGs and Advances (as discussed earlier) would in itself reduce the level of debt creation.

(iii): Human Resources

(a) Caseworkers' Reaction

Caseworkers reported a higher level of job satisfaction under the new operating regime, although the high component of field work was said to be tiring. Caseload numbers were also raised as an area of general concern. Of interest was that visiting customers in their own home had raised the level of awareness for staff of the very real level of hardship that some customers were facing. It was suggested that dealing with customers in the office allowed a level of detachment for staff, but the stark reality of the challenges confronting many customers were more obviously seen when interviews took place in the customer's home.

(b) Other Staffs' Reaction

Participation in the case management pilot had been voluntary. Not surprisingly, however, those who put themselves forward, and were selected, tended to be the

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innovators and risk-takers in the office. There was a perception, therefore, that something of an "elite" force had been established, and a degree of competition between the two groups may well have ensued. Certainly, there was a good deal of managerial attention, at the most senior levels, being paid to the pilots. Rice (1992) posits that the **Hawthorne effect** is the possibility that individuals singled out for a study may improve their performance simply because of the added attention they receive from the researchers and others, rather than any specific factors being tested.

In this case the dual effect of the better staff being selected, coupled with the overt attention paid to the pilots, seemed to have something of a negative impact on some other staff in the office. Certainly, it was reported by all sites that, for other staff, "comfort zones" had been threatened, and there was concern about the new, more open, facilitative, style of working.

(c) Training, Skills, Development and Remuneration

The introduction of a case management model raised a number of significant human resource issues. It is a fact that over earlier years the department had tended to recruit, not on the basis of customer responsiveness and empathy, but rather having regard to clerical skills and experience. Furthermore, technological advances (and especially ongoing development of expert systems) meant that there was not the same need to have staff technically aware. Customised service raised issues to do with the suitability of many staff to engage in a fundamentally different way of working.

The Income Support position at the time might be shown in the diagram that follows.
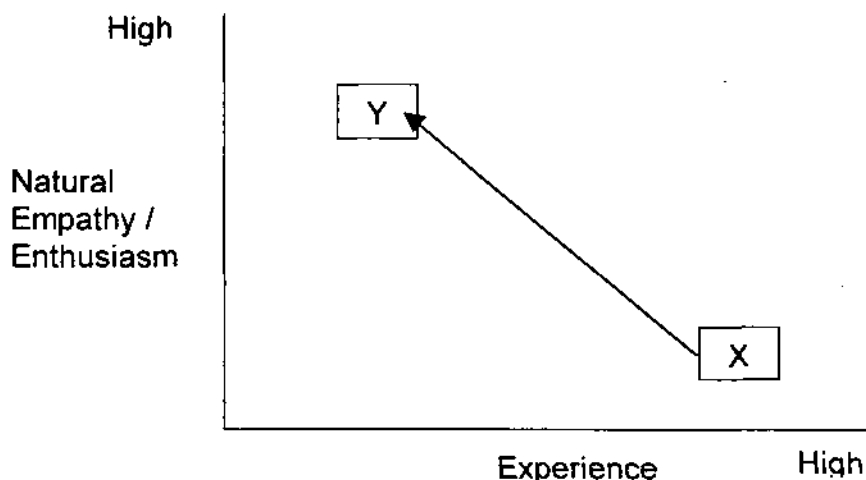
Where X was the Income Support position at the time, and Y was where it probably needed to aim for in having customer-focused, empathetic front line staff able to operate effectively in a case management environment.

Human Resource issues such as future recruitment profiles, training and ongoing development for current staff, review of job descriptions and performance appraisal processes, and the appropriate levels of remuneration were all identified as issues needing to be addressed.

(iv): Conclusion

It was concluded that the pilots had clearly established the desirability of a case management approach in the delivery of income support programmes. As well as providing a value added service to Income Support customers, there seemed to be a clear fit with the Government's welfare dependency/employment objectives. It was also entirely compatible with recommendations from the Employment Task Force around facilitation of movement into employment and the improvement of processes for job seekers, in particular the development of an individualised assistance programme, and recognition and coordination of local community diversity.

Key achievements of the pilots were reported as:

- An extremely favourable reaction from customers to the different style of service, contributing to an improved perception of the organisation;

- The establishment of closer relationships with key government agencies and community groups;

- A high number of referrals to the services of those agencies;

- Positive outcomes for pilot participants in the area of independence - attainment of employment and the undertaking of training and education opportunities;

- A reduction in the issue of short term assistance (SNGs/Advances) to pilot participants;

- Corrections to supplementary payments, ensuring that customers were receiving their maximum income maintenance entitlement;

- A reduction in the number of debts established;

- An increase in the number of investigation unit referrals;

- A positive reaction from staff involved in the pilots to the new way of working.

A number of pertinent issues for the extension of customised service to all offices in the business were identified:

- The impact of the new working style on existing job descriptions and performance appraisal systems;

- The need for appropriate training and support of staff when transitioning to the new approach;

- The need for a strategy for managing the reassignment of staff who are not suitable to case management;

- Job and remuneration re-evaluation to determine market salaries for the new demands on staff;

- The establishment of both process and outcome measures, and procedures to ensure strict monitoring of those;

- Provision of appropriate support, such as vehicles and mobile technology, in order to provide more flexible customer/community services;

- Determination of the cost impact of rolling out customised service across all offices.

(v) Comment

The overwhelming impression drawn from the customised service trial was that Income Support had compelling reasons to extend the practice universally throughout the business. The indications were that there had been a significant improvement in the quality and range of services delivered to customers, and staff had responded enthusiastically to the new way of interacting with customers. Qualitatively at least, the decision to continue with customised service appeared relatively straight-forward.

The seemingly poignant deficiency in the pilot phase lay in the haphazard manner by which quantitative data was kept and recorded. There were no definitive guidelines laid down for the collection and analysis of the key impacts and effects arising from customised service, and much of the reported results had the impression of being anecdotal in nature.

Of all the pilot sites, only Taupo endeavoured to match the results from the group trialed under customised service against a control group of customers managed in the traditional way. Those results, extrapolated to include other districts, showed:

- a higher incidence of return to work;

- a higher take-up of training and education opportunities;

- lower rates of emergency assistance;

- higher rates of supplementary benefit payments.

Appendix C gives detailed breakdowns in these four areas, and reinforces the messages from other sites.

(c) Social Policy Agency Review

However, a later evaluation by the Social Policy Agency,[4] intended initially to confirm the positive picture presented by the locally collected data, portrayed an entirely different story. Results from the SPA evaluation showed:

(i) Customers ceasing benefit during the pilot period

Customised service customers, and non-customised customers had almost identical rates of cessation. For single customers, the rates were 23% and 24% respectively; for married customers they were also 23% and 24%.

There was also very little difference amongst groups in their likelihood of coming back onto benefit at a later date, once they had ceased benefit. For the different groups the proportions of customers who ceased benefits with no subsequent grants were between 13% and 16%.

(ii) Customers transferring between benefit types

As with cessations, the proportions of customised and non-customised customers who transferred were very similar. For single customers, the proportions transferring were 17% and 19% respectively; for married customers the proportions were 20% and 17%.

(iii) Changes of income

Increases in declared income may be an indicator of a more honest approach by the customer, or that the customer is engaging in part time work. There was very little difference between the two groups. Income changed for a slightly larger proportion of single customised service customers (19%) than single non-customised

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[4] Source: "Evaluation of the Support Link Pilot Scheme:Initial Report of Analysis of SWIFTT Derived Data." Social Policy Agency, June, 1995.

customers (15%). For married customers this was reversed with a slightly larger proportion of married non-customised customers (35%) than customised (33%) having income which changed during the pilot.

(iv) Supplementary Assistance received

Customers in the different groups were fairly similar in terms of receipt of various forms of assistance at the start of the pilot. During the pilot, however, customised service customers received higher levels of supplementary assistance, especially Training Incentive Allowance, Child Care Subsidies, SNGs, and Advances. This was true in terms of the proportions of customers receiving payments, the mean number of payments received (among those who received payments) and the mean amount of payment received. The following table shows supplementary payments received. Of special note is the similarity between the groups in their receipt of SNGs, when one of the reported outcomes by the pilot sites was a significant reduction in the issue of SNGs.

Table 1: Supplementary Assistance Paid

Assistance		Single		Married	
		Customised (n = 516)	Non-customised (n = 2078)	Customised (n = 134)	Non-customised (n = 367)
CCS	no. receiving	38	67	6	15
	% receiving	7%	3%	5%	4%
	mean amount	$53.54	$47.85	$74.75	$49.90
TIA	no. receiving	40	48	2	1
	% receiving	8%	2%	2%	0.3%
	mean no.grants	2.7	2.2	2.0	3.0
	mean amount	$416.59	$393.13	$545.91	$100.00
SNG	no. receiving	144	504	43	135
	% receiving	28%	24%	32%	37%
	mean no.grants	2.2	2.0	2.6	2.4
	mean amount	$245.49	$198.32	$307.28	$275.30
Advances	no. receiving	94	195	6	27
	% receiving	18%	9%	5%	7%
	mean no.grants	1.6	1.5	1.5	1.7
	mean amount	$484.01	$440.07	$509.15	$472.44

Of further note was that, against almost all indicators for special and supplementary assistance, those who were being managed under customised service received higher mean values than their non-customised counterparts. There is no obvious explanation for this. It may well have been that a better relationship between staff and customer led to a more philanthropic approach; perhaps that having to personally engage customers made saying "No" harder; or as reported earlier, that staff were more sensitive to customer needs as a result of the new and closer relationship. The following Table illustrates the differences in the mean value of supplementary assistance paid.

Table 2: Mean Value of Supplementary Assistance Paid

Assistance Type	Single		Married	
	Customised Mean ($)	Non-Customised Mean ($)	Customised Mean ($)	Non-Customised Mean ($)
Disability Allce.	10.56	14.08	23.44	12.52
Acc. Supp.	24.67	25.92	34.15	31.95
Special Benefit	30.20	37.43	41.75	50.00
CCS	53.54	47.85	74.75	49.40
TIA	416.59	393.13	545.91	100.00
SNG	245.49	198.32	307.28	275.30
Advances	484.01	440.07	509.15	472.44

(v) Comment

In summary, therefore, although it had been anticipated that the results from the SPA evaluation would confirm the positive picture painted by the locally collected data, it entirely failed to do so. Overall, customised service customers showed no significant increase in earnings, no greater likelihood of cessation of benefit, and no differences in the receipt of emergency payments between the two groups of customers.

(d) Stage Two - The Roll Out

In spite of the misgivings relating to the quantitative results, the Executive Team within Income Support decided to adopt customised service as the preferred service delivery platform. Plans were developed to roll out customised service to all sites on a staggered basis from 1 July 1995. This involved a random sample of 30 per cent of customers (excluding NZ Superannuation) being allocated to one third of staff. As well, one in three applications for benefit were also allocated to designated customer

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service officers. Districts were required to pick up their 30 per cent of customers between July and September, 1995.

The outcomes for customised service were stated as:

- Increased customer awareness of the need to plan for self reliance and independence;

- Provision of a seamless service with other Government departments, and an information brokerage service;

- Increased accuracy of payments;

- Reduced need for emergency payments;

- Increased connection to education, training and employment;

- Reduced debt creation;

- Reduced benefit crime.

A customised service model had been developed to assist districts in the implementation process.

(i) Allocation of customers

Each district was left to establish how to allocate customers to staff, although in practice, districts followed one of the following methods:

- A geographical split - customers allocated based on where they lived;

- An alphabetical split - staff managed customers whose surnames fell within their allocated portion of the alphabet;

- Random split - staff allocated customers randomly, and took on new customers based on their caseloads at the time.

(ii) Initial contact with customers

An important element to the model was the "indoctrination" of customers into the system as early as possible. This was especially so for new applicants and meant that :

- Customers were initiated into the customised service way of working immediately, so a transition later to customised service was not required.

- New customers would only ever experience the new service approach.

When a customer who had received customised service in the past reapplied for income support, the expectation was for reallocation to the same staff member as before if possible. This reinforced the concept of one point of contact, and allowed the relationship developed earlier to continue.

At the time of application, or within six weeks if a prolonged interview was not possible at the initial interview, the following was to be discussed with the customer:

- The individual point of contact with the customer and how the appointment system worked;

- What the customer's obligations were in return for receiving income support;

- An assessment of the customer's full situation, to ensure they were receiving their correct entitlement;

- Information about other types of income support that they may be interested in;

- The customer's goals and what they would like to achieve - this might focus on goals for participation in employment or training or other issues such as budgeting or involvement in community activities;

- The barriers they feel were preventing them from achieving their goals;

- Identification of services or agencies that could assist customers to overcome those barriers;

- When the next contact was to take place and how to make contact in the future (including back-up in the office).

Interviews were to be tailored to the customer's individual situation. Customers receiving a work tested benefit, or those interested in starting work, training or education obviously required a different approach to customers receiving a non-work tested benefit with no employment, education or training goals. The ability to fit the service to the customer was seen as critical to the success of customised service for both customers and Income Support.

(iii) Customer follow-up

Customers were expected to be contacted regularly to ensure continuing correct entitlement, and for Income Support to be kept informed of any change in circumstances. It was also necessary to follow up on referrals, agreements, or discussions that resulted from earlier meetings.

The importance of not separating customised service from day to day benefit maintenance was stressed.

The minimum contact for customers was set at the time benefit was due for renewal. For the range of benefits selected for customised service, this was either six or twelve monthly. All customers were required to have a face to face interview at renewal. This provided the opportunity to:

- Check benefit entitlement and ensure that the customer was receiving their correct entitlement;

- Reinforce benefit obligations and responsibilities;

- Review the customer's goals;

- Find out how things were going for the customer, and whether there was any further information or referrals that might assist the customer.

Although the *minimum* contact was at renewal, the importance of contacting some customers more frequently was reinforced. That contact may have been a one to one meeting, a group customer meeting, or a phone call.

More frequent contact could occur at the customer's request, or if a staff member felt that more frequent contact would be useful. This might be based on:

- Benefit Requirements

  - Was the customer receiving income support which required them to be seeking work?

  - Was the person on a benefit for a condition or situation that was likely to change(e.g. recovery from illness, reconciliation with a partner, child over the qualifying age)?

- Activities

  - Was there an agreement between the staff member and customer about working towards a goal?

  - Was there a need to follow up a referral to another service?

- Compliance

  - Has the customer been reliable about notifying changes in their situation?

  - Does the customer have a history of benefit crime?

  - Does the customer's situation change regularly (especially changes in income or address)?

There was also a requirement that contact be made with the customer (by phone or meeting) at the time of cancellation of benefit. That contact was to be carried out either at the time the customer notified the change, or within seven days of the notification. The contact was to ensure that:

- The customer was made aware of any other entitlement or assistance available;

- The customer was made aware of any indebtedness to the department; and arrangements made for repayment.

(iv) Staff selection and training

Staff selection and training was an important factor in the extension of the pilot. Staff selected for the pilot were expected to possess the following skills and attributes:

Interpersonal

- Relates in an open and polite manner

- Builds and maintains effective relationships

- Respects views, beliefs and cultural perspectives of others

Communication

- Actively listens and asks questions to obtain information from customers and identify their needs

- Confident in presenting information and ideas

Networking

- Informs community groups of NZISS services/products

- Identifies key personnel within the community and maintains contact

Conceptual Ability

- Uses common sense

- Able to make and justify decisions

Work Approach

- Able to negotiate and facilitate desired outcomes

- Able to perform different roles and activities and show initiative.

Training

Staff training needs were to be identified for individual staff. Initially, training was to be delivered by district offices, but that was to be supported by a training package

developed by the HR Department in National Office. As well, a video was produced and released for viewing by district staff.

District Managers were advised that the main criteria for the pilot was in selecting staff "with an ability to relate to the customer." Beyond that, consideration was to be paid to their "ability to network and their knowledge of NZISS services."

District Managers were cautioned against "creating a team of top performers versus a team of moderate/low achievers". Given the criteria specified for the selection of staff for the pilot, this may well have created difficulty for most District Managers.

That, then, was the customised service model, or operational guidelines, released to staff. More comprehensive instructions were also released, setting out in detail the actual administrative and technical processes to be followed for each customer transaction.

The intention (and indeed what ultimately happened) was for districts to adopt the customised service practice for 30 per cent of customers, and then to progressively roll out the service to all targeted customers.

(v) District Accreditation

There was another significant organisational initiative which was released concurrently with customised service. As part of the national pilot, each district was required to be formally accredited after meeting and maintaining national minimum standards. Regional Managers, and ultimately the General Manager, were required to formally "sign off" each district against a set of business standards. It was expected that districts would reach the required standards within the first six months of the pilot.

Accreditation focused on the "mix of attributes of an office. The criteria included:

Open plan environment

Each office was expected to be either working in an open plan environment, or working towards attaining this.

Environmental standards

Districts were to be assessed against a set of standards already issued. (operation Checking In).

Multi skilled staff

Each district was required to demonstrate that each CSO was able to provide a full service across all benefit areas.

Minimum standards for customised service

Districts were required to meet the prescribed standards for customised service, such as customer follow-ups occurring within the stipulated timeframes.

Performance standards

Districts were required to meet performance standards such as the one-day turnaround for the processing of applications.

Financial performance

Districts were required to operate within approved financial allocations. More than that, those districts operating outside the financial framework were obliged to reduce their level of expenditure to a prescribed benchmark.

Community involvement

Districts were required to show that they had developed close links with other government agencies and community groups that "have an affinity with our customers."

It would seem that what was taking place was not only a different way of working with customers, but fundamentally a degree of business process reengineering within the organisation. New standards had been created for the way customers were seen, a new set of skills and attributes required by staff, and minimum standards relating to environment, level of multi-skill, operational and financial efficiency, and customer and business performance standards. Customised service had provided the leverage by which far wider organisational reform was to be achieved.

(e) Comment

That, then, is a summary of the significant milestones, and attendant organisational initiatives, that surrounded the introduction of a form of case management, customised service, into Income Support. The 30 per cent roll out was achieved within the stipulated timeframe, and the full extension to targeted customers began in October, 1995. As at 1 March 1997 (the last date on which national statistics were gathered) 96 per cent of customers nationally had been allocated a customer services officer. (See Appendix D for details). The following section, through customer and staff surveys, will assess the relative effectiveness of the programme.

In retrospect, it might be concluded that the introduction, and implementation, of customised service was successful. The resolve to fully extend the programme across the business may not, at face value, have been supported by significant empirical evidence to justify that decision. Of note was the fact that, with the notable exception of the Taupo pilot site, no comparative data had been kept on the outcomes of that form of intervention. Even in the case of Taupo, the findings had been called into question by the independent, and more robust, analysis by the Social Policy Agency.

Intuitively, however, there is a sense that the decision to proceed with customised service was the right one for the organisation. The following factors were relevant:

- The strong, albeit anecdotal, evidence that customers and staff alike were taken with the new way of working;

- The increased sense of ownership in the programme, achieved by allowing much of the programme to be developed "from the front line";

- The shift to a case management approach was entirely synergistic with contemporary and emerging practices (in case management) in other service sectors;

- This in turn effected customer expectations, given what was being provided by other agencies;

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- The move from an agency largely concerned with the assessment and payment of benefits, to one "adding value" to the customer transaction complemented:

    - Stated Government outcomes;

    - The vision and purpose for the organisation;

- It positioned the organisation better to capture responsibility for the delivery of new Government programmes;

- It enabled other organisational reforms to be driven through the vehicle of customised service.

Regardless of the rationale, the decision had been made to adopt customised service as the preferred methodology by which services would be delivered by Income Support. The following section will endeavour to determine just how effective customised service has been, at least through the eyes of the recipients of the service (customers), and those responsible for delivering the service (staff).

Chapter Eight. Research Findings From Questionnaires.

(i) Introduction

This section will examine the results from the two sets of questionnaires issued : to customers and staff.

In all, 3750 questionnaires were issued to customers, 750 to each of the five districts earmarked for this study. At the date that evaluation of the returns began, a total of 827 questionnaires had been returned. This represents a response rate of 22.05%. This response rate is in line with earlier surveys conducted by Income Support. As an example, recent Customer Service Index (CSI) returns (which, inter alia, measure relative levels of customer satisfaction) have been in the range of 20 to 25 per cent. The most recent CSI survey shows a response rate of 24.3 % in respect of the customers targeted for this survey.

It must be acknowledged that any analysis of results from a survey returning only 22 per cent should be treated with caution. There remains a question that the disposition and opinions of those choosing not to respond may well not accord with those who elected to participate in the study. This is especially so for a survey endeavouring to assess the effectiveness of a discrete programme such as customised service. Did customers fail to respond because they had no knowledge of the programme, or because they were comfortable with the service provided? Is it more likely that those in favour of, or opposed to, customised service would be more disposed to complete a questionnaire? These are questions that will not be answered by this research report.

What should not be overlooked, however, is that 827 customers, or 22 per cent of those surveyed, took the time to complete a relatively long questionnaire. Their input, and opinions, deserve respectful acknowledgement .

For staff, the returns were more representative. In all, 53.62 per cent of staff surveyed responded. This ranged from a low of 35.71 per cent (for Taupo) to a high

of 81.82 per cent (for Greymouth). The staff results may, therefore, be confidently treated as the current disposition of staff insofar as customised service is concerned.

This section will examine the significant findings from the survey, first in respect of customers, and then those relating to staff. Those findings will then be examined in the context of the research objectives.

(ii) Customer Questionnaires

Customer questionnaires will be assessed in five sections :

(A) Analysis of demographic data;

(B) Analysis of data in respect of those receiving customised service;

(C) Comparative analysis between customised and non-customised recipients;

(D) Comparative analysis between fully-customised, partly-customised, and non-customised recipients.

(E) An examination of the best and worst things about customised service, and a review of changes to customised service suggested by customers.

SECTION A : Analysis of demographic data in respect of all respondents.

This section assesses the demographic statistics in respect of all respondents.

Figure 12: Response Rates By District
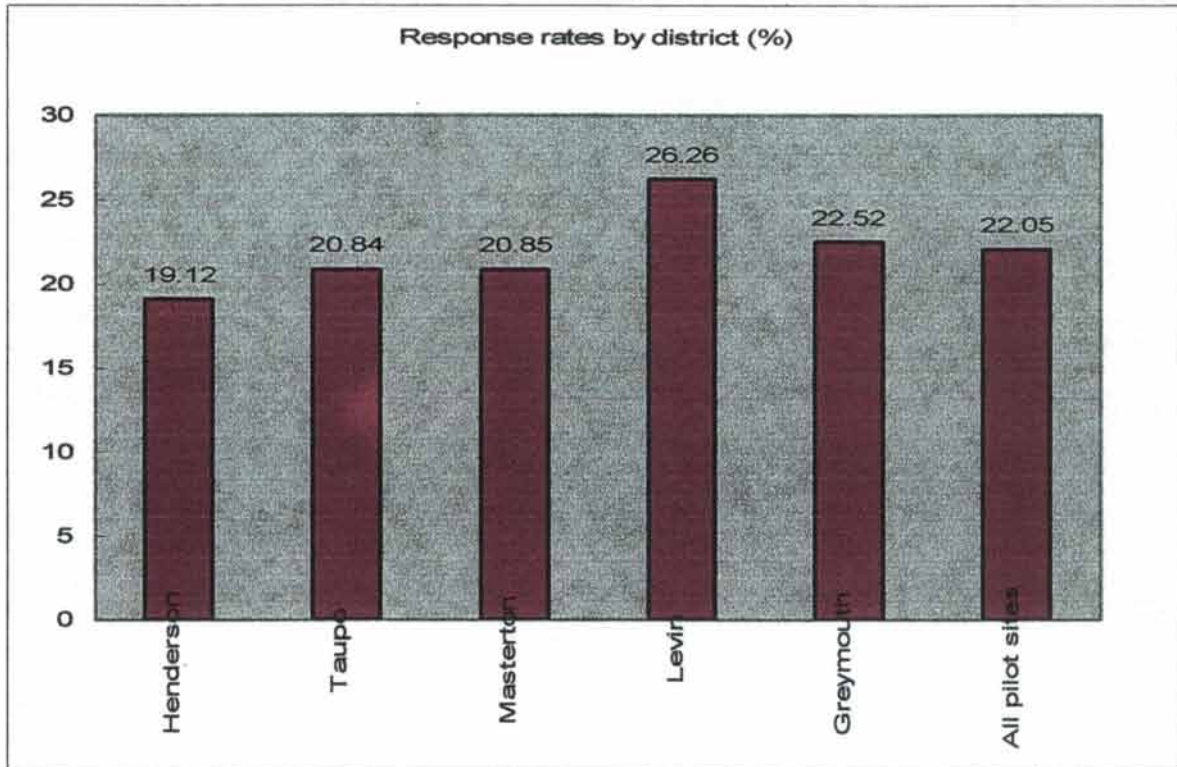
Overall response rate was 22.05% nationally. This ranged from a low of 19.12% for Henderson to a high of 26.26% for Levin.

Figure 13: Benefit Profile Among Respondents
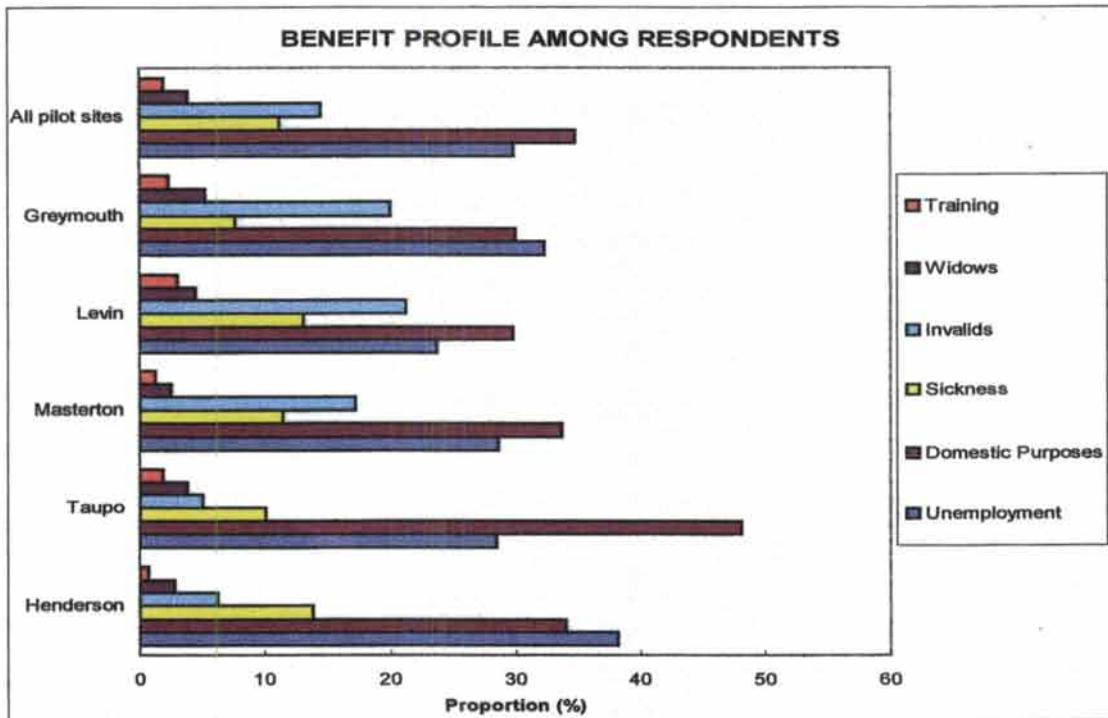
The customer profile indicates that Unemployment Benefit and Domestic Purposes Benefit customers were evenly represented across all sites. The notable exception was Taupo, where considerably more DPB customers featured.

Figure 14: Response Rate By Pilot Sites And Benefit Type.

RESPONSE RATE BY PILOT SITES AND BENEFIT TYPE
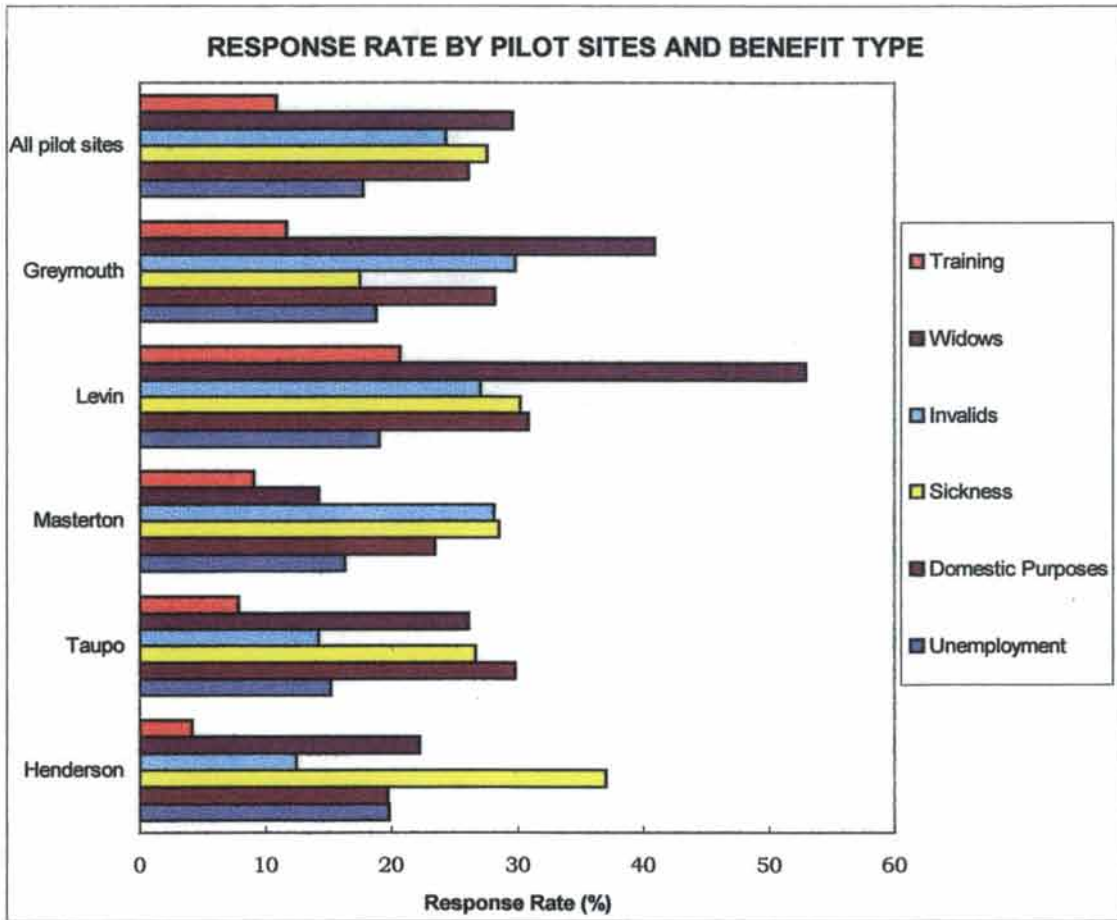
UB customers tended to respond at a lower rate than all other customer groups. The highest return was from those in receipt of Widows Benefit, but given the relatively low number involved in this category, this is not statistically relevant.

Figure 15: Benefit Duration Profile Among Respondents.
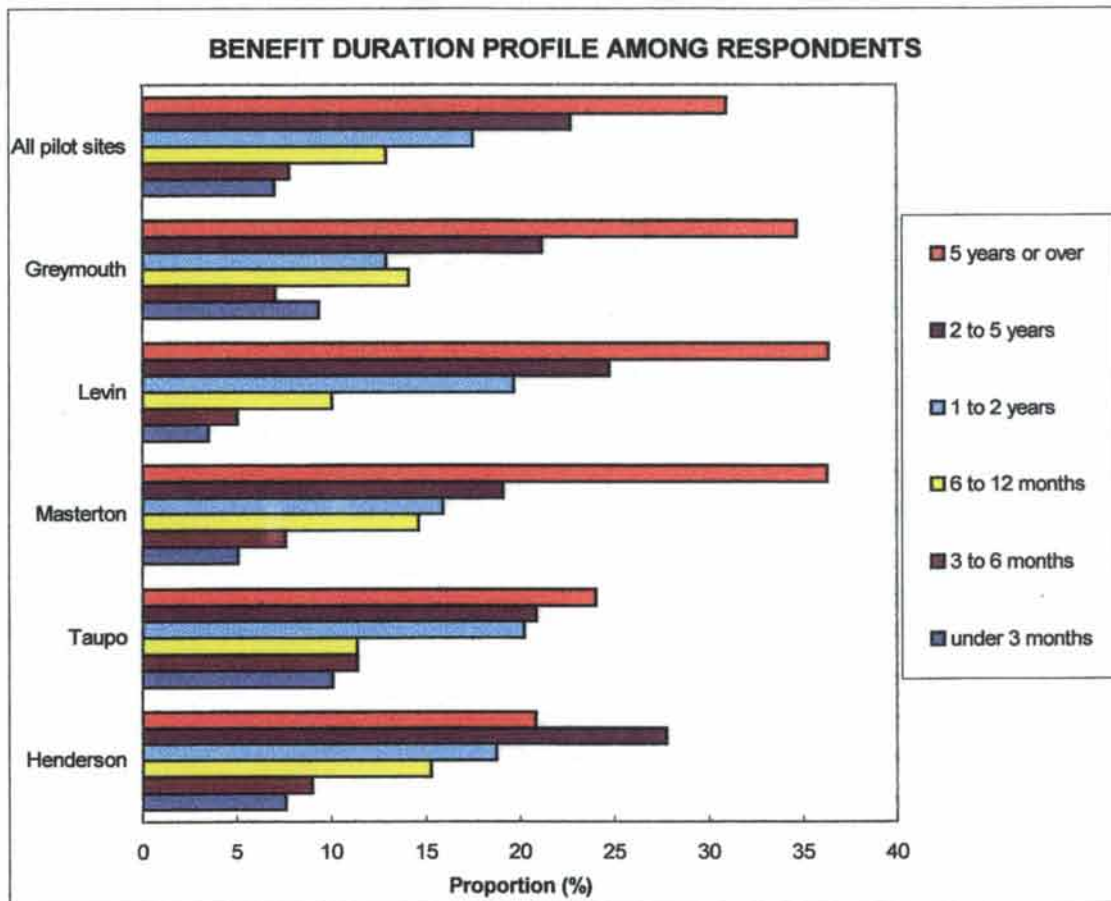
The benefit duration profile indicates the length of time on benefit. The majority of customers are on benefits of a relatively long duration.

AGE PROFILE AMONG RESPONDENTS
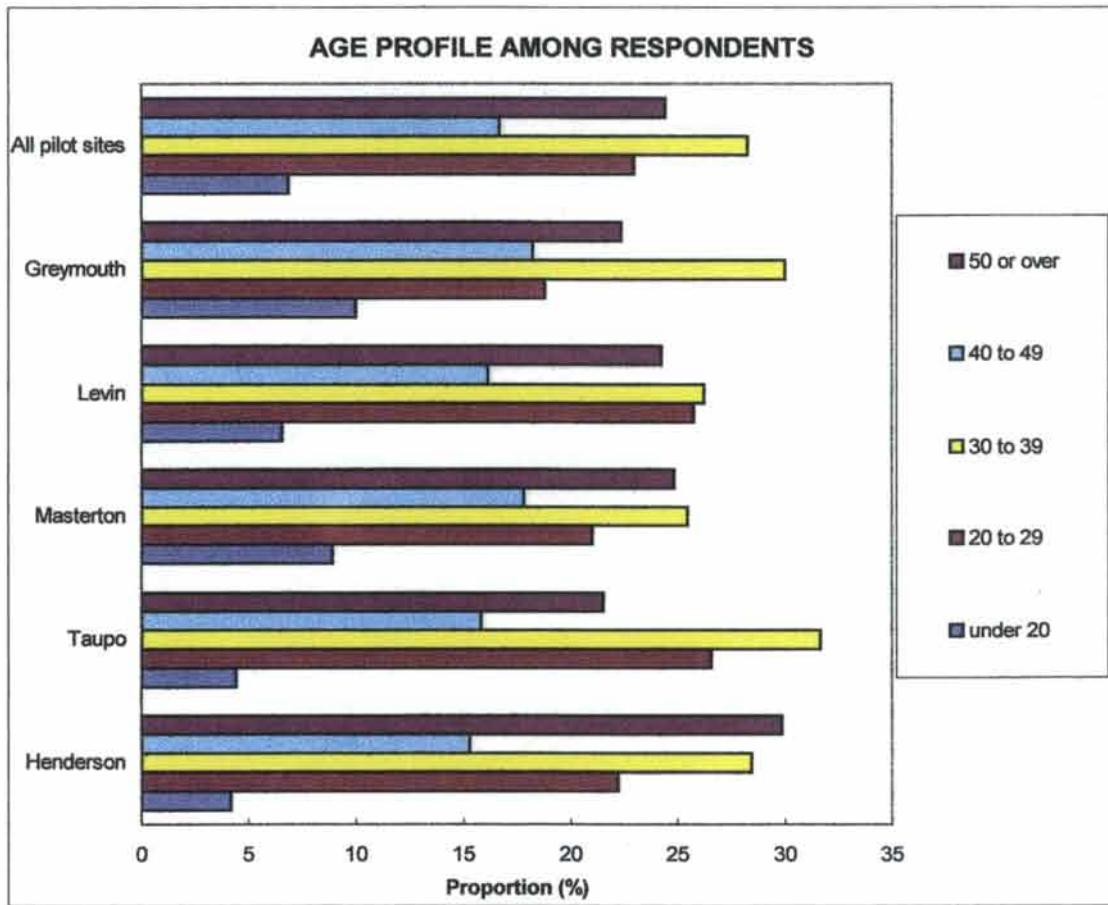
Age was reasonably well represented across all ranges. The 30 to 39 age group were the most heavily represented. This may reflect the typical profile of UB , and more especially DPB, recipients.

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RESPONSE RATE BY PILOT SITES AND AGE
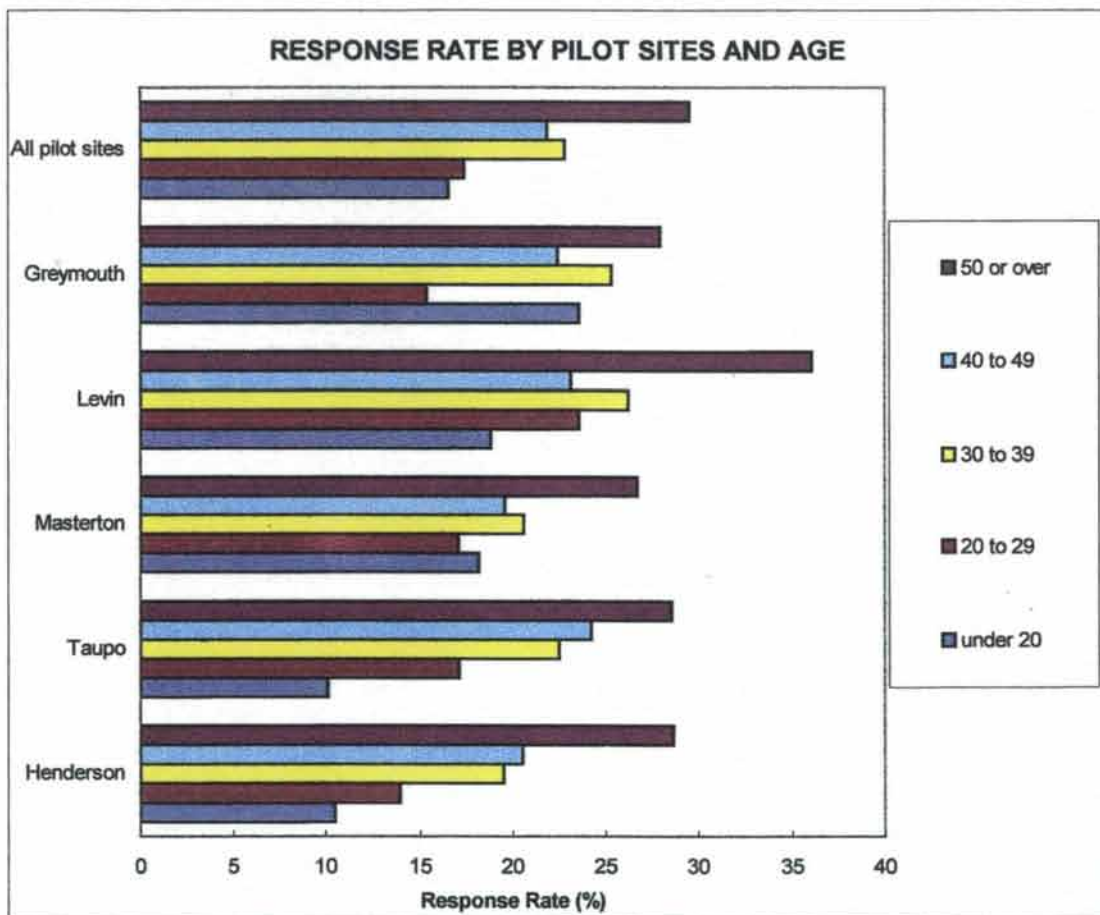
Younger people tended to have lower response rates. Indeed, as age increases, so the response rate increases. This is in line with the experience of Income Support in other surveys.

Figure 18: Gender Profile Among Respondents
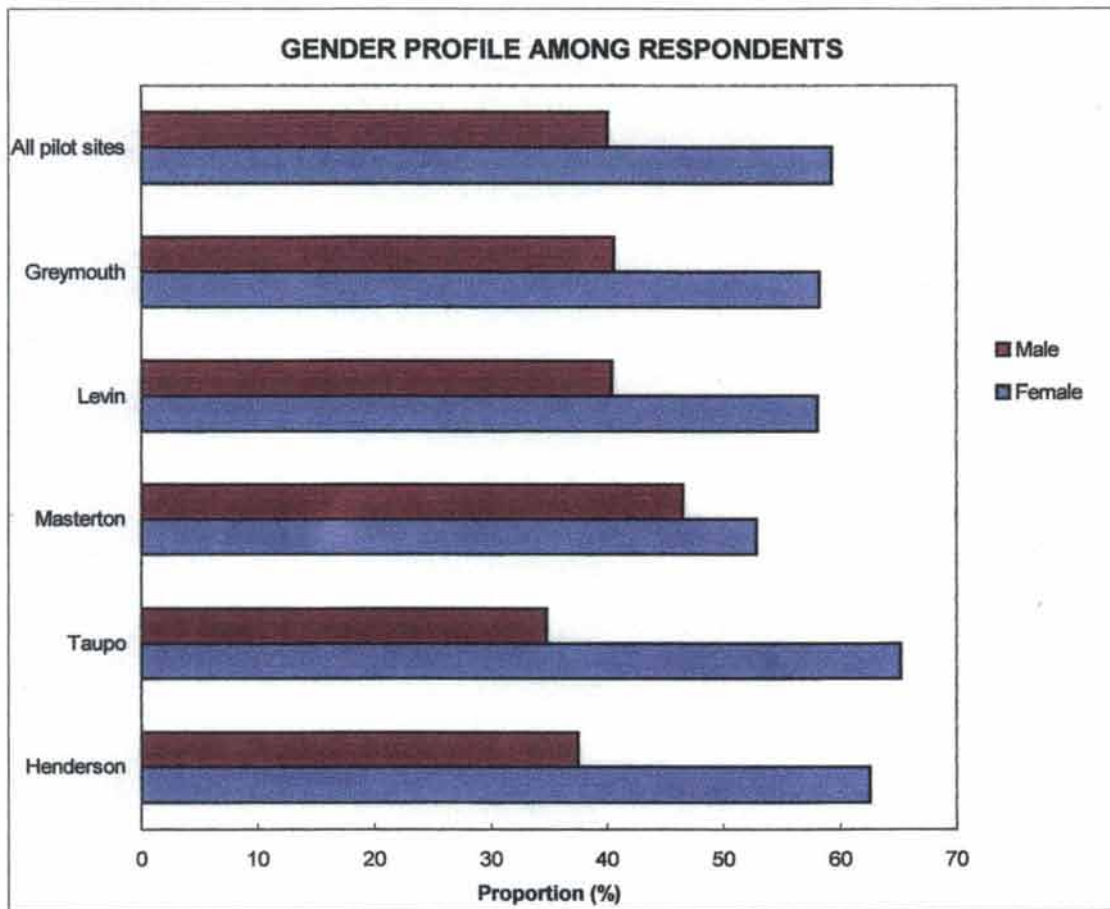
There was a bias towards females. The almost overwhelming representation of women in receipt of DPB is clearly a factor.

RESPONSE RATE BY PILOT SITES AND GENDER
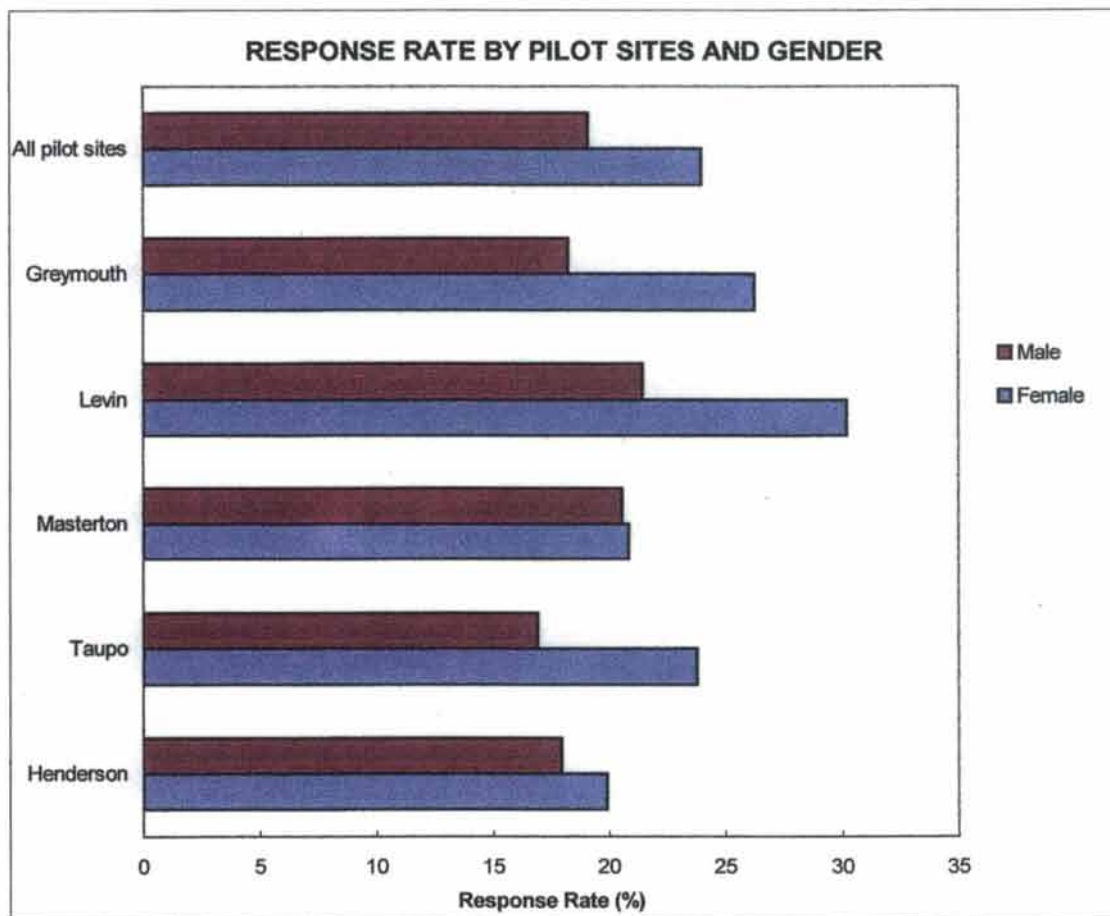
In all sites, there was a higher response rate by woman than by men.

Figure 20: Ethnicity Profile Among Respondents

ETHNICITY PROFILE AMONG RESPONDENTS
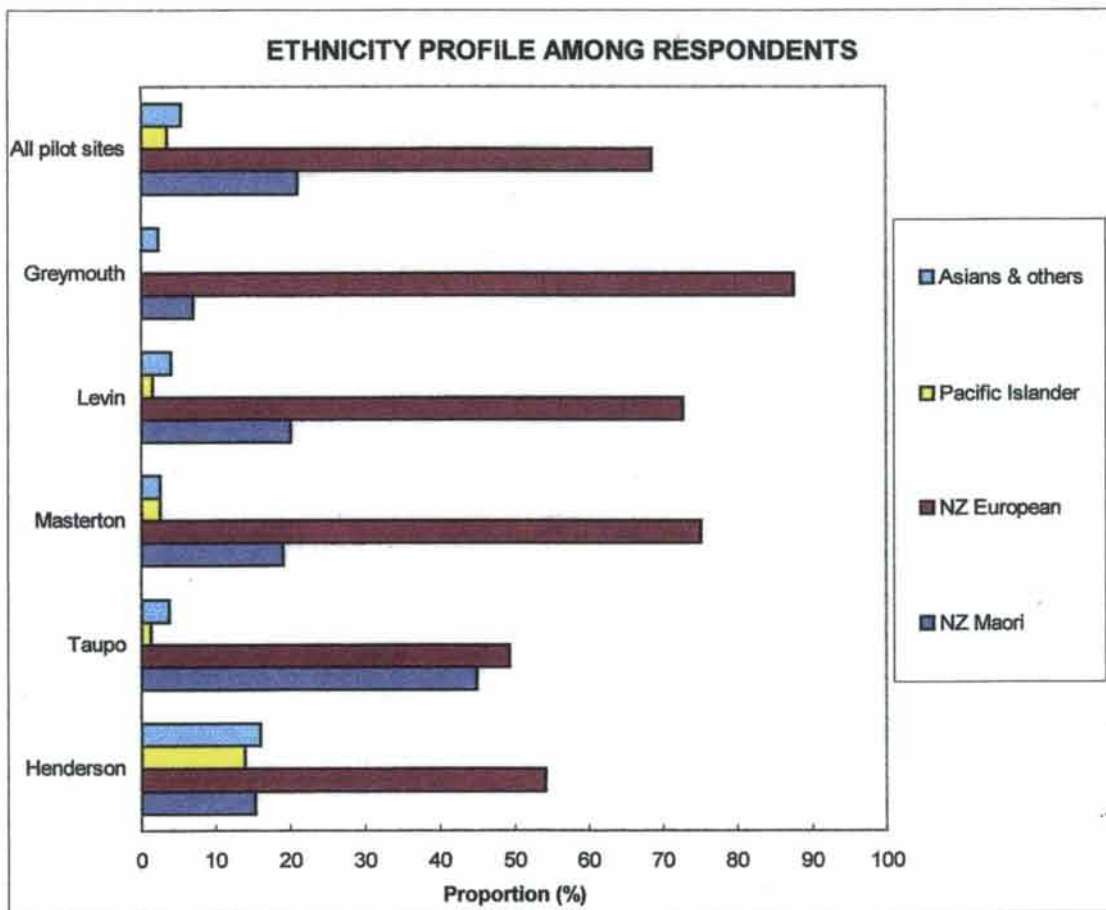
Ethnicity profile was relatively evenly distributed, with the significant majority being New Zealand European. Notable exceptions were Taupo, with a significant proportion of Maori customers, and Henderson, where Pacific Island and Asian ethnicities were represented to a greater extent.
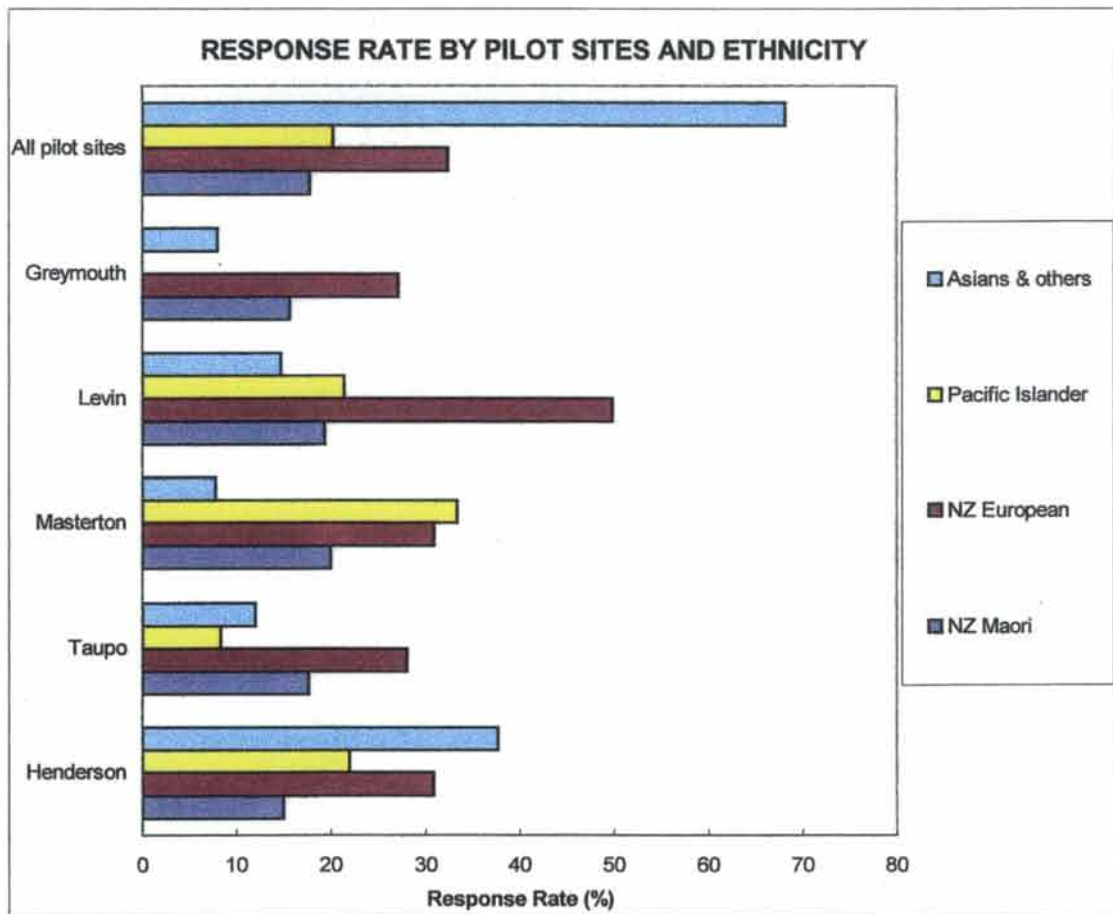
Response rates for Maori were consistently lower than other ethnic groups. Asians in Henderson had a significantly greater response rate than any other group, but given the numbers involved, there is no statistical significance in this.

SECTION B : Analysis of data in respect of customised service recipients.

This section assesses the responses from those respondents who identified that they were receiving customised service. This was derived from Question 10 of the survey, which asked whether respondents had a particular CSO who dealt with their case.

Table 3: Particular CSO Who Deals With Your Case

Particular CSO deals with your case	
Henderson	60.42
Taupo	84.81
Masterton	63.06
Levin	73.23
Greymouth	79.41
All pilot sites	72.55
Unemployment	64.78
Domestic purposes	84.03

Almost three quarters of customers acknowledged that they had a particular CSO who dealt with their case. For Taupo, 85% of respondents indicated that they were part of the customised service programme. DPB customers were more likely than UB customers to be receiving this service. The remainder of this section will assess the responses for those who answered in the affirmative to Question 10.

Table 4: Know The Name Of CSO

Know the name of CSO	
Henderson	79.31
Taupo	96.27
Masterton	85.86
Levin	88.97
Greymouth	87.41
All pilot sites	88.33
Unemployment	87.50
Domestic purposes	91.74

There was a strong response from customised service recipients that they knew the name of their designated CSO. This was particularly so for DPB customers (92%), and for the Taupo district, where 96% of customers were aware of their point of contact with the organisation.

Table 5: Deal With Assigned CSO All The Time

Deal with assigned CSO all times	
Henderson	54.02
Taupo	69.40
Masterton	55.56
Levin	58.62
Greymouth	75.56
All pilot sites	63.67
Unemployment	59.38
Domestic purposes	66.53

About two-thirds of customers deal with their assigned CSO all the time. There was little significant difference between DPB and UB customers.

Table 6: Agreed An Action Plan

Agreed an action plan	
Henderson	17.24
Taupo	29.10
Masterton	24.24
Levin	25.52
Greymouth	32.59
All pilot sites	26.50
Unemployment	30.63
Domestic purposes	27.69

Only about one-quarter of recipients of customised service reported that an action plan had been developed with their CSO.

Table 7: Talked About Ways To Manage Better

Talked about ways to manage better	
Henderson	28.74
Taupo	39.55
Masterton	29.29
Levin	28.28
Greymouth	29.63
All pilot sites	31.33
Unemployment	31.88
Domestic purposes	32.23

One-third of customers had discussed with their CSO ways to manage better on benefit. In Taupo, close to 40% reported that discussion had taken place.

Table 8: Referred To Other Agencies

Referred to other agencies	
Henderson	5.75
Taupo	13.43
Masterton	9.09
Levin	10.34
Greymouth	12.59
All pilot sites	10.67
Unemployment	15.63
Domestic purposes	11.16

Ten per cent of customers had been referred to other agencies by their CSO. Referrals fell into three broad categories of career and job counselling (63%); other forms of assistance (eg. Foodbanks) (16%); and training (9%). A complete list of agency referrals is shown in Appendix E.

Table 9: Undertaken Education Or Training

Undertaken any education or training	
Henderson	14.94
Taupo	26.12
Masterton	18.18
Levin	20.00
Greymouth	11.85
All pilot sites	18.50
Unemployment	16.88
Domestic purposes	27.27

Eighteen per cent of customers had undertaken some form of education or training. Significantly, over 27% of DPB customers had pursued this option. This would be partly attributable to the targeting that takes place for this group of customers, through the Compass programme, and the availability of Training Incentive Allowance. A wide array of referrals were evident, ranging from skills-specific training with employment in mind (such as HT licences, hairdressing, massage courses and so on), to professional and academic options (for example, literacy courses, accountancy, law, and business studies degrees). Education and training providers were generally local polytechnics, TOPS, or distance learning institutions such as correspondence schools and Massey University. A complete list of education and training referrals is shown in Appendix F.

District referrals were reasonably evenly spread, with the notable exception of Taupo, which seems to have emphasised the education and training element in its approach to customised service.

Figure 22: Referrals by district.

Referrals by District

	Taupo	Levin	Masterton	Greymouth	Henderson

(Chart values approximately: Taupo ~39, Levin ~29, Masterton ~18, Greymouth ~17, Henderson ~16)
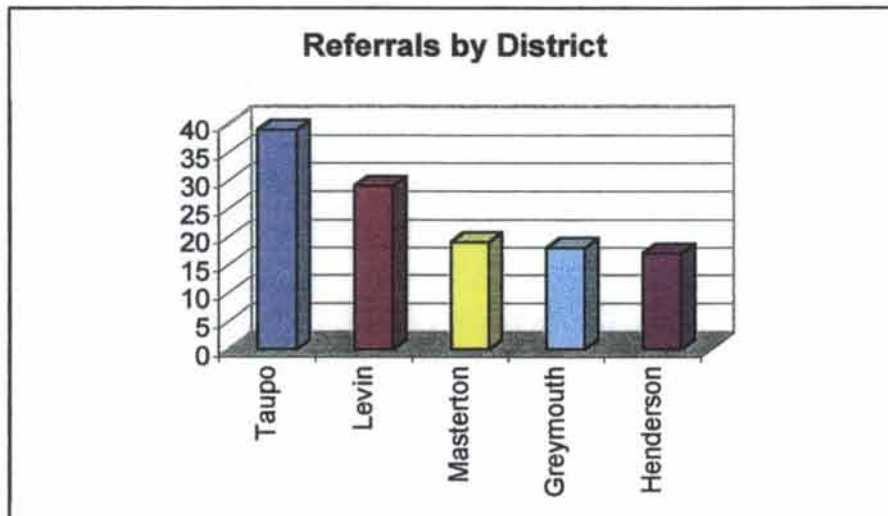
Table 10: Assisted in Finding Work

Assisted in finding work	
Henderson	4.60
Taupo	4.48
Masterton	3.03
Levin	1.38
Greymouth	1.48
All pilot sites	2.83
Unemployment	4.38
Domestic purposes	2.89

Less than three per cent of customers had been assisted to find work as a result of customised service intervention. The relevance of this finding is suspect. Given that only current beneficiaries were surveyed, it would be reasonable to assume that work referral has not taken place. What is not known is the number of former customers who were assisted to find work, and have therefore exited the benefit system

Table 11: Better Able To Manage On A Benefit

Better able to manage on a benefit	
Henderson	42.53
Taupo	49.25
Masterton	36.36
Levin	45.52
Greymouth	39.26
All pilot sites	43.00
Unemployment	44.38
Domestic purposes	43.39

Forty-three per cent of customers reported that they were better able to manage on a benefit as a result of customised service. There was little difference between UB and DPB customers.

SECTION C : Comparative analysis between customised and non-customised recipients.

In this section, responses were examined for those who were, or were not, receiving customised service. Again, the qualifying criteria was Question 10, which asked whether recipients had a particular CSO who dealt with their case.

Table 12: Allowances/Extra Help

Allowances/Extra help

		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites	Unemp-loyment	Domestic purposes
AS	Customised	67.82	70.90	57.58	62.76	52.59	62.17	50.00	79.34
	Non customised	51.85	45.45	38.00	38.30	33.33	41.75	36.71	75.00
SpB	Customised	29.89	10.45	1.01	13.10	2.22	10.50	5.00	13.64
	Non customised	14.81	4.55	2.00	2.13	0.00	5.34	5.06	7.50
TIA	Customised	9.20	9.70	5.05	6.90	4.44	7.00	1.25	13.22
	Non customised	1.85	4.55	4.00	0.00	3.03	2.43	1.27	5.00
DA	Customised	19.54	8.96	18.18	28.28	25.93	20.50	4.38	12.81
	Non customised	3.70	13.64	30.00	23.40	9.09	16.50	2.53	15.00
None	Customised	20.69	20.15	29.29	26.21	25.93	24.50	40.63	14.46
	Non customised	38.89	36.36	38.00	48.94	54.55	43.20	58.23	15.00

Significantly, those managed under customised service were receiving higher levels of supplementary allowances or extra help in every single category surveyed.

Table 13: Benefit Duration

Benefit duration		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites	Unemp-loyment	Domestic purposes
under 3 months	Customised	8.05	11.19	6.06	4.14	9.63	7.83	19.38	2.89
	Non customised	7.41	4.55	4.00	2.13	9.09	5.34	10.13	0.00
3 to 6 months	Customised	9.20	11.94	10.10	4.14	5.93	8.00	11.88	5.37
	Non customised	7.41	9.09	4.00	8.51	9.09	7.28	10.13	5.00
6 to 12 months	Customised	11.49	12.69	15.15	10.34	14.07	12.67	19.38	9.92
	Non customised	20.37	4.55	12.00	6.38	12.12	12.14	20.25	5.00
1 to 2 years	Customised	19.54	19.40	21.21	22.76	14.07	19.33	19.38	19.01
	Non customised	16.67	18.18	8.00	12.77	9.09	12.62	12.66	17.50
2 to 5 years	Customised	27.59	20.90	24.24	26.21	20.74	23.67	15.63	32.23
	Non customised	29.63	22.73	10.00	21.28	24.24	21.36	21.52	40.00
5 years or over	Customised	24.14	21.64	22.22	31.72	34.81	27.50	13.13	29.34
	Non customised	16.67	40.91	60.00	48.94	36.36	40.29	25.32	32.50

There was no noticeable difference in benefit duration between customised and non-customised recipients, with the exception of those in receipt of benefit for 5 years or more. Here, customers were far less likely to be receiving customised service.

Table 14: Age.

Age		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites	Unemp-loyment	Domestic purposes
under 20	Customised	3.45	4.48	11.11	7.59	8.15	7.00	13.75	1.65
	Non customised	3.70	4.55	6.00	4.26	18.18	6.80	6.33	2.50
20 to 29	Customised	21.84	28.36	19.19	28.28	17.78	23.50	19.38	34.71
	Non customised	24.07	18.18	22.00	21.28	24.24	22.33	29.11	30.00
30 to 39	Customised	33.33	31.34	24.24	27.59	32.59	29.83	21.25	40.50
	Non customised	22.22	36.36	28.00	23.40	21.21	25.24	24.05	50.00
40 to 49	Customised	19.54	15.67	19.19	13.79	17.78	16.83	15.63	17.36
	Non customised	9.26	9.09	16.00	17.02	18.18	14.08	10.13	12.50
50 or over	Customised	21.84	20.15	23.23	21.38	22.96	21.83	28.13	4.96
	Non customised	40.74	31.82	28.00	34.04	18.18	31.55	30.38	5.00

There was no significant difference between the two groups in respect of age.

Table 15: Gender

Gender		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites	Unemp-loyment	Domestic purposes
Female	Customised	63.22	65.67	53.54	64.14	62.22	62.17	37.50	89.26
	Non customised	61.11	63.64	52.00	40.43	42.42	51.46	34.18	92.50
Male	Customised	36.78	34.33	45.45	34.48	36.30	37.00	61.88	9.92
	Non customised	38.89	36.36	48.00	57.45	57.58	48.06	64.56	7.50

Women were more likely to be receiving customised service. Again, this is probably a reflection of the DPB statistics.

Table 16: Ethnicity

Ethnicity		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites	Unemp-loyment	Domestic purposes
NZ Maori	Customised	18.39	44.03	19.19	22.07	6.67	22.50	21.88	23.55
	Non customised	11.11	50.00	18.00	14.89	9.09	17.48	18.99	22.50
NZ European	Customised	58.62	49.25	73.74	70.34	88.89	68.67	66.25	66.53
	Non customised	46.30	50.00	78.00	78.72	81.82	67.48	56.96	70.00
Pacific Islander	Customised	9.20	1.49	3.03	0.69	0.00	2.33	3.75	3.31
	Non customised	22.22	0.00	2.00	4.26	0.00	7.28	8.86	5.00

No significant differences in respect of ethnicity were found.

Table 17: Last Contact With Income Support

Last contact with Income Support		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites	Unemp-loyment	Domestic purposes
In the last week	Customised	18.39	25.37	22.22	19.31	20.74	21.33	27.50	18.18
	Non customised	16.67	9.09	2.00	6.38	9.09	8.74	12.66	2.50
In the last month	Customised	31.03	40.30	26.26	36.55	36.30	34.83	35.63	36.36
	Non customised	20.37	36.36	26.00	25.53	36.36	27.18	35.44	37.50
In the last 3 mths	Customised	25.29	18.66	28.28	26.90	30.37	25.83	21.88	26.03
	Non customised	18.52	18.18	20.00	10.64	30.30	18.93	12.66	20.00
Over 3 months	Customised	18.39	12.69	20.20	13.79	8.89	14.17	11.88	16.53
	Non customised	27.78	13.64	38.00	25.53	15.15	26.21	25.32	30.00
Over 12 months	Customised	5.75	2.24	3.03	2.76	2.96	3.17	2.50	2.07
	Non customised	16.67	22.73	12.00	31.91	9.09	18.45	13.92	10.00

Not surprisingly, more recent contact was likely to result in customised service being received.

Table 18: Type Of Contact

Type of contact		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites	Unemp-loyment	Domestic purposes
By phone	Customised	35.63	33.58	39.39	26.21	35.56	33.50	24.38	45.04
	Non customised	29.63	13.64	32.00	23.40	15.15	24.76	15.19	50.00
By mail	Customised	9.20	2.99	3.03	5.52	1.48	4.17	7.50	1.24
	Non customised	9.26	13.64	14.00	12.77	12.12	12.14	6.33	0.00
By visiting office	Customised	57.47	62.69	57.58	67.59	62.22	62.17	68.75	52.89
	Non customised	62.96	68.18	52.00	57.45	69.70	60.68	74.68	50.00

No significant differences were evident between the two groups in the manner by which contact was made with Income Support.

Table 19: Satisfied Getting Full And Correct Entitlement

Satisfied getting full and correct entitlement		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites	Unemp-loyment	Domestic purposes
Yes	Customised	70.11	75.37	71.72	62.76	81.48	72.33	77.50	70.66
	Non customised	57.41	40.91	54.00	51.06	60.61	53.88	53.16	62.50

Almost three-quarters of customised service recipients were satisfied they were receiving their full and correct entitlement. This contrasted with a little over one half of non-customised recipients.

Table 20: Better Able To Manage

Better able to manage		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites	Unemp-loyment	Domestic purposes
Yes	Customised	42.53	49.25	36.36	45.52	39.26	43.00	44.38	43.39
	Non customised	24.07	13.64	10.00	17.02	15.15	16.50	18.99	12.50

Forty-three per cent of customised service recipients believed they were better able to manage on benefit. For the non-customised group, the figure was just sixteen per cent.

SECTION D : Comparative analysis fully customised, partly customised, and non-customised recipients.

This section examined responses from three categories. The first group were those who reported that they were not receiving customised service. Next, the remaining (customised) group were sorted into two cohorts : Firstly, those who answered in the affirmative to all of:

Q10 (Have a particular CSO);

Q11 (Know the name of CSO);

Q12 (Deal with assigned CSO all the time);

Q15 (Agreed an action plan);

Q16 (Talked about ways of managing better).

This group were deemed to have received all the services that were intended under customised service. They are referred to as "Fully Customised."

The balance of the customised group (that is, those answering in the negative to **any** of the questions above) have been identified as "Partly Customised." This group, while receiving some services, are not (by the standards established by Income Support) receiving everything that would be expected for customers being managed under a fully customised service model.

Table 21: Type Of Benefit

Type of benefit

		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites
UB	Non customised	49.12	37.50	25.86	28.30	57.14	38.33
	Partly customised	27.40	22.92	30.77	20.18	28.26	25.45
	Fully customised	50.00	36.84	28.57	27.78	20.93	30.26
DPB	Non customised	17.54	37.50	24.14	16.98	11.43	20.26
	Partly customised	46.58	50.00	35.90	33.03	33.70	39.51
	Fully customised	35.71	50.00	52.38	38.89	37.21	42.76
Others	Non customised	33.33	25.00	50.00	54.72	31.43	41.41
	Partly customised	26.03	27.08	33.33	46.79	38.04	35.04
	Fully customised	14.29	13.16	19.05	33.33	41.86	26.97

DPB customers were far more likely to be receiving full or part customised service. There was little significant difference between UB and other customers.

Full and correct entitlement

		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites
Yes	Non customised	56.14	45.83	50.00	50.94	60.00	52.86
	Partly customised	65.75	68.75	69.23	56.88	78.26	67.41
	Fully customised	92.86	92.11	80.95	80.56	88.37	86.84

A little over one half of non-customised people believed they were receiving everything they were entitled to. This contrasted with 67% for partly customised, and an impressive 87% for fully customised recipients.

Table 23: Better Able To Manage

Better able to manage

		Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites
Yes	Non customised	22.81	16.67	13.79	16.98	14.29	17.18
	Partly customised	35.62	37.50	30.77	36.70	34.78	35.27
	Fully customised	78.57	78.95	61.90	72.22	48.84	66.45

Only 17% of non-customised recipients felt better able to manage. In contrast, almost three quarters of fully customised people felt better able to manage.

Finally, in this section, the three cohorts are compared against the qualitative questions contained in section D of the questionnaire. For the purpose of this analysis, the five Likert Scale questions have been truncated into three categories relating to agreement, neutrality, and disagreement.

Table 24:

Q1. CSO seems to respect me as an individual.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	17.62	58.48	85.53	52.24
Neutral	22.47	23.44	9.87	20.68
Disagree/strongly disagree	20.26	13.17	3.95	13.42
No response	39.65	4.91	0.66	13.66

Figure 23:
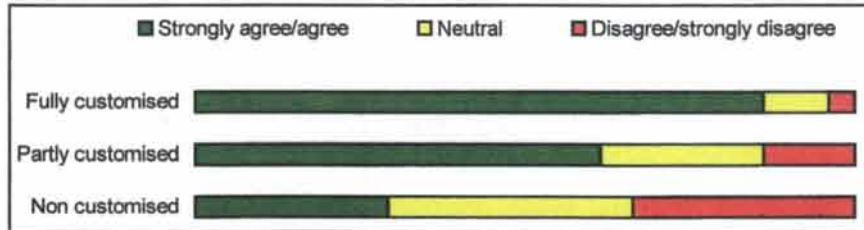
Table 25:

Q2. CSO really understands my needs.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	14.98	41.96	75.66	40.75
Neutral	20.26	31.47	15.79	25.51
Disagree/strongly disagree	25.55	20.76	6.58	19.47
No response	39.21	5.80	1.32	14.15

Figure 24:
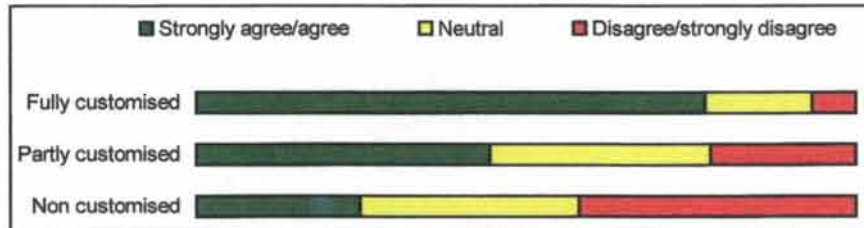
Q3. CSO appears to know what s/he is talking about.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	19.38	64.06	88.82	56.35
Neutral	23.79	20.31	5.26	18.50
Disagree/strongly disagree	14.98	10.04	3.95	10.28
No response	41.85	5.58	1.97	14.87

Figure 25:
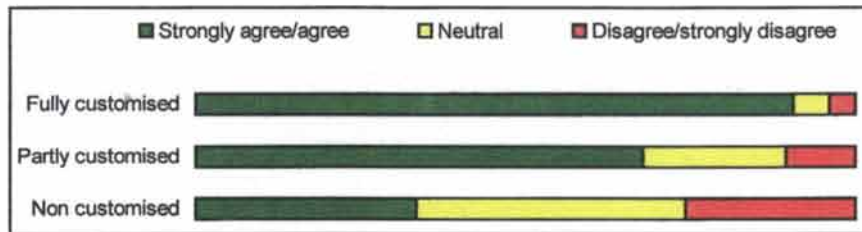
Table 27:

Q4. CSO is fair in the way s/he deals with me.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	19.38	60.71	87.50	54.29
Neutral	27.31	22.32	6.58	20.80
Disagree/strongly disagree	11.89	10.04	5.26	9.67
No response	41.41	6.92	0.66	15.24

Figure 26:
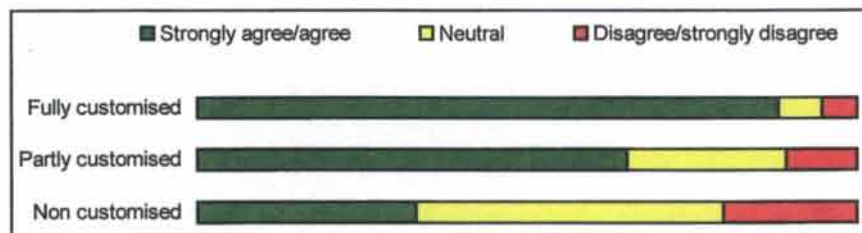
Table 28:

Q5. CSO is genuinely interested in my circumstances	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	15.86	44.87	75.00	42.44
Neutral	24.67	31.47	16.45	26.84
Disagree/strongly disagree	20.70	16.07	5.92	15.48
No response	38.77	7.59	2.63	15.24

Figure 27:
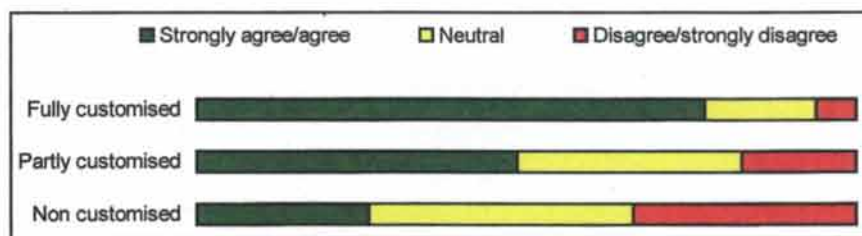
Table 29:

Q6. CSO is able to answer all my questions.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	18.94	61.16	83.55	53.69
Neutral	26.43	18.75	8.55	18.98
Disagree/strongly disagree	13.66	11.83	6.58	11.37
No response	40.97	8.04	1.32	15.84

Figure 28:
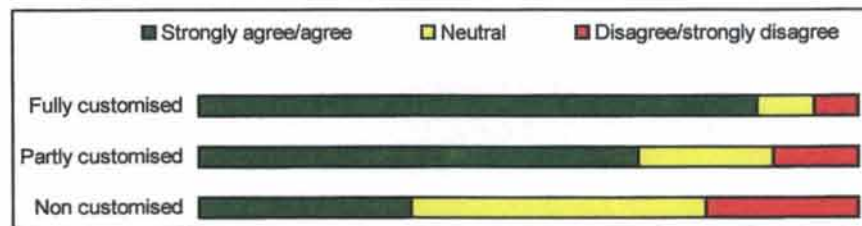
Table 30:

Q7. CSO makes sure I am getting all assistance.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	17.18	46.21	76.97	43.89
Neutral	23.79	24.55	15.13	22.61
Disagree/strongly disagree	19.82	21.21	7.24	18.26
No response	39.21	8.04	0.66	15.24

Figure 29:
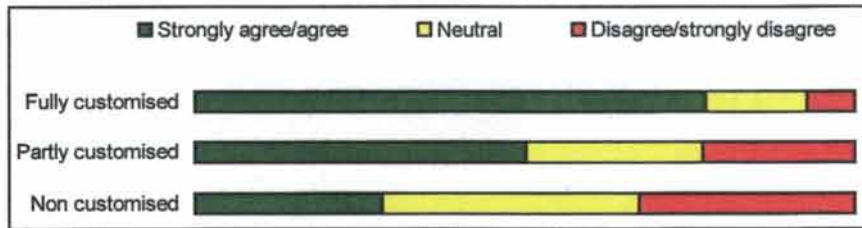
Table 31:

Q8. CSO has done everything they said they would.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	19.38	58.04	87.50	52.84
Neutral	24.23	22.54	7.24	20.19
Disagree/strongly disagree	14.98	11.83	3.29	11.12
No response	41.41	7.59	1.97	15.84

Figure 30:

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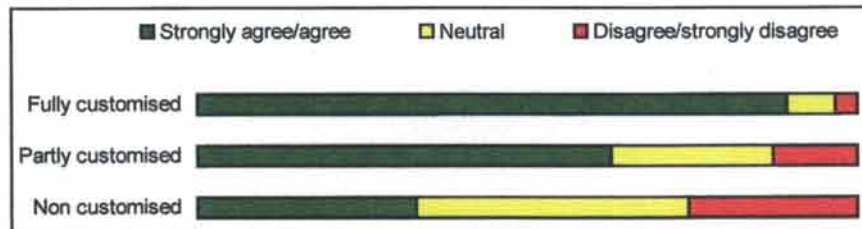
Table 32:

Q9. Customised Service has improved the way I think about myself.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	11.89	22.54	46.05	23.94
Neutral	25.99	36.38	39.47	34.10
Disagree/strongly disagree	24.67	31.92	11.84	26.24
No response	37.44	9.15	2.63	15.72

Figure 31:
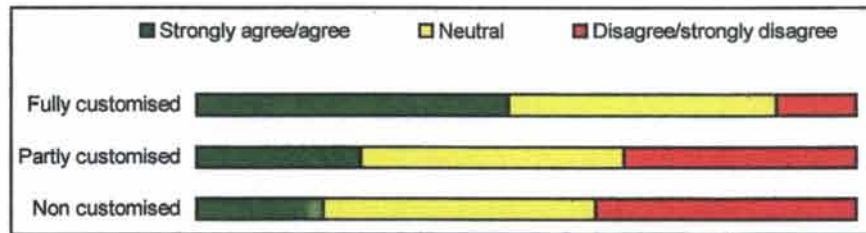
Table 33:

Q10. Customised Service has motivated me to get more education & training.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	9.25	14.96	36.18	17.29
Neutral	23.79	34.38	32.24	31.08
Disagree/strongly disagree	26.83	39.73	21.71	33.37
No response	38.33	10.94	9.87	18.26

Figure 32:
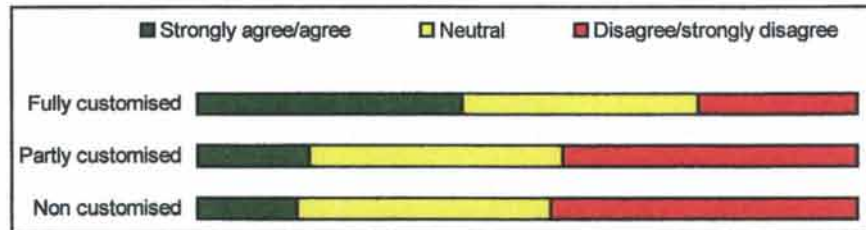
Table 34:

Q11. Customised Service has helped me get a job.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	3.96	4.69	15.13	6.41
Neutral	19.38	29.24	40.79	28.66
Disagree/strongly disagree	37.44	52.46	30.92	44.38
No response	39.21	13.62	13.16	20.56

Figure 33:
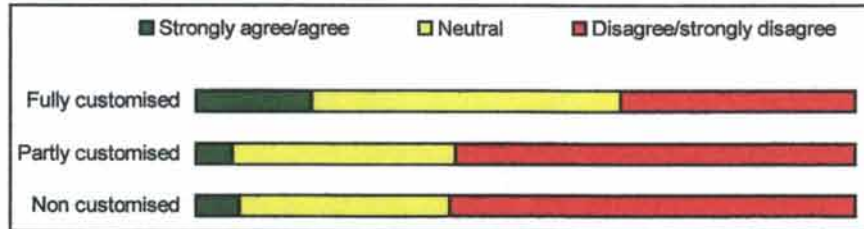
Table 35:

Q12. I would recommend the Customised Service programme to my friends.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	14.54	35.71	67.11	35.67
Neutral	23.35	37.05	17.11	29.63
Disagree/strongly disagree	23.79	18.30	9.87	18.26
No response	38.33	8.93	5.92	16.44

Figure 34:
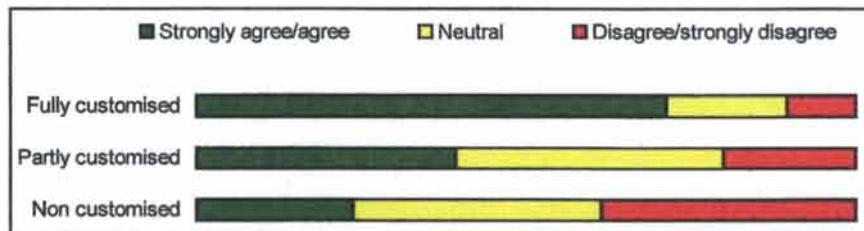
Table 36:

Q13. I only participate in Customised Service because I need the benefit.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	25.11	48.21	49.34	42.08
Neutral	20.70	21.65	18.42	20.80
Disagree/strongly disagree	14.54	20.98	27.63	20.44
No response	39.65	9.15	4.61	16.69

Figure 35:
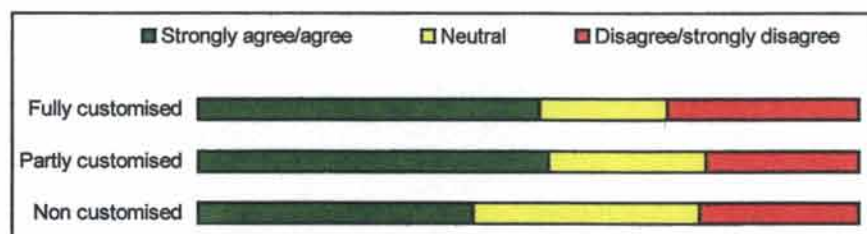
Table 37:

Q14. I feel lucky to have been part of Customised Service.	Non customised	Partly customised	Fully customised	All customers
Strongly agree/agree	15.86	32.59	62.50	33.49
Neutral	25.99	41.96	25.66	34.58
Disagree/strongly disagree	18.94	15.18	7.89	14.87
No response	38.33	10.27	3.95	16.81

Figure 36:
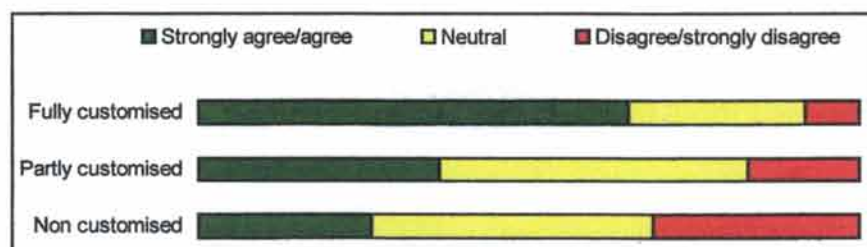
The overwhelming finding in respect of Section D, which covered qualitative assessments of service, was the marked difference in perceptions between the three categories. Without exception, customers who were partly customised felt more positive about the level of service than non-customised people. Fully customised recipients were more positive again, across every single indicator.

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Section E : Assessment of the best and worst things about customised service, and suggestions for change.

(i) The best things about customised service (Q.D15)

In all, 592 customers, or 71% of respondents, answered this question. Responses fell into four patently definitive categories as shown in the following figure:

Figure 37: Best Features of Customised Service
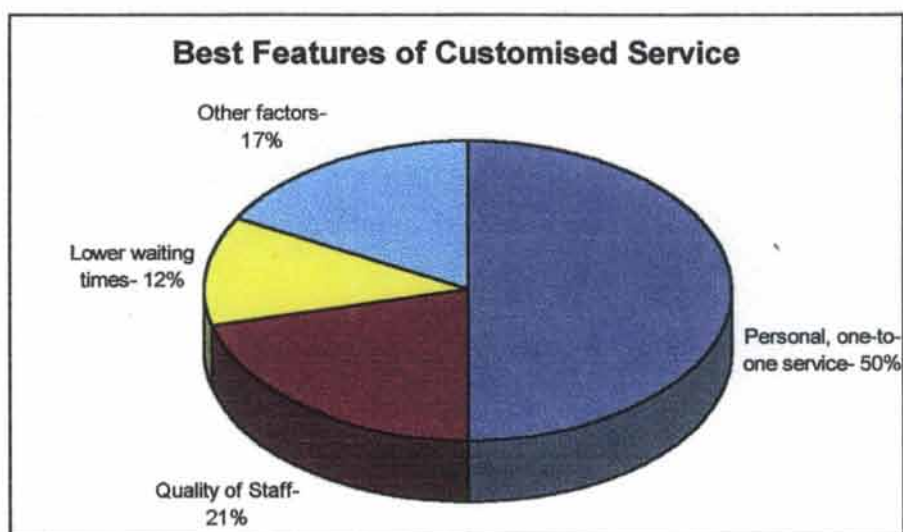
(a) Personal, one-to-one service

One half of all customers responded that the service is now more personal, they are treated more as an individual and not as a number, they do not have to re-explain their circumstances, know who to contact, and that generally contact with Income Support is easier.

Typical comments were:

- "My CSO knows my name and there is continuity of relevant information."

- "Knows my case and I do not need to explain my circumstances to different people."

- "As personalised a service as you can get in any government department".

- "More friendly and my CSO remembers me."

- "You get personal attention and your CSO knows what questions to ask to work out what help you are entitled to."

- "Didn't feel like a bludger because of the personal service."

- "Makes dealing with IS not so traumatic."

- "Getting to know your CSO is a real plus."

- "You don't get mucked around or get more than one reason."

- "Personal contact with a real person, not just a phone or an attitude."

- "One on one - not getting the run around."

(b) Quality of staff

Customers in this category were positive about the quality of service and in particular the level of empathy and understanding shown by their assigned Customer Services Officer. Their CSO was seen to be there to help, and they were more likely to get answers straight away. A number of customers commented that the standard of service received was dependent on the CSO assigned to them.

Some examples are:

- "Endeavours to help with any queries which come along."

- "Help me with what I'm entitled to."

- "Fast and efficient."

- "Quick and effective."

- "Treat all people fairly and strongly assist with their needs."

- "My CSOs direct phone line is nearly always answered promptly and personally."

- "I feel confident with my CSO and her decisions."

- "I was given encouragement to better myself."

- "If you have a good CSO it helps."

- "Good friendly service all round."

- "If CSO is interested and helpful can feel more positive and confident."

- "My CSO is exceptional, very understanding, helpful and without her help my situation would have been daunting...great concept."

- "Developed trust with a CSO in a system I do not trust."

- "One to one, and she takes time to listen."

(c) Lower waiting times

Customers responded that having a dedicated CSO generally resulted in less time queuing and that there was not therefore as much wasted time. A number of customers commented favourably on the appointment system, which allowed them to plan their visits to the office.

Some comments were:

- "You don't have to wait for ages to be seen."

- "Appointment system lets me know date and time and I'll be there."

- "You just ask for your CSO and you're seen right away."

- "You don't have to wait hours to see someone - you get an appointment and see them straight away."

- "Not having to wait 3 hours to be seen - only 1 hour!"

- "Sometimes get quicker service."

- "No waiting in queues."

- "Appointments can be made so no wasted time."

(d) Other positive features

Other comments relating to the best things with customised service traversed a wide range of issues. Examples are :

- "Very good PR - good displays for jobs."

- "Get a direct answer over the phone."

- "My CSO's direct line is almost always answered promptly and personally."

- "More professional."

- "Good info when you need it."

- "Referred to training, which is great."

- "At last a Government Department that cares!"

- "The help I got in suggesting jobs."

(ii) The worst things about customised service (Q.D16)

In all, 547 customers, or 66% of respondents, answered this question. Responses again fell into four broad categories as shown in the following chart. Paradoxically, the items identified as the worst characteristics of customised service also featured amongst the best indicators. This suggests that customers are relatively consistent in their expectations of what they want in the way of service from Income Support.

Figure 38: Worst Features of Customised Service

Worst Features of Customised Service

Others - 19%
Benefit system - 11%
Responsiveness - 39%
Quality of staff - 31%.
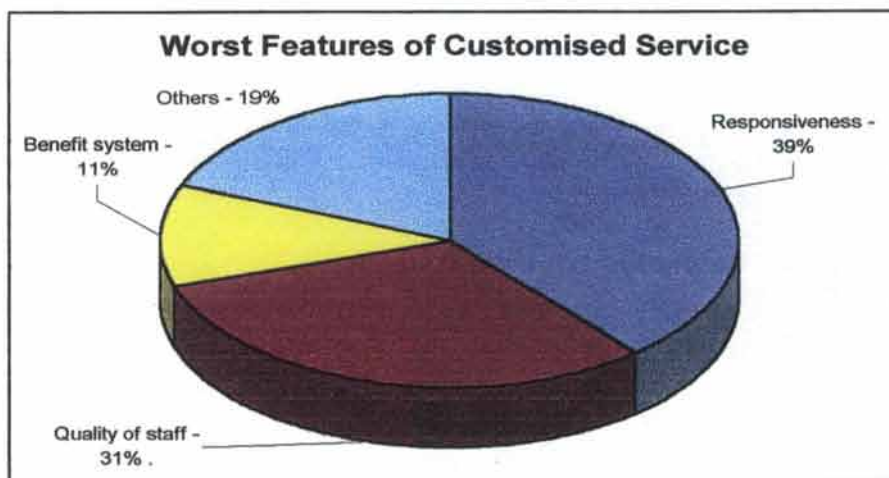
(a) Responsiveness

Issues here were to do with delays in getting access to their CSO, waiting and queuing times even when an appointment had been made, and the difficulty in making contact with (or sheer unavailability) of their assigned CSO. Many customers complained that even in an emergency, they could not get to see their CSO. Typical comments were:

- "The long wait to be seen even when you have an appointment."

- "Waiting times for an appointment - sometimes two to three weeks before you can get an appointment."

- "There needs to be a system to get an appointment with your CSO when you have an emergency."

- "Having to see another CSO who doesn't know you when yours is away."

- "You still have to have an appointment even when they are there and available to see you."

- "Quite often my CSO is away on courses when I need her."

- "Appointments not running to time and having to wait."

- "Unable to see them when it is urgent."

- "Difficult to contact or make appointment with CSO."

(b) Quality of staff

Issues of compatibility between customers and assigned CSO were frequently raised. Staff attitudes, lack of interest, reactive rather than proactive approaches, and lack of training and knowledge were common themes. Some examples are:

- "No proactive contact from CSO."

- "Being told they will do things and not getting back to you."

- "My CSO is a real bitch."

- "CSO is disinterested, no advice or encouragement, no smile, dead-pan voice, in and out so fast."

- "They treat you like shit."

- "No follow-up - if you're not pushy, you're ignored."

- "Sometimes you get stuck with an unhelpful and judgmental person."

- "They should deal with the facts and not their own opinion."

- "They just don't understand you."

(c) Benefit system

Although essentially irrelevant to the issue of customised service, a good number of customers referenced the rules, regulations, and bureaucracy surrounding their receipt of social security benefits. The clear inference here was that, regardless of the service delivery process in place, there would always be problems until the fundamental flaws in the income maintenance system were corrected. As well, some customers referenced the negativity in being on a benefit in the first place. Some comments here were:

- "Worst thing is the criteria and some policies."

- "CSOs are hamstrung by bureaucracy."

- "Unfairness of some people getting help when others don't."

- "Having to live off the taxpayers."

- "Inability of CSO to provide extra assistance when benefit levels are clearly inadequate."

- "People just rely on Welfare and don't bother getting a job."

- "Me having to be connected with Income Support."

- "I'm annoyed I'm on a benefit at all."

- "Stand-downs are unfair."

(d) Other issues

Again, a wide range of issues surfaced as contributory factors in limiting the effectiveness of customised service. The phone system, and difficulty in getting through to Income Support, was raised by 5% of customers. Other items included the lack of privacy in offices, lack of sufficient staff to do the job properly, and the frequent changes in assigned CSO. Some examples are:

- "Not enough staff to cater for nitty-gritty details."

- "Privacy would help a lot."

- "They seem to be too busy to help individuals."

- "Not enough CSOs - workload is too high."

- "Call Centre doesn't answer - and when they do you get cut off."

- "CSO changes all the time and they don't let you know."

- "Open plan office - really awful- no privacy - everyone knows everyone else's business."

- "The stupid phone system - you can't get through to anyone."

- "Only having two CSOs to deal with all the DPBs in the area."

(iii) What customers would like to see changed (Q.D17)

This section attracted a response rate of 61% (506 in total) from all respondents. Not surprisingly, there were many different suggestions for improvement to customised service. Of most importance to respondents in this category was *staff empathy*. (24%). Customers raised issues to do with staff attitudes, style, experience and training, and the level of (un)helpfulness of staff. 17% of respondents sought more improved customer *information*, particularly around benefit entitlements.13% of customers wanted improvements to the organisation's *responsiveness*, with examples referenced of waiting times, appointment availability, and speed of service.

5% of respondents raised issues to do with Government *policies*, with rates of benefit, stand-down periods and the like raised. The remaining suggestions for change covered such things as better phone systems (4%), insufficient staff (4%), having a choice of CSO, the frequent changes of CSO, and privacy in the office. Significantly, 18% of respondents believed that no changes were necessary.

The full range of comments received from customer respondents for questions relating to the best and worst features of customised service, and suggestions for improvement, have been made available to Income Support.

(iii) Staff Questionnaires

Staff questionnaires will be assessed in five sections as follows:

(A) Analysis of demographic data;

(B) Analysis of staff experience with customised service;

(C) Analysis of the disposition of staff towards customised service, both for themselves, and for customers;

(D) An examination of the best and worst things about customised service, and a review of changes to customised service suggested by staff;

(E) A comparative review between customers and staff in three key areas.

SECTION F : Analysis of demographic data in respect of staff

This section examines the demographic statistics for all respondents.

Table 38: Response Rates

Response rate by pilot site (%)	
Pilot Sites	Response rate (%)
Henderson	58.82
Taupo	35.71
Masterton	43.75
Levin	54.55
Greymouth	81.82
All pilot	**53.62**

Response rates were reasonably evenly spread, with the exception of the low rate for Taupo, and the high return from Greymouth.

Table 39: Length Of Service

Length of Income Support service	
Service	% of staff
<2 yrs	21.62
2-5 yrs	5.41
5-10 yrs	37.84
10-15 yrs	24.32
> 15 yrs	10.81

Average service was a little over eight years. Almost three quarters of staff have over five years service.

Table 40: Age

Age profile of staff	
Age group	% of staff
20 to 29	35.14
30 to 39	35.14
40 to 49	21.62
59 or over	8.11

Two-thirds of staff are in the 20 to 39 age group.

Table 41: Gender

Gender profile of staff	
Gender	**% of staff**
Female	89.19
Male	10.81

Nearly 90 per cent of respondents were female. The heavy bias towards female staff has been a feature of the make-up of Income Support staff over a long period.

SECTION G: Analysis of staff experience with customised service

This section looks at staff's work with customised service.

Table 42: Length Of Experience

Length under customised service	
Service	% of staff
< 6 mths	18.92
6 to 12 mths	18.92
1 to 1.5 yrs	18.92
1.5 to 2 yrs	18.92
2 to 2.5 yrs	13.51
>2.5 yrs	10.81

There was a fairly even distribution of experience with customised service across each of the six categories.

Table 43: Current Workloads

Current workload for staff						
Workload	Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites
less than 250	0.00	20.00	14.29	66.67	55.56	29.73
250 to 350	20.00	80.00	85.71	33.33	44.44	48.65
350 to 450	30.00	0.00	0.00	0.00	0.00	8.11
450 and above	50.00	0.00	0.00	0.00	0.00	13.51
Av. workload	453	246	271	255	246	308

80 per cent of Henderson staff have caseloads over 350. More commonly, staff have caseloads of between 250 and 350. The figures indicated by staff match almost exactly the details held by National Office through its national database.

The average number of caseload customers yet to be seen is 163, which is 52.89% of the average caseload.

Table 44: Ability To Manage Caseloads

Able to manage caseloads						
	Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites
1 (easily able to manage)	10.00	0.00	0.00	50.00	0.00	11.43
2	20.00	10.00	14.29	0.00	55.56	25.71
3	20.00	20.00	57.14	50.00	44.44	42.86
4	30.00	0.00	28.57	0.00	0.00	14.29
5 (Not at all able to manage)	20.00	0.00	0.00	0.00	0.00	5.71

With the notable exception of Henderson (and to a lesser extent Masterton) most staff affirmed their ability to manage current caseloads.

Table 45: Preferred Caseload

Manageable caseload per staff	
Pilot Sites	Caseloads
Henderson	267
Taupo	255
Masterton	223
Levin	226
Greymouth	243
All pilot	245

Staff generally considered a case load in the order of 250 to be manageable. This number equates to the recommended level when customised service was first rolled out nationally. Henderson staff suggested a slightly higher figure, but this may as much as anything be a reflection of the disproportionately high level of current caseload for that district.

Table 46: Action Plans

Plans prepared for all customers						
	Henderson	Taupo	Masterton	Levin	Greymouth	All pilot sites
Yes	10.00	0.00	14.29	0.00	0.00	5.71
No	90.00	100.00	85.71	100.00	100.00	94.29
Average no. of plans to be done	308	211	283	175	166	254

Only six per cent of staff had prepared action plans for all their customers. No staff in three districts (Taupo, Levin and Greymouth) had achieved this target. Given average caseloads for all sites, action plans remain to be prepared for 82 per cent of customers.

Table 47: Training

Enough training for customised service (%)	
1 (More than enough training)	16.22
2	29.73
3	35.14
4	13.51
5 (Little or no training)	5.41

As to training required, 55% of respondents indicated that no additional training was needed. The remaining staff identified a range of training requirements as follows:

- excel/spreadsheets/structural training on new PCs for customer lists, agreements and reports (raised on 4 occasions);

- initial interviews;

- network development/network meetings;

- public speaking;

- rehabilitation options for Sickness benefit;

- career advice;

- how to turn off and deal with customer baggage;

- available options outside IS;

- motivation techniques to encourage reluctant customers to move forward;

- training on new expectations of CSO;

- one off sessions targeting benefit specialty areas e.g. self employed income, UCB;

- hands on technical training;

- liaison with community organisations.

Section H: Analysis of Qualitative Responses from Staff

This section assesses the responses from staff to Section D of the questionnaire relating to what their perceptions of the customised service programme are.

Table 48 Customised service is good for customers

Customised service is good for customers	
Strongly agree/agree	100.00
Neutral	0.00
Disagree/strongly disagree	0.00

Table 49: Encourages customers to consider their future

Encourages customers to consider their future	
Strongly agree/agree	86.49
Neutral	8.11
Disagree/strongly disagree	5.41

Table 50: Provides me with greater job satisfaction

Provides me with greater job satisfaction	
Strongly agree/agree	64.86
Neutral	18.92
Disagree/strongly disagree	16.22

Table 51: Customers are more likely to receive their full & correct entitlement

Customers are more likely to receive their full & correct entitlement	
Strongly agree/agree	89.19
Neutral	8.11
Disagree/strongly disagree	2.70

Table 52: Customers apply for special assistance less under customised service

Customers apply for special assistance less under customised service	
Strongly agree/agree	35.14
Neutral	35.14
Disagree/strongly disagree	29.73

Table 53: Customer aggression and hostility is less under customised service

Customer aggression and hostility is less under customised service	
Strongly agree/agree	70.27
Neutral	24.32
Disagree/strongly disagree	5.41

Table 54: I prefer customised service to the old way of working

I prefer customised service to the old way of working	
Strongly agree/agree	89.19
Neutral	10.81
Disagree/strongly disagree	0.00

Table 55: Customers appreciate the one-to-one contact of customised service

Customers appreciate the one-to-one contact of customised service	
Strongly agree/agree	94.59
Neutral	5.41
Disagree/strongly disagree	0.00

Table 56: Customers participate in customised service is because they need the benefit

Customers participate in customised service is because they need the benefit	
Strongly agree/agree	18.92
Neutral	35.14
Disagree/strongly disagree	45.95

Table 57: Positive outcomes for customers are more likely under customised service

Positive outcomes for customers are more likely under customised service	
Strongly agree/agree	89.19
Neutral	8.11
Disagree/strongly disagree	2.70

Table 58: Customised service has improved the way customers think

Customised service has improved the way customers think	
Strongly agree/agree	59.46
Neutral	37.84
Disagree/strongly disagree	2.70

Table 59: Customers are more likely to be honest about their circumstances

Customers are more likely to be honest about their circumstances	
Strongly agree/agree	64.86
Neutral	27.03
Disagree/strongly disagree	8.11

Table 60: Overpayments are less likely under customised service

Overpayments are less likely under customised service	
Strongly agree/agree	64.86
Neutral	27.03
Disagree/strongly disagree	8.11

Table 61: Customers have a higher opinion of Income Support as a result of customised service

Customers have a higher opinion of Income Support as a result of customised service	
Strongly agree/agree	51.35
Neutral	37.84
Disagree/strongly disagree	10.81

Table 62: Aggregate level of agreement about customised service statements

Aggregate level of agreement about customised service statements	
Strongly agree/agree	70.27
Neutral	29.73
Disagree/strongly disagree	0.00

Without exception, staff indicated very strong support for customised service. Notable examples are 100 per cent agreement that "customised service is good for customers"; 95 per cent believing that "customers appreciate the one-to-one contact of customised service"; and 89 per cent agreeing that "positive outcomes for customers are more likely under customised service."

In graph form, staff responses are:

Figure 39: Staff Responses
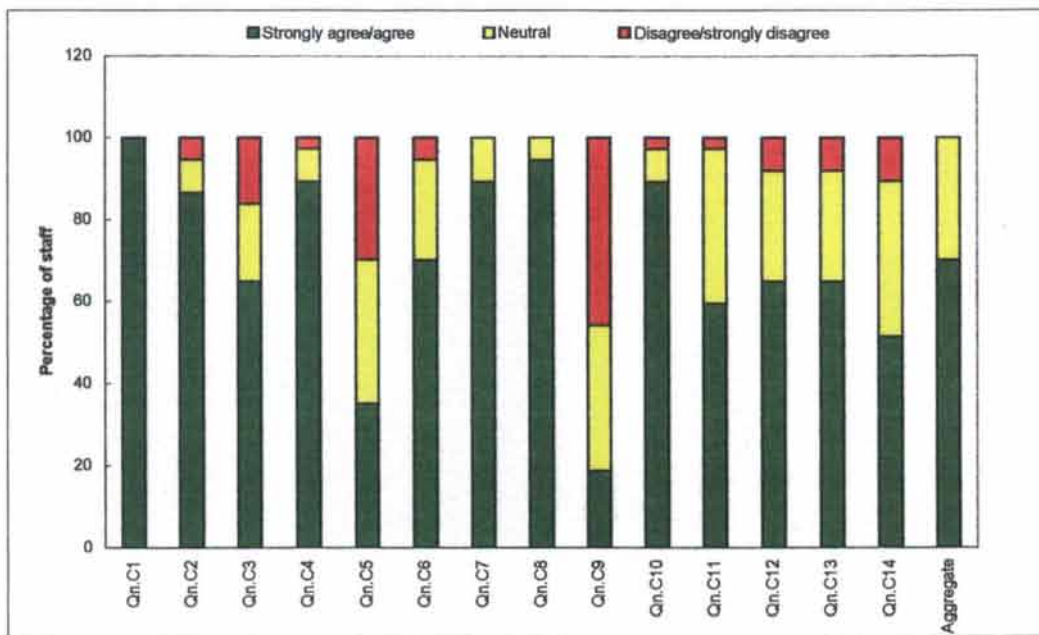
Section I : Assessment of the best and worst things about customised service, and suggestions for change.

(i) The best things about customised service (Q.C15)

(a) Personal Service

By far the most popular factor for staff was the personalised service. This was referenced by 75 per cent of respondents. Interestingly, it matches the best thing about customised service identified by customers. Some comments from staff were:

- "Remembering the customers name makes them feel more valued,"

- "Greater rapport with customers."

- "Personalised service, one-on-one contact."

- "Getting to know your customer, know who they are and what they require from IS."

- "Customers more comfortable with one person."

- "Staff ownership of the customer."

(b) Assisting customers

15 per cent of staff saw the best thing about customised service as the ability to help customers in a more meaningful way. Typical comments were:

- "Positive reaction from customers when you help them."

- "Satisfaction when customers' self esteem increases when they get a job or go on a course."

- "Seeing them achieve their goals and break the cycle."

- "Coming to an agreement on their future, showing concern and encouragement for them to think about their future."

- "Getting them into employment, establishing correct entitlements."

- "CSOs feel more of an obligation to the customer to do as much as they possibly can."

(c) Other reasons

Remaining comments covered a range of positive factors, from both a staff and customer perspective. Some examples are:

- "I manage my day now, not customers managing me."

- "Much more honesty and open interviews...no bullshitting."

- "CSO seen as someone who wants to help, not just a government worker."

- "Best thing since sliced bread."

- "Increased job satisfaction and challenge to manage your workload."

(ii) The worst things about customised service (Q.C16)

(a) Work volumes

55 per cent of respondents spoke of the pressure of work, high caseloads, and insufficient staff numbers. Typical comments were:

- "Caseloads forever growing."

- "All the paperwork, not enough time to do all the interviews and the processing."

- "No fat in the office to cover staff absences."

- "Not enough staff, incorrect staff to customer ratio."

- "Caseload too high and unmanageable."

- "Having to see other CSO's customers."

- "Staff working 9 and 10 hour days to keep up."

(b) Lack of management support

15 per cent of staff referred to managerial expectations which were not matched by appropriate support. Some examples:

- "Management so pushy on outcomes."

- "They don't establish trust or acknowledge small achievements."

- "Greater expectations by management for positive and immediate outcomes so that it makes them look good."

- "Lack of acknowledgment by management of the time and work required."

(c) Others

The balance of comments covered a broad range of issues including remuneration levels, lack of work resources, difficulties in dealing with aggressive or unmotivated customers, and the fact that in small centres in particular, staff never get away from their customers.

(iii) What staff would like to see changed in customised service (Q.C17)

This question was not answered by 42% of staff. Of those who did respond, 92% raised issues to do with workloads. The recurring theme in this section was to do with staff numbers, relative caseloads, and impossible work demands. Other suggestions for change related to the pace of organisational change, resource and technology issues, the improvements needed to Call Centres, and training needs for CSOs. The significant finding from responses from staff in this section was that every single comment related to organisational or operational matters. Not one improvement was suggested to the customised service programme itself.

(iv) What would make the customised service job easier for staff (Q.12)

Once again, responses from the 78% of staff who answered this question focused on resource and workload issues. The complete responses (with actual numbers shown) were:

- 9 wanted a reduction in caseload;

- 6 asked for more time to do the work, spend with customers;

- 5 spoke of " supportive, encouraging, organised, on board service managers, less put downs from management";

- 5 raised "full staff, more staff";

- 4 referenced adequate resources e.g. cars, mobile phones, PCs, laptops

- 2 wanted to concentrate on their own caseloads not covering others while they are absent;

- 2 asked for more realistic timeframes for customer plans to be in place;

Single comments were:

- (1) advance notice of changes

- (1) up-to-date on formation on excel

- (1) not having extra duties dumped on us like sorting mail, Kauri, systems administration

- (1) more incentives

- (1) fair performance appraisal system

- (1) career advice

- (1) appointments booked properly - consistent receptionist

The full range of comments received from staff respondents relating to the best and worst features of customised service, and suggestions for improvement, have been made available to Income Support.

Section J : Comparative review between customers and staff.

In this section, comparison is made in three areas between customer and staff responses relating to the degree of assistance received, the way customers think about themselves, and the motivation for participating in customised service. The results were:

Table 63:

Q7. Customers receive all the assistance they are entitled to.	Non customised	Partly customised	Fully customised	Staff	All customers
Strongly agree/agree	17.18	46.21	76.97	89.19	43.89
Neutral	23.79	24.55	15.13	8.11	22.61
Disagree/strongly disagree	19.82	21.21	7.24	2.70	18.26
No response	39.21	8.04	0.66	0.00	15.24

Figure 40:
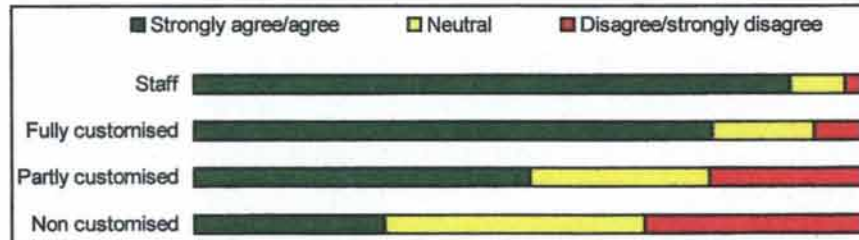
Table 64:

Q9. Customised Service has improved the way customers think about themselves.	Non customised	Partly customised	Fully customised	Staff	All customers
Strongly agree/agree	11.89	22.54	46.05	59.46	23.94
Neutral	25.99	36.38	39.47	37.84	34.10
Disagree/strongly disagree	24.67	31.92	11.84	2.70	26.24
No response	37.44	9.15	2.63	0.00	15.72

Figure 41:
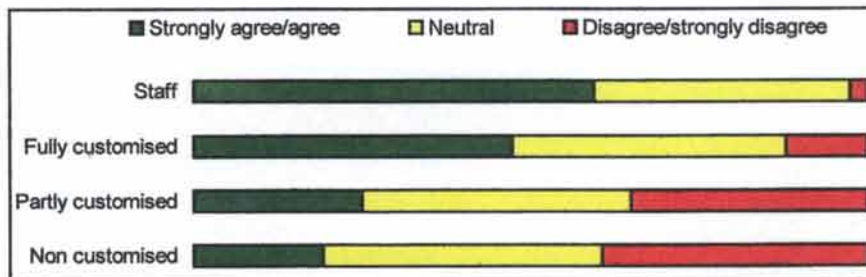
Table 65:

Q13. Customers participate in Customised Service because they need the benefit.	Non customised	Partly customised	Fully customised	Staff	All customers
Strongly agree/agree	25.11	48.21	49.34	18.92	42.08
Neutral	20.70	21.65	18.42	35.14	20.80
Disagree/strongly disagree	14.54	20.98	27.63	45.95	20.44
No response	39.65	9.15	4.61	0.00	16.69

Figure 42:

136
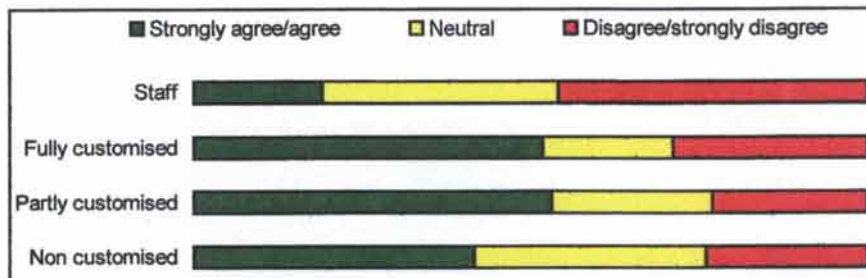
The results show that in all three areas, staff were more positively disposed towards customer perceptions than the customers themselves. Once again, those receiving the full range of customised service were more positive than those receiving only some services, while customers with no experience of customised service generally rated services far more negatively.

(iv) Discussion on significant findings from Customer and Staff Survey

This section will analyse the responses from customers and staff to the questionnaires returned to gain an understanding of the relative effectiveness of customised service. It is intended first to examine the extent to which customised service has been applied across the business delivery operations of Income Support.

Next, the survey results will be assessed against three of the research objectives:

(i) Customer Outcomes;

(ii) Customer Satisfaction;

(iii) Staff Satisfaction.

Finally, some general observations will be drawn from the survey results.

(a) The extent of customised service

Customised service was first rolled out to all sites in July 1995. As has already been noted, districts were required to first allocate the service to 30 per cent of customers (between July and September 1995), and then progressively move to implement the programme universally to all customers. The last snapshot taken by Income Support in March 1997 indicated that 96 per cent of customers were then being managed under the new regime. (Appendix D).

It comes as something of a surprise, therefore, to find that 27 per cent of customers know nothing whatsoever about customised service. In all, 72.55% of respondents acknowledged receiving customised service in some form. This ranged from a high of 84.81% for Taupo, to a low of 60.42% for Henderson.

Explanations for this discrepancy cannot be answered from this survey. However, informal discussion with some staff in the National Office of Income Support suggests that some districts may be doing no more than simply allocating a customer to a staff member, and recording on the database that customised service is now operational for that customer. The fact that the customer knows nothing of the event seems not to matter!

This suggests that there is a need for some "sign-off" to take place against a set of prescriptive criteria or standards to ensure that there is some confidence in the data maintained within the organisation. The process for the implementation of customised service (and the attendant interventions) were well laid out by Income Support initially, but seem to have been lost sight of in the passage of time.

Even when customised service was known to customers (and this generally involved allocation of a particular staff member), many of the essential characteristics of customised service were missing. For example, only 23% of all customers surveyed (and 31% of those receiving some form of customised service) had spoken with their CSO about ways to manage better on benefit. More critically, only 19 per cent of all customers surveyed (and 26.5% of those receiving some form of customised service) had developed an action plan in collaboration with their allocated staff person. Given that action plans are, arguably, the basic platform on which customised service is built, this suggests that for many, customised service is no more than having a point of contact within the organisation.

This raises the question of *definition* for customised service. As referenced in the literature review, case management can take many forms. At one end of the continuum may be intensive (and often therapeutic) intervention involving the maintenance of a strong and ongoing relationship between client and a dedicated staff member. At the other end, case management may perhaps be no more than having a nominated point of contact within the organisation. (Although one would have to question whether this could be regarded as case management in any form).

At the moment, Income Support does not appear to discriminate at all in the way in which customised service is to be delivered. Thus, recipients of, say, a work-related benefit such as Unemployment Benefit are presumably treated much the same as

someone receiving Invalids Benefit. The former will clearly require far more intensive case management (training, education, work schemes and so on) than will the latter, who probably needs no more than a point of contact within the business. At the moment, the "one size fits all" approach does not assist the organisation to assess just how well, and to what extent, customised service is or should be operating.

There is probably already operating informally within the business a degree of discretionary selectivity. For example, those on long-term benefits are far less likely to know about customised service. Similarly, those with less frequent contact were receiving customised service to a lesser extent than those who interacted with the organisation on a regular basis. It may well be an opportune time for Income Support to formalise these ad hoc practices.

Clearly a pervasive issue in looking at the extent to which customised service is operating within the organisation is *capacity*. There were some marked differences in workload throughout the country. The average caseload for the five sites surveyed was 308. This seems extraordinarily high for this form of customer management. Certainly, it is far higher than Income Support had intended, when customised service was first rolled out. At that time a caseload of 1:250 was envisioned. It is of real concern that the current caseload for Henderson is 1:453. Doubtless there are resource issues here, but again it may be about Income Support reviewing the breadth of customised service, and the extent to which it is applied, if current resources are impacting to the level that they appear to be.

Regardless, customised service currently appears not to be operating to the extent that Income Support either believes, or presumably would wish.

(ii) Customer Outcomes

The ultimate outcome, for both client and the organisation, would be for the customer to cease benefit and return to the workforce. This outcome underpins the basic case management philosophy, and is synergistic with the organisation's business purpose and mission.

Sadly, this research study cannot assess the effectiveness of customised service against that primary outcome, simply because the study has been directed at those

still in receipt of benefit. It is of greater concern, however, that Income Support does not currently have the capacity to measure whether customised service intervention has assisted customers to leave the welfare system. People whose benefits are cancelled simply cease to exist in the department's statistics. There seems a good case for some process to be established that would enable the organisation to capture that essential data. Not only would information be useful in determining the relative effectiveness of the programme, but it might also enable Income Support to track results, target and assess particular strategies, and make necessary modifications to the programme. The "after-sales" service model (and exit interview strategy) referenced earlier in this report may well be worthy of consideration by the organisation.

However, it is possible to measure some customer outcomes, both qualitative and quantitative, from the survey data. Of some note was the degree of take-up of supplementary benefits and allowances, and extra help. For every single category, those receiving customised service were more likely to be receiving the range of available supplementary payments than their non-customised counterparts. As an example, 43% of non-customised recipients were receiving no extra help whatsoever. For customised recipients, the figure was just 24%. These findings are similar to results from the pilot sites when customised service was first trialed. It suggests that people seen under customised service are more likely to establish a positive and supportive relationship with their CSO, and as a result are able to access a far wider range of services and entitlements.

This was also reflected in customers' perceptions about the level and accuracy of payments received. 72% of customised service recipients believed they were receiving their full and correct entitlement, compared with 54% of non-customised recipients. (Interestingly, 89% of staff believed full and correct entitlement was more likely to be paid to those managed under customised service).

The range of extra assistance received was probably also reflected when considering customer ability to manage on benefit. 16% of non-customised, and 43% of customised recipients indicated their ability to better manage on benefit. For those "fully customised" the degree of affirmation rose to 66%.

The very nature of customised service interventions suggests that positive outcomes are more likely. 11% of customers in the programme had been referred to other agencies. Almost 19% had undertaken some form of training or education programme. An impressive 27% of DPB customers had undertaken training or education. This is a significant statistic. Reference to the range of education and training undertaken (Appendix F) shows clearly that referrals have been with employment in mind. Clearly, those referrals were designed to assist customers towards independence. Certainly, the motivation of staff is unquestioned. 89% of staff believed that positive outcomes were more likely under customised service.

Only 2.83% of customised service recipients reported that they had been assisted in finding work. Both part-time and full-time work was referenced. It is presumed that those who took up full-time work have re-entered the benefit system. Again, however, the figures do not depict the true rate of work referral, simply because no statistics are kept.

It might be concluded, therefore that positive outcomes have occurred for customised recipients in terms of their greater access to supplementary assistance and extra help. As well, there have been a number of positive *interventions* (referral to education, training, and other agencies) that may well lead to positive outcomes for customers. Until such time, however, as Income Support has the capacity to measure the effects of those interventions, no definitive conclusions can be reached. Overall, in terms of customer outcomes, a null hypothesis must be recorded.

(iii) Customer Satisfaction

Ratings under relative levels of customer satisfaction tended to fall into four discrete areas. Categories dealing with staff *empathy* showed the highest levels of satisfaction overall, for all respondents. Examples were:

CSO respects me as an individual	(52%)
CSO really understands my needs	(41%)
CSO knows what s/he is talking about	(56%)
CSO is fair	(54%)
CSO is genuinely interested	(42%)
CSO is able to answer all questions	(54%)

Once again, this seems to be to do with customer needs for personal attention. *Responsiveness* was another area where customers, by and large, showed reasonable levels of satisfaction. For example:

CSO makes sure assistance is received	(44%)
CSO has done everything they said	(53%)

Attitudes to the programme itself were mixed:

Recommend CS to friends	(36%)
Only participate because I need benefit	(42%)
Feel lucky to have been part of CS	(33%)

The category showing by far the lowest level of customer satisfaction related to customer *outcomes.* Here:

Experiences improved the way I think	(24%)
Motivated to get more education/training	(17%)
Helped me get a job	(6%)

If the findings overall were somewhat mixed, Income Support can take some heart from an analysis of relative levels of customer satisfaction between those not receiving customised service, and those partly and fully involved in the programme.

The findings in respect of customer satisfaction on that comparative basis were significant and overwhelming. Without exception, those who had experienced some form of customised service recorded higher levels of satisfaction than their non-customised counterparts. There were absolutely no exceptions. Furthermore, the *level* of customised service was reflected in the customer satisfaction statistics. Where a range of services had been delivered, (and for the purpose of this analysis this category was referred to as "fully customised") the differences were stark and compelling. The tables shown earlier in this section graphically illustrate the significant (and comparative) levels of customer satisfaction. Customers receiving customised service clearly value the personal service, the staff empathy, and responsiveness that they have identified as features of the programme.

There can be no doubt that far higher levels of customer satisfaction are achieved under customised service.

(iv) Staff Satisfaction

Staff were unequivocally committed to the principles and philosophy of the customised service programme, and to their role in delivering it. Indeed, staff had a consistently higher opinion of the benefits of customised service than did customers themselves. 100 per cent of staff believed that customised service was good for customers, 95% asserted that customers appreciated the one-to-one contact, and 89% believed that positive outcomes were more likely for customers under customised service.

The reciprocal trust and empathy more likely under customised service doubtless played a role in the staff approach to the programme. 70% of staff thought that customer aggression and hostility was less under customised service, while 65% indicated that customers were more likely to be honest about their circumstances. These factors in turn contributed to how staff felt about working in the programme. 65% acknowledged that customised service provided them with greater job satisfaction, and 89% said that they preferred customised service to the old way of working.

Satisfaction with the programme, and their role in it, was also evident in the identification by staff in the best and worst elements, and suggestions for improvement. The singular focus here was on operational factors such as workloads, resource inadequacy, and lack of management support.

There seems little doubt that there is a very high level of commitment to the programme, and satisfaction in working with it, amongst staff in the organisation.

(v) General Observations

The survey results, with response rates of 22% (customers) and 54% (staff) must necessarily be treated with caution. However, the returns are in line with similar surveys conducted by Income Support in the past. Given the range of opinions and perceptions represented in the responses, there may be tentative grounds for assuming that the survey results are broadly representative of the customer population as a whole. The fact remains, however, that the views of those who did not participate in the survey are completely unknown. It is worth recording, however, that amongst the respondents there were no significant demographic biases.

Accepting the limitations of the survey, it might nevertheless be concluded that the significant findings are:

(a) Customised service is not fully operational within Income Support. There are a large number who report that they have never experienced the programme, and a significant number whose experience is extremely limited. As has been observed, this appears to be because of definitional issues, and workload imperatives.

(b) Customer outcomes have been difficult to measure. This, as much as anything, has to do with the customer segment identified for this study (notably those still in receipt of benefit), and also because the organisation currently cannot (or does not) track the reasons for people leaving the benefit system. However, some positive outcomes for customers in terms of the range and levels of assistance were noted. As well, a range of positive interventions were identified, which over time may well contribute to beneficial customer outcomes.

(c) A notable finding for customer satisfaction was the marked difference that customised service had on customer perceptions. Customer satisfaction levels are significantly enhanced through participation in the programme. Furthermore, the greater the level of involvement with customised service, the higher the levels of customer satisfaction.

(d) Staff were enthusiastic advocates for customised service. Overwhelmingly, they believed that the programme was good for customers. For themselves, they clearly preferred working with customers under the new regime, rather than the traditional ways of customer service and management. Their patent enthusiasm for the programme was tempered only by operational issues such as workloads (which appear to be unevenly spread) and resource considerations.

There is a sense that Income Support has a powerful strategic tool at its disposal. Where customised service is fully implemented, where all the key ingredients are in play, the programme is a winner. The challenge may well be to ensure that customised service is extended to the point where all customers benefit, to their advantage, and where the organisation can advance in terms of its business purpose and mission.

Chapter Nine. Summary And Conclusions.

This research report was commissioned by Income Support, which has asked that no formal recommendations be made. This section will therefore bring together at one point the main findings from the research. Any action arising from those findings will be entirely the prerogative of Income Support.

The research began in section 2 with an outline of the research objectives. Income Support sought two outcomes from this study:

> (a) a synthesised and chronological summary of the genesis and implementation of customised service;

> (b) an evaluation of the relative effectiveness of the programme in terms of customer outcomes, customer satisfaction, and staff satisfaction.

The research method was outlined in section 3. This involved literature and theory reviews, research into the organisation, and the introduction of customised service, and customer and staff surveys.

The literature review is contained in section 4. This shows the contemporary nature of case management (customised service) and the somewhat dynamic nature of the current theory. Definitions of case management are amorphous and inexact. Most, however, subscribe to a common ethos which has an underlying principle of continuity of care. Also widely accepted is the notion of a single point of planning, monitoring, and accountability for services. The emergence of case management has been tracked. This shows that case management has emerged as a favoured service delivery approach in a number of programme areas. This is particularly the case for agencies dealing with profoundly impaired clientele. Given the adoption of case management by so many different agencies, it is not surprising to find that a number of different models of case management have been developed. The more popular models have been canvassed, although all seem to have some basic characteristics. These are (1) client identification and outreach; (2) assessment; (3)

service planning; (4) linkage and coordination; and (5) follow-up, monitoring and advocacy.

Process issues in case management stress the need for inter and intra-organisational cooperation, and the fact that long-standing organisational resistance to integration must be overcome. Staffing issues included the possibility of matching staff with specific clients, and when an individual or team approach would be more relevant. The diverse range of skills needed by effective case management personnel have been identified.

Studies into case management effectiveness are inconclusive. Those significant studies undertaken to date suggest that, in the long term, case management intervention does not dramatically affect the outcomes for clients. In mitigation, there have been concerns raised about the evaluative methodologies used to assess case management effectiveness. For those reasons, the effectiveness of case management remains inconclusive.

Case management in a welfare context was explored, and a number of innovative programmes internationally examined. Of particular interest to Income Support's position were the overseas initiatives in confronting the welfare-work dilemma, undertaking organisational restructuring to achieve efficiencies, seamless service provision, and integrated one-stop-shop options. The recurring feature with all these initiatives was the importance of case management as the delivery tool.

In section 5, there was an overview examination of service delivery systems. Major dimensions in, and important features of, service delivery systems were studied. The critical nature of service encounters, some models for customer service delivery, after-sales service, and the measurement of results were all examined in the context of Income Support's customised service programme.

The complex and multi-faceted nature of service delivery systems was highlighted, and the importance of integration of particular service delivery methodologies (such as customised service) into the wider service delivery system was stressed. Customised service, it was suggested, is but one link in a complex service delivery chain.

Section 6 saw an examination of the organisation itself. Income Support is a large and significant player within New Zealand society. Over 850,000 people nationally depend on the organisation for their day-to-day income maintenance support. Almost $10 billion is expended annually by the department. However, the business purpose, vision, and strategic goals for the organisation are far more than simply paying people efficiently. Income Support is committed to "assisting people to be the best they can", and sees its role more critically as helping its clients to realise their full potential in life, and participating (and contributing) fully in the wider society. Its customised service programme is an important foundation to the business philosophy.

To understand better the predominant ethos for the organisation, and to place in context later initiatives, the growth and development of Income Support was traversed. This showed a remarkable turnaround in attitude, standards, and results for the organisation following a new management approach. Between 1991 and 1994 the business underwent a dramatic transformation. This laid a solid foundation for the introduction later of customised service.

Section 7 recorded the genesis and implementation of customised service to the business. The decision to pilot a form of case management in four sites was in itself a novel approach for the department. What was more noteworthy was the freedom allowed the pilot districts to develop the programme in their own idiosyncratic ways. This not only ensured a degree of ownership and buy-in from staff in those sites. More importantly, it allowed the organisation to assess the relative effectiveness of the various approaches before extending customised service further.

What was lacking at the pilot stage was a robust and empirical process for determining real outcomes from customised service. The pilot sites kept their own results, but these seemed to be largely anecdotal in nature. What quantitative records were maintained were substantially discredited by later studies by the Social Policy Agency.

In the event, customised service was extended, initially for 30 per cent of customers, across the country. That decision, in retrospect, was probably justifiable on a number

of grounds which were more qualitative than quantitative in nature. There were strong messages from both customers and staff that the new approach was having a positive effect. Certainly, staff were reporting enthusiastically on the programme, and a degree of ownership had emerged from staff. Given the traditional aversion to change often exhibited by staff, this was an important factor. As well, there were developments elsewhere in the Public Service (notably Accident Compensation Corporation, and New Zealand Employment Service) to adopt derivatives of case management in their service delivery systems. Given Income Support's need to remain competitive in the delivery of Government programmes, it was essential that it not be left off the pace. Furthermore, the overarching ethos of customised service fitted well with the stated business vision and mission. Income Support wanted to do more than simply pay benefits. Finally, introduction of customised service allowed the organisation to leverage other business process re-engineering. New skill requirements for staff, new standards for operational and financial performance, and new customer standards were all introduced concomitantly with customised service. It must also be acknowledged that the final roll-out was accompanied by a very comprehensive set of instructions and guides for staff, developed as a result of the pilot stage. It is also of noteworthy comment that customised service was introduced throughout the organisation within existing budget.

In section 8, the results from the customer and staff surveys are assessed. There are limitations in the survey, caused through the response rate from customers (22%), and staff (54%). However, some conclusions can reasonably be drawn from the responses. Firstly, customised service is not fully operational across the targeted customer population. A not insignificant number of customers had no experience whatsoever with the programme. This seems to be attributable to questions of definition of the programme, and also the capacity of the organisation to deliver the programme within existing resources. As well, there appeared to be an uneven distribution of workload throughout the organisation. No definitive conclusions could be reached on customer outcomes from the programme. This is partly to do with limitations in the research (in that only those still in receipt of benefit were surveyed), and also because Income Support lacks systems or processes to capture that essential information. What was evident, however, was that people participating in

customised service were far more likely to be receiving their full entitlement. Additionally, a range of positive interventions were identified, which arguably are more likely to lead to positive outcomes for customers.

Customer satisfaction levels are considerably enhanced through participation in customised service. There were dramatic differences apparent between those who had no experience with the programme, those with limited access, and those who received the full range of services. The greater the level of participation and involvement, the higher the level of customer satisfaction. Customers valued most the personal service, the degree of staff empathy, and the greater responsiveness.

Staff are enthusiastic supporters of customised service. Interestingly, they have more positive perceptions of the programme, in terms of customer outcomes, than do customers themselves. For themselves, staff prefer operating under customised service than the traditional method of service delivery, and most agree that it provides them with greater job satisfaction. Concerns raised by staff are largely concerned with internal operational issues.

Introduced in 1994, customised service represents a dramatically different way of providing services to customers. In shifting its paradigm from one concerned with paying benefits to a philosophy of adding value to the customer encounter, Income Support has embarked on an exciting initiative. The results to date may well be affected by two imperatives. Firstly, the external economic environment will clearly impact on the ability of many to assume a degree of self-sufficiency. While education, training, and other initiatives will obviously assist a good number to move on, there is a limit to what can be achieved for many. Secondly, and more critically for the organisation, there remains a question about the extent to which customised service has been applied. That the programme has the potential to achieve very real outcomes for customers there seems little doubt. The challenge for Income Support may well lie in ensuring that customised service realises its true potential. It is hoped that this research report may contribute in some small way to the organisation fulfilling its dream to transform social dependence into social contribution, and in promoting hope and worth within New Zealand communities.

Acknowledgments.

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Appendix A

APPENDIX A (i)   Customer Information Sheet
            (ii)   Customer Questionnaire

RESEARCH STUDY FOR INCOME SUPPORT - HOW WELL IS CUSTOMISED SERVICE WORKING?

INFORMATION SHEET

My name is Barry Shea. I am an employee of the Department of Social Welfare and currently undertaking a research project as part of my Master of Business Administration degree. My supervisor is Associate Professor Frank Sligo, from the Department of Human Resource Management, Massey University, Palmerston North.

The purpose of the study is to assess the effectiveness of Customised Service, which is a new way of dealing with customers introduced by Income Support. Customised Service involves a staff member from Income Support being assigned as the personal case manager for people in receipt of benefit. Income Support wants to know whether Customised Service is working, and whether there is anything that could be done to improve the way it deals with its customers.

For this study, I will be asking a randomly selected group of Income Support customers to fill in a questionnaire that will provide valuable information about how well or otherwise Customised Service is working. As well, I will be personally interviewing some customers, and also some staff from Income Support.

You have been randomly selected to receive a copy of the questionnaire. It is important for you to know that

- Your name was selected by the computer entirely at random. Income Support had nothing whatsoever to do with your selection.
- The survey is completely confidential and cannot affect your benefit in any way.
- Income Support will not know who the customers were who were asked to participate in this study.

•You have the right not to complete the questionnaire or to answer any question.

•If you do agree to participate in the study, your individual responses will not be divulged to anyone. Information will be presented in such a way that identification of individuals will be impossible. However the summary report will be made available to Income Support which will help them to assess the impact of customised service. The information you provide will be very useful for Income Support in improving services to customers.

You are being invited to participate in this study. Filling out the questionnaire implys consent. The questionnaire should only take about 15 minutes of your time. You cannot be identified by your answers. After you have completed the questionnaire, please send it back in the reply-paid envelope enclosed.

If you have any questions about this study, you are free to contact me by phone on (04) 562 8222. Alternatively, you may wish to contact my supervisor, Associate Professor Frank Sligo, if you have any questions about this research. He can be contacted at

> Massey University
> Department of Human Resource Management
> Private Bag
> Palmerston North

He may also be contacted by phone : (06) 350 4273   or   (06) 355 3139

Thank you for taking the time to read this information sheet.

Yours faithfully

Barry Shea

CUSTOMISED SERVICE SURVEY 1997

Thank you for taking the time to fill in this questionnaire.

Your answers will help the Income Support decide how useful Customised Service has been to you. It will also enable Income Support to identify areas where it might improve the service it provides customers.

This survey is confidential which means that no one except me - Barry Shea - will see your answers to the questions. Your name will never be used and your individual responses will not be shown to Income Support.

The survey should take about 15 minutes to fill in.

Please note that the abbreviation CSO means Customer Services Officer. This refers to the person in Income Support who deals with your case.

A. First, please tell us about yourself.......

Q1 *What type of benefit or income support do you get now? (tick one)*

☐ Unemployment ☐ Domestic Purposes

☐ Sickness ☐ Invalids ☐ Widows

☐ Training ☐ New Zealand Superannuation

Q2 *What type of allowances or extra help do you get now? (tick all that apply)*

☐ Accommodation Supplement ☐ Special Benefit

☐ Training Incentive Allowance ☐ Disability Allowance

☐ None

Q3 *How long have you been getting a benefit, allowance, or other income support? (tick longest time if payments started at different times)*

☐ less than 3 months ☐ 3 to 6 months ☐ 6 months to 1 year

☐ 1 to 2 years ☐ 2 to 5 years ☐ more than 5 years

Q4 *What age group are you in?*

☐ less than 20 ☐ 20 to 29 ☐ 30 to 39

☐ 40 to 49 ☐ 50 or over

Q5 *Are you male or female?*

☐ Female ☐ Male

Q6 *What ethnic group do you belong to?*

☐ NZ Maori ☐ NZ European/Pakeha ☐ Pacific Islander

☐ Asian ☐ Other

B. About your contact with Income Support.......

Q7 *When did you last have contact with your Income Support office?*

[   ] Within the last week   [   ] Within the last month

[   ] Within the last 3 months   [   ] Over 3 months ago

[   ] Over 12 months ago

Q8 *How did you make contact?*

[   ] By phone   [   ] By mail   [   ] By visiting the office

C. About Customised Service.......

Q9 *Do you know about Customised Service?*

[   ] Yes   [   ] No

Q10 *Do you have a particular Customer Services Officer (CSO) who deals with your case?*

[   ] Yes   [   ] No

Q11 *Do you know the name of the CSO assigned to you?*

[   ] Yes   [   ] No

Q12 Do you deal with your assigned CSO all the time?

[ ] Yes   [ ] No

Q13 How often do you have contact with your CSO?

[ ] at least once a week   [ ] every I to 2 weeks

[ ] every 3 or 4 weeks   [ ] over 4 weeks

[ ] never have contact

Q14 When did you last see your CSO?

[ ] within the last week   [ ] within the last month

[ ] within the last 3 months   [ ] never

Q15 Have you agreed an action plan with your CSO?

[ ] Yes   [ ] No

Q16 Has your CSO talked to you about ways to help you manage better?

[ ] Yes   [ ] No

Q17 Are you satisfied you are getting your full and correct entitlement?

[ ] Yes   [ ] No

Q18 Has your CSO referred you to other agencies?

[ ] No   [ ] Yes   Please tell us where

_____

_____

_____

Q19 *Have you undertaken any education or training after discussion with your CSO?*

☐ No ☐ Yes Please tell us what

_____

_____

_____

Q20 *Has your CSO assisted you in finding work?*

☐ No ☐ Yes Full-time☐

Part-time☐

Q21 *As a result of customised service, do you now feel better able to manage on a benefit?*

☐ Yes ☐ No

D. What you think of Customised Service.......

In this section we are interested in your experience of Customised Service, and what you think about it. Please answer each statement showing whether you agree or disagree that the statement is true for you.

Please indicate by circling the word of your choice.

1. My CSO seems to respect me as an individual.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

2. My CSO really understands my needs.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

3. My CSO appears to know what s/he is talking about.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

4. My CSO is fair in the way s/he deals with me.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

5. My CSO is genuinely interested in my circumstances.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

6. My CSO is able to answer all my questions.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

7. My CSO makes sure that I am getting all the assistance I am entitled to.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

8. My CSO has done everything they said they would.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

9. My experiences with customised service have improved the way I think about myself.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

10. The customised service programme motivated me to get more education or job training.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

11. The customised service programme has helped me get a job.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

12. I would recommend the customised service programme to my friends.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

13. The only reason I participate in customised service is because I need the benefit.
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

14. I feel lucky to have been a part of customised service
Strongly agree   Agree   Neutral   Disagree   Strongly disagree

15. In your own words, what are the BEST things about customised service?

_____

_____

_____

_____

16. In your own words, what are the WORST things about customised service?

_____

_____

_____

_____

17. What would you like to see changed about customised service?

_____

_____

_____

_____

That's it!   Finished!   Thank you very much for your time.

Please put your questionnaire in the prepaid envelope, seal it and post it.

If you've lost the envelope the address to send this survey is:

Barry Shea
P.O. Box 41103,
Eastbourne,
Lower Hutt

Appendix B

Appendix B (i)   Staff Information Sheet
         (ii)   Staff Questionnaire

RESEARCH STUDY FOR INCOME SUPPORT - HOW WELL IS CUSTOMISED SERVICE WORKING?

INFORMATION SHEET

My name is Barry Shea. I am an employee of Income Support, although for the past twelve months or so have been absent from the organisation completing my Master of Business Administration degree. I am currently completing a research project as a part of the MBA programme. My supervisor is Associate Professor Frank Sligo, from the Department of Human Resource Management, Massey University, Palmerston North.

My research involves a study into the effectiveness of Customised Service. For this study, I will be asking a randomly selected group of Income Support customers to fill in a questionnaire about how well or otherwise they perceive the programme to be working.

I am also interested in finding out how staff involved in Customised Service see things. To this end, I am sending questionnaires to all staff in five offices within the business. Your office is one of those five selected for this study.

It is important for you to know that

- The survey is completely confidential. You do not have to put your name on the questionnaire.
- No one except me will see the answers to the questions.
- All questionnaires will be destroyed after I have completed my analysis.
- You do not have to complete the questionnaire if you don't want to.
- If you do agree to participate in the study, the information will be useful in identifying possible areas for improvement.

I would very much appreciate your participation in this study. Filling in the questionnaire should only take about 15 minutes of your time. You cannot be identified by your answers. After you have completed the questionnaire, please send it back in the reply-paid envelope enclosed.

If you have any questions about this study, please feel free to contact me at phone (04) 562 8222. Alternatively, you may wish to contact my supervisor, Associate Professor Frank Sligo, if you have any questions about this research. He can be contacted at

Massey University
Department of Human Resource Management
Private Bag
Palmerston North

He may also be contacted by phone : (06) 350 4273
or   (06) 355 3139

Thank you for taking the time to read this information sheet.

Yours faithfully,

Barry Shea

Thank you for taking the time to fill in this questionnaire.

Your answers, along with those from customers, will help Income Support assess how well customised service is working. It will also enable Income Support to identify areas where it might improve the service it provides customers.

This survey is confidential which means that no one except me - Barry Shea - will see your answers to the questions. Your name will not be known, and the individual questionnaires will not be shown to Income Support.

The survey should take about 10 minutes to fill in.

A. First, please tell us a little about yourself.......

Q1 *How long have you worked for Income Support?*

[＿＿＿] Years   [＿＿＿] Months

Q2 *What age group are you in?*

[＿＿＿] less than 20   [＿＿＿] 20 to 29   [＿＿＿] 30 to 39

[＿＿＿] 40 to 49   [＿＿＿] 50 Or over

Q3 *Are you male or female?*

[＿＿＿] Female   [＿＿＿] Male

B. About your work with customised service.......

Q4 *How long have you worked under customised service?*

[_____] Years   [_____] Months

Q5 *What is your current caseload?*

[_____] Number

Q6 *Are you able to manage your current caseload?*

Easily able to manage   1   2   3   4   5   Not at all able to manage

Q7 *What do you believe would be a manageable caseload?*

[_____] Number

Q8 *Have all your caseload customers been seen under customised service?*

[_____] Yes   [_____] No

If No, how many customers have yet to be seen?

[_____] Number

Q9 *Have plans been prepared for all your customised customers?*

[_____] Yes   [_____] No

If No, how many customers have yet to have plans prepared?

[_____] Number

Q10 *Do you believe you have had enough training for customised service?*

More than enough training　1　　2　　3　　4　　5　Little or no training

Q11 *What type of training would you like?*

_____

_____

_____

_____

Q12 *What sort of things, if any, would make your customised service job easier?*

_____

_____

_____

C. What you think about customised service.......

In this section we are interested in your experience of Customised Service, and what you think about it. It would be appreciated if you would answer each statement with whether you agree or disagree that the statement is true for you. Please indicate by circling the words of your choice.

1. Customised service is good for customers.

Strongly agree　　*Agree*　　*Neutral*　　*Disagree*　　*Strongly disagree*

2. Customised service encourages customers to consider their future.

Strongly agree　　*Agree*　　*Neutral*　　*Disagree*　　*Strongly disagree*

3. Customised service provides me with greater job satisfaction.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

4. Customers are more likely to receive their full and correct entitlement under customised service.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

5. Customers apply for special assistance (SNGs, Advances) less under customised service.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

6. Customer aggression and hostility is less under customised service.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

7. I prefer customised service to the old way of working.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

8. Customers appreciate the one-to-one contact of customised service.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

9. The only reason customers participate in customised service is because they need the benefit.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

10. Positive outcomes for customers are more likely under customised service.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

11. Customised service has improved the way customers think about themselves.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

12. Customers are more likely to be honest about their circumstances under customised service.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

13. Overpayments are less likely under customised service.

Strongly agree   Agree   Neutral   Disagree   Strongly disagree

14. Customers have a higher opinion of Income Support as a result of customised service.

Strongly agree   *Agree*   *Neutral*   *Disagree*   *Strongly disagree*

15. In your own words, what are the BEST things about customised service? _____

_____

_____

_____

_____

16. In your own words, what are the WORST things about customised service? _____

_____

_____

_____

17. What suggestions have you for improving the customised service programme? _____

_____

_____

_____

That's it!   Finished!   Thank you very much for your time.

Please put the questionnaire in the prepaid envelope, seal it and post it.

If you've lost the envelope the address to send this survey is:

Barry Shea
P.O. Box 41103,
Eastbourne
Lower Hutt

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Appendix C

Appendix C : Results from Pilots
>   (i) Customer Population; Staff and Caseload
>   (ii) Customer Contact for Pilot; Initial Interview for Pilot
>   (iii) Follow-up Interview
>   (iv) Suspensions/Cancellations; Short-Term Assistance
>   (v) Correction of Entitlement (Pilot Group)
>   (vi) Employment and Training; Fraud and Abuse
>   (vii) Debts; Referral to Other Agencies (Pilot Group)
>   (viii) Accomodation Supplement Benefits in Force
>   (ix) Disability Allowance benefits in Force
>   (x) Special Benefits in Force
>   (xi) Special Needs Grants
>   (xii) Advance Payments of Benefit
>   (xiii) Customers with Income Due to Work
>   (xiv) Training Incentive Allowance Grants
>   (xv) Return to Work Special Needs Grants
>   (xvi) Return to Work Suspensions/Cancellations
>   (xvii) Benefit Crime Suspensions/Cancellations
>   (xviii) Changes in Entitlement Accomodation Supplement
>   (xix) Changes in Entitlement Disability Allowance
>   (xx) Changes in Entitlement Special Benefit

1. Customer Population

		Henderson			Taupo			Masterton			Greymouth		
		Pilot	Control	Usual Pop	Pilot	Control	Usual Pop	Pilot	Control	Usual Pop	Pilot	Control	Usual Pop
1.1	UB				375	922	1195	517	NIL	1289	92		
1.2	Trg & related				16		132				1		
1.3	IYB				8		32				0		
1.4	SB				47		243				27		
1.5	DPB	260	NIL	3346	256		890				29		
1.6	WB				28		105				6		
1.7	IB				42		211				25		
1.8	NZ Super				150		3491				247		
1.9	New apps during pilot	NC	NIL	NC	45	45	NC	NC	NIL	NC	14		
1.10	**TOTAL**	**260**	**NIL**	**3346**	**967**	**967**	**6299**	**517**	**NIL**	**1289**	**427**		**5578**

Notes:

1. Breakdown of benefit type of Taupo control group not available

2. Reefton new applications figure of 14 added back in to figures for individual groups

3. "'Usual'" population for Greymouth covers Greymouth & South Westland. No breakdown by benefit type, but
   total includes 3317 NZS

4. "NC" = Not Collected

2. Staff & Caseload

		Henderson		Taupo		Masterton		Greymouth	
		Pilot	Tot Off	Pilot	Tot Off	Pilot	Tot Off	Pilot	Tot Off
2.1	Number of staff	4	50	4	16	2	1079	2	
	Based on Pilot Population:								
2.2	Caseload per staff w/o NZS	65		204		259		180	
2.3	Caseload per staff with NZS			242				247	
	Based on Pilot Participants:								
2.4	Caseload per staff (incl. NZS)	65		242		258		see note	

Notes:

1. Henderson pilot participants were targeted as they visited office and were not identified prior to pilot.

2. Reefton pilot participants were not compelled to take part. One caseworker handled just NZS cases & the other caseworker
   handled the balance.

3. Customer Contact for Pilot

		Henderson	Taupo	Masterton	Greymouth
3.1	Total # contacted	268	967	517	427
3.2	Method	Office Interview	By Letter	Phone - 40% Letter - 70%	Letter & flyer
3.3	# who responded	268	934	497	Not reqd to respond
3.4	# in 3.3 non particip	8	0 (some NZS unsure)	1	N/A - no choice given
3.5	# did not respond	N/A	33	20	NA
3.6	Total participants	260	967	516	427

4. Initial Interview for Pilot

		Henderson	Taupo	Masterton	Greymouth
4.1	# interviewed initially	260	806	497	257
4.2	Ave lgth i'view (mins)	35	45	30	30
4.3.1	# held in home	2	52	382	12
4.3.2	# held in office	258	664	70	25 in Greymouth
4.3.3	# held elsewhere	0	90	45	220 in Reefton office
	Types of location	N/A	Community Halls PlayCentres (Network Mtgs)	Martinborough Community Centre Presbyterian Support Services	

Note:

1. The Reefton office was opened specifically to accommodate the pilot - no previous NZISS presence in township.

5. Follow-up interview

		Henderson	Taupo	Masterton	Greymouth
5.1	# interviewed thru follow-up	149	481	264	
5.2	Ave lgth i'view (mins)	35	20	10	
5.3.1	# requiring no f/u	83	0	244	
5.3.2	# requiring only 1 f/u	54	0	175	see note
5.3.3	# requiring 2-4 f/u	86	481	48	
5.3.4	# requiring >4	37	0	30	
5.4.1	# held in home	71	NC	28	
5.4.2	# held in office	219	NC	42	
5.4.3	# held over the phone	141	NC	186	
5.4.4	# held elsewhere	0	NC	8	
5.4.5	Types of location	N/A	Homes, Offices Community Halls PlayCentres (Network Meetings)	Martinborough Community Centre Presbyterian Support Services	

Note:

1. Reefton pilot participants were not compelled to take part. Statistics on follow up interviews have therefore not been collected. Caseworkers report, however, that the numbers of customers self-selecting to recontact were high.

6. Suspensions/Cancellations

		Henderson				Taupo				Masterton				Greymouth			
		Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont
	Pilot Participants/Control	**260**		**3346**		**967**		**967**		**516**		**1289**		**427**		**5578**	
6.1	# thru no resp to init contact	N/A				33	3%			0	0%			N/A			
6.2	subseq, response but not entit	N/A				21	2%			3	1%			N/A			
6.3	# thru RTW	5	2%	NC		49	5%	10	1%	91	18%	NC		29	7%	NC	
6.4	# thru other	5	2%	NC		NC		NC		31	6%	NC		17	4%	NC	
6.5	Reasons	Reconciled								GNA Left NZ No decl Excess income				Death Left NZ Reconciled Lack of reps			
	Total susp/canc thru RTW/other	0	0%			49	5%			122	24%			46	11%		
6.6	**Total susp/canc**	**10**	**4%**			**70**	**7%**	**10**	**1%**	**125**	**24%**			**46**	**11%**		

Note:
1. NC = Not Collected

7. Short-Term Assistance

		Henderson				Taupo				Masterton				Greymouth			
		Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont
	Pilot Participants/Control	**260**		**3346**		**967**		**967**		**516**		**1289**		**427**		**5578**	
7.1	# SNG's issued	71	27%	820	25%	41	4%	266	28%	3	1%	174	13%	15	4%	710	13%
7.2	Avge SNG value	92.20		115.04		108.00		108.00		123.30		152.16		122.51		81.17	
7.3	# Advances issued	102	39%	1606	48%	10	1%	81	8%	n/a (UB)		n/a (UB)		2	0.5%	175	3%
7.4	Avge Adv value	319.50		301.30		268.00		268.00		n/a (UB)		n/a (UB)		243.00		281.61	

8. Correction of Entitlement (Pilot Group only)

		Henderson			Taupo			Masterton			Greymouth		
		No.	% Pil	Avg Value	No.	% Pil	Avg Value	No.	% Pil	Avg value	No.	% Pil	Avg value
	Pilot Participants	260			967			516			427		
8.1	Transfer other bft	5	2%		75	8%		18	3%	N/A	9	2%	
8.2	Incr in ASupp	34	13%	21.98				30	6%	5.00	19	4%	NC
8.3	Decr in ASupp	24	9%	24.00				26	5%	12.00	18	4%	NC
8.4	Incr in DA	8	3%	17.24				4	1%	2.00	16	4%	NC
8.5	Decr in DA	4	2%	5.93				0	0%	0.00	2	0%	NC
8.6	Incr in SpBft	31	12%	28.08				0	0%	nil	0	0%	NC
8.7	Decr in SpBft	21	8%	24.71				0	0%	nil	1	0%	NC
8.8	Incr in FS	19	7%	36.23				0	0%	nil	4	1%	NC
8.9	Decr in FS	6	2%	63.50				1	0.2%	42.00	0	0%	NC
8.10	Apps for CSC	0	0%	0.00				NC		NC	0	0%	NC
8.11	Apps for LAP	0	0%	0.00				NC		NC	2	0%	NC
8.12	Apps for Home Help	0	0%	0.00				NC		NC	0	0%	NC
8.13	Apps for DPCW	0	0%	0.00				NC		NC	4	1%	NC
	Total incrs (8.2+8.4+8.6+8.8)	92	35%		89	9%		34	7%		39	9%	
	Total decrs (8.3+8.5+8.7+8.9)	55	21%		45	5%		27	5%		21	5%	

Note:

1. No breakdown by programme type or average values available for Taupo

2. NC = Not Collected

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9. Employment & Training

		Henderson				Taupo				Masterton				Greymouth			
		Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont
	Pilot Participants/Control	260		3346		967		967		516		1289		427		5578	
9.1	Bfts reduc thru egs	9	3%	NC		58	6%	NC		117	23%	551	43%	75		NC	
9.2	Ave value of reduc	62.80		NC		NC		NC		46.54		53.29		NC		NC	
9.3	# of TIA incr (inc apps)	19	7%	NC		11	1%	NC		N/A		N/A		15		NC	
9.4	Ave value of TIA incr	387.43		NC		NC		NC		N/A		N/A		NC		NC	
9.5	# of CCS incr (inc apps)	16	6%	NC		NC		NC		N/A		N/A		N/A no centr		NC	
9.6	Avge value of CCS incr	12.50		NC		NC		NC		N/A		N/A		N/A in Reef.		NC	

Notes:

1. NC = Not Collected
2. There is no child care centre in Reefton

10. Fraud & Abuse

		Henderson				Taupo				Masterton				Greymouth			
		Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont
	Pilot Participants/Control	260		3346		967		967		516		1289		427		5578	
10.1	Referrals to IU	3	1%	241	7%	5	1%	NC		32	6%	307	24%	13	3%	see note	
10.2	Referrals subsq canc					2	0.2%	NC		13	3%	NC	NC	1	0.2%	NC	
10.3	Refs still under investg	0		303		0		NC		4		NC	NC	1			

Note:

1. No control group numbers available for #'s subsequently cancelled for Reefton, however on a prorata basis
   referrals by caseworkers were 4 times as high

11. Debts

	Henderson				Taupo				Masterton				Greymouth			
	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont	Pilot	% Pil	Control	% Cont
Pilot Participants/Control	260		3346		967		967		516		1289		427		5578	
11.1 Debts estbl during pilot	0	0%	2122	63%	8	1%	38	4%	0	0%	516	40%	4	1%	523	9%
11.2 Avge value of debt	0		114.59		126.25		124.37		0		95.70		176.77		186.37	
11.3 Total value of debts est	0		243176.33		1010		4726		0		49381		707.07		97476	

Note:
1. Reefton also established an office error overpayment during pilot period valued at $5,084.72

12. Referrals to Other Agencies (Pilot Group only)

	Agency Name	Henderson Number	Taupo Number	Masterton Number	Greymouth Number
12.1	NZES	6			3
12.2	Workbridge	0			2
12.3	Budget Advice	5			1
12.4	IRD	1			2
12.5	ACC	0	No breakdown available by agency	All customers were advised of the agencies and what assistance may be available. Specific statistics not collected	0
12.6	Doctor/health Service	1			6
12.7	Polytech	0			1
12.8	Housing NZ	0			1
12.9	Who Cares (comm org)	0			3
12.10	CYP	0			2
12.11	Dentist	0			1
12.12	WEA	1			
	TOTAL	14	790	NC	22
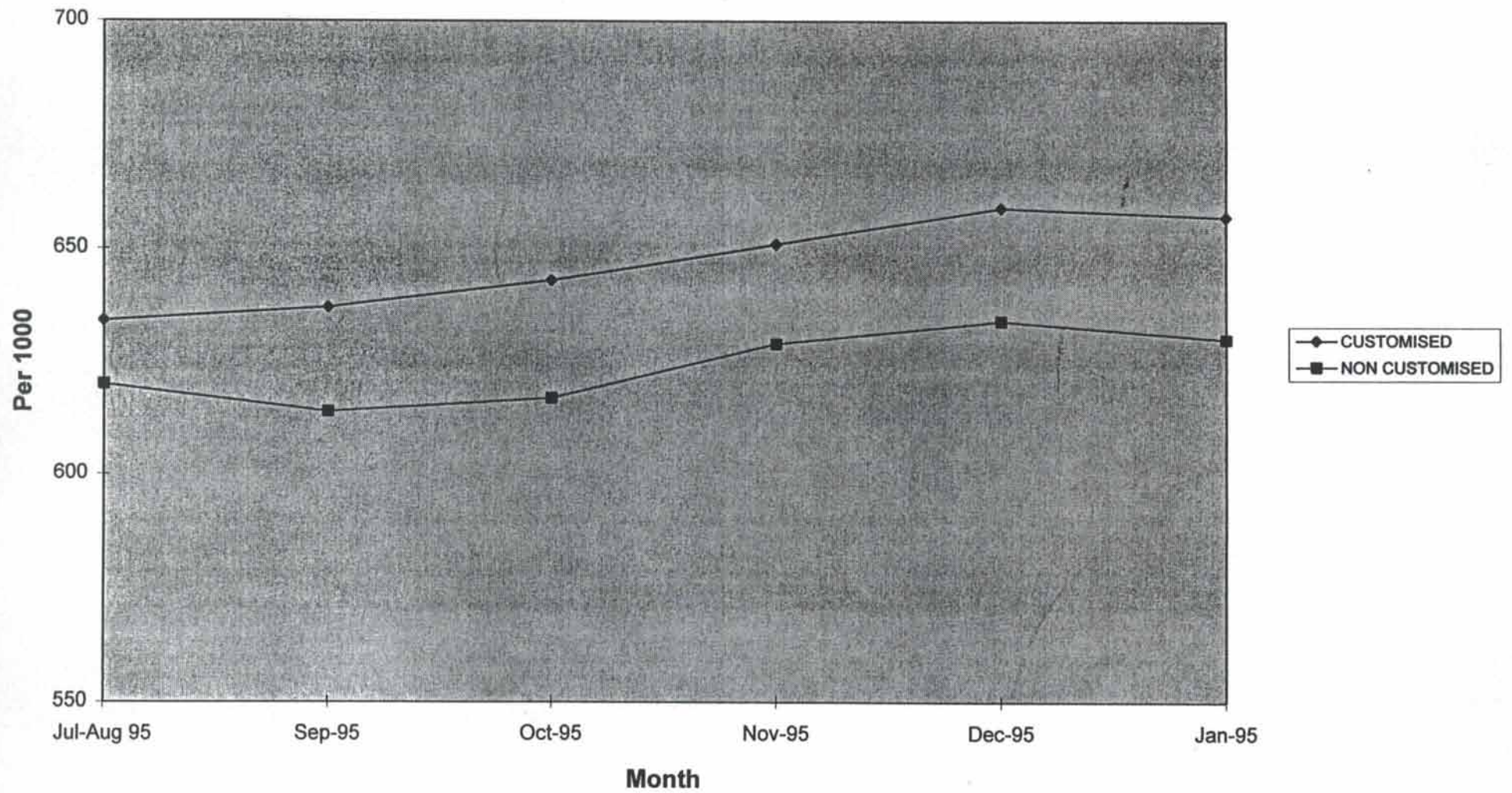
Accommodation Supplement Benefits in Force

Disability Allowance Benefits in Force

Chart: "Disability Allowance Benefits in Force" showing Per 1000 (y-axis, 150 to 250) versus Month (x-axis: Jul-Aug 95, Sep-95, Oct-95, Nov-95, Dec-95, Jan-95)

Legend:
- CUSTOMISED
- NON CUSTOMISED

Special Benefits In Force

Chart showing "Per 1000" (y-axis, 50–150) versus Month (x-axis: Jul-Aug 95, Sep-95, Oct-95, Nov-95, Dec-95, Jan-95). Two series: CUSTOMISED and NON CUSTOMISED.

Special Needs Grants

Chart titled "Special Needs Grants" plotting Per 1000 (y-axis, 50 to 110) against Month (x-axis, Sep-95 to Jan-95). Two series: CUSTOMISED and NON CUSTOMISED.

Advance Payment of Benefit
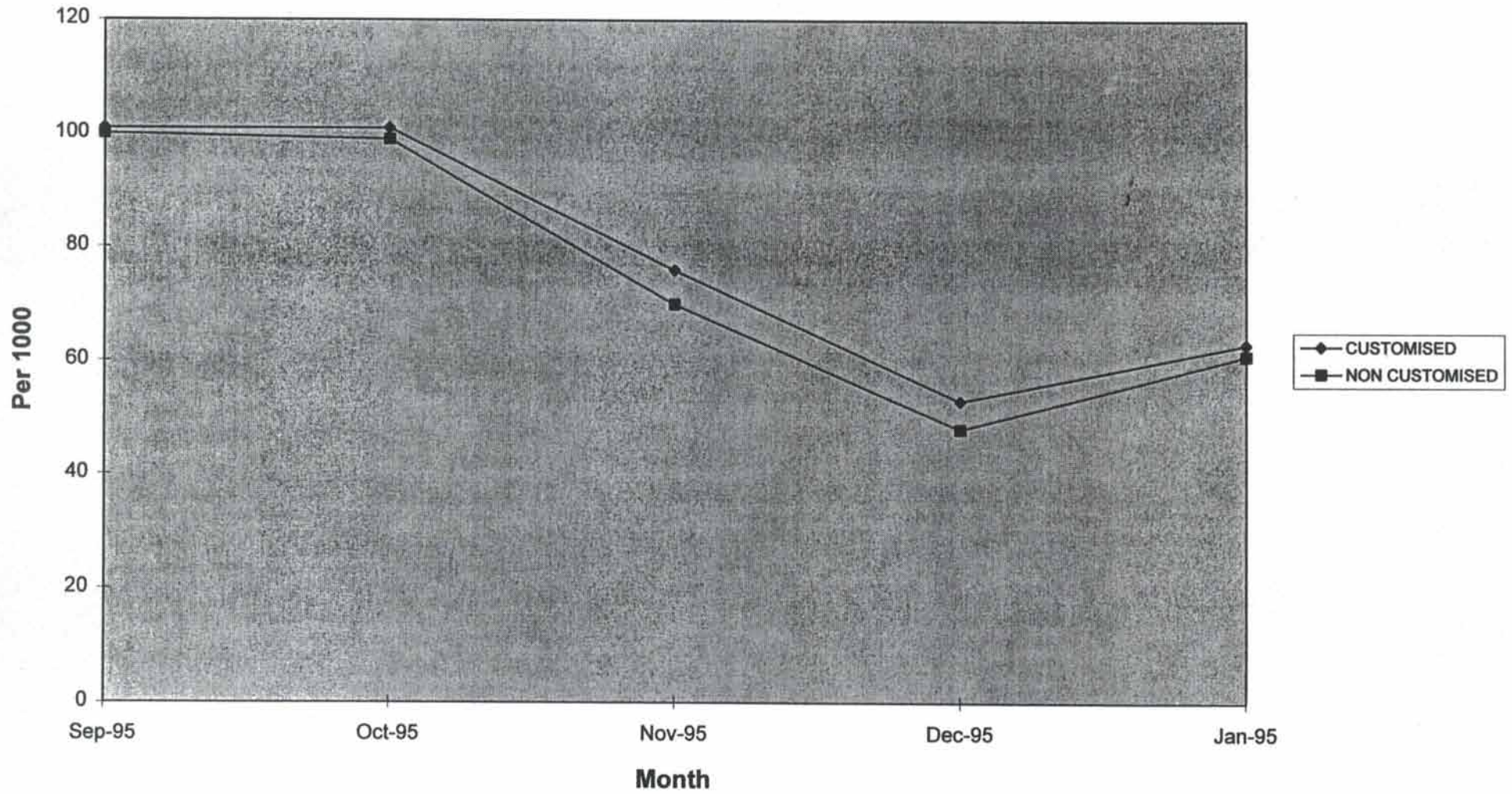
Customers with Income Due to Work
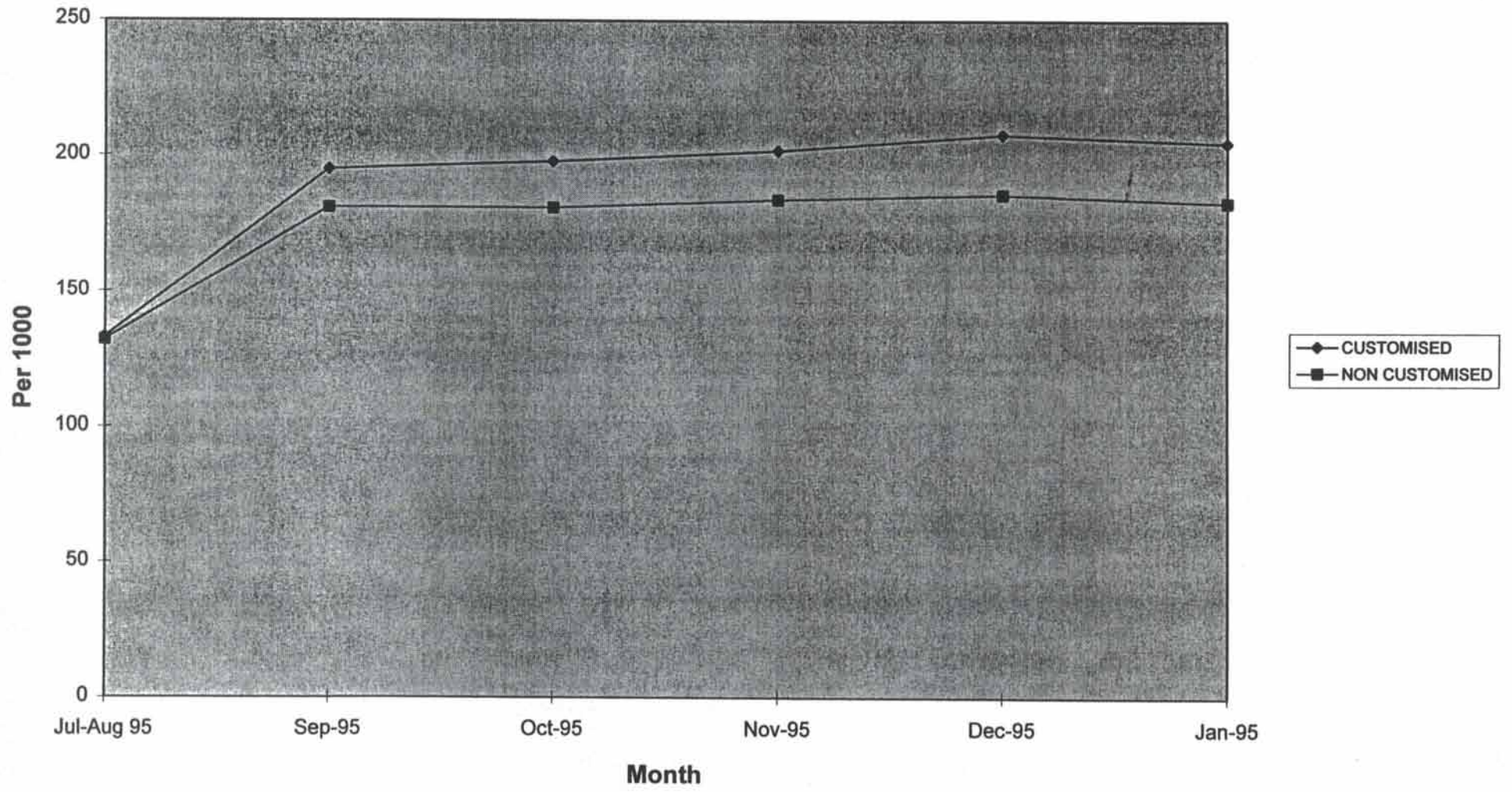
Training Incentive Allowance Grants

Return to Work Special Needs Grants

Chart: "Return to Work Special Needs Grants" — line graph with Y-axis "Per 1000" (0 to 90) and X-axis "Month" (Jul-Aug 95, Sep-95, Oct-95, Nov-95, Dec-95, Jan-95). Two series: CUSTOMISED and NON CUSTOMISED.
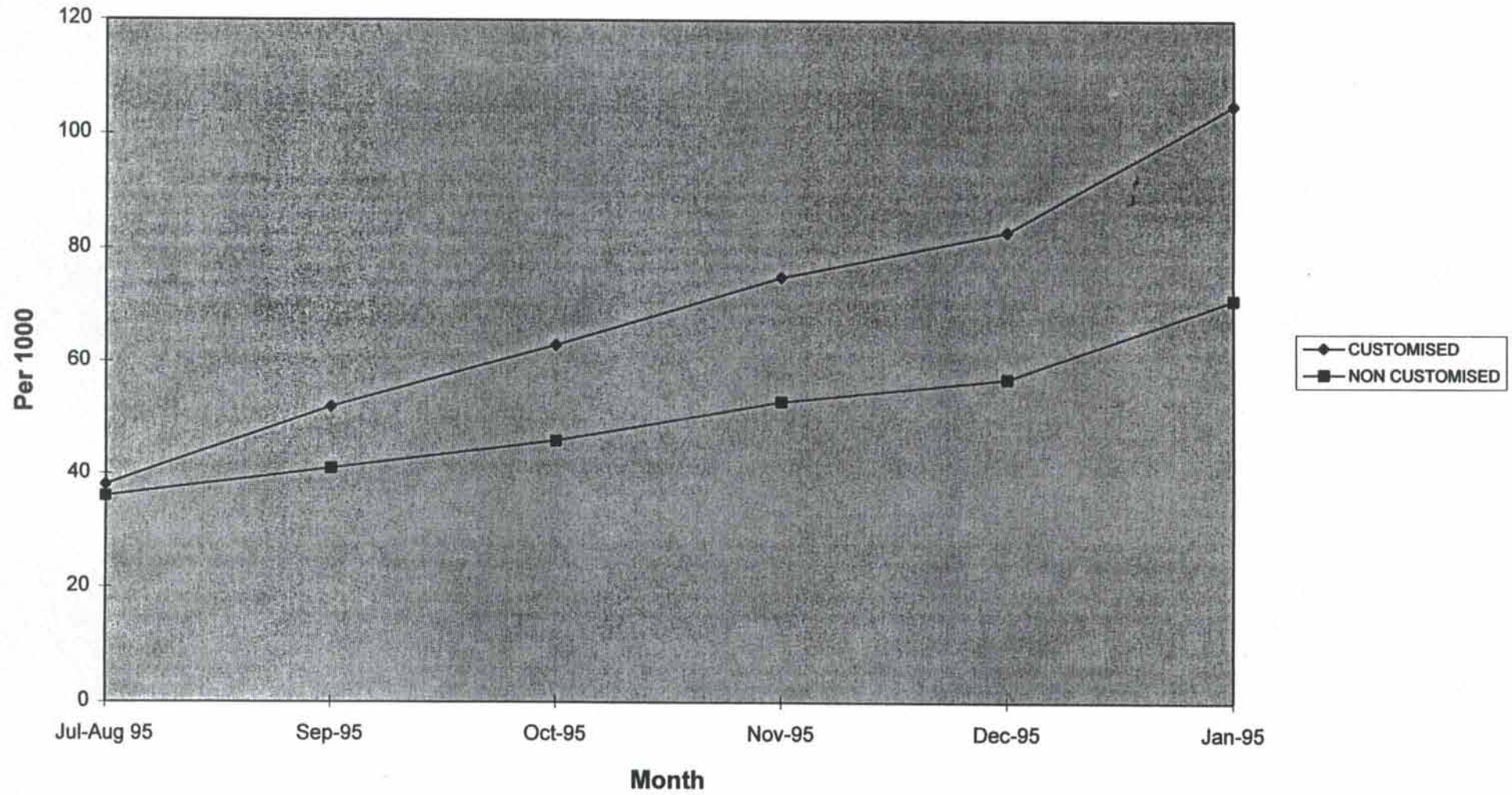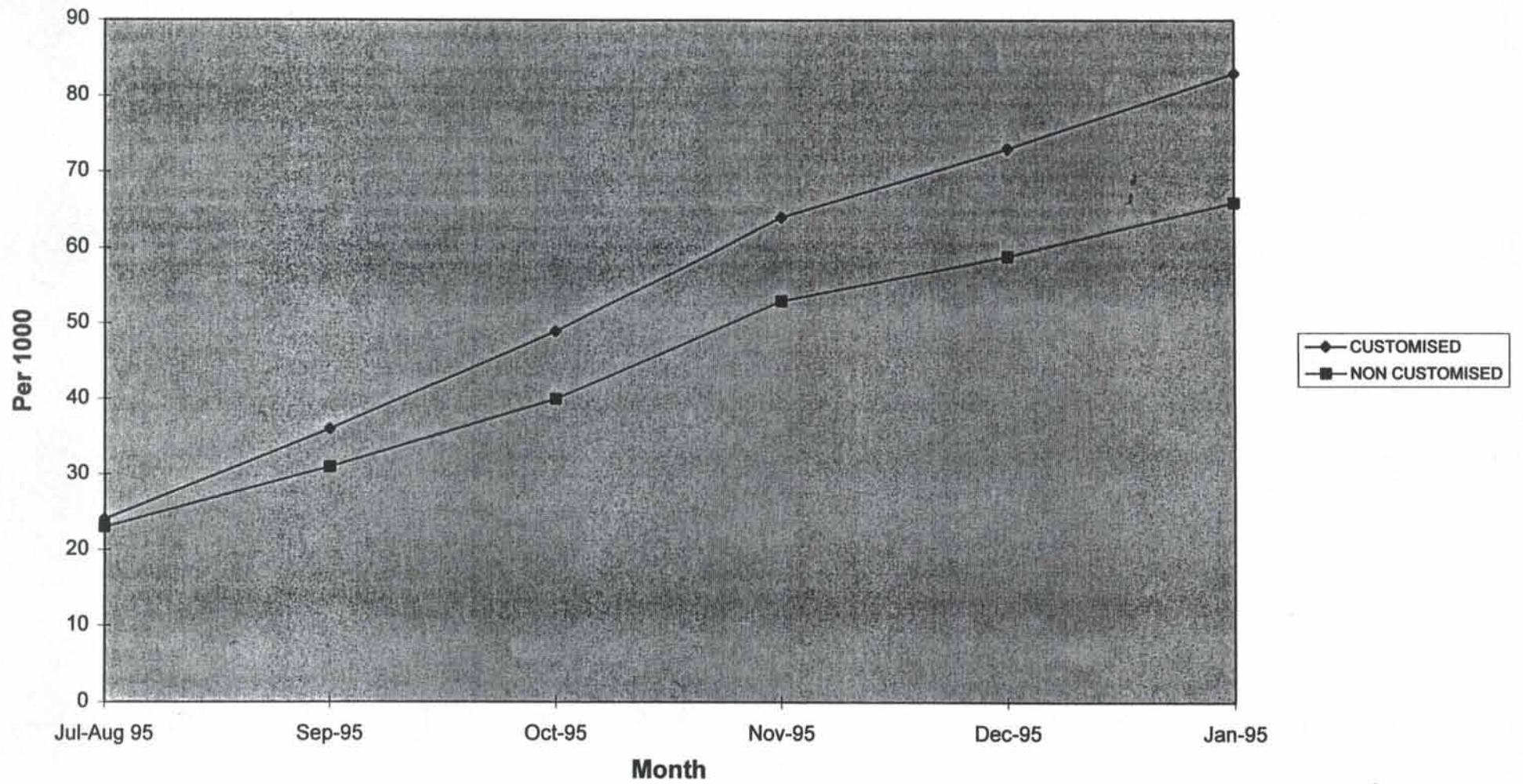
Return to Work Suspensions/Cancellations

Benefit Crime Suspensions/Cancellations

Line chart titled "Benefit Crime Suspensions/Cancellations" with y-axis "Per 1000" (0 to 10) and x-axis "Month" showing Jul-Aug 95, Sep-95, Oct-95, Nov-95, Dec-95, Jan-95. Legend: CUSTOMISED, NON CUSTOMISED.

Changes in Entitlement Accommodation Supplement

Line chart titled "Changes in Entitlement Accommodation Supplement" showing Per 1000 (y-axis, 0 to 40) versus Month (x-axis: Sep-95, Oct-95, Nov-95, Dec-95, Jan-95). Legend: Increase customised, Increase non customised, Decrease customised, Decrease non customised.

Changes in Entitlement Disability Allowance

Legend:
- Increase customised
- Increase non customised
- Decrease customised
- Decrease non customised

X-axis: Month (Sep-95, Oct-95, Nov-95, Dec-95, Jan-95)

Y-axis: Per 1000

Changes in Entitlement Special Benefit

Legend:
- Increase customised
- Increase non customised
- Decrease customised
- Decrease non customised

Y-axis: Per 1000 (0 to 10)

X-axis: Month (Sep-95, Oct-95, Nov-95, Dec-95, Jan-95)

Appendix D

Appendix D (i)   National Breakdown of Extent of Customised Service

Customised Service Customers Assigned to CSOs on SWIFTT as at 1 March 1997

Service Area		Unassigned Customers	%	Assigned Customers	%	Total Customers
01 Northland	Whangarei	216	2	9,722	98	9,938
	Kaitaia	74	2	4,351	98	4,425
	Kaikohe	6	0	3,963	100	3,969
	Dargaville	0	0	1,529	100	1,529
	Kawakawa	7	0	1,628	100	1,635
	Area Total	**303**	**1**	**21,193**	**99**	**21,496**
02 Auckland North	Takapuna	226	2	9,753	98	9,979
	New Lynn	302	3	9,983	97	10,285
	Waitakere	85	1	11,549	99	11,634
	Orewa	11	0	3,444	100	3,455
	Area Total	**624**	**2**	**34,729**	**98**	**35,353**
03 Central Auckland	Auckland	920	10	7,866	90	8,786
	Highland Park	638	20	2,570	80	3,208
	Panmure	1,012	13	6,693	87	7,705
	Royal Oak	714	8	7,905	92	8,619
	Mt Albert	142	5	2,693	95	2,835
	Mt Eden	335	12	2,383	88	2,718
	Pt Chevalier	53	3	1,531	97	1,584
	Area Total	**3,814**	**11**	**31,641**	**89**	**35,455**
04 South Auckland	Pukekohe	23	1	3,894	99	3,917
	Papakura	559	10	5,042	90	5,601
	Mangere	618	7	8,678	93	9,296
	Otara	307	4	6,685	96	6,992
	Otahuhu	261	4	6,836	96	7,097
	Manurewa	733	8	7,969	92	8,702
	Area Total	**2,501**	**6**	**39,104**	**94**	**41,605**
05 Waikato	Hamilton	392	3	12,853	97	13,245

	Hauraki (Paeroa)	47	1	3,308	99	3,355
	Thames	69	3	2,669	97	2,738
	Huntly	30	1	2,500	99	2,530
	Cambridge	27	2	1,300	98	1,327
	Waikato	103	4	2,544	96	2,647
	Matamata	4	0	1,004	100	1,008
	Te Awamutu	154	8	1,833	92	1,987
	Area Total	**826**	**3**	**28,011**	**97**	**28,837**

06 Bay of Plenty

	Rotorua	34	0	9,542	100	9,576
	Tauranga	279	2	12,762	98	13,041
	Tokoroa	113	3	3,888	97	4,001
	Whakatane	103	3	3,571	97	3,674
	Taupo	18	1	3,505	99	3,523
	Opotiki	273	13	1,847	87	2,120
	Kawerau	4	0	2,230	100	2,234
	Area Total	**824**	**2**	**37,345**	**98**	**38,169**

07 Taranaki

	New Plymouth	85	1	9,455	99	9,540
	Wanganui	1,402	16	7,336	84	8,738
	Te Kuiti	169	12	1,284	88	1,453
	Taumarunui	11	1	1,962	99	1,973
	Hawera	12	1	2,140	99	2,152
	Area Total	**1,679**	**7**	**22,177**	**93**	**23,856**

08 East Coast

	Gisborne	733	9	7,069	91	7,802
	Napier	121	1	8,101	99	8,222
	Hastings	135	1	9,181	99	9,316
	Wairoa	1	0	1,738	100	1,739
	Area Total	**990**	**4**	**26,089**	**96**	**27,079**

09 Central

	Palmerston North	199	2	8,419	98	8,618
	Masterton	14	0	4,511	100	4,525
	Waipukurau	3	0	1,135	100	1,138
	Dannevirke	6	1	1,129	99	1,135
	Feilding	116	5	2,029	95	2,145
	Horowhenua (Levin)	5	0	4,268	100	4,273
	Kapiti	7	0	3,569	100	3,576
	Area Total	**350**	**1**	**25,060**	**99**	**25,410**

10 Wellington

Wellington City	419	8	4,929	92	5,348
Lower Hutt	576	7	8,121	93	8,697
Porirua	2	0	7,861	100	7,863
Upper Hutt	25	1	3,452	99	3,477
Wellington North	69	3	2,061	97	2,130
Wainuiomata	11	1	2,145	99	2,156
Wellington East	175	3	5,785	97	5,960
Area Total	**1,277**	**4**	**34,354**	**96**	**35,631**

11 Nelson

Blenheim	16	0	3,884	100	3,900
Greymouth	10	0	2,592	100	2,602
Nelson	107	2	6,273	98	6,380
Westport	20	2	1,293	98	1,313
Motueka	9	0	2,212	100	2,221
Area Total	**162**	**1**	**16,254**	**99**	**16,416**

12 Canterbury

Christchurch City	913	10	8,648	90	9,561
Rangiora	91	3	2,787	97	2,878
Ashburton	2	0	1,503	100	1,505
Shirley	31	1	2,428	99	2,459
Papanui	15	0	6,181	100	6,196
Riccarton	1,818	29	4,545	71	6,363
New Brighton	292	6	4,723	94	5,015
Sydenham	847	13	5,618	87	6,465
Area Total	**4,009**	**10**	**36,433**	**90**	**40,442**

13 Southern

Dunedin	205	2	12,186	98	12,391
Invercargill	11	0	7,673	100	7,684
Timaru	8	0	4,794	100	4,802
Alexandra	6	0	1,698	100	1,704
Balclutha	4	0	994	100	998
Oamaru	2	0	1,805	100	1,807
Gore	0	0	1,151	100	1,151
Area Total	**236**	**1**	**30,301**	**99**	**30,537**

New Zealand	**17,595**	**4**	**382,691**	**96**	**400,286**

Customised Service Roll Out by Area (As at 1 March 1997)

Service Area	Assigned Customers % 1-Mar-97	Assigned Customers % 1-Feb-97
Southern	99	100
Central	99	99
Nelson	99	98
Northland	99	94
Bay of Plenty	98	94
North Auckland	98	90
Waikato	97	95
East Coast	96	96
Wellington	96	93
South Auckland	94	85
Taranaki	93	89
Canterbury	90	82
Central Auckland	89	81
Average % Roll Out	96	91

Customised Service Roll Out
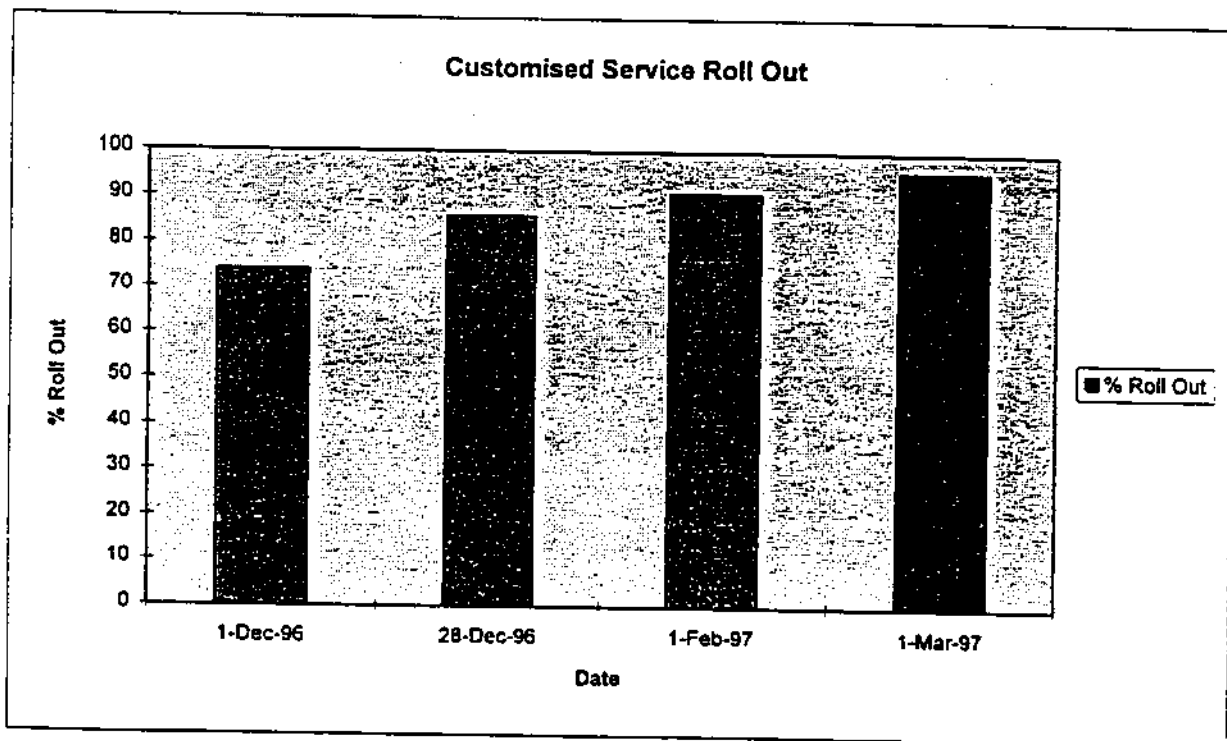
Appendix E (i)   Results from Questionnaires : Referrals to Other Agencies

Appendix E

Question 18 : Referral to Other Agencies

District : Henderson

Benefit	Referral
UB	IRD
NZS	North Health
DPB	Salvation Army
UB	Salvation Army
UB	Workbridge
UB	NZES
ACC(H)	Manukau tech
UB	NZES
UB	English and professional Training courses

District : Taupo

Benefit	Referral
DPB	REAP centre, career quest
DPB	IRD
DPB	Correspondence school
UB	Budget advice and foodbank
UB	IRD
UB	NZES
DPB	Law firm for paternity
TB	Budget advice
UB	NZES
DPB	CYP, Polytech, budget advice service
UB	NZES
UB	NZES

Benefit	Referral
IB	NZES training scheme
UB	NZES
SB	Flaxmere branch
UB	NZES
UB	NZES
UB	NZES

District : Masterton

Benefit	Referral
DPB	NZES
WB	NZES
UB	Agencies for funding own business
UB	NZES, TOPs, Workbridge
UB	NZES
DPB	NZES
DPB	NZES
DPB	NZES
UB	NZES
UB	NZES

District : Levin

Benefit	Referral
UB	to Doctor
UB	Business enterprise
SB	Foodbank and salvation army
DPB	Foodbank and churches
DPB	Careers advisor
UB	NZES
UB	NZES
WB	NZES
DPB	NZES and budget service
SB	Budget advice

DPB	Foodbank
UB	NZES
DPB	Special education services
UB	Maori employment places

District : Greymouth

Benefit	Referral
UB	NZES
DPB	NZES and training course
UB	NZES
UB	NZES
IB	Salvation army food grant
DPB	Home help
DPB	Budget advice, careers advisor, ACC
DPB	NZES, COMPASS
DPB	NZES
IYB	Education Support agency
UB	NZES and foodbank
DPB	Budget advice
DPB	COMPASS
DPB	COMPASS
DPB	COMPASS
SB	Workbridge
UB	NZES and career development

Appendix F (i)   Results from Questionnaires : Referral to Education and
Training

Appendix F

Question 19 : Education or Training Undertaken after discussion with CSO

District : Henderson

Benefit	Training or Education
DPB	Wahine Ahuru Course
IYB	Hairdressing, Tourism 2000
DPB	Application for college
UB	Introduction to motor industry, TOPs
DPB	BA/LLB
DPB	Maori Language course
UB	Language course at Mt Roskill Grammar
UB	Waitech, gib stopping
DPB	Horticulture, special aid teacher
UB	Adult literacy classes
UB	Best training, New Lynn
IB	Work scheme at Pinnacles
UB	Creative training international, NZES job action
UB	English language, spelling and writing
DPB	Remedial massage course
DPB	Short computer course at Unitech

District : Taupo

Benefit	Training or Education
WB	Real estate
DPB	Business course at polytech
SB	Tourism course
UB	be your own boss course
DPB	Basic keyboard skills

UB	Accounting
DPB	Correspondence course
DPB	Job related qualifications course
DPB	Te Ara Tuarua package, NZSQA, National Trust, Kohanga Reo
DPB	International correspondence school photography course
UB	CTF, NZES
UB	Income Support seminar
DPB	Sports and recreation course
DPB	Adult open learning course
SB	ETSA programme
TB	HT licence course
SB	Business management and general computer course
DPB	Japanese language and be your own boss course
UB	Computer course
DPB	Maori course through Kohanga Reo
DPB	International Correspondence course
DPB	Retail and Tourism at Salvation Army, Computer Course, Salvation Army Training
DPB	Bachelor of business studies
DPB	Bachelor of business studies- accounting
TB	Skifield training
DPB	2 Computer courses at polytech
DPB	Diploma in commercial art and graphic design by correspondence
DPB	Business administration stage 2
DPB	Kohanga Reo
DPB	Te Ara Tuatahi through Kohanga Reo
DPB	Certificate in horticulture extramural at Massey
UB	Restaurant training
UB	Waihiki Kahakaharoa Trust
DPB	Therapeutic muscle balancing
UB	Business studies

DPB	Certificate in social science, community social work certificate, Waiariki polytech
UB	Master drive and work focus courses

District : Masterton

Benefit	Training or Education
UB	TOPs
DPB	Hikoi Ki Pai Rangi
DPB	Interior design course by correspondence
DPB	University papers
DPB	BBS at Massey
UB	New start training programme
DPB	Computer course at Waiararapa polytech
DPB	Polytech
DPB	Business admin and computing at polytech
TB	TOPs business computer course
DPB	Word processing course and marketing papers
DPB	Hikio programme
DPB	English and maths by correspondence
DPB	Waiararapa polytech
UB	Sales representative
UB	Computer course at Featherston
IB	School cert art, CBC computing business certificate, ACBC advanced computing business certificate
DPB	Year long course at Waiararapa polytech

District : Levin

Benefit	Training or Education
DPB	Manawatu polytech at Levin
DPB	Stairways at polytech
DPB	International correspondence school
IB	Stairways the numbers game

DPB	Enquired about staffs course but got turned down
DPB	Apprentice chef
DPB	A course and in the workforce
DPB	Computer course at polytech
IB	Access
DPB	International correspondence school-counselling theory
DPB	International correspondence school-child psychology course
DPB	Polytech courses
IB	Beginners computer course
SB	Caregivers course
DPB	Degree at Massey
WB	Bachelor of arts at Massey
UB	Driving training course-and I got my licence!!
WB	2 year diploma in photography, extra-mural at Massey,certificate in elderly care in the community
DPB	International correspondence school-diploma in catering and gourmet cooking
DPB	A few training courses
DPB	Computer course at Manawatu Polytech
UB	Diploma in recreation management at Massey
UB	Job action plan course
DPB	Night course at college, adult student on correspondence
UB	Job training as check out operator
SB	Computer course
TB	Horticulture training-TOPs
DPB	4 courses through correspondence school

District : Greymouth

Benefit	Training or Education
DPB	High school computer and TOPs office systems course
IB	Work at home - wood carver
DPB	National certificate in level 2 computers, TOPs community caregivers course

UB	Wahine Ahuru
DPB	Computing
DPB	Open polytech course in communication
DPB	Wahine Ahuru, employment alternatives for women
IYB	Tourism, hospitality, home management, gateway to 2000
UB	Welding course
DPB	Polytech short course, correspondence school course
DPB	Working a couple of hours per week
DPB	Diploma in clinical herbal medicine
DPB	Computing and accounting
DPB	Extra mural at Massey-certificate in social services
DPB	Business and management, nurse assistant
UB	Introduction to computers- TOPs
DPB	Communication and technology course at polytech