



**Malatest**  
International

**Report:**

**Intensive Client Support –  
Extension (ICS-X) Trial:  
12-month process review and  
client case stories evaluation**

**December 2019**



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## **Acknowledgements**

The authors would like to thank everyone who contributed to this evaluation for their time and energy, including clients, ICS-X staff, other members of the Work and Income team, Navigators and their managers, and Ministry of Social Development national office project team members.

We hope this report contributes to your efforts to improve the lives of all New Zealanders.

### **Malatest International**

#### **Disclaimer**

The views and interpretations in this report are those of the researchers and are not the official position of the Ministry of Social Development.

#### **Published**

Ministry of Social Development  
PO Box 1556  
Wellington  
[www.msd.govt.nz/insights](http://www.msd.govt.nz/insights)

#### **ISBN**

(Online) 978-0-9951244-4-8

## Terminology

Term	Reference
ICS service	An intensive, holistic and client-centric case management approach to progress clients towards employment and benefit independence through 'staircasing'
ICS trial	The original randomised control trial (RCT) that evaluated effectiveness of the ICS service from March 2015 to March 2018
ICS-X trial	The current randomised control trial (RCT) evaluating effectiveness of the scaled-up ICS service from March 2018 to March 2021
Staircasing	Incrementally progressing the client towards work readiness by focusing on the client's current challenges (e.g. alcohol or drug dependency, housing issues) before working on long-term goals of employment

## Glossary

Acronym	Full name
BAU	Business-as-usual
BEUT	Behavioural Evaluation Update Tool
CA	Client Assessment
CPU	Central Processing Unit
IA	Investment Approach
ICS	Intensive Client Support
ICSM	Intensive Client Support Manager
ICS-X	Intensive Client Support - Extension
JS-HCD	Jobseeker Support - Health Condition and Disability
JS-WR	Jobseeker Support - Work Ready
MSD	Ministry of Social Development
NGO	Non-governmental organisation
PCOMS	Partnerships Client Outcome Management System
RCT	Randomised control trial
SCM	Service Centre Manager

## Executive summary

### Background

Previous findings showed clients who entered the welfare system before they were 20 years old were more likely to stay on a benefit longer and faced multiple challenges to employment, including low literacy and/or numeracy, drug or alcohol dependency, and multi-generational welfare dependency.<sup>1</sup> Intensive Client Support service (ICS service) was created to focus on these clients and used a ‘staircasing’ approach to help the clients overcome their challenges and move towards benefit independence. A small-scale, three-year (March 2015 to March 2018) randomised control trial (RCT) called the Intensive Client Support trial (ICS trial) was established to measure effectiveness of the ICS service.

A key feature of the ICS service was the use of specialised Intensive Client Support Managers (ICSMs). Other key differences between ICS service and business-as-usual (BAU) services included a smaller caseload for the case managers, clients having a single case manager to work with, and a client-centred, strengths-based approach. These differences allowed ICSMs to work intensively and holistically with clients to address challenges to benefit independence.

Mixed-method evaluations of the ICS trial at 12, 24 and 36-months provided positive results and also identified some opportunities to strengthen the service. In response, the Government funded an extension and scaled-up expansion of the ICS service to run for another three years (March 2018 to March 2021). This is known as the Intensive Client Support - Extension (ICS-X) trial. ICS-X trial expanded and modified ICS service while maintaining its core focus on ‘staircasing’ clients towards work readiness through incremental improvements in their wellbeing. Changes to ICS service over time had an increased focus on broader client and whānau wellbeing, consistent with changes in the Ministry of Social Development’s strategic direction with *Te Pae Tawhiti – Our Future*<sup>2</sup> in 2018.

The transition to ICS-X trial provided an opportunity to continue to evaluate changes made in the third year of the original ICS trial:

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<sup>1</sup> Taylor Fry. (2012). *Actuarial valuation of the Benefit System for Working-age Adults*. Retrieved from Ministry of Social Development website:

<https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/evaluation/valuation-reports/valuation-benefit-system-working-age-adults-30-june-2012.pdf>.

<sup>2</sup> Ministry of Social Development. (2018). *Te Pae Tawhiti – Our Future*. Retrieved from: <https://www.msd.govt.nz/about-msd-and-our-work/about-msd/strategies/te-pae-tawhiti/index.html>.

- Increased caseloads – ICSM caseloads were increased from 1:40 to 1:60 clients.
- Changes to the client group – Clients aged 18-24 years old were no longer eligible for selection, though clients currently in the ICS service could continue.

It also provided an opportunity to test new design changes for the ICS-X trial:

- Expanded client group – clients receiving the Jobseeker Support – Work Ready (JS-WR) benefit were joined by those receiving the Jobseeker Support – Health Condition and Disability (JS-HCD) benefit.
- A scaled-up service – An increase from six ICSMs at five sites to 25 ICSMs at 22 sites, with a corresponding caseload increase from 360 to 1,500 clients at any time.
- Addition of Navigators – The Ministry of Social Development (MSD) contracted non-government organisations to work with clients in the community in partnership with the ICSMs. Navigators were contracted at 18 of the 22 sites. Each Navigator supported approximately 15 clients.

### About the evaluation

This qualitative 12-month evaluation builds on earlier evaluations of the original ICS trial<sup>3,4</sup> with the aim of providing information to continue fine-tuning the ICS service. It is part of a wider programme of qualitative and quantitative evaluations at 12, 24 and 36-months.

This report describes findings from in-depth interviews with:

- 100 clients who received ICS service: 59 in-person and 41 by phone
- 15 ICSMs and 12 Service Centre Managers (SCMs) at 12 sites
- Nine Navigators
- Five MSD national office project team members.

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<sup>3</sup> Internal Ministry of Social Development evaluations that were not published at the time of completion are being released over time, as part of a programme of work to develop a research archive and improve access to that research. We will be adding material to the website as resources permit.

<sup>4</sup> Gravitas Research and Strategy Limited. (2017). *Intensive Client Support (ICS): 24-month case studies evaluation*. Retrieved from Ministry of Social Development website: <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/ics-qualitative-evaluation-2017/ics-24-month-case-studies-evaluation.pdf>.



### **Key results: ICSM role**

Clients and staff thought the most important quality for ICSMs was the ability to form relationships with clients, to be empathetic and non-judgemental.

ICSMs also emphasised the importance of having strong networks with other organisations to which they could refer clients, and the importance of continuing to build their networks.

ICSMs had different training needs depending on their backgrounds. Training in the Work and Income environment was useful for those coming from external non-governmental organisation (NGO) backgrounds. ICSMs with previous Work and Income experience wanted more focus on working with clients with multiple challenges. MSD provided valued ongoing training for ICSMs through national hui on topics such as mental health, family violence, and trauma-informed care.

### **Key results: Support for ICSMs**

ICSMs often said peer support from other ICSMs or from other specialist case managers, was most valuable. ICSMs found the MSD national office project team responsive and frequently called with questions about policies and processes.

Professional supervision was available to ICSMs but not all had used it. SCMs could be a valuable source of support but not all understood the ICS service, and some did not protect the ring-fencing of ICSM time to focus on clients receiving ICS service.

### **Key results: ICS-X trial client background**

Profiles of interviewed clients and comments from ICSMs showed ICS service was reaching the intended group: clients with multiple challenges that affected their work-readiness.

Almost all clients were affected by low confidence and self-esteem and often also had mental or physical health issues. Challenges to work included substance use and addiction, complex family issues, housing issues including homelessness, challenges with reading and writing, a criminal history, low motivation to work, or attitudes and social issues that made it difficult to stay in work.

ICSMs considered both JS-HCD and JS-WR clients commonly had mental and/or physical health conditions which required support. ICSMs also noted that many JS-WR clients were potentially eligible for the JS-HCD benefit but were untreated or disengaged from the health system or had not shared their health issues with Work and Income.

### **Key results: Delivery of ICS service**

The key difference between ICS service and other BAU services was the intensive, holistic and client-centred case management approach of ICS service. Clients receiving ICS service reported feeling treated more *“like a person”* than in their previous Work and Income experiences. The client-centred approach was facilitated by a smaller caseload of 60 clients and a single case manager which allowed clients to build rapport with ICSMs. Greater levels of whānau involvement were also possible with ICS service.

Clients’ previous negative experiences with Work and Income were often challenges impacting initial engagement with the ICS service. ICSMs focussed initial sessions with clients on building rapport and trust. They proactively addressed clients’ immediate needs. This included checking clients were receiving their full and correct entitlement and providing material goods such as food grants and whiteware if needed.

ICSMs reduced challenges to engaging with Work and Income by offering alternative ways to engage such as by phone, text and email.

The ‘staircasing’ approach where ICSMs worked with clients to build incremental progress towards the client’s goals always began with the client’s most pressing need and continued at the client’s pace. Early ‘staircasing’ steps tended to be wellbeing focussed including health-related steps. Later ‘staircasing’ took a greater work-readiness focus. Success of the ‘staircasing’ approach with individual clients depended on a strong relationship between the ICSM and the client.

ICSMs and Navigators were often unclear about what was expected of the Navigators. As a result, the Navigator role and the interface with ICSMs differed between sites. The Navigator role worked best when Navigator and ICSM roles were clearly defined and understood by both the Navigators and the local ICSMs. As there was no consistent model it was not possible to reach evaluative conclusions about the strengths and challenges of the Navigator role.

### **Key results: Client outcomes**

Positive changes for clients were consistent with a ‘staircasing’ approach to employment. Improved management of health conditions contributed to increased self-esteem and confidence resulting in clients being better equipped to support whānau and make changes in their lives, such as moving to more sustainable housing and becoming work ready.

### **Conclusions and opportunities to strengthen ICS service**

The findings of the evaluation support the continued development of intensive case management for clients with complex needs. The ICS service creates the conditions for

ICSMs to build effective relationships with clients through lower caseloads and having clients working with a single ICSM. Effective relationships enabled clients to share their challenges with their case managers and for case managers to respond.

Underpinning the effectiveness of the ICSMs is a need for case managers to demonstrate empathy, a non-judgemental approach, and have the skills to build relationships with clients with multiple challenges.

Risks to the ICS service that need to be mitigated include:

- Ensuring that ICSMs continue to have ring-fenced time to focus on the role, as some ICSMs were still participating in Work and Income business-as-usual (BAU) in addition to their ICS service roles.
- Workloads of 60 seemed to make good use of ICSM time while allowing sufficient time for client-facing work. Increased workloads have the potential to limit the effectiveness of intensive case management.

**The evaluation identified these opportunities to continue to develop ICS service:**

**Workforce development:**

- Provide preparation and support for SCMs – Increasing SCM and the wider Work and Income team awareness of ICS service and ICSM achievements could increase support for the ICSMs and make it easier to ring-fence their time for ICS service.
- Strengthen communities of practice – ICSMs valued peer support and connections with other ICSMs or people in similar roles. Establishing more formal communities of practice could increase support for ICSMs and spread best practice. Including Navigators could improve the consistency and effectiveness of the role.
- Improve consistency in training – Comprehensive training should be available to all ICSMs, particularly for those who joined after the start of the trial. Shadowing and in-person mentoring from the MSD national office project team would be the most valuable form of training.
- Ensure continued and relevant training – Continuing training on complex issues commonly experienced by ICS service clients (e.g. trauma-informed care, mental health, addiction, etc) with a cultural focus could continue to strengthen ICS service.

**Developing the Navigator role**

- Increase clarity of Navigator and ICSM roles, expectations and responsibilities – There is scope to clarify how the Navigator and ICSM roles are meant to work together and to reduce role overlap. This would strengthen the impact of this service for clients.

### **ICS service delivery**

- Increase ICSMs' capacity to work off-site – Clarity for SCMs and ICSMs around working off-site within health and safety best practice could contribute to stronger agency networks for client referrals and greater support for clients.
- Involvement of whānau was particularly important and could be further supported by including the whānau members that ICSMs support (including partners and wider whānau members) in their 60-person caseloads.

The evaluation also identified some aspects of Work and Income engagement with clients that may be able to be addressed through BAU case management including:

- Streaming clients to JS-HCD rather than JS-WR where they had multiple challenges to employment may enable more focussed allocation of clients to ICSMs.
- Considering how to incorporate some of the elements of intensive case management such as building respectful client relationships, flexibility, and maintaining a single case manager for clients with multiple challenges and giving clients direct access to their case managers by phone. These approaches may enable early identification of client challenges and early intervention.

# 1. Introduction

## 1.1. Background

The Ministry of Social Development (MSD) operated a small-scale, three-year randomised control trial (RCT) of the Intensive Client Support (ICS) service from March 2015 to March 2018.

The service was developed in response to previous findings that showed that clients who entered the welfare system before the age of 20 were more likely to stay on a benefit for longer and faced multiple challenges to employment, including low literacy and/or numeracy, drug or alcohol dependency, and multi-generational welfare dependency.<sup>5</sup>

The ICS service aimed to provide intensive case management to overcome challenges to gaining independence from a benefit, via a 'staircasing'<sup>6</sup> approach. A key feature of the ICS service was the use of specialised case managers (ICSMs) to provide a more intensive, holistic and client-centric case management approach than business-as-usual (BAU) services. Key differences between ICS and BAU services included a smaller caseload, clients having a single case manager, and a client-centred, strengths-based approach. Changes to ICS service over time had an increased focus on broader client and whānau wellbeing, consistent with changes in the Ministry of Social Development's strategic direction with *Te Pae Tawhiti – Our Future*<sup>7</sup> in 2018.

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<sup>5</sup> Taylor Fry. (2012). *Actuarial valuation of the Benefit System for Working-age Adults*.

Retrieved from Ministry of Social Development website:

<https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/evaluation/valuation-reports/valuation-benefit-system-working-age-adults-30-june-2012.pdf>

<sup>6</sup> 'Staircasing' can be defined as the process by which the client takes progressive steps towards achieving milestones (or goals) aligned with achieving benefit independence by way of employment or study. A 'staircasing' plan produces a pathway of milestones that will help a client achieve their end goal.

<sup>7</sup> Ministry of Social Development. (2018). *Te Pae Tawhiti – Our Future*. Retrieved from:

<https://www.msd.govt.nz/about-msd-and-our-work/about-msd/strategies/te-pae-tawhiti/index.html>.

The original ICS trial was evaluated at 12, 24 and 36-months. Evaluation included quantitative analysis of outcomes for participating clients compared to a control group as well as qualitative analysis of process and client experience.<sup>8,9</sup> Evaluations found:

- The ICS service was well implemented and operating as intended
- Positive outcomes in aspects of clients' personal growth and development, such as increased confidence and motivation
- A significant positive effect on off-benefit outcomes compared with a control group. The effect was driven by results for older clients (those aged between 30-39 years on selection for the trial), while there was not a significant difference between younger clients (those aged between 18-29 years on selection) and the control group. This difference may have been due to the more intensive services offered to younger clients in the control group.

The previous qualitative evaluations identified the following areas for improvement:

- Provision of group sessions for clients
- Increased availability of specialist mental health and addiction support
- Ensuring ICSMs have the right balance of 'soft skills', organisational knowledge, and community networking ability
- External professional supervision for ICSMs<sup>10</sup>
- Streamlining of processing by allowing ICSMs to process some payments
- Investment Approach (IA) payments to be made directly to suppliers.

In response to these positive results, the Government funded an extension and scaled-up expansion of ICS service to run for three more years (March 2018 to March 2021) as the ICS-X trial. The new trial expanded and modified ICS service while maintaining its core focus on 'staircasing' clients towards work-readiness through incremental improvements in client wellbeing. ICSMs for the new sites were recruited in December 2017, then all continuing and new ICSMs attended training in March 2018. Most sites

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<sup>8</sup> Internal Ministry of Social Development evaluations that were not published at the time of completion are being released over time, as part of a programme of work to develop a research archive and improve access to that research. We will be adding material to the website as resources permit.

<sup>9</sup> Gravitas Research and Strategy Limited. (2017). *Intensive Client Support (ICS): 24-month case studies evaluation*. Retrieved from Ministry of Social Development website: <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/ics-qualitative-evaluation-2017/ics-24-month-case-studies-evaluation.pdf>.

<sup>10</sup> Professional supervision is regular contact between a professional and supervisor during which they review and reflect on the practitioner's work together to aid professional development and wellbeing.

(20 of 22) had only one ICSM, with the remaining two sites allocated two and three ICSMs respectively<sup>11</sup>.

The transition to ICS-X trial provided an opportunity to continue to test and evaluate changes made in year three of the original ICS trial:

- Higher caseloads – ICSM caseloads were increased from 1:40 to 1:60 clients
- Changes to client group – Clients aged 18-24 years old were no longer eligible for selection although clients currently in the ICS service could continue.

It also provided an opportunity to test new design changes for the ICS-X trial:

- Expanded client group – The client group was expanded to include clients receiving the JS-HCD benefit
- A scaled-up service – An increase from six ICSMs at five sites to 25 ICSMs at 22 sites, with a corresponding caseload increase from 360 to 1,500 clients
- Addition of Navigators – MSD contracted non-government organisations (NGOs) to employ Navigators at 18 of the 22 sites to work in partnership with ICSMs. Each Navigator supports approximately 15 clients.

## **1.2. Purpose of this Evaluation**

MSD commissioned this evaluation to inform the continuous improvement of ICS service by answering the following questions:

- How well has the scaled-up service been implemented?
- What operational difference has the Navigator role made in being able to provide outside services for clients? What difference has the Navigator made in terms of client experience and ‘staircasing’ (i.e. progressive steps towards goals)?
- How has the ICS service contributed to clients ‘staircasing’ towards work and benefit independence/reduction (e.g. wellbeing, life skills and employment skills)? What is the client experience, what challenges do they face and what factors contribute to client success, particularly for Māori clients?
- What is the difference, if any, between clients on the Jobseeker Support – Work Ready benefit vs. Jobseeker Support – Health Conditions and Disability benefit? In terms of providing case management, client experience and/or client outcomes?

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<sup>11</sup> ICS-X trial initially had 25 ICSMs at 21 sites, with a second site allocated two ICSMs. Due to staffing changes, this site was reduced to one ICSM and the other ICSM position opened the 22<sup>nd</sup> site.

- Based on the current service offered by ICS-X trial, what could be added, expanded or changed that would be most beneficial?<sup>12</sup>
- How have the process issues raised in previous evaluations been addressed? Have any new issues arisen?

This qualitative evaluation at 12 months includes a process review and client case stories. It is part of the wider ICS-X trial evaluation, which includes qualitative and quantitative evaluations at 12, 24 and 36-months. It builds on qualitative evaluations of the original ICS trial as described above. Table 1 below provides an overview of what is in and out of scope for this piece of work.

**Table 1. Summary of evaluation scope**

In scope	Out of scope
<ul style="list-style-type: none"> <li>• Interviews with ICS service clients, ICSMs, Work and Income SCMs, and MSD national office project team members</li> <li>• Process review of ICS service</li> <li>• Case stories of ICS service clients</li> </ul>	<ul style="list-style-type: none"> <li>• Review of the literature on case management</li> <li>• Comparisons with other models of support for clients</li> <li>• Quantitative analysis of ICS client assessments or off-benefit outcomes</li> <li>• Generalisable outcomes</li> </ul>

### 1.3. Evaluation methods

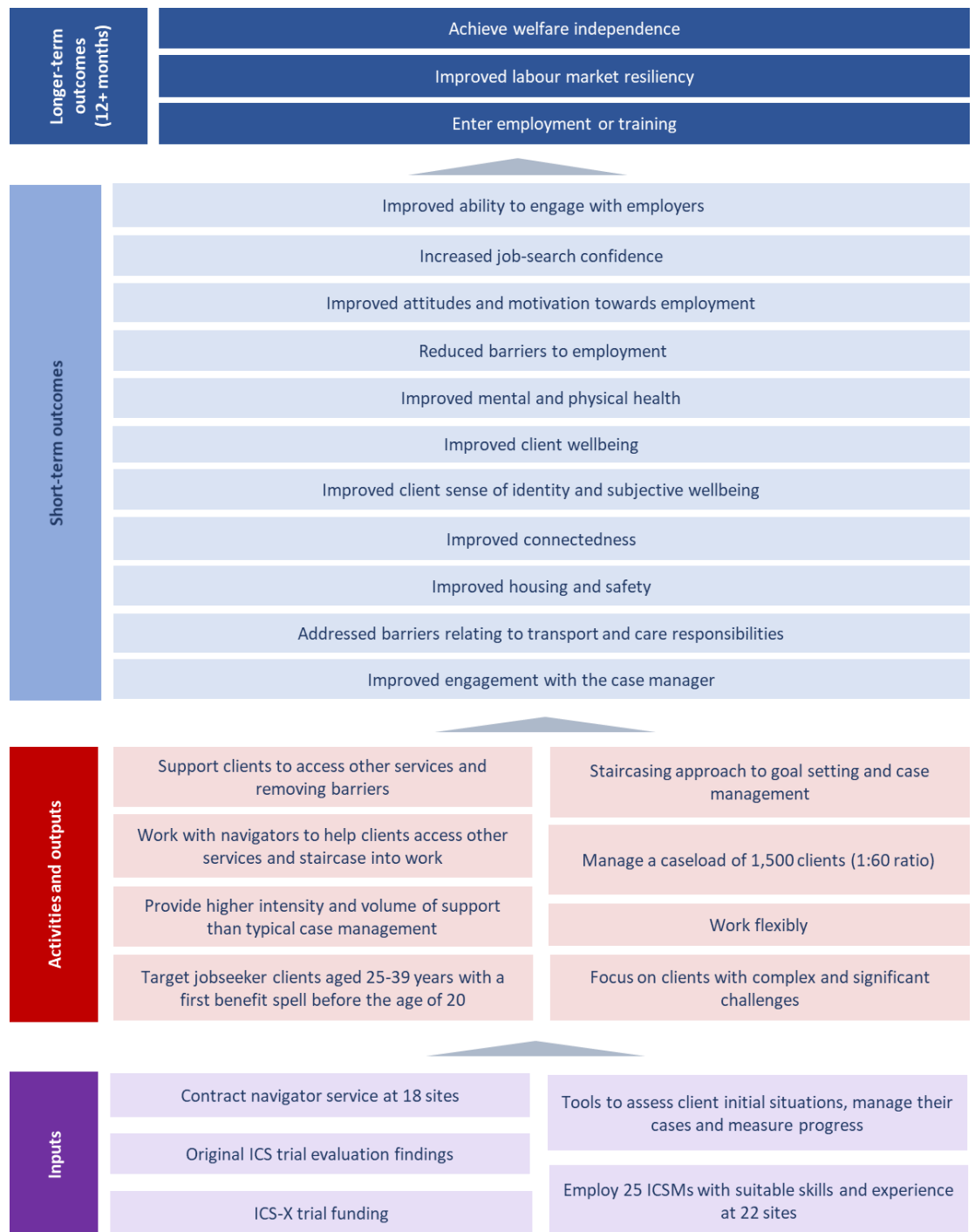
We first developed an ICS-X trial logic model (Figure 1) and evaluation framework (Appendix 1) to guide the evaluation, including the development of data collection tools and the structure for analysis and reporting.

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<sup>12</sup> Modified from the initial planned question requesting 'one thing' that would be most beneficial.



**Figure 1. ICS-X trial logic model developed for the evaluation**



This evaluation synthesised information from interviews and focus groups with ICSMs, Navigators, Work and Income SCMs, MSD national office project team members and ICS service clients.

Table 2 below has more detail about each type of interview completed.

Appendix 2 to Appendix 4 give comparative demographic details for clients, ICSMs and Navigators who participated in interviews, versus the whole group respectively.

Clients interviewed over the phone were broadly consistent with the overall client pool who received ICS service, based on ethnicity, location, gender and benefit type.

However, clients interviewed in-person were more likely to be younger (under 30 years of age) and less likely to be Pacific. The profile of the ICSMs interviewed was consistent with the overall pool of ICSMs.

**Table 2: Evaluation data collection modes and number of participants**

<b>Focus groups</b>		
Two focus groups with 23 ICSMs	ICSMs attended a national hui focused on training and development. We added a three-hour evaluation session where the 23 ICSMs divided into two focus groups to discuss their roles.	April 2019
<b>Interviews during visits to 12 ICS service sites</b>		
ICSMs – 15	We interviewed 15 ICSMs (1-3 per site) working at each of the visited sites.	May-June 2019
ICS service clients – 59	ICSMs invited clients to participate in interviews during site visits. We asked ICSMs to select clients reflecting a range of client profiles including success stories, typical cases and challenging clients.	May-June 2019
Work and Income SCMs – 12	We interviewed the SCM at each site we visited.	May-June 2019
Navigators – 9	We interviewed the Navigator at each site we visited that had a Navigator.	May-June 2019
<b>Other interviews</b>		
ICS service client phone interviews – 41	MSD provided contact details for 160 clients randomly selected from the client list. We attempted to contact 138 before reaching the interview target. Of these, 30% (41) were interviewed, 20% (28) declined to participate and 50% (69) could not be reached.	May-June 2019
MSD national office project team – 5	We interviewed five MSD national office members who were or had been part of the ICS-X trial project team.	June 2019

We spoke with many of the interview participants during visits to 12 of the ICS service sites. We selected the sites in discussion with the MSD national office project team. The selection included one site per region. For regions with multiple sites we selected one site to balance the number of:

- ICSMs recruited from inside and outside Work and Income
- Sites with one or multiple ICSMs
- Rural vs urban sites
- Navigator and non-Navigator sites.

This report also includes case stories describing the journeys of a selection of the ICS service clients we interviewed. We have modified client names and other identifying information to protect client privacy. Some case stories draw from more than one client as some situations were very common. Where possible, case stories include information from client assessments.

We referred to Ministry documents in planning and running this evaluation. They are listed in Appendix 3.

### **1.3.1. Evaluation strengths and limitations**

The evaluation includes a wide range of perspectives with an emphasis on reaching as many ICS service clients as possible both in site visits and phone interviews.

Interviewed clients came from a variety of backgrounds. Phone interviews allowed us to interview clients from a wider range of locations across New Zealand than would otherwise have been possible within the evaluation budget. The variety of Work and Income offices selected for site visits and inclusion of initial focus groups meant that perspectives from both ICSMs and SCMs in more remote regions were included.

ICSMs identified clients for participation in interviews during site visits. This process increased the efficiency of recruitment and gave clients the chance to discuss participation with someone they knew and trusted. However, it introduced a risk of bias in client selection towards those who were more positive and/or engaged. We balanced this risk by:

- Emphasising to ICSMs the importance of hearing from clients with diverse experiences and situations rather than focusing on those who were easiest to work with or who had made the most progress
- Discussing the importance of unbiased client selection with ICSMs during the focus groups
- Explaining the evaluation was not an audit of individual ICSM performance and findings would not be reported site-by-site
- Supplementing the site visit interviews with phone interviews with a random selection of clients.

Approximately one-third of clients (30%) invited to be part of a phone interview agreed to take part. Several clients declined because they did not remember participating in ICS service, while others were just not interested or did not provide a reason. It is possible that clients who were willing to take part in interviews had different experiences than those who were not.

This evaluation is qualitative and did not include analysis of assessment data recorded by ICSMs or the administrative data collected by MSD. MSD is best placed to complement the findings of this report with quantitative analysis of outcomes for ICS and non-ICS clients.

## 2. ICS service roles, systems and processes

ICSMs have the most important role in delivery of ICS service. ICSMs were funded by MSD national office and MSD national office managed some aspects of their role. In the ICS-X trial model, ICSMs worked out of Work and Income service centres and SCMs provided their day to day management.

### 2.1. SCMs

SCMs manage Work and Income teams made up of staff in roles from BAU case managers through to specialised roles in trial initiatives such as the ICSMs. They provide day to day management of ICSMs.

ICSMs relied on SCMs to:

- Include them as part of the team in their service centres
- Ring-fence their time to deliver ICS service and not be drawn into BAU work
- Ensure other staff understood the ICSM role.

In larger sites, it was important for Assistant SCMs to also have a good understanding of the ICSM role because they stepped in for SCMs when they were unavailable and played an important role in managing the wider teams.

#### 2.1.1. Training for SCMs

SCMs of ICS service sites were asked to attend a one-day training event at the start of ICS-X trial. However, there has been little training for those who were unable to attend or had moved into the management role since. It should be noted that some SCMs were in place and received training previously as part of the original ICS trial.

*I inherited it...so I didn't get any training...I picked it up as I went along...So there wasn't enough [training]...For any new manager coming in there needs to be more of a briefing. So, I'm not a new manager but I'm a new manager for that role. (SCM)*

Some SCMs wanted a better understanding of the purpose and delivery of ICS service to gain clarity on issues such as whether ICSMs were meant to attend to BAU clients and whether they were permitted to work off-site. They wanted more training from the MSD national office project team beyond emails and documentation to be better able to support their ICSMs and champion their roles within their service centres.

*A project lead [should have] come in and spent some time with me and actually show me exactly, paint that strategic picture, give me the why. Allow me to ask questions so I can fully understand, so then I can support the staff member but also to communicate to the wider staff...why that particular role exists. (SCM)*

When SCMs changed, the MSD national office project team needed to brief the new SCMs on the ICSM role and the ICS-X trial.

*My manager is cool. He doesn't really understand [the trial], but he's coming to an understanding. Project team have emailed him a couple of times, he is coming to an understanding of what it is. (ICSM)*

ICSMs reported SCMs who knew more about the ICSM role were better able to support them in their roles. However, they acknowledged that there were many specialist roles for SCMs to have to learn about, especially if they were new.

### **2.1.2. Managing ICSMs**

SCMs who understood the ICSM role trusted their ICSMs and saw them as among the best performers in their teams, which was why they were selected for the role. Most SCMs were hands-off in their management approach to their ICSMs. They were available to answer questions or talk through client situations but left the ICSMs to manage their own time and work.

*We have meetings around how they're going, is there anything I can help with. They pretty much do everything themselves, plan their days, their meetings, their everything. They're very structured and very passionate... They're independent. (SCM)*

Under the ICS-X trial model, SCMs were not expected to manage the performance of ICSMs but in practice they wanted to support and coach their ICSMs but often felt unprepared to do so because they did not have a thorough enough knowledge of the role. Without regular reporting some SCMs found it hard to know whether the ICSMs were meeting performance expectations.

*You're managing the staff so really you are managing the staff in terms of all the HR but you are also expected, there is an expectation, that you coach the staff member and managing their performance but it's not easy for us unless you ring the project team I suppose and say, "Can you give me some data?" (SCM)*

*[I'd like to know] What does a great Intensive Client Support Manager look like? What makes them great? How do we know they are great? That sort of stuff. (SCM)*

ICSMs are not intended to participate in Work and Income BAU activities (e.g. BAU case management). However, being pulled into BAU work was identified as an issue in previous evaluations of the original ICS trial. Most ICSMs said their SCMs were good at keeping them ring-fenced for ICS service. At a few sites, SCMs were strict and made sure the ICSM did not do any BAU work at all, while at other sites ICSMs could volunteer to do some BAU work.

*We try and keep her confined to that ICSM role. If we are that badly down, she will usually just maybe help with third tier assistance, so that's your food grants and things like that. (SCM)*

At a small number of sites SCMs expected ICSMs to take part in some BAU work, which made it more difficult for ICSMs to fulfil their roles. ICSMs thought these issues were more likely to arise where their SCMs did not understand the purpose of the ICSM role.

*We're expected to help with the rest of the site... Yesterday, I helped with four other clients besides my own that were walk-ins. (ICSM)*

*Some frontline [service centre] managers don't seem to understand at all what the role's about. We've had requests for some ICSMs to do benefit grant style appointments. It's not a good use of their specialist skillset. (MSD national office project team member)*

ICSMs often felt pressure to participate in BAU work even where SCMs did not ask them to. They were members of a site team and wanted to contribute and show their value especially in periods of high client demand. SCM support was important to ensure this did not become an issue. Ensuring other case managers in the site understood the ICSM role and its separation from BAU case management could make it easier for ICSMs to focus on their core work.

## **2.2. The ICSMs**

The ICSM job description emphasised client relationships, service relationships and technical knowledge as well as personal attributes. Overall, ICSMs and the MSD national office project team saw the ability to work with clients who had multiple challenges as the most important qualifier for ICSMs. It was essential for ICSMs to be able to build trust and rapport with clients using empathy, strong people skills and a non-judgemental approach.

*[We looked for] someone who definitely had to have really good people skills first and foremost... needed to have a range of skills because we knew that they would be dealing with clients with complex backgrounds, a lot of barriers to life let alone work. We needed people who would be able to come in and offer a lot of experience, and thinking about what some of these barriers they might have experience with, health sector, mental health... (MSD national office project team member)*

### **2.2.1. Prior experience with Work and Income**

Most (20 of 25) ICSMs had prior Work and Income case management experience. Other ICSMs included social workers and people with similar experience recruited from outside MSD.

Prior Work and Income case management experience made it easier for people to become ICSMs because they already understood client benefit entitlements. However, some ICSMs with prior Work and Income experience found it harder to adjust to the new ICS case management approach.

It took time for ICSMs without Work and Income backgrounds to understand the Work and Income environment as well as the technical skills around assessing client benefit entitlements.

*If you get somebody externally and taking so much time to train just the basics of what MSD is, trying to then give trial specifics is really onerous. (MSD national office project team member)*



### 2.2.2. ICSM training

ICSMs who were recruited for the start of the ICS-X trial received eight days of training across two four-day hui held three months apart<sup>13</sup>. The initial training had a large focus on Work and Income policies and processes. Topics important for working with clients with multiple challenges such as trauma-informed care and motivational interviewing were also covered. MSD invited speakers to discuss what had worked well in the original ICS trial.

ICSM's work experience influenced what they wanted out of the training:

- Work and Income experience: Upskilling ICSMs new to Work and Income in policies and processes was crucial. Experienced Work and Income staff wanted more training in working with clients with multiple challenges.

*It was such a change coming from an MSD employment role where everything is about getting work ready, cover letters CVs bang bang, bang, get a job get out there. This is so different. It's working with the clients at their pace. (ICSM, previous Work and Income experience)*

- Social work experience: ICSMs with extensive experience in working with clients with multiple challenges valued time spent training on client engagement less than other ICSMs.

ICSMs most often singled out training on trauma-informed care as particularly valuable. Some suggested a continued focus on similar topics in their ongoing training was important.

*If you were to take a group of drug addicts or a group of people with serious mental health issues... a huge proportion of them have trauma backgrounds... it's actually better to assume that they all come from trauma and work from that place. (MSD national office project team member)*

Shadowing an experienced ICSM on the job was the most useful approach to training. Some ICSMs noted that they were hands-on learners and found it easier to retain information when taught one-on-one.

*Having senior staff to sit down with was also really helpful, to just ask all the questions you have as they come up. (ICSM)*

*[The previous ICSM] she was good. It was neat to have that interaction when she was with clients. I understood what... I'm going to be lumbered with, yeah. Then I took over some of the appointments, though she was sitting with me, so I could get that background. (ICSM)*

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<sup>13</sup> Some ICSMs from the original ICS trial continued working and receiving training for the ICS-X trial but had left their ICSM position by the time of this evaluation.

Nine ICSM positions at seven sites experienced ICSM turnover by the time of this evaluation<sup>14</sup>. Training was more varied for ICSMs who entered as replacements. They received one or two days of training from MSD national office project team members at their service centre focusing on the ICSM role and less training on Work and Income processes. An advantage of recruiting replacement ICSMs from Work and Income was they did not need as much training in Work and Income policies, processes and work environment.

### 2.2.3. Lower caseloads

While BAU case managers have a caseload of between 100-200 clients depending on which BAU service they offer, ICSM caseloads are capped at 60 to allow more in-depth work with clients. Lower caseloads enabled many of the other differences in practice from BAU case management. ICSMs could spend more time with clients, be more responsive and be a more consistent presence in their lives.

*I love it, you've just got so much more time, because you're not bound by "you've got to see 20 clients a day, in and out, boom." (ICSM)*

*If a client needs two hours, you can spend two hours. If they need half an hour, that's fine. You can kind of work more towards the client and control the schedule to match their needs rather than pre-scripted slots. (SCM)*

Caseloads of 60 were an increase from the original ICS trial's caseload of 40. Most ICSMs felt the caseload of 60 was about right as at any given time, there were some clients who were being worked with more intensely and others who were "on the backburner" for various reasons. Fewer clients could leave them with periods where there wasn't much work to do due to no-shows or clients they were not actively working with.

*I find 60 nice. When we came on there was only about 45 to be honest, and I was getting very bored because you've got to realise a lot of our clients haven't been touched for a few years. And they weren't answering phones or emails... (ICSM)*

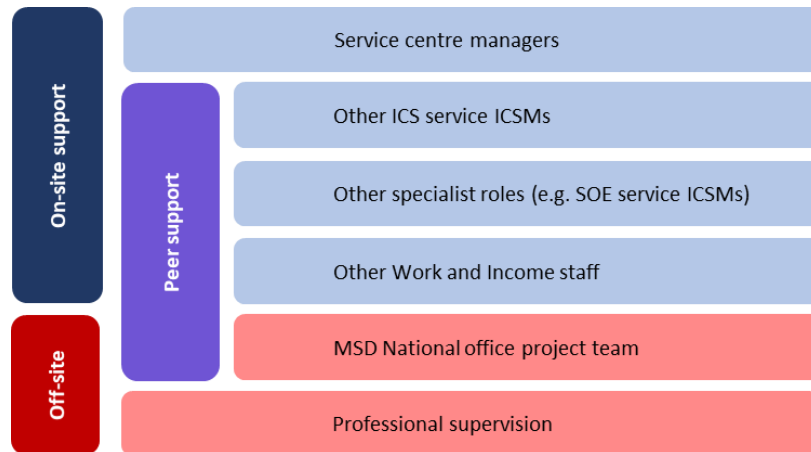
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<sup>14</sup> A change of ICSM position happened 13 times in total as some ICSM positions had multiple turnovers.

## 2.3. Support for ICSMs

Different supports (Figure 2Error! Reference source not found.) had been put in place for ICSMs.

Figure 2: Support available for ICSMs



### 2.3.1. Support from MSD national office

Under the ICS-X trial model, the project team at MSD national office recruited ICSMs, provided training and ongoing guidance for ICSMs in their day-to-day work through:

- Response to questions by email or phone
- Conference calls
- Circulation of guidance/other documentation.

All ICSMs felt well supported by the MSD national office. They could call or email the team who were always fast and responsive. ICSMs valued the ability to get a quick and decisive response to questions on practice. This support was essential for ICSMs not based in sites with other ICSMs and where SCMs were not able to answer practice questions.

*Every other Monday we have from 2pm-5pm blocked out for we can get a hold of the project team or at least one of them I know. One of the original ICSMs... She's there now, she just comes with the wide range of experience, super onto it... She's always great to speak to...I don't call them as much as I should because they are there to support us. (ICSM)*

A few ICSMs suggested that in-person support from MSD national office would be beneficial, particularly for new ICSMs who joined after the start of the trial. The ICSMs who had received face-to-face visits appreciated it.

*I had [name] on speed dial and I was calling national office every second day. Having that support is so important, and if you had someone there with you then it would be even better. (ICSM)*

### 2.3.2. Professional supervision

All ICSMs were aware the Ministry required them to attend professional supervision sessions, to ensure they developed and maintained good practice and to reduce their potential for burnout by supporting health and wellbeing. While some had regular appointments, not all had begun their supervision. ICSMs who had experienced professional supervision in previous roles (such as social workers) were familiar with the concept and were more comfortable accessing supervision.

ICSMs had different perceptions of the purpose and value of professional supervision:

- A resource similar to employee assistance to be accessed if they had difficulty in their roles

- A way to debrief from difficult or heavy situations

*I was one that was a bit hesitant at first, but it came to a time when I felt I carried a lot and I could feel it. It was getting a bit heavy, so then I thought I'd make that connection with the professional supervision and I haven't stopped ever since. (ICSM)*

- A resource for professional development and as a space to discuss ways to better support their clients.

*Partially it's for my health and wellbeing, if I'm having any issues at work or any personal things that are being brought to work, then I can talk to the psychologist about that, and then the other part of it... I'll bring client cases to the psychologist. ... I'll present their cases, what they're struggling with, and then the psychologist can give me sort of tips and directions to take with that. I've found that really, really helpful actually. (ICSM)*

ICSMs already confident in their support networks or their capacity to manage on their own did not see as much value in accessing professional supervision.

*I've always kind of been, "suck it up kind of princess", and got on with it. (ICSM)*

ICSMs were required to find their own supervisor, recognising the importance of a good match between each ICSM and their supervisor. However, this could be time consuming and difficult for ICSMs with no experience of supervision. Selections also had to be signed off by ICSMs' SCMs. Providing a list of approved professional supervisors in each region or giving more guidance on how to choose a supervisor could be useful.

### 2.3.3. Peer support

Having more than one ICSM at sites created a small peer support network. They could discuss difficult cases or even trade clients where relationship building had not been successful.

*Having two ICSMs on a site seems to make a huge difference... some of the ICSMs who are by themselves don't really know if they're doing what they should be doing, whereas with us we can discuss it and figure out the best thing to do, and trust that we're on the right track. (ICSM)*

ICSMs valued opportunities to connect with other ICSMs. Auckland ICSMs created a community of practice where ICSMs met monthly to support each other. Outside of Auckland, ICSMs relied on phone support from other regions. The national conference calls and national hui were important in helping ICSMs feel connected with others.

ICSMs often worked in specialist teams with other specialist case managers such as the Supporting Offenders into Employment (SOE) case managers. Their roles were very similar but focused on different target groups of clients. Working in a team with other specialist case managers created a peer support network for ICSMs even when they were the only ICSM on site.

*So, there's three of us that have that trial thing [in our team], and [person] is on integrated, they're both integrated, so [person] is SPS, sole parents, so the three of us sit there. It's great. I can talk to them about anything and we can help each other with our clients. (ICSM)*

Most ICSMs talked about having collegial support from everyone in their office from general case managers to the SCMs and talked about the 'tearoom' being a good place to debrief and vent. ICSMs who had previously worked at the site had bigger support networks with the other staff as it could take time to build up a relationship with others.

*So if I have heavy cases, I usually start my rounds from my managers here, then I stop at my Trainer, then I'll go down to my managers down that end, so by the time I finish off with the fifth person I'm all good because I vented, it's not on my shoulders any more. (ICSM)*

## 2.4. The Navigators

MSD contracted four non-governmental organisation (NGO) providers to employ Navigators across 18 of the 22 ICS service sites<sup>15</sup>. The intention was that Navigators would complement ICSMs by working out in the community with clients enhancing opportunities for relationship-building.

MSD sought NGOs with effective networks and relationships within their local communities. They were expected to encompass health, motivation and mentoring, whānau support, assistance navigating Work and Income and job placement. Navigators acted as the lead for clients to facilitate access to other services.

*Our job is to work alongside the people referred from MSD. Some of those folks have been on the benefit for a long time... it's working alongside someone who may have had some issues working in the system before. (Navigator)*

NGOs employed Navigators with relevant qualifications and previous experience working in social services. The ability to relate to people from particularly under-privileged and disenfranchised backgrounds was essential.

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<sup>15</sup> Suitable providers could not be found for the remaining four sites.

*The whole professionalism, that's a big one from the start... They're level eight<sup>16</sup> practitioners with previous experience... we're picking out people who are tasked for this role. That gives them a foundation. (Navigator)*

#### **2.4.1. Navigator training**

Training for Navigators varied because it was the responsibility of the employing NGOs, allowing the Navigator role to be tailored to the needs of each community. Most Navigators noted they relied on their own qualifications and previous work experience.

*I didn't receive any training for this role, gradually received some training for the practical aspects of filling in the database... I'm already trained in things like motivational interviewing, I've worked with people. (Navigator)*

The contract between MSD and the employing NGOs outlined the Navigator roles and responsibilities clearly, though not all Navigators had seen it.

*[What was] really useful was having the opportunity to look at what's actually in the contract, in relationship to the role. That was useful because it provided a tangible picture of what the objectives of the position are. (Navigator)*

#### **2.4.2. Interface between Navigators and ICSMs**

Navigator caseloads were capped at a maximum of 15 clients per ICSM at one time. ICSMs referred around one quarter of their clients to Navigators – typically clients with a greater number of challenges. Referral processes varied by ICSM but the most common models included:

- In-person introduction: The client, ICSM and Navigator met in the Work and Income office where the Navigator talked about their role and what they offered.
- Remote referral: Other ICSMs discussed the Navigator role and with client consent passed on the client's details to the Navigator.

Some Navigators felt they were not getting enough referrals from their local ICSMs and were keen to work with more clients. Navigator caseloads also depended on whether clients chose to engage. One Navigator discussed the impact of 'no show' referrals on their time.

*I feel like I have spent a lot of time going into Work and Income and not having the referrals turn up or even be made. Maybe one was made last week, and I was there waiting on one person... there are a lot of repeated referrals. Some of them are referred four, five, six times and they won't turn up to any of the referral interviews with me. (Navigator)*

Once referred, clients could be handed over to Navigators or the ICSMs and Navigators worked together:

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<sup>16</sup> Post-graduate or honours degree level qualifications.

- Partnership models: ICSMs and Navigators working actively with clients to provide support with no change in ICSM intensity.
- Handover models: ICSMs essentially handed clients over to Navigators, with Navigators taking the lead and ICSMs moving to more peripheral involvement with the client.

*We don't do day-to-day work together... [the purpose] is to have clients move forward into possible employment or study, so on that part we do work together but on everything else, it's independent from each other. (Navigator)*

Both Navigators and ICSMs described some lack of clarity about how the two roles fitted together. Some had clear frameworks in place with their ICSMs regarding the division of responsibilities and issues they would work on. Clear communication and expectations made this easier for everyone involved.

*When I first took on the role as Navigator, we were told that we would be working in the community with the clients and the ICSM was in the office. That seems to be quite blurred now where the ICSMs are in the community as well and there has been some overlap that has impacted clients. (Navigator)*

Navigators noted this could be problematic for clients because sometimes they were told to do different things by their Navigators and ICSMs, resulting in confusion and the potential for diminished outcomes.

*I'll be working along a plan with a client... I may have started a referral process within an agency, and I'll be going along that track and then come to find that the ICSM has already made referrals to another agency. And it impacts the client because the client is going, "where am I going, I've got two different plans here, who is doing what?" (Navigator)*

#### **2.4.3. Potential improvements to the Navigator role included:**

- More clarity about the role: Navigator roles differed according to their service's preferred approach, their training and background, what they saw as the need in their communities and what their local ICSM(s) needed.
- Having an office to work from: Some Navigators did not have an office and thought it would be useful to have a place where they could meet clients, as well as work with each other to problem-solve challenging client cases. However, they considered it important that this office was not based at a Work and Income site, as clients might not feel completely comfortable.
- Health and safety limitations: Some of the NGOs who staffed Navigator roles had organisational health and safety regulations that prevented Navigators meeting clients at their homes. Some Navigators were currently waiting for remote worker devices, which would enable them to visit clients at home.

*We're not allowed to do home visits, which is a real bummer to be honest. It's hard to talk with people about these really complex issues in libraries, cafés, McDonald's, it's just not working that well. People are talking and they're trying not to cry, and they don't want people to know what's going on with them. (Navigator)*

*I go walking in the [park] with one of my clients once a week to get exercise and to have a chat and to not be sitting at a table staring at each other... It's not the same when you walk in the door [to the Work and Income office]. (Navigator)*

## 2.5. Client assessments

ICSMs used three tools to assess client needs and track client progress throughout their time in ICS service:

- Client Assessment (CA): The CA questionnaire was designed to give an overview of clients' situations and needs with more of a narrative approach. It was designed to be completed at client entry to ICS service to provide a baseline measure and updated again quarterly and when clients exited ICS service to show progress. Some uncertainty amongst ICSMs about how to use the CA information resulted in variations in how it was used:

- With or without clients – some ICSMs preferred to complete assessments after clients left so the appointment could remain more informal and conversational. Other ICSMs preferred to complete the assessment during an appointment, either by letting the client fill out the form themselves, working through the form together, or completing the assessment while having a conversation with the client as topics were covered.
- Timing of first assessment – practice guidelines require completion of a CA by the third appointment but some ICSMs thought they were meant to complete the CA during each client's first appointment. They found that difficult because they did not yet know enough about the client or felt that some of the questions were inappropriate for a first meeting.

*There are some questions there about, are they gang affiliated? Is there family violence? Well, you don't crash in and ask them all these questions. (ICSM)*

- Behavioural Evaluation Update Tool (BEUT): ICSMs are required to complete the BEUT questionnaire for clients at entry, quarterly and at exit. They are completed by the ICSMs and reflect their views on how well the client is placed across different factors (e.g. literacy, housing, transportation, work readiness, etc.)
- Partnerships Client Outcome Management System (PCOMS): The PCOMS questionnaire is completed with clients at each appointment to measure soft outcomes (e.g. improvement in self-reported wellbeing) and to provide data to inform continuous improvement of ICSM case management. The ICSMs workshopped three tools during the June 2018 ICSM hui, and PCOMS was the clear favourite. Some ICSMs were trained in its use in October 2018, with remaining ICSMs trained in April 2019.



Some ICSMs felt that the frequency of assessments should be reduced, particularly PCOMS.

*I think that doing an evaluation at every appointment is too much, and especially because it's the same evaluation every time... Also, it's not always appropriate... I had one yesterday that I just didn't do it with because she was in tears talking about how she's being bullied and harassed at work and stuff and there's no way I'm going to go, "Sorry about that, but can you please fill out this evaluation form now?" (ICSM)*

ICSMs and SCMs suggested it would be useful to get reports based on these assessments which would show the impact of ICS service on clients' lives. Although ICSMs generally understood the need to complete assessments, consistency and timing of assessments varied. The frequency with which they needed to be completed and the number of assessments could feel overwhelming at times. Work is currently underway to combine the CA and BEUT to streamline the reporting requirements.

## **2.6. Investment Approach (IA) discretionary fund**

ICSMs could use up to \$500 from the Investment Approach (IA) discretionary fund without any sign-off from SCMs. The IA discretionary fund was designed to help ICSMs be responsive by approving things 'on the spot' for clients. Examples of IA discretionary fund use included:

- Paying fees for clients to seek rehabilitation for alcohol and other drugs
- Initial funding for clients to set up their own small business
- Driver's licence testing, where clients had previously failed and were no longer eligible for standard Work and Income support.

The IA discretionary fund was not a recoverable cost and therefore did not increase client debt. Despite the advantages, the IA discretionary fund was infrequently used. Some ICSMs were comfortable with what the IA discretionary fund was for and how it could be used, but not everyone understood how it could be used and what were the expectations around it.

*The [IA discretionary fund] is still confusing, and we've highlighted so many times that we need more information about it. (ICSM)*

ICSMs not using the IA discretionary fund were able to meet most of the demands for clients with existing products.

## **2.7. Central Processing Unit (CPU)**

The ICS service design included using the CPU for processing most administrative changes rather than having the ICSMs do it themselves. All ICSMs found the CPU fast

and responsive. Although requests did not go through instantly, they were generally processed between ten minutes and an hour.

The ICSMs who did not have a Work and Income background found the CPU support very helpful as they were not familiar with the processes and preferred to spend their time working with clients rather than on processing. ICSMs who came from a Work and Income background reported some downsides to using the CPU:

- They felt putting in the request took just as long as doing the processing themselves.
- They were not able to action something while the client was there with them. Instead, they had to say it will happen “soon” and couldn’t guarantee a timeframe or show them it had been done.
  - Some ICSMs felt this slowed down the process of building up trust with clients as they were not able to deliver for the client straight away.

Not all tasks could be taken care of by the CPU and instead had to be put through by case manager colleagues which was frustrating sometimes.

*We give it to a processing unit – they can only do 90% of our stuff. The 10% are the things that we hope that they could do, so that’s like benefit grants, transfers... Because we have to go and ask our office to do it. That’s the part I don’t like. It’s like, all or nothing for me.  
(ICSM)*

### 3. ICS service clients

#### 3.1. Client selection for ICS-X trial

To be eligible for selection, clients must receive either the JS-WR benefit with full-time work obligations, or JS-HCD<sup>17</sup> benefit with work-prep, part-time or full-time work obligations. Clients also first entered the welfare system before the age of 20 and that first benefit was not the Sickness Benefit or Supported Living Payment<sup>18</sup>. Clients are split into two groups:

- Older clients who were aged 30-39 on selection date
- Younger clients who were aged 25-29 on the selection date.

The selection criteria were designed to focus on clients who often have multiple challenges towards employment. Clients meeting the criteria were eligible to be randomly assigned to either the treatment or control group for the randomised control trial underway to assess the effectiveness of ICS service<sup>19</sup>.

#### 3.2. ICS service clients had multiple challenges

ICS service clients had multiple challenges and an accumulation of issues affecting their health, wellbeing and readiness for work (**Error! Reference source not found.**). ICSMs reported most of their clients (both JS-WR and JS-HCD) had mental and/or physical health issues that prevented them from working. ICSMs said depression and anxiety (diagnosed and undiagnosed) and substance abuse issues were very common. They described physical health needs, also including both undiagnosed and diagnosed conditions and acute or long-term conditions, such as diabetes.

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<sup>17</sup> Jobseeker Support – Work Ready or Jobseeker Support – Health Condition or Disability.

<sup>18</sup> Sickness Benefit or Supported Living Payment are not employment-based benefits so outside the focus of ICS service.

<sup>19</sup> Using set criteria to determine client eligibility was a necessary part of the ICS-X trial because it identified a focus group to receive ICS service and allowed a consistent group of clients to be randomly allocated to either a treatment group or control group for the RCT.

**Figure 3: Summary of ICS service client needs<sup>20</sup>**

Client Needs	
<p><b>Taha tinana - physical wellbeing</b></p> <ul style="list-style-type: none"> <li>• Acute and chronic health needs</li> <li>• Unsuitable housing or homelessness</li> </ul>	<p><b>Taha wairua - spiritual wellbeing</b></p> <ul style="list-style-type: none"> <li>• Attitudes and social issues that made it difficult to stay in work</li> <li>• Low confidence and self esteem</li> </ul>
<p><b>Taha whānau - whānau and relationship wellbeing</b></p> <ul style="list-style-type: none"> <li>• Complex family issues including custody disputes, domestic violence, and children with high level of presenting needs requiring full-time care</li> </ul>	<p><b>Taha hinengaro - mental wellbeing</b></p> <ul style="list-style-type: none"> <li>• Mental health issues, most commonly anxiety and depression</li> <li>• Trauma</li> <li>• Substance use and addiction</li> </ul>
<p><b>Other needs</b></p> <ul style="list-style-type: none"> <li>• Challenges with reading and writing</li> <li>• Limited or no previous work experience</li> <li>• Limited or no access to job search resources such as computers (to create CVs or use job search websites)</li> <li>• Criminal history limiting work opportunities, including current home detention</li> </ul>	

Health issues were often untreated and needed to be addressed before clients could enter and maintain employment. Having to regularly update medical certificates for JD-HCD clients was another issue for ICSMs to manage with clients.

Some ICSMs identified a group of JS-HCD clients as being unlikely to ever be able to manage employment. They questioned whether those clients were appropriate to include in the ICSM caseload because they would not be able to be ‘staircased’ into employment.

ICSMs reported almost all clients faced housing challenges. This view was supported by client interviews, where almost all clients described issues with housing including unstable or inappropriate housing situations, couch-surfing, living in garages, cars or campervans, or staying with friends and family.

*You know, sleeping here, there, everywhere. Couch-surfing, basically, was just detrimental, and then... You know, you can't really focus on finding work until you're settled. (Client)*

Many clients also lived in complex family and whānau contexts.

*... this service doesn't just touch the client but also their whole whānau. The client might need a job, but their son is stealing cars and smoking P et cetera. You need to work with the whole family. (ICSM)*

<sup>20</sup> Organised using the *Te Whare Tapa Whā* model, which was included in ICSM training.

### 3.3. ICS service clients had challenges to employment

The health needs and living situations of clients made it difficult for them to get work and remain in employment. In addition, ICS service clients were often long-term beneficiaries and ICSMs reported client motivation to work may be affected by growing up in benefit-dependent families.

*With a few of them it's attitude. They have got used to being where they are. They've got themselves a lifestyle, they are happy just to cruise along. (ICSM)*

Some clients reported feeling intimidated by the thought of working because they were uncomfortable working in a team or did not want to be away from their children. Others did not know how they could manage work and other obligations.

*He goes, "I can't get a job in case my boy gets sick at school and I need to be there...". He doesn't understand that half the women and half the men in here who have got children, we've got jobs and we know that if our kids get sick, we're going to have to leave our job to pick the kid up from school. (ICSM)*

Most clients were also affected by low confidence and self-esteem as a result of:

- Ongoing unemployment
- Believing past issues like drug use or convictions made them unemployable
- Feeling stagnant in their life and feeling unable to make positive changes
- Negative experiences in the workplace or with Work and Income in the past.

#### Case Story: Frank

##### About Frank

- Frank was receiving the JS-WR benefit
- He had been involved with Work and Income on and off for around ten years
- He had done some casual work but did not have a driver's licence and had a criminal record, which made it hard for him to find employment.

*[My life] was a bit out of control, I'd say. I didn't have any responsibility. I was in and out of prison. (Frank)*

##### Engaging in ICS service

- When Frank started working with his ICSM, he had recently been released from prison
- Frank said he did not think he would be able to find work until he had finished his home detention sentence.

*I'm on a sentence at the moment so I can't really branch out and do anything until my sentence finishes, because I'm on a bracelet.. (Frank)*

### 3.4. Variation across groups of clients

ICSMs and Navigators found it difficult to generalise about differences in the needs of different groups of clients (e.g. genders, ethnicities, ages or JS-HCD compared to JS-WR clients) because they saw each client as having their own individual needs.

*The clients that I receive, they're consistently the same. They're varied in age between the ages of... I think my youngest is 22 and my eldest may be around 37, 38. The age is varied but the circumstances of the clients that have been referred to the service that I deliver in terms of navigation... The themes that are presenting are generally the same. (Navigator)*

ICSMs comments about clients illustrated their individual needs, although some ICSMs made general comments about groups of clients including:

- Age – Some ICSMs commented that older clients could have a sense of entitlement to Work and Income support as a result of long histories of benefit dependence. Others said older clients could be more ready to accept help. Younger clients could be easier to 'snap out' because they were less entrenched but could also be harder to convince that benefit dependence would not be a good long-term option.
- Gender – Women clients more often had Oranga Tamariki involvement and children in care. Childcare could also be more of an issue to manage when looking at employment. Men clients we interviewed discussed having criminal records which were a challenge to employment.

A small number of the random sample of clients we reached through phone interviews appeared to have lower needs. Some were not aware they had been part of ICS service because their interaction with Work and Income was brief before they returned to work. These clients tended to have lower levels of need and returned to work without much difficulty.

### **3.5. Differences in working with JS-HCD and JS-WR clients**

While each client's situation differed, there was no broad distinction between JS-HCD and JS-WR clients. ICSMs particularly noted most clients on both JS-HCD and JS-WR benefits commonly had mental and/or physical health conditions which required support. Many JS-WR clients would have been eligible for the JS-HCD benefit but were untreated or disengaged from the health system or had not shared their health issues with Work and Income.

*They were just not in a life or framework where you would go in to get a medical certificate, but they actually had all the issues. (MSD national office project team member)*

*No, I don't think there is a difference at all, in fact I've had a couple of my HCD clients, where I've said, why do you do medical, you're not on medication. 'Oh, I go to the doctors' 'do you have a care plan' 'no' 'is your doctor working with you on progressing you?' 'no.' why do you go to the doctors every two months then? I've got some clients that aren't on medicals that should be on medicals. (ICSM)*

ICSMs suggested that JS-WR clients may not wish to get a medical certificate which would allow them to receive the JS-HCD benefit due to stigma around diagnoses, or resistance to seeing medical professionals.

*They don't want to get a medical just to tick a box with us, because they don't want to be labelled as having this mental illness. They feel that that is going to stop them from being able to progress. (ICSM)*

ICSMs also noted that some JS-HCD clients had come to view their medical certificate as a safety net which stopped them from making progress. They were no longer attempting to make progress on their medical issues but had a doctor who continued to sign-off on medical certificates. Some ICSMs reported that in some cases, these clients had the potential to work but needed to change their view of themselves before that was possible. ICSMs worked with these clients to move to the JS-WR benefit as part of their 'staircasing'.

ICSMs took a more hands-off approach with clients who had fewer challenges (e.g. clients who had left sustainable employment due to sickness or injury and either had a path back into employment or who would need less support to find a job once well). ICSMs supported these clients with job searches or provided material assistance when needed.

## Case Story: Jessie

### About Jessie

- Mid twenties, had been on the benefit for about three years
- Had developed a chronic health condition that made it hard for her to maintain a job since she needed frequent sick days
- Had relied on family for support but ended up on a benefit when they could no longer help her.

### Engaging in ICS service

- Had been on ICS-X for two years
- She had frustrating experiences with Work and Income in the past because she felt case managers didn't understand her health condition and her limitations, especially around her mobility
- However, she felt her ICSM was much more interested in how her health condition impacted her life and how they could work around it
- Her ICSM set up phone appointments so Jessie could keep in touch even if she couldn't physically attend an appointment.

*When you are dealing with different people all the time, I feel like they don't really care as much. There's less sympathy... it was a bit frustrating because no one could fully understand that I couldn't come into WINZ most of the time. (Jessie)*

*She'd ask how everything is with my health and if I was in doubt she would make me go back and check with my doctors. (Jessie)*

### The difference engaging in ICS service made

- Jessie's ICSM encouraged her to see her doctor when she became disheartened at her lack of health progress - this helped Jessie start to manage her condition more effectively
- She felt less stressed after starting ICS-X
- Her ICSM helped her get a payment card so on weeks where she was short on money due to medical costs, Jessie could call her ICSM and get a payment to buy food.

*For those weeks that I'm falling short because of medicines and stuff like that, which leaves me with no food sometimes... instead of me having to go in, there is a payment card and they just do it over the phone. (Jessie)*

### Where is Jessie now?

- Jessie already has a job now but she can only work casual hours because of her health condition
- She appreciates how her ICSM understood that at the moment, there was no point in pushing her to move into full-time work until she had recovered.



## 4. Supporting clients with ICS service

### 4.1. Introducing clients to ICS service and their ICSM

ICSMs notified clients of their change in service by phone, email, text, or letter. Some ICSMs waited until clients contacted Work and Income and then explained the ICS service that uses a single case manager approach. Other ICSMs contacted clients proactively to arrange an initial appointment to introduce themselves and ICS service.

*One day I was with different case managers and then I was just assigned to one and she started to take care of my case. I'm not sure what changed, it just happened overnight. I got a phone call from her and it kept going on. She kept calling and I realised that I was just with her. (Client)*

Being assigned to a single case manager was the main thing clients remembered about the transition to ICS service. Most clients were positive about ICS service and the chance to work with a single case manager. A small number of clients were concerned their service had changed because they had been on the benefit for too long or were not meeting their entitlements.

*I was like "Why? Why am I getting special treatment? Is there an underlying reason that I'm not being told?". I was a bit paranoid.... It sounded like I was getting monitored. (Client)*

A few clients took time to realise they were on ICS service.

*I think I had been with her a year or so and I was like "I don't understand this whole thing". And she explained it more in depth. She explained that it was a trial and that later on more case managers like her would be getting brought in. Then I understood more what the whole purpose of it was. So yeah, that's the only thing that I didn't like about it. (Client)*

### 4.2. Single case manager

Having a single point of contact with Work and Income meant clients and ICSMs could build a relationship by remembering their situation and asking relevant questions at later appointments. Clients reported this helped them feel understood. Clients described frustration and trauma in the past associated with repeating their story to different case managers to justify their situation and support needs.

*You don't have to relay your traumatised experiences from past situations over and over again. You're not getting re-traumatised again and again by having to explain where you are in your life and it gets you to that day as to why you aren't achieving those goals or breaking it down, the barriers and the why and getting those rectified. (Client)*

One client illustrated the difference of ICS service by describing the in-depth discussion they had with their ICSM when they started ICS service, which allowed the ICSM to understand the client's background and current situation. Based on this discussion, the client and ICSM then identified short-term and long-term goals.

*I actually feel like I'm finally being treated like a person, a real genuine person. Because I come in here and I have an appointment and the first thing she says is 'how are you going? Are you alright? Is there anything you need?' instead of in the past, 'what do you want now?'* (Client)

ICSM who were leaving their roles tried to introduce their clients to the incoming ICSM before they left. Clients who were introduced to their new ICSM by their current ICSM found this transition easier.

*My first case manager left, I ended up being changed from her because she went to another job and I got onto another case manager. So, I went to re-explain myself to her. And she went "nope, I read the notes". And I was like "oh cool!"* (Client)

This was not possible in all cases, and some ICSMs prioritised introducing clients with more complex situations. Others notified clients via phone call or text that they would be leaving, and the client would have a new ICSM.

*It was good with [previous ICSM] because she'd done the handover, so when she had clients come in, I got to sit in and introduce myself to a few of them.* (ICSM)

There was more uncertainty for clients where a new ICSM was not able to be hired before the current ICSM moved on. Some clients were apprehensive about their ICSM leaving the role. Most of this anxiety came from worrying about re-building the relationship with a new ICSM and continuing to receive the level of support they had been receiving.

*I've gotten so used to [ICSM] and now I have to get someone else. So hopefully I'll get along well with the new case worker. [I feel] a bit worried. I don't know who the new case worker is. I don't know when I'm going to see the new case worker. If something comes up in that time, I'll either have to do it online or wait for somebody to ring me or ring the 0800 number which takes a while to get stuff sorted.* (Client)

### **4.3. Flexibility in client contact**

ICSMs were flexible with how they communicated with clients. Face-to-face meetings were the most important channel, but ICSMs also used phone and text contact extensively. If getting to the Work and Income office was a challenge for clients, the ICSMs talked to clients over the phone or by text. This approach strengthened relationships with clients by showing trust and respect for the clients' circumstances.

*I don't ask [clients] to come into the office every time, I'll just say I'll give you a call or an email, and I'll do that just to update. They'll open up a lot more and we can plan and set those goals a lot easier. Most of my clients email me or text me on a daily basis.* (ICSM)

ICSMs gave clients their direct contact details including a cell phone number to save in their phones, so clients would recognise when the ICSM was calling. Many ICSMs talked about how their clients would not answer a phone number they did not recognise.

Having a direct line of communication gave both clients and ICSMs a reliable way of keeping in touch. Clients appreciated being able to reach their ICSM without long delays through the call centre. Clients generally used text messages to initiate contact asking for an appointment, updating ICSMs about a problem or just catching up more informally.

*Like I had [client] text me on Saturday night and he said, 'hey just letting you know everything is great, now been twelve months since I've gone back to jail and I've got no intention of going back' and that was so cool. ... It was just cool, and I just emailed back and said, 'proud of ya'. You build up more of a personal relationship. (ICSM)*

#### **4.4. Relationship building**

Effective relationships set the foundation for all future work and were necessary to understand clients' challenges to work.

ICSMs found it was often a challenge to initially engage with clients. First sessions with ICSMs could be face-to-face or over the phone. Starting with phone appointments was particularly helpful for anxious clients and allowed ICSMs to start building trust with clients without forcing them to come to the office. It was harder for ICSMs to engage clients who had negative prior experiences with Work and Income.

*I didn't see him for the first three interactions. He wouldn't come in. Really bad anxiety. So, I just waited and then it got to the third one... I kind of just was able to talk to him about how things were going. (ICSM)*

Work to build relationships with clients could be supported by:

- Listening to client stories: ICSMs asked clients to share what their lives were like and what was important to them, which helped clients understand their ICSM saw and cared for them as a person.

*She was like, "Talk to me," so I started talking to her, started opening up about some of the personal stuff that I was going through at that time and she was just like, giving me ideas on different ways of dealing with situations, say work situations or life situations and stuff like that. It was quite cool. (Client)*

- Sharing their own experiences: ICSMs shared their own experiences to show they understood and related to clients' situations.

*She voiced that she could relate and understand my situation, a relative of hers had been suffering the same sort of life experience and she related. I felt more comfortable then. (Client)*

- Addressing immediate needs: Clients often had immediate needs they wanted addressed (e.g. help accessing additional support for food or other essentials like car repairs or school uniforms). Meeting those needs quickly showed clients ICSMs were there to help.

*It's a big shock for them. When you start doing those little things, covering the basic needs, and when they see that you want to see their family prosper, then they start wanting to come and see you. Then they'll start wanting to open up to you, for you to get to know them, get to know their real situation, what's really happening in the family home, and what's happening outside. (ICSM)*

ICSMs had to wait until the clients who were hard to contact needed something and engaged them to help with their issue. Some ICSMs resorted to applying a payment hold on the client's benefit to get them to engage, but this was an absolute last resort.

After the initial contact, engagement between ICSMs and clients often involved weekly or fortnightly contact for the first two months to build relationships.

Clients often did not disclose the entirety of their circumstances at the beginning of their engagement with ICSMs. It could take multiple appointments before clients felt comfortable enough to share some issues or for the ICSMs to learn enough to identify issues. Even clients who initially appeared to have fewer challenges could reveal complex issues across multiple domains once they established a relationship of trust with their ICSM. Clients said they would not have been willing to discuss these issues with most general case managers as they did not trust them or think they could or would help them.

Where clients were less positive about the support they received through ICS service, they identified difficulties in their relationship with their ICSM. Not feeling heard, understood or trusted was more of a focus for clients who were negative about the service, than not achieving goals. Sites with multiple ICSMs could transfer clients to other ICSMs to see if they were a better match. Involving a Navigator was also helpful because the Navigator could take the lead with the client or help the ICSM to understand the issue impacting the relationship.

#### **4.5. ICS service case management**

A client-centred, strengths-based case management approach underpins every part of the ICS service. Lower caseloads were essential to allow intensive case management approaches.

From the client perspective, appointments with their ICSMs were different from what they had experienced with Work and Income in the past. Clients most commonly said working with their ICSMs was different because it was the first time they were treated like a person and did not feel like "just a number" in the Work and Income system.

Clients and ICSMs also described intensive case management as:

- Proactively addressing client needs and entitlements: Many ICSMs checked that clients were receiving all the support they were entitled to receive at the first appointment. Some clients learned they had not been receiving their full and correct entitlement for long periods of time.

*When [case manager] came along she helped me to get more of the benefits that I was entitled to, that I knew was entitled to, but I couldn't get it. I couldn't get it from the other workers, and [case manager] noticed there was a lot of discrepancies in my benefit and my payments. (Client)*

- Taking the focus away from finding a job, except where initiated by the client: Several clients said the first time they met with their ICSM, they picked up a job listings sheet and were prepared to discuss which jobs they would apply for with the ICSM but were told they didn't need to do so anymore.

*It's amazing how many of them start talking work because they feel they have to. And I'll say to them... I'm not going to be [asking to see proof of their job search], and I'm not going to do it next interview or the interview after that. Let's have a look at the whole situation and look at addressing the little things. (ICSM)*

*I would see her probably twice to three times a week...I was on a mission to get myself up there and try to be successful in myself, and obviously had my goals. An apartment was the first one. The second one was a job. The third one was...working my way to be financially independent and then wean myself off the system. (Client)*

- Focusing on clients setting their own goals. For some clients, this was the first time they had set personal goals.

*After building the rapport... [I say] "Ok what do you want me to work on? What's the most important thing for you to work on? It can be anything" ... [They may say] "My kid's not at school...we're sleeping on the floor, we don't have a bed, the house is cold, it's damp"... Once you take away those basic barriers, providing the beds or food, bedding, clothes. It's winter now so I'm getting a lot of my families coming in for winter clothes. I'll do it now, but next year we're going to plan this a bit better. (ICSM)*

- Working at the client's own pace

*I know a friend that still has to go to Work and Income every week for a work seminar and nothing ever changes... I don't have to do that because [ICSM] knows that I already know that stuff and don't have to repeat it. (Client)*

- Celebrating successes and encouraging clients to build confidence

*But then they're starting to ring '[ICSM], I can't come in because I don't have money. [ICSM], something's happened. Can I rebook?'. So even that's an achievement, just rebooking. (Client)*

*The contact centre rings me 'we've got your client here and we don't know what he's ringing for because he won't tell us but it's urgent that he talks to you'. ... I was like 'Hello how are you?'. ... 'I'm great. I passed my licence'. I said 'That's great. How did you find the course?' and he said 'It was mean. It was good. I know you guys paid the \$80 for the course and I have to pay it back, but I say it was a well spent \$80 for me to get this'. So he was over the moon and I was over the moon for him. 'Wow it's only taken you a year to get to this point'. And that was a lot of 'staircasing' and ringing. 'Now where are you getting your licence sent to?' and he was like 'I asked if I could get it sent to the office so they're going to send it to you guys'. And I said 'Cool we need to celebrate this. This is awesome'. And*

*you can just tell that he is over the moon and wanted to ring me. He didn't want to share it with the contact centre because they might tell me before him. (ICSM)*

The strengths-based approach of intensive case management led to clients developing a more positive attitude towards Work and Income. One client described how interacting with ICSMs helped them overcome their dread of going to Work and Income.

*There's not so much pressure in just going in and dealing with anyone at Work and Income...you go there sometimes, and you just hate going there. Whether it be the case manager or the receptionist or whatever... She just made it a lot more comfortable and easier to talk to and to go there – to the point where I like going there. (Client)*

The case story below illustrates how ICSMs use their deep understanding of client situations and focus on clients' own goals to create a client-centred approach.

### Case Story: Kirsten

#### About Kirsten

- Had several mental health issues including intense anxiety
- Had struggled with drug use in the past and felt Work and Income staff judged her for it
- Had four children who were not currently in her care and were being fostered by family members

#### Engaging in ICS service

- Kirsten had negative experiences with Work and Income which meant the thought of coming into the office for an appointment could cause a panic attack
- She was initially very nervous about engaging with her ICSM but said her ICSM listened to her worries and got to know her on a personal level which put her at ease
- Kirsten felt her ICSM saw her as a person and not just an "ex-user", and didn't judge her for losing custody of her children
- They initially met monthly, then moved to fortnightly so Kirsten could access more support

*I am an ex-opiate user and that's on my file... It was just like everyone I had dealt with at Work and Income had been in my face against me because of my record, my files and everything. (Kirsten)*

*I couldn't even leave the house to come to a Work and Income appointment.... It would have taken a fair few cigarettes and panic attacks before I'd even be able to walk out the house normally. (Kirsten)*

#### The difference engaging in ICS service made

- Her ICSM referred Kirsten to services which improved her mental health and increased her confidence and helped her access a rehabilitation service to ensure she could continue her sobriety
- Kirsten's ICSM helped her move into a better house by organising a bond payment and some furniture

*It was just like talking with a friend. She asks you about how things are, she remembers the names of my kids. (Kirsten)*

#### Where is Kirsten now?

- Kirsten is currently working on fulfilling the requirements to get her children back into her care
- She wants to ensure her mental health and living situation are stable before she begins looking for work.

#### 4.6. Whānau involvement

Clients' partners were automatically placed with the same ICSM as the client if they were in a relationship and shared a benefit, unless the partner was in a service that overruled ICS service. Although partners were not technically part of the ICS service caseload and were not included in the randomised control trial, they were able to see the same ICSM rather than stay in BAU case management.

*If a client has a partner and or a family, you can't just change one person's life without taking everyone on the journey. And so, they're not counted as part of their caseload, the expectation is that the ICSM would work with the family. (MSD national office project team member)*

Clients found it easier to have one point of contact for both partners. They received consistent support and did not have to describe their situations to two Work and Income staff members. ICSMs reported it was also beneficial to see partners as it gave them a more complete picture of clients' situations. However, some couple dynamics meant it could be important to see the client and partner separately.

*When I'm dealing with couples, I always book them separately until I can establish that they are comfortable having both of them in at the same interview and I'm sure that I'm aware of who the dominant person is in the relationship. (ICSM)*

In some cases, other whānau such as parents, siblings and children attended ICS service appointments with clients and were able to see the ICSM as their primary case manager. Clients might invite whānau to appointments so the ICSM could help explain the client's situation to them, or so their whānau could share in the ICSM's support and advice.

*A lot of my families, they bring in their kids because they want their children to hear. Just to hear some guidance and what the reality is. (ICSM)*

Clients reported that ICSMs showed more interest in their whānau than previous case managers. ICSMs got to know clients' whānau situations which informed what support they could provide. This could include asking after whānau, remembering clients' children had recently had birthdays, or offering help and advice for difficult whānau situations. However, ICSM caseloads could be inflated by working with clients' whānau as well as the primary client.

#### 4.7. The Navigators

Navigators complemented ICSMs by working with clients out in the community. Well-connected Navigators could identify and connect clients with services where the ICSM had weaker links to the community.

Navigators sometimes transported clients to appointments and/or attended appointments with them to provide support and reassurance. This strengthened the

rapport between Navigators and their clients and made clients feel comfortable, particularly because they were not in a Work and Income space.

*I can take them to wherever we need to go, take care of certain tasks or activities that they may need to have fought with to achieve. For example, I'm meeting somebody at the courthouse because they need to look up and apply for their criminal history and they don't want to do that on their own... They need a lot of reassurance and someone to be with them. (Navigator)*

Navigators supported clients with similar things as ICSMs such as assisting them to create CVs, enrol in courses, and purchase work-appropriate clothing. Clients said Navigators asked what help they needed and found ways to meet that need.

*She's helping with other things as well, like removing tattoos and stuff like that, so that helps with my job as well... I'll be doing the CV with [Navigator] in two weeks' time, I think. (Client)*

Most clients felt working with Navigators was valuable. As with ICSMs, clients reported Navigators were non-judgemental and treated them like a person. Navigators could take on a more emotionally supportive or counselling role compared to ICSMs. Clients were especially positive about the Navigator role when Navigators and ICSMs worked together closely.

*I actually look forward to my meetings with her weekly. She doesn't judge me. A lot of times I feel like I can be judged and stuff as a person.... she is there for those moments when I am struggling. (Client)*

#### **4.8. Referral to other services**

ICSMs depended on external services to address many of the issues that clients faced:

- Counselling
- Social workers
- Emergency housing providers
- Budget advice services
- Anger management courses
- Work-readiness courses
- Education providers
- Health services

Referral was typically relatively informal, with ICSMs either letting clients know of services that might suit them and letting them contact the service on their own time or phoning a service to set up an appointment.

Some ICSMs accompanied clients to appointments to facilitate a warm introduction and help clients feel more at ease. However, Work and Income health and safety processes meant ICSMs could not drive clients to places or meet them at home. They felt that picking up clients and taking them to appointments would improve the chance of a successful engagement with other services, in part because transport could be a significant challenge. ICSMs at Work and Income sites with Navigators



said the Navigator could facilitate referrals by providing transport and support at appointments.

*... often we've been working with a client, building them up, get them to this point where they're ready, they have an interview lined up, it sounds amazing and it's all going to work, and then their transport falls through for the day or their car breaks down or something, and we have to sort of rush to try to figure out different solutions which often don't work. (ICSM)*

Some ICSMs placed a high priority on getting out into their community to network with other community service providers and agencies. The level of networking varied greatly between ICSMs and was influenced by how well the ICSM already knew their community, how easy or difficult it was for them to set aside protected time for networking and how accepted it was at their site. Some ICSMs entered their roles in the same sites they had been working in for years. They were able to build on existing relationships with local services.

ICSMs highlighted the importance of building relationships with services to strengthen referral pathways for clients. This enabled ICSMs to understand what each service provided and how this best suited the needs of clients.

*Yes [I've spent a lot of time building relationships with services]. The likes of Salvation Army, I've got good links there and the drug and alcohol team in [the area]. Through other organisations like [agency]...I've had a bit of support through clients for them, built that bigger family dynamic. (ICSM)*

ICSMs needed the support of their SCMs to work outside the office to build community networks. Sometimes SCM attitudes and requirements (e.g. written justification for work outside the office) were a challenge. Some ICSMs reported that their SCMs did not see the benefit of networking with other agencies. Other ICSMs reported their SCMs supported them setting aside time to attend inter-agency meetings.

## 5. 'Staircasing' clients to ICS service outcomes

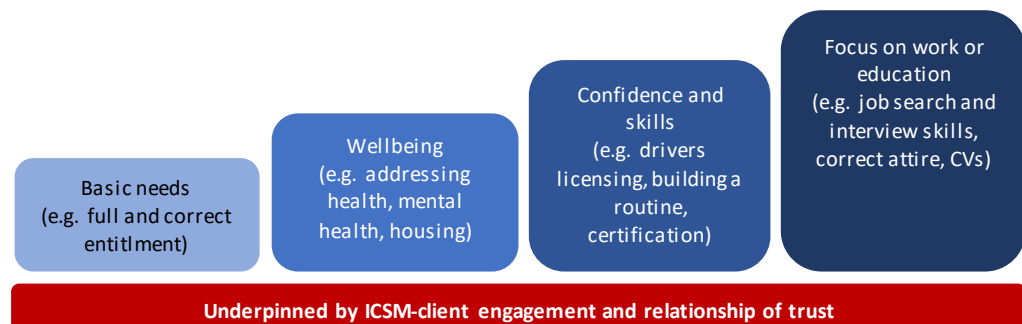
### 5.1. The 'staircasing' approach

The 'staircasing' approach aims to achieve outcomes like employment and movement off a benefit through a focus on client wellbeing. This progression is shown in the logic model and evidenced by results of the original ICS trial.

Clients entered ICS service with multiple challenges. As clients and ICSMs developed trust and rapport they began working towards longer-term goals. ICS service aimed to 'staircase' clients towards work readiness. 'Staircasing' can be defined as the process by which the client takes progressive steps towards achieving milestones (or goals) aligned with achieving benefit independence by way of employment or study (Figure 4 **Error! Reference source not found.**).

A 'staircasing' plan produces a pathway of milestones that will help a client achieve their long-term goal. Clients typically followed a similar trajectory through ICS service. However, the time spent on each step and the focus on areas such as relationship building and 'staircasing' differed for each client.

**Figure 4: Illustration of general client 'staircasing' process**



'Staircasing' steps could be small and initially focussed on clients' wider wellbeing. Wellbeing-focussed 'staircasing' could include health-related steps such as clients seeing their doctor for diagnoses or medication, reducing drug or alcohol intake, seeking counselling for mental health support, or just getting general medical advice. ICSMs said increasing client wellbeing addressed the underlying challenges to work and equipped clients with the confidence and skills to seek and remain in work.

*I've got three clients at the moment who I've told not to bother looking for work because you've got to sort out other situations in your life first and that's what you work on. It takes the pressure off some of them. (ICSM)*

At this stage, contact with clients was often about catching up with them and their situation, checking in if they needed more assistance and continuing to motivate them to work towards their goals. ICSMs emphasised celebrating small steps.

Examples included opening a bank account, getting a birth certificate or attending an appointment face-to-face.

'Staircasing' was not straightforward or linear. Clients frequently had recurring problems or relapses which set back their progress towards work readiness. Common steps backward included relapse in drug and alcohol use, returning to prison, reconnecting with a gang, or a decline in health due to long-term illness. ICSMs emphasised the importance of ensuring clients knew that they were still willing to support them, even if they encountered setbacks.

*I was like, "I'll be going to rehab soon." She's like, "What?" I was like, "Yeah, I need to give up the drugs and alcohol for my kids and my family." She's like, "Good on you bro. I'll support you no matter what," and she did, man. (Client)*

## **5.2. Improved engagement with case managers**

'Staircasing' began with building a relationship between ICSMs and clients. Intensive case management improved engagement with ICSMs from the perspectives of clients and ICSMs. Improved engagement built trust and clients shared information about their challenges. ICSMs helped clients to address any benefit issues more quickly, to receive entitlements they were not previously aware of, and to receive assistance for other material goods like car repairs, furniture, whiteware, school uniforms and food grants.

*They actually let you know the entitlements that you're entitled to.... And they help you out where you may not get from others which is quite good as well.... He also lets you know what you can get like food grants and gas grants. (Client)*

### **5.2.1. For Māori clients**

The ICS service addresses some of the challenge within the Work and Income system for Māori clients. Many Māori clients reported negative experiences with Work and Income in the past, which the clients often attributed to implicit and explicit racism and stereotyping.

*To me, it felt like [the case manager] was putting me down... he's like, "Well, Māoris are usually the ones that are always in this place," and I was like, "Bro, what are you trying to say about my culture, mate?" (Client)*

*Work and Income can beat people's heads in really. It can beat your head in to the point of, you just want to get wasted because they don't understand your situation. I know that for a lot of Māori people, when you go to Work and Income and you get declined like, grants and things it can be really frustrating. (Client)*

Such experiences contributed to feelings of distrust and/or whakamā about sharing their story and asking for help. ICSMs needed to be aware of the effects of previous systemic racism and understand that it could take extra time to build trust and rapport with Māori clients.

*With Māori people, I'm speaking about my culture, this lack of confidence was ripped from us... I knew [ICSM] wanted to know that core of me, being Māori. We shut down; we have no trust in people. That was the one thing she broke down first in me was the trust.... She broke down that wall of me putting up a wall. (Client)*

Māori clients appreciated having ICSMs who took time to understand their background and worldview. Whakawhanaungatanga was particularly important, and clients appreciated the ICSM taking time to find points of connection with the client. Clients reported this could be easier if the ICSM was also Māori, understood Te Ao Māori or had some connection with clients.

*[S]he knew of the family history to do with the iwi, not just being Māori... So, she didn't know me, but she knew our family history... Because she knows the family history, she understands why some of these things are of a big importance to us, like mental health [and] colonisation which our family was quite affected by. (Client)*

Māori clients noted how valuable it was to have an ICSM who understood the importance of whānau. This helped ICSMs work with clients to set relevant goals for 'staircasing' that fitted around important aspects of clients' lives, such as their children. Recognising the importance of whānau also showed ICSMs appreciated that what was good for an individual also benefitted the wider collective.

*She saw that I was very active and supportive towards my two children and their school. She saw that and that's how she helped me, guided me. She would ask about how the boys were getting on. (Client)*

*What I've identified is a lot of the time it's not just the individual, even if they are single. It might be the whānau as well. And especially when you have the clients as well with children and everything, sometimes supporting the children or things like that actually means gains for the client towards whatever they want to accomplish. (ICSM)*

Other clients reported that having a Māori ICSM was helpful but not necessary. Having an ICSM who was non-judgemental and treated clients with respect was more important than cultural background alone.

*[It's not important that my ICSM is Māori,] she could be an old white dude but if she can have that attitude and get to know me then that is what makes the difference. Their race doesn't matter but she treated me so well. (Client)*

It could be harder for ICSMs from other backgrounds to understand what was important to Māori clients, and it was therefore more important for them to understand their own biases and worldviews. Some ICSMs expressed a lack of confidence in engaging effectively with Māori and Pacific clients and looked forward to future training that had a cultural focus.

*More cultural competency, basic Te Reo, or Samoan, Tongan greetings, goodbyes. Things just to stick into conversation. (ICSM)*

As pointed out by a Pacific ICSM, other ICSMs were comfortable working with clients from a range of cultural backgrounds.

*How I interview my Pacific Island clients is totally different to my Māori clients, compared to my Palagi clients, because you pick up on their language and you pick up on how to connect with them. (ICSM)*

One ICSM mentioned that a Māori client was teaching her Te Reo Māori phrases, suggesting that it would strengthen engagement and her relationships with her Māori clients.

*One of my clients, he's awesome, he'll correct me on my pronunciations or teach me phrases or things in Te Reo, and he's like, "you're going to need to know this, because you're going to have Māori clients. And you'll make them feel comfortable and that's awesome". (ICSM)*

ICSMs were able to connect some clients with kaupapa Māori services, including health providers, iwi services, housing providers, and other social services.

*I'm doing Te Ara Tuatahi. So that's an all year course, and you have like ten kete to do a month, and then you graduate. It's an awakening of your Māori, and yeah, I'm like halfway through it already. (Client)*

## Case Story: Tui

### About Tui

- In her twenties and had been on the JS-WR benefit for several years - had recently become homeless
- Her children had recently been uplifted by Oranga Tamariki
- She felt her situation was hopeless and didn't know how to resolve it.

*We were homeless. My children were taken from me by Oranga Tamariki. A whole lot was happening for me at that time when I first met her. (Tui)*

### Engaging in ICS service

- Had asked Work and Income for support before but became frustrated by the time spent explaining her situation to different case managers each time
- Started working with an ICSM - used to come in every six weeks for appointments but now only had in-person appointments every three months
- Had been working with ICSM for six months now, usually through phone appointments and emails
- She was happy to work with her ICSM and it was a relief to only explain her situation once
- Her ICSM more easily understood her life because they were both Māori - Tui felt at ease knowing her ICSM understood and didn't judge her.

*I had to explain my story probably to about ten different people before I got my case manager. That was frustrating and having to go through everything again. It was like I was repeating myself all the time. (Tui)*

*She was Māori, I'm Māori so we sort of did connecting and she understood what I was going through as well. It was more on a personal level. (Tui)*

### The difference engaging in ICS service made

- Tui and her ICSM worked together to get her children back in her care - she met with Oranga Tamariki and they told her she could have them back once she had a permanent house
- The ICSM referred her to a transitional housing provider who offered in-house counselling, social workers and drug and alcohol help.

### Where is Tui now?

- Tui is working with a budget advisor and is looking forward to attending driving lessons with a Māori provider suggested by her ICSM
- Her assessments show that she is now enrolled with a primary healthcare provider thanks to her ICSM
- She is moving towards achieving goals like getting her own rental and starting business studies courses so she can open her own business one day.

*She referred us to this marae place where they do [driving lessons]. She said they will help with paying for the licence, but I haven't got to that yet. (Tui)*

## 5.2.2. For Pacific clients

Pacific clients highlighted similar aspects of ICS service as Māori clients. Pacific clients valued and appreciated the importance ICSMs placed on having their family well-supported and happy. ICSMs understood that the wellbeing of the family was a priority for clients.

*She just makes sure that I'm alright. That my wellbeing is... she'll just call and go 'how have you been, are you alright? Is your family alright? Are the kids alright?' (Client)*

For some Pacific clients, this was the first time a case manager had taken the time to get to know them and their families. Clients were comfortable in sharing their personal stories because they felt the ICSMs listened, cared and were "genuine".

*She makes me feel comfortable...she's straight up... I talk to her very openly [about] my situations, my problems...She just really makes life easy for me, because I can get very, very sick sometimes. (Client)*

Having a non-Pacific ICSM was not a concern for some Pacific clients, but having an ICSM who was compassionate, and made things happen for them was important.

*[In 2016, I] came here, to ask for help, I didn't get much help from them. I thought going to see our [Pacific case managers] before will help much, nah, didn't help much... but working with [ICSM], has changed everything a lot. (Client)*

### **5.3. Full and correct entitlements**

Correct entitlements contributed to clients improving aspects of their lives such as housing and access to services such as transport. ICSMs helped some clients (who were previously homeless or in unsustainable housing) move into transitional housing or a Housing NZ property, or from a damp, cold property to somewhere warm and dry.

*[I was] living with family all the time... [my] stress levels were going up... [my ICSM] went the extra mile when it came to helping me get a bond and to progress into a little flat, and then everything just flowed after that. (Client)*

## Case Story: Charlie

### About Charlie

- Charlie was in his late thirties and had been on and off benefit since his late teens
- He had moved to a new town around six months ago with his wife and two young children and was struggling to find work
- Charlie and his family were staying with family and needed to prioritise finding their own house.

### Engaging in ICS service

- Charlie was pleased that he would have an ICSM and said he liked that having a single point of contact meant he would not have to explain things more than once
- His ICSM suggested they primarily had phone appointments which Charlie found very convenient because of his young children.

*I had experienced dampness and I wasn't happy in my house. I had a new-born then, so I didn't want that. (Charlie)*

### The difference engaging in ICS service made

- Charlie quickly found a rental for his family, and his ICSM helped out with the bond using a Work and Income loan. After a few months of living there Charlie realised their house was cold, damp and mouldy.
- Charlie and his family moved to a new house but had to pay double rent for a month
- His ICSM helped out again with the new bond in the interim and covered the additional rent through a no-interest Work and Income advance.

*I told WINZ that I had found another house, so I needed help ASAP and they were happy to help. (Charlie)*

*The only problem with that was I ended the lease early, so I am still paying them back slowly for that... If [Work and Income] didn't help out I wouldn't have had a choice and would have had to stay in the damp house, unhappy and cold is what it was. I do like to find other ways but sometimes you have to ask... The repayments are so low its way better than other loans, I guess. (Charlie)*

### Where is Charlie now?

- Charlie started repaying what he owed at a slow affordable rate
- Without his ICSM, Charlie thought he would still be in his cold, damp house
- Charlie had discussed with his ICSM the possibility of starting his own business using the IA payment. Together they were researching what he would need to do to set up a business.

## 5.4. Improved client wellbeing

Client outcomes are described below with quotes and illustrative case stories using the Te Whare Tapa Whā model of holistic wellbeing. Te Whare Tapa Whā is a component of the ICSM practice guides and encourages a holistic view of wellbeing.

### 5.4.1. Taha tinana – physical wellbeing

ICSMs supported clients to:

- Manage their health conditions – including enrolling in primary care, attending medical appointments, receiving the right medication. Some clients did not previously know they could receive medication assistance from Work and Income.



*If you can get them firstly enrolled, have them diagnosed, make sure they've got the correct entitlement so they're not struggling to buy their medications every week or every month, ensuring that they're actually going to their doctors – that's our successes for them. (ICSM)*

- Attend medical appointments, as clashing appointments had previously been a problem for some clients. ICSMs did this by offering phone appointments to clients.

*Yes [ICSM phoning me has freed me to go to the doctor]. There was one occasion when I had an appointment up here...with one of the other case managers. And a doctor's appointment at the same time...The doctor's appointment was more important than coming over here, [and then I] got a letter saying benefit has been cut in half. (Client)*

#### **5.4.2. Taha wairua – spiritual wellbeing**

Setting and achieving goals with ICSM support helped clients to boost their confidence. Clients reported feeling more confident due to feeling respected and valued by their ICSM, which contrasted with earlier experiences with Work and Income.

*It's like you've got someone on your side. So yeah, him being so nice and treating me with respect made me want to do good. (Client)*

Increased confidence contributed to clients feeling empowered and stronger in themselves, their sense of identity, and ability to make changes in their lives and achieve their goals.

*Well, many people in that predicament that I was in now, once they find that inner strength they can progress and get it done, and I think that's what it's all about. Just being strong and having a good mentor or just someone that hears and listens to you. (Client)*

Increased motivation was demonstrated by clients doing things for themselves, like reaching out to services for support and searching for online courses and work opportunities.

*When you write it all [client skills] down, they're like, oh gosh, I didn't realise...Then you start to see that they're beginning to believe in themselves because there is a reason that drives them to [a goal]. Once you get there, then you've built them up...they're whole demeanour, persona is so uplifted...so that's a real confidence boost. (ICSM)*

*[ICSM] gave me the boost, my age isn't finished yet...I look four years back, I gained weight at home I just ate and felt depressed, I turned to alcohol... And when I talk to [ICSM] I thought I could do things ...now I search online and find things for my daughters, alternative courses for her situation, I look under things for myself, I ring up jobs and that. Send out my CV. (Client)*

## Case Story: Sina

### About Sina

- Had been on a benefit as a young adult but had worked most of her life
- Had recently lost her job of twenty years which combined with the death of a close family member to cause Sina to develop depression and low self-esteem

### Engaging in ICS service

- Sina had worked with various case managers when she went on the JS-WR benefit but found it hard to open up to them as she didn't know them well
- Sina and her ICSM met fortnightly which helped them build rapport while Sina's ICSM learned about her situation
- Sina felt her ICSM provided support she had previously reached out for but didn't receive

### The difference engaging in ICS service made

- Sina's ICSM referred her to a counsellor who worked with her to overcome her depression and increase her self-worth
- Her ICSM encouraged Sina to build a support network by connecting with friends and socialising more
- Sina's ICSM referred her to other services such as budgeting and a low-cost primary healthcare provider, and Workbridge when she was ready to look for a job.

### Where is Sina now?

- Sina felt like she was returning to her normal self again
- She was applying for jobs and felt comfortable negotiating with prospective employers through email which was a big change for her.

*I got fired from my work, and I almost got kicked out of my house...I was numb...I wanted to commit suicide and all those things. (Sina)*

*Yeah [ICSM] has a big part in [improving self-esteem] ... she has also talked me into going to see friends or talk to... I was really quiet before I met her... I was numb...but working with her, has changed everything a lot. (Sina)*

*I guess I'm going back to my normal self, like when I used to work...that's how she kind of brought out the good out of me. (Sina)*

### 5.4.3. Taha whānau – family/relationship wellbeing

ICSMs promoted whānau wellbeing by:

- Prioritising client needs, which took pressure off clients and allowed them more time and energy to address whānau wellbeing.
- Supporting the wider whānau and not just the primary client – e.g. offering parenting advice; support with extra payments for children's birthdays; providing housing, school uniforms/clothes, food and bedding, and connecting children with health services or education/training opportunities.

*I was in a place where I couldn't be bothered with [Work and Income] because my daughter wasn't in a good place. But [ICSM] found me outside support to help with my daughter and she always tried to offer other support, now my daughter is [job training], because that was her goal. (Client)*

- Helping whānau understand the client's needs and experiences, bridging the communication gap and involving families in appointments when clients requested it.

*I had a client who had a stroke...her children found it hard to cope with the changes...they put a lot of pressure on her and she feels worthless...She couldn't express how she felt, it was about her old school pride...protecting her mana. Having the children there [in the meeting] they all cried because they didn't realise how they reacted, the things they say and the things they do because they're so annoyed with Mum...They didn't realise how that's really affecting her emotionally, mentally and physically. (ICSM)*

One client described becoming more involved in their community by forming new connections, volunteering, and attending church and community events.

*For me yep things have changed since I started working with ICSM. I just been going to church and when I go to church it helps me read a little bit and keeping on time with my appointments and that... I'm trying to help other people where I live in [area] There is a lot of things happening in [area]... [I am doing my bit for the people] in my community. (Client)*

### Case story: Mereana

#### About Mereana

- Mereana was in her late thirties. She had been on the JS-WR benefit for around four years consecutively, but said she had been on and off benefit since she left school.
- Mereana had an ill mother and five teenage children who were all going through a difficult time and needed her help with mental health and addiction.

#### Engaging in ICS service

- Mereana was initially worried her ICSM was going to make her apply for a job straight away which would mean she didn't have time to help her children.
- She said it was a relief to find that her ICSM understood that she needed to sort out her home life before she could move into sustainable work
- Mereana's ICSM understood the importance of whānau to her and the complexities of having five children in and out of her care.

*Dealing with her has just been a lot easier to find what I want to do and work towards that without the stresses of meeting other obligations that didn't fit who I was. (Mereana)*

#### The difference engaging in ICS service made

- Her ICSM supported her to work on her children's confidence and help them 'grow up', by providing advice, resources, and suggestions about other services that could help
- With her ICSM's help, Mereana found counselling for her daughter, who Mereana reported was now much better. She also sought the advice of a budgeting service and shared what she learned with her children.

*[My kids] have a savings account and have that work ethic that they didn't have back when they were 15. It's a very different path to what it was looking like when I couldn't help out or I couldn't be there. (Mereana)*

#### Where is Mereana now?

- Once her children had begun to move out of home and her youngest daughter had begun to overcome her problems, Mereana was able to start volunteering and studying in an area she was really interested in.
- Her ICSM helped to find some volunteer work with another company operating in the same field so that Mereana could learn practical skills.

#### 5.4.4. Taha hinengaro – mental wellbeing

ICSMs helped clients with anxiety and depression, through ensuring they had the right medication, referring them to counselling services or working with clients in partnership. Clients were supported by ICSMs to reduce their drug and alcohol use, ranging from tobacco and marijuana to drugs like methamphetamine and opiates.

*I just had really bad anxiety. I could not be anywhere near strangers...now I can just get in an Uber and I'm okay, because [ICSM] was patient with me... It's not full on confidence, it's baby steps, but I feel like for me to sit in a taxi and come here with no fear or anxiety, it's huge for me. (Client)*

Having prompt, proactive and effective support helped reduce clients' mental distress – clients felt they could focus on their mental health without feeling overwhelmed by financial stress or the fear of losing their benefit.

*I've been less anxious because I'm getting the help that I need, like I don't have to think about that stuff because I'm getting the help that I need. (Client)*

Many clients with mental health issues, said this was the first time a case manager had listened to them and understood what they needed, instead of forcing them to look for work.

*I was always told "No, you have to go search for jobs, prove that you're looking for work," but it's like, you're not looking at my situation...they were forcing me to do things I wasn't ready for, which was just making everything more worse". (Client)*

## Case story: Jim

### About Jim

- Jim was in his late twenties and had been on a JS-HCD benefit for two years. He came from a “rough” background and had a difficult childhood with Child Youth and Family (CYF).
- He suffered from a range of mental health challenges. He had previously studied, but due to his mental health he had to stop. His mental health meant he was sometimes unable to leave his house and he struggled to interact with people.

### Engaging in ICS service

- Jim’s experiences in life meant he had a very negative view of government. He was initially very sceptical about his ICSM and was reluctant to engage with her.
- Although sceptical at first, Jim’s ICSM treated him like a real person and asked him about what was going on in his life, which made him feel like she cared.
- Jim said seeing his ICSM became such a positive experience that it was worth the effort to go in for meetings, despite struggling to leave his house.

*I didn’t want to know her [my ICSM] from a bar of soap... it feels like you’re waking up on the wrong side of the bed every time you have an appointment [at Work and Income]. (Jim)*

### The difference engaging in ICS service made

- His ICSM offered to connect him with any health professionals he needed to help with his mental health but was already connected with everyone he needed.
- He talked about how his ICSM helped him get through a period where he was seriously considering suicide by being a positive person to talk to.

*Seeing [my ICSM] is the bright spot in my week... seeing my case manager here [at Work and Income] she is always so calm and it’s so nice talking with her. I trust her. (Jim)*

### Where is Jim now?

- He was going through a rough time and having a positive person in his life who he could rely on for a regular chat meant the world to him.
- Although Jim eventually wanted to get back to working, he wasn’t ready yet and he didn’t feel rushed by his ICSM. He wasn’t being pushed into seminars because his ICSM said none of that would help him get through what he was experiencing.

## 5.5. Progress towards employment

Later ‘staircasing’ steps began to be more directly connected to work readiness, such as job search and interview skills. Clients said ICSMs were focussed on work that clients were interested in and that was suitable for them. Both ICSMs and clients emphasised the need for work to be sustainable and a good fit for client skills, interests and abilities. Clients described feeling pressured in the past to take jobs they thought were not a good fit, leading to low motivation to maintain employment. Unsuitable work included jobs that aggravated health conditions, not accounting for childcare and transport, and poor working conditions.

*As soon as I had mentioned that I can’t do seasonal work, he understood straight away, and he said that he wasn’t here to tell me to go work in the orchard. It was to work with me to find what I wanted to do, to help me get out of the place I was in. (Client)*

Once clients were ready to focus on work, ICSMs helped them with CVs, cover letters, interview coaching, and how to dress. Some ICSMs also had contacts with employers and could help clients get in touch with them.

*A few years ago [case managers] didn't help much they just gave you the job list and said go for it. [My ICSM] was more helpful than them. He actually followed up with me and employers and stuff. (Client)*

*I'm working with [agency] at the moment. They go through interview prep, CV prep. Going around with your CV and cold calling around town. Once I got over it, they kind of hold your hand and you walk around. After the first initial one then just roll with it. It's quite good, just getting over the initial nerves. I'm not good at selling myself. (Client)*

### Case Story: Paivi

#### About Paivi

- Had previously been employed full-time in a job she enjoyed but had been on the JS-HCD benefit for several years after a serious accident
- Losing her job had been hard on Paivi and she became stressed and depressed. While she wanted to return to work, the idea had begun to feel overwhelming
- Paivi was living in a caravan park due to high rent prices in her area but found it to be a stressful environment.

*[After the injury I] lost a lot of weight through stress, depression and that [from] having to give up work. Been working since I was 16. (Paivi)*

*The place that I was staying at, it was at a caravan park. And it's pretty well known to be bad. (Paivi)*

#### Previous Work and Income experience

- Work and Income had suggested some jobs, but Paivi was worried they would make her injuries flare up and was anxious at the thought of losing the progress she had made with her health.

*I've come to the conclusion that I need to get into the workforce. I didn't want to take any job, I want to do something I know I can do properly. That I'm not going to jump in and it's not going to work out and I'll be leaving in a couple of months. I want to take something I know I can succeed at to the requirements of the job. It's definitely broadened my options now. (Paivi)*

#### Where is Paivi now?

- Paivi now thinks she could go back to work doing something more suitable for her current situation rather than going back to what she used to do
- She is now considering a wider range of goals .

Examples from interviews demonstrated how clients were 'staircasing' towards employment:

- Benefit entitlements and needs for support were identified and addressed
- Responses to health issues were resulting in improved physical and mental health
- Completing qualifications – ICSMs assisted clients to gain drivers' licences (through Work and Income funding for driving lessons and testing costs), and other courses and certifications.

*I said, "I need to get on a course," and now I'm on one, and it's been full on, full studies, I've nearly completed the whole thing. He got me off the benefit to now StudyLink, and I want to go from StudyLink to work. (Client)*

- Volunteering or part-time/casual work when they reached the point in their 'staircasing' journey when they were ready to find work.

*I have started doing volunteer work in an Op Shop one day a week. And that's directly through her help and support and encouragement. It didn't happen straight away, but she guided me towards that. (Client)*

- Gaining employment – A few clients had moved into employment. ICS service had helped some gain employment through helping them complete qualifications to enter a relevant industry, while others had set up their own businesses using the IA discretionary fund. Other clients were supported to find jobs that fitted their skills, interests or qualifications or found a job themselves after building work-readiness with their ICSM. Clients noted that ICSMs understood their needs and interests when searching for work and suggested jobs appropriate for clients' health conditions, past injuries, childcare needs and interests.

## Case Story: Hemi

### About Hemi

- Early twenties
- Had been on the JS-WR benefit for several years after high school
- Hadn't seen a case manager for a year and wasn't motivated to look for work.

*Before [ICS-X] I wasn't actually trying to find work. I think Work and Income kind of found that out so they put me on this. (Hemi)*

### Engaging in ICS service

- Had been on ICS-X for two years - at the start, his ICSM asked him to come in regularly to discuss his employment barriers
- He thought he was comfortable in his routine
- But he realised he had anxiety and the idea of attending regular appointments was overwhelming
- His ICSM suggested phone appointments to help him overcome anxiety
- Hemi's rapport with his ICSM grew over time and he started sharing issues that made his life harder - like how he sometimes ran out of money for food because he spent it on alcohol or marijuana.

*She's like, "I'm here to help you. If you feel anxious and you don't want to come in, we still need to contact each other, right?" I'm like, "But I feel like I can't come in," and she's like, "Well, phone me, just ring me or even ring the desk and [ask for me]". (Hemi)*

*She made me remember that it's better to have a beer at the end of the day if you've worked all day. Having a smoke because you just worked three hours and then getting your first half hour break. (Hemi)*

### The difference engaging in ICS service made

- The ICSM's acceptance and non-judgement helped Hemi's confidence grow
- He set a goal to reduce his drug and alcohol use
- After a year of working together, Hemi found he was more interested in finding work
- They started looking for work aligned with his interests - like meeting new people and talking to them.

*I got my IDs and my license and wrote up a proper CV... [When I saw the CV] I was like, "That's shorter. Oh, it's on the other side!" (Hemi)*

### Where is Hemi now?

- Hemi is looking for security work
- With his ICSM's help, he updated his CV and is working on re-sitting a work qualification
- He appreciates his ICSM's consistency and persistence and felt how he was treated was key to his increased confidence and self-esteem.

*It's awesome, and it's a good feeling to be confident enough to not only walk, talk, and do what I like again - me personally - but I can come and do this interview with you without any qualms. (Hemi)*

Clients who entered employment were referred to In-Work Support, a Work and Income contact centre service which offers ongoing support and advice to help clients maintain sustainable employment.

*Once they get into work then we have In-Work Support team for our end, and they contact them every fortnight to say, how are you doing? Are the children going well? Are they ok with school and everything? How are you with work? Are you ok? (ICSM)*



## Case Story: Jack

### About Jack

- Had previously worked as a plumber but had experienced ongoing health issues meaning he could no longer do physical work
- Had been on and off benefit for ten years, initially JS-WR and later JS-HCD

### Engaging in ICS service

- Jack's ICSM suggested they mostly had phone appointments, which were easier since his health often reduced his mobility and it kept his travel costs down
- Jack felt his ICSM didn't push him towards unsuitable work or write him off due to his health like past case managers

### The difference engaging in ICS service made

- Jack's ICSM encouraged him to see his doctor regularly and move towards more active management of his health condition
- Jack's doctor cleared him for work as his condition became well controlled, and his ICSM helped Jack with travel costs so he could move to a larger city to pursue long-term office work that was most suitable for his health

### Where is Jack now?

- Jack has moved into sustainable employment in a different city
- His health is well-controlled as he is not doing unsuitable work and sees his doctor regularly
- Jack attributes improvements in his health and self-confidence to his ICSM.

*I was pretty much just stuck on the benefit, nothing could really change because of the medical condition... [I] was just consistently going to the doctor and getting the required medical certificate. And keeping [MSD] up to date as they required, it was just a pretty standard process and nothing really to progress me forward. (Jack)*

*The ICSM has been able to help me with travel costs. Basically, it was a very short notice kind of thing. I got a message on Monday, and they wanted to meet with me two days later, [ICSM] was able to quickly process a grant for me to get to [city]. I really appreciate her timeliness and her action and course of action and speed of action. (Jack)*

The effectiveness of ICS service in 'staircasing' clients to employment and moving off benefit will be measured through the quantitative component of the evaluation. Client comments suggest that 'staircasing' and holistic support for clients is likely to contribute to more sustainable outcomes.

*[Work and Income BAU] is all about work skills, work skills, get a job, get a job, but if you've got hard anxieties about certain things or whatever, they need to be addressed before you get forced back into the workforce. Otherwise, the cycle's just going to continue and continue every time you end up under pressure or back in that sort of same situation. You just end up back in the WINZ office, you know? (Client)*

## 6. Conclusions

### 6.1. How well has the scaled-up ICS service been implemented?

The ICS-X trial is a successfully implemented extension of the original ICS trial, though there are opportunities to strengthen the service. Many of the issues raised in previous evaluations have been addressed (see Appendix 4 for a summary).

The key elements of ICS service have been implemented:

- **Clients have a single case manager:** Having a single point of contact with Work and Income meant clients and ICSMs could build a relationship since they were familiar with the client's situation and asked relevant questions at later appointments. Clients reported this helped them feel understood. ICSMs recruited to provide ICS service have the right balance of skills and experiences. They demonstrated the empathy, non-judgemental approach and skills to build relationships with clients with multiple challenges, especially those who had negative experiences with Work and Income in the past.
- **Flexibility:** The ICSMs offer flexibility to make it easier for clients to contact them. ICSM practices like giving clients direct access to them by phone and text showed clients they were respected and the centre of the service. These approaches worked well for all clients, including Māori and Pacific.
- **Ring-fencing ICSM time for ICS service clients:** Ring-fencing ICSM time for the ICS service is important to its success but some were still participating in Work and Income BAU tasks in addition to their ICSM roles. While ICSMs were well supported by the MSD national office project team, some SCMs did not know enough about ICS service and were unsure about their role in managing the ICSMs. Increasing SCM and the wider Work and Income team awareness of ICS service and ICSM achievements could increase support for the ICSMs and make it easier to ring-fence their time for ICS service.
- **Lower caseloads enable ICSMs to provide intensive, holistic, client-centred case management:** Success with individual clients using the staircasing approach depended on a strong relationship between the ICSM and the client. ICS service created the conditions for ICSMs to build effective relationships with clients through lower caseloads and having clients working with a single case manager.
- **Understanding client contexts and involving whānau contributes to holistic support:** Involvement of whānau was important, particularly for Māori and Pacific clients, and could be further supported by including partners as well as wider whānau members as appropriate in the core ICSM caseload of 60 clients rather than in addition to it. ICSMs recognised the need to understand their clients' worldviews and some wanted to continue their development through more cultural-focused training.

## 6.2. What difference has been made by the Navigator role?

NGOs were contracted to employ Navigators and Navigators were in place at many sites. Navigators complemented the ICSM role and could reach out more into their communities to link clients with other services and support clients in similar ways to the ICSMs.

However, ICSMs and Navigators were often unclear about what was expected of the Navigators. As a result, the Navigator role and the interface with ICSMs differed between sites. The Navigator role worked best when Navigator and ICSM roles were clearly defined and understood by both the Navigators and the local ICSMs.

Feedback about the Navigators was positive from both clients and ICSMs but issues around clarity and consistency of the Navigator role should be resolved before conclusions can be drawn about its effectiveness.

## 6.3. How has the ICS service contributed to clients 'staircasing' towards work and benefit independence/reduction

The 'staircasing' approach aims to achieve outcomes like employment and movement off benefit through a focus on client wellbeing. Progression of clients through the different stages was described by case managers and clients.

- **Basic needs:** ICSMs assessed clients and addressed their basic needs as part of their early engagement. Frequently this also included helping clients to access their entitlements. Addressing basic needs helped build relationships between ICSMs and clients and helped prepare clients to focus on other aspects of their lives.
- **Wellbeing:** Wellbeing was assessed holistically. Examples of improved wellbeing were provided by clients and ICSMs across the four domains of Te Whare Tapa Whā. A holistic approach to wellbeing that included whānau was consistent with Te Ao Māori.
- **Confidence and skills:** Increased confidence contributed to clients feeling empowered and stronger in themselves, their sense of identity, and ability to make changes in their lives and achieve their goals. Increased motivation was demonstrated by clients doing things for themselves, like reaching out to services for support and searching for online courses and work opportunities.
- **Focus on work or education:** Later 'staircasing' steps began to be more directly connected to work readiness, such as job search and interview skills. Clients said ICSMs were focussed on work that clients were interested in and that was suitable for them. Both ICSMs and clients emphasised the need for work to be sustainable and a good fit for client skills, interests and abilities. A few clients had moved into employment. ICS service had helped some gain employment

through helping them complete qualifications to enter a relevant industry, while others had set up their own businesses using the IA discretionary fund. Client comments suggest that ‘staircasing’ and holistic support for clients is likely to contribute to more sustainable outcomes.

Important elements of the ICS service approach were recognition that the time clients spent on each stage of the ‘staircase’ varied and that progress was not necessarily linear.

**6.4. What is the difference, if any, between clients on the Jobseeker Support – Work Ready benefit vs. Jobseeker Support – Health Conditions and Disability benefit?**

There were no clear distinctions between the needs of JS-WR and JS-HCD clients. Physical and mental health issues, as well as wider wellbeing issues like housing and access to basics, were common to most ICS service clients regardless of the benefit they received. The ICS service client-centred approach meant ICSMs worked with the issues that were important for each client’s wellbeing.

ICSMs particularly noted most clients on both JS-HCD and JS-WR benefits commonly had mental and/or physical health conditions which required support. Many JS-WR clients would have been eligible for the JS-HCD benefit but were untreated or disengaged from the health system or had not shared their health issues with Work and Income.

**6.5. Based on the current service offered by ICS-X trial, what could be added, expanded or changed that would be most beneficial?**

Risks to ICS service that need to be mitigated include:

- Ensuring that ICSMs continue to have ring-fenced time as some ICSMs were still participating in Work and Income business-as-usual (BAU) in addition to their ICSM roles.
- Workloads of 60 seemed to make good use of ICSM time while allowing sufficient time for client facing work. Increased workloads (e.g. through increasing caseloads or being drawn into other non-ICS service work) have the potential to limit the effectiveness of intensive case management.

Opportunities to strengthen ICS service include:

**Workforce development:**

- Strengthen ICSM connections with their local service centre management and colleagues – Increasing SCM and the wider Work and Income team awareness of ICS service and ICSM achievements could increase support for the ICSMs and make it easier to ring-fence their time for ICS service.

- Strengthen communities of practice – ICSMs valued peer support and connections with other ICSMs or people in similar roles. Establishing more formal communities of practice could increase support for ICSMs and spread best practice. Including Navigators could improve the consistency and effectiveness of the role.
- Improve consistency in training – Comprehensive training should be available to all ICSMs, particularly for those who joined after the start of the trial. Shadowing and in-person mentoring from MSD national office project team members would be the most valuable form of training.
- Ensure continued and relevant training – Continuing training on complex issues commonly experienced by ICS service clients (e.g. trauma-informed care, mental health, addiction, etc) with a cultural focus could continue to strengthen ICS service.

#### **Developing the Navigator role**

- Increase clarity of Navigator and ICSM roles, expectations and responsibilities – There is scope to clarify how the Navigator and ICSM roles are meant to work together and to reduce role overlap. This would strengthen the impact of this service for clients.

#### **ICS service delivery**

- Increase ICSM capacity to work off-site – Clarity for SCMs and ICSMs around working off-site within health and safety best practice could contribute to stronger agency networks for client referrals and greater support for clients.
- Involvement of whānau was particularly important and could be further supported by including the whānau members that ICSMs support (including partners and wider whānau members) in their 60-person caseloads.

### **6.6. Opportunities to use learnings from ICS service to strengthen BAU Work and Income processes**

The evaluation also identified some aspects of Work and Income engagement with clients that may be able to be addressed through BAU case management:

- Streaming clients to JS-HCD rather than as JS-WR where they had multiple challenges to employment may enable more focussed allocation of clients to ICSMs.
- Considering how to incorporate some of the elements of intensive case management such as building respectful client relationships, flexibility and maintaining a single case manager for clients with multiple challenges and giving clients direct access by phone. These approaches may enable early identification of client challenges and early intervention.

## Appendix 1: Evaluation framework

Evaluation questions	Evaluation sub-questions	Data sources
<b>Overarching questions – to be drawn out through comments in response to all questions and analysis of interview data</b>		
What operational areas are working well?		All
What areas could be improved?		All
How well has the scaled-up service been implemented?		All
<b>Preparation and implementation</b>		
What qualities, skills and experiences make people well suited to the ICSM role?	<ul style="list-style-type: none"> <li>• What qualities, skills and experiences did the Ministry look for in ICSMs?</li> <li>• What qualities, skills and experiences did the recruited ICSMs have?</li> <li>• How valuable was experience working for Work and Income in becoming an effective ICSM?</li> </ul>	<ul style="list-style-type: none"> <li>• ICSMs</li> <li>• SCMs</li> <li>• MSD national office project team</li> </ul>
How were ICSMs prepared for their role?	<ul style="list-style-type: none"> <li>• How well prepared were ICSMs for their roles?</li> <li>• How were ICSMs prepared for their roles?</li> <li>• What training, support and resources made it easier for ICSMs to become established in their roles? What else would have been useful?</li> </ul>	<ul style="list-style-type: none"> <li>• ICSMs</li> <li>• SCMs</li> <li>• MSD national office project team</li> </ul>
<b>The ICSM role</b>		
To what extent do the ICSMs have the resources and tools they need to do their work?	<ul style="list-style-type: none"> <li>• Did ICSMs have the tools (e.g. case management forms, resources, etc) and equipment to work effectively? What else would have improved their effectiveness/efficiency?</li> <li>• To what extent did ICSMs have access to all the resources they needed? What else would have been useful?</li> <li>• Were there any barriers in systems/policies/etc that reduced ICSM effectiveness?</li> <li>• How has use of the central processing unit affected the ICSM role?</li> </ul>	<ul style="list-style-type: none"> <li>• ICSMs</li> <li>• SCMs</li> <li>• MSD national office project team</li> </ul>

How are ICSMs supported in their role?	<ul style="list-style-type: none"> <li>• How were ICSMs managed in their Work and Income offices?</li> <li>• How important was local support (from management, other ICSMs, Navigators and other staff) for ICSMs?</li> <li>• How important was more remote support (e.g. from the national office project team or ICSMs in other locations)?</li> <li>• What professional supervision have ICSMs accessed? How important has it been?</li> <li>• How well connected were ICSMs with each other?</li> </ul>	<ul style="list-style-type: none"> <li>• ICSMs</li> <li>• SCMs</li> <li>• MSD national office project team</li> </ul>
How well does the ICSM caseload match the intention of ICS service?	<ul style="list-style-type: none"> <li>• How consistent was the ICSM caseload with the intention and demands of the ICSM role?</li> <li>• How appropriate was the ICSM workload?</li> <li>• To what extent were ICSMs able to maintain the intensity and frequency of contact</li> </ul>	<ul style="list-style-type: none"> <li>• ICSMs</li> <li>• SCMs</li> <li>• MSD national office project team</li> </ul>
How does the ICSM role vary?	<ul style="list-style-type: none"> <li>• How did the availability of a Navigator affect the ICSM role?</li> <li>• How did ICSMs deliver their roles?</li> <li>• How often were ICSMs asked to participate in BAU case management?</li> <li>• How did the ICSM role differ in response to individual client needs?</li> <li>• How did the ICSM role differ within and between regions?</li> <li>• Why did the ICSM role vary?</li> </ul>	<ul style="list-style-type: none"> <li>• ICSMs</li> <li>• SCMs</li> <li>• MSD national office project team</li> </ul>
How has the ICSM role changed over time?	<ul style="list-style-type: none"> <li>• How has the work ICSMs do changed over the duration of the ICS-X trial period?</li> <li>• How did changes from ICS trial to ICS-X trial affect the ICSM role?</li> <li>• How have changes to the Ministry's priorities over time affected the ICSM role?</li> </ul>	<ul style="list-style-type: none"> <li>• ICSMs</li> <li>• MSD national office project team</li> </ul>
<b>The Navigator role</b>		
What qualities, skills and experiences make people well suited to the Navigator role?	<ul style="list-style-type: none"> <li>• What qualities, skills and experiences did the recruited Navigators have?</li> <li>• How connected were Navigators with their communities, local service providers, employers, etc?</li> </ul>	

How were Navigators prepared for their role?	<ul style="list-style-type: none"> <li>• How well prepared were Navigators for their roles?</li> <li>• How were Navigators prepared for their roles?</li> <li>• What training, support and resources made it easier for Navigators to become established in their roles? What else would have been useful?</li> </ul>	<ul style="list-style-type: none"> <li>• ICSMs</li> <li>• SCMs</li> <li>• MSD national office project team</li> </ul>
How does the Navigator role vary?	<ul style="list-style-type: none"> <li>• How did the Navigator interact with and support clients?</li> <li>• How did the Navigators vary in how they worked with ICSMs?</li> <li>• How did the Navigators vary in how they worked with other service providers/agencies/employers?</li> <li>• How did the Navigator role differ within and between regions?</li> <li>• Why did the Navigator role vary?</li> </ul>	<ul style="list-style-type: none"> <li>• Navigators</li> <li>• SCMs</li> <li>• MSD national office project team</li> </ul>
How were the Navigators supported in their roles?	<ul style="list-style-type: none"> <li>• How did the support available for Navigators differ between different employers/employer characteristics?</li> <li>• Did the Navigators have the tools/resources they needed to be effective in their roles?</li> </ul>	<ul style="list-style-type: none"> <li>• Navigators</li> <li>• SCMs</li> <li>• MSD national office project team</li> </ul>
How does the Navigator role support the ICSM role?	<ul style="list-style-type: none"> <li>• How did variation in the Navigator role affect the role of the connected ICSM?</li> <li>• How did the Navigator interact with the ICSM?</li> <li>• How and to what extent did the Navigator interact with other services and other Work and Income staff?</li> </ul>	<ul style="list-style-type: none"> <li>• All</li> </ul>
<b>The client experience of ICS service</b>		
What circumstances were clients in when they began working with ICS service?	<ul style="list-style-type: none"> <li>• What was a typical client profile for someone starting to work with ICS service? Were there clients who did not fit this profile?</li> <li>• How different were the needs of clients of different ages and/or different types of Work and Income support?</li> <li>• How did different client profiles (needs, characteristics, etc) affect the delivery of ICS service?</li> </ul>	<ul style="list-style-type: none"> <li>• Clients</li> <li>• ICSMs</li> </ul>



<p>How differently do clients experience ICS service?</p>	<ul style="list-style-type: none"> <li>• How do clients describe the support they received from ICS service?</li> <li>• Were there any factors such as age, ethnicity, location, benefit type, that meant clients had a different ICS service experience?</li> <li>• How did the experience differ between clients who did and did not have the Navigator support?</li> <li>• Were there any client groups that found ICS service more challenging or were more challenging for ICSMs to work with?</li> </ul>	<ul style="list-style-type: none"> <li>• Clients</li> <li>• ICSMs</li> <li>• Navigators</li> </ul>
<p>What changes have clients made since beginning with ICS service?</p>	<ul style="list-style-type: none"> <li>• What does typical client progression/'staircasing' through ICS service look like?</li> <li>• What factors affected how clients would progress/'staircase'?</li> <li>• What changes did clients make through ICS service that demonstrate their progress?</li> </ul>	<ul style="list-style-type: none"> <li>• Clients</li> <li>• ICSMs</li> <li>• Navigators</li> </ul>
<p>What aspects of ICS service have supported clients to make those changes?</p>	<ul style="list-style-type: none"> <li>• What were the most important parts of ICS service that helped clients make changes?</li> <li>• Were there any parts of ICS service that didn't help clients?</li> <li>• Is there anything that could be changed so that ICS service better supports clients to make changes?</li> <li>• How did the Navigator role support client progress?</li> </ul>	<ul style="list-style-type: none"> <li>• Clients</li> <li>• ICSMs</li> <li>• Navigators</li> </ul>

## Appendix 2: ICS service client demographics<sup>21</sup>

ICS service client demographics	Phone interview clients (n = 41)	ICS service clients overall (n = 2,654)
<b>Benefit type</b>		
Jobseeker Support – Work Ready	23 (56%)	1,627 (61%)
Jobseeker Support – Health Condition and Disability	18 (44%)	1,027 (39%)
<b>Gender</b>		
Men	20 (49%)	1,561 (59%)
Women	21 (51%)	1,093 (41%)
<b>Ethnicity</b>		
Māori	26 (63%)	1,612 (61%)
Pacific Peoples	1 (2%)	166 (6%)
New Zealand European	9 (22%)	715 (27%)
Other / Unspecified	5 (12%)	161 (6%)
<b>Age</b>		
Under 30	25 (61%)	780 (29%)
30 and over	16 (39%)	1,874 (71%)
<b>Location</b>		
Northland	4 (10%)	201 (8%)
Auckland	6 (15%)	518 (20%)
Bay of Plenty	7 (17%)	515 (19%)
Waikato	3 (7%)	213 (8%)
Central	5 (12%)	221 (8%)
East Coast	2 (5%)	239 (9%)
Taranaki	4 (10%)	259 (10%)
Wellington	4 (10%)	176 (7%)
Canterbury	3 (7%)	103 (4%)
Southern	3 (7%)	209 (8%)

<sup>21</sup> Due to delay between interviews happening and when demographic tables were created for publication, the list of clients interviewed in-person was lost and attempts to recreate it were unsuccessful.

### Appendix 3: ICSM demographics

ICSM demographics	Site visit interview ICSMs (n = 15)	ICS service ICSMs overall (n = 25)
<b>Average number of months in ICSM role</b>	10.6	10.3
<b>Previous role</b>		
Internal MSD	12 (80%)	21 (84%)
External MSD	3 (20%)	4 (16%)
<b>ICSM role type</b>		
Permanent role (original ICSM)	9 (60%)	15 (60%)
Permanent role (replacement ICSM)	3 (20%)	6 (24%)
Temporary role (replacement ICSM)	3 (20%)	4 (16%)
<b>Gender</b>		
Male	4 (27%)	6 (24%)
Female	11 (73%)	19 (76%)
<b>Ethnicity</b>		
Māori	6 (40%)	9 (36%)
Pacific Peoples	3 (20%)	5 (20%)
New Zealand European	2 (13%)	6 (24%)
Other / Unspecified	4 (27%)	5 (20%)
<b>Location</b>		
Northland	1 (7%)	2 (8%)
Auckland	2 (13%)	5 (20%)
Bay of Plenty	3 (20%)	5 (20%)
Waikato	1 (7%)	2 (8%)
Central	2 (13%)	2 (8%)
East Coast	1 (7%)	2 (8%)
Taranaki	1 (7%)	2 (8%)
Wellington	2 (13%)	2 (8%)
Canterbury	1 (7%)	1 (4%)
Southern	1 (7%)	2 (8%)

## Appendix 4: Navigator locations

Navigator locations	Site visit interview Navigators (n = 9)	ICS service Navigators overall (n = 18)
<b>Location</b>		
Northland	1 (11%)	2 (11%)
Auckland	2 (22%)	5 (28%)
Bay of Plenty	1 (11%)	3 (17%)
Waikato	1 (11%)	2 (11%)
Central	1 (11%)	1 (6%)
East Coast	1 (11%)	1 (6%)
Taranaki	1 (11%)	2 (11%)
Wellington	0 (0%)	0 (0%)
Canterbury	0 (0%)	0 (0%)
Southern	1 (11%)	2 (11%)

## Appendix 5: Issues raised in previous evaluations

The table below describes the issues raised in evaluations of the original ICS trial and the current status based on findings from this evaluation.

Issue raised	Current status
<b>ICS trial at 12-month evaluation</b>	
ICSM resourcing: Some ICSMs allocated phone and laptop while others were not.	ICSMs gave positive feedback on current resourcing.
Support from national office: ICSMs noted support had initially been good but had tapered off.	ICSMs felt well supported by the national office project team and described them as highly responsive.
Professional supervision: Clients presented with difficult and sometimes traumatic issues creating a need for readily available professional supervision.	All ICSMs had access to professional supervision but ongoing work was needed to ensure clear understanding of its purpose.
Ring-fencing of ICSM workload: ICSMs noted difficulty maintaining the ring-fenced ICS service workload.	Some sites had ongoing issues with ring-fencing of ICSM workload, but most had good SCM support for ring-fencing.
<b>ICS trial at 24-month evaluation</b>	
Group sessions: ICSMs and clients suggested group sessions of clients with similar characteristics or at a similar stage in their 'staircasing'.	Group sessions were not currently in place. Some clients suggested group sessions would be helpful, but this was not widespread.
Specialist mental health and addiction support: ICSMs noted a lack of appropriate support services to which they can refer clients with mental health issues and/or substance dependency.	ICSMs frequently referred clients to mental health support services such as counsellors. There was variation in the strength of ICSMs community connections including support services. Availability of services remained an issue but was in some cases alleviated by ability to refer to Navigators.
The ICSM role: Ensuring that additional ICSMs have the appropriate balance between 'soft skills', organisational knowledge, and community networking ability.	National office project team members and ICSMs were satisfied that all ICSMs had the correct balance of skills. External hires would benefit from further training in MSD systems.

<p>Client selection: Some ICSMs suggested clients be assessed for suitability prior to entering ICS service. ICSMs also requested flexibility to allow particular clients not initially selected for the service to be assessed for suitability for the trial.</p>	<p>Client selection process was dictated by the RCT structure of the trial. However, clients' partners continue to generally be able to see the same ICSM if they share a benefit.</p>
<p>Processing: Some ICSMs considered that having more discretion to process applications would increase efficiency.</p>	<p>National office project team members explained to ICSMs this is a deliberate aspect of the trial.</p>
<p>IA discretionary fund: One ICSM suggested payments were made directly to suppliers to avoid payment redirection by clients.</p>	<p>IA discretionary fund was not used frequently however no issues with payment redirection were discussed by ICSMs.</p>
<p>External supervision: ICSMs felt strongly that professional supervision should be mandatory and conducted by an external professional.</p>	<p>All ICSMs were aware of the availability of professional supervision and satisfied with their access to it. All supervision was conducted by external professionals approved by MSD.</p>