



Interim Evaluation of Working Well

Report to Big Life Enterprises

This report sets out findings from an interim evaluation of Big Life's delivery of the Working Well programme in Manchester, Salford and Trafford. It outlines findings on clients' progress, service delivery and partnership arrangements based on evidence drawn from focus groups and interviews with clients, one-to-one consultations with stakeholders and staff, and an analysis of client data.

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7/13/2015

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Section 1: Introduction

1. In February 2015, Big Life Enterprises (Big Life) appointed Scott Dickinson & Co Ltd to conduct an interim evaluation of its delivery of the Working Well programme.
2. The purpose of the interim evaluation was to:
 - ❖ Support Working Well's operational team to improve processes and practice
 - ❖ Identify gaps in provision
 - ❖ Help Big Life to articulate the impact of Working Well to external audiences.
3. The research complements a Greater Manchester-wide evaluation of the programme conducted by SQW Ltd.
4. The rest of the report is structured as follows:
 - ❖ **Section 2: Background to the programme** – a summary of the programme's targets and approach
 - ❖ **Section 3: Research methodology** – a statement of the research questions and approach
 - ❖ **Section 4: Client base** – a short description of the client base (breaking down clients by age, gender and ethnicity, and by local authority district) and stakeholders' views on the client base
 - ❖ **Section 5: Service delivery** – an outline of services to clients, the views of clients and key workers on those services, and lessons for the future
 - ❖ **Section 6: Partnership arrangements** – a summary of findings on partnership arrangements, partners' views of the programme, and issues for the future
 - ❖ **Section 7: Achievements** – findings on clients' progress (based on data analysis, focus groups and one-to-one telephone interviews with clients, and stakeholder consultations) and key learning points for Big Life and its partners
 - ❖ **Section 8: Conclusions** – a summary of findings in relation to the main research questions
 - ❖ **Appendix A: Consultees** – a list of the partners and the Big Life staff consulted.

Section 2: Background to the programme

5. Working Well is a pilot programme that provides assistance to Employment Support Allowance (Work-related Activity Group) benefit claimants who have not secured employment after 2 years on the Work Programme. The Department for Work and Pensions sponsors the pilot programme, and Salford City Council acts as the client on behalf of the 10 Greater Manchester authorities. Working Well's payment-by-results contract has targets for job starts and sustained jobs, plus expectations with regard to signs of progress, and European Social Fund (ESF) reporting requirements (**Box 2.1**).

Box 2.1: Working Well targets, expectations and ESF reporting requirements

Programme employment targets:

- 20% of clients start a job
- 15% of clients sustain a job
- Plus signs of improvement across the cohort.

ESF reporting requirements:

- Number of inactive participants newly engaged in job searching upon leaving
- Number of participants in education/ training upon leaving
- Number of participants gaining a qualification upon leaving
- Number of participants in employment (including self-employment) upon leaving
- Number of participants engaging in positive activities that address barriers to work (e.g. improving basic skills or life skills, volunteering in the community, undertaking work experience).

Source: GMCA Work Programme Leavers Specification, November 2013

6. The pilot programme began March 2014 and ends February 2019. It seeks to:
- ❖ Address clients' needs in an holistic way, by working with them to identify their priorities (which, initially may not be employment-related) and, over time (up to 2 years), enabling them to seek employment (to be sustained for 12 months)
 - ❖ Provide a new way of working and sequencing public services to support clients
 - ❖ Operate a fully integrated key-worker model, where Key Workers are able to access a full range of services and devise bespoke support packages for clients, in order to tackle barriers to employment in an integrated, sequenced, comprehensive manner
 - ❖ Operate a smaller case load for Key Workers than that required by the Work Programme, so that they are able to offer the intensive support clients require.¹
7. Big Life delivers Working Well in Manchester, Salford and Trafford.² Working Well's Key Workers come from a range of professional backgrounds. They assess clients' needs and measure their progress via an initial assessment, the Short Warwick Edinburgh Mental Wellbeing Scale, the General Self-efficacy Scale, and the Work and Social Adjustment Scale. They motivate clients to change by working with them to set goals and identify actions/changes in behaviour, and by putting in place tailored packages of support from a range of services, e.g. health, housing, debt counselling, and skills.

¹ Work Programme case loads can be 200-250 per full-time equivalent employee (FTE), while Working Well case loads are 40-60 per FTE; enabling fortnightly client-meetings.

² Ingeus delivers Working Well in the other seven local authority districts of Greater Manchester.

Section 3: Research methodology

Research questions

8. The evaluation was guided by a series of research questions, which were developed in response to the requirements set out in the brief (**Box 3.1**).

Box 3.1: Research questions

1. How do the following factors affect delivery of the programme?
 - a. Local economic conditions
 - b. Partnership arrangements
 - c. Contract specification and/or client-provider relationships
 - d. Staffing levels and arrangements
 - e. The interventions and support available to clients relative to clients' needs
 - f. Service provision by key partners.
2. How is the pathway to employment mapped?
3. What evidence is there of clients progressing along their pathway to employment?
4. Which factors (e.g. client characteristics, management/process issues, interventions/support) appear to have most impact on individuals' progression along the pathway to employment?
5. What's working for whom and why?
6. What could work more effectively? And what could be done in order to improve performance?
7. Are there any gaps in provision? If yes, what are they and how might they be addressed?

Source: Scott Dickinson & Co Ltd, 2015

Methodology

9. The research was conducted on the basis of a logic model (**Figure 3.1**) which provides a framework for understanding the rationale for, and the operation of, the programme by looking at:

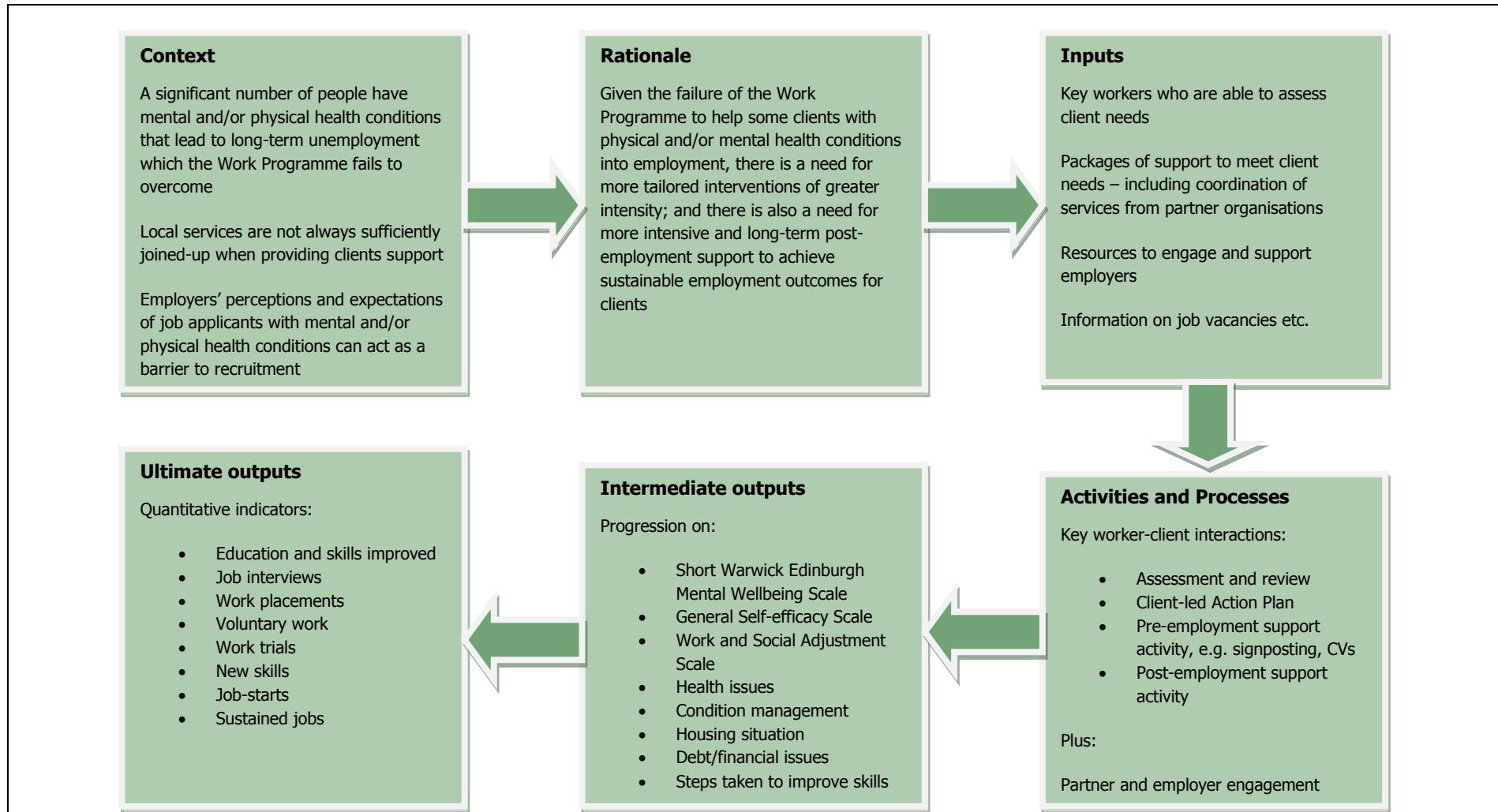
- ❖ **The context in which the programme operates**, so that programme performance may be understood in the round
- ❖ **The rationale for the programme**, i.e. that clients need tailored, intensive support, if they are to find sustained employment
- ❖ **Inputs into the programme**, from Big Life and partners
- ❖ **Activities and processes required to deliver the programme**, to understand the "theory of change" that underpins the programme (**Box 3.2**)
- ❖ **Intermediate outputs**, i.e. the steps in clients' journeys to employment
- ❖ **Ultimate outcomes**, e.g. employment-related outcomes sought by funders.

Box 3.2: Theory of change

Clients' wellbeing needs to be addressed before successful job starts and sustained employment can be achieved. In order for this to happen, Key Workers assess clients' needs and identify a sequence of actions and supports to help clients seek, find and maintain employment.

Source: Scott Dickinson & Co Ltd, 2015

Figure 3.1: Logic Model for Working Well



Source: Scott Dickinson & Co Ltd, 2015

10. Evidence was gathered from three main sources:

- ❖ Quantitative performance data provided by Big Life, covering the period to 3rd March 2014 to 13th March 2015, including:
 - Initial assessment and review – recording clients’ views of their employment prospects, barriers to employment etc.
 - Goals and actions – high-level records of the goals set and progress made
 - Wellbeing data for the Short Warwick Edinburgh Mental Wellbeing Scale, the General Self-efficacy Scale, and the Work and Social Adjustment Scale
 - Support services data – outlining partner services used by clients, the reported impact of these services on clients’ employability and confidence in finding a job, and the quality of interagency relationships
- ❖ Qualitative evidence from one-to-one telephone consultations with nine stakeholders conducted in April and May 2015. The consultations explored stakeholders’ views on: expectations of the programme, staffing levels and staff skills, programme performance, factors affecting achievements to date, partnership arrangements, subcontracting arrangements, relationships with employers, gaps in provision, and areas for improvement (**Appendix A** provides a list of consultees)
- ❖ Qualitative evidence from one-to-one telephone consultations with eight Big Life staff conducted in April and May 2015. The consultations explored consultees’ roles and how, if at all, they had changed over time, what was rewarding about the job, what was challenging about the job, levels of support available to staff, which aspects of the programme were working well, partnership arrangements, relationships with employers, gaps in provision, and areas for improvement (**Appendix A** provides a list of consultees)
- ❖ Qualitative evidence from two client focus groups (of six and eight participants) and eight one-to-one telephone consultations with clients, conducted in April and May 2015. The focus groups sought clients’ views on what they hoped to achieve from the programme, how effectively Working Well was addressing their priorities, factors affecting their progress to employment, comments on the services they had accessed as part of Working Well, achievements, and areas where the programme might be improved. The one-to-one telephone consultations sought to explore factors affecting clients’ experience of, and progress on, the programme.³

11. This section introduced the research questions and methodology underpinning the work. The next section provides an introduction to Working Well’s client base.

³ Anonymised case study notes were provided to Big Life in a separate paper that complements this report.

Section 4: Client base

13. In order to provide some context for the reader, this section provides a short description of the client base. The analysis draws on data from clients' initial assessments up to 13th March 2015. It covers 830 unique entries; although not all data fields were completed in all cases, so the total number of clients varies a little, depending on what is being measured.⁴
14. Of the 830 unique entries assessed, 824 indicated which local authority area the client was based in: 59% were in Manchester, 30% were in Salford and 11% were in Trafford. Around 43% of clients were women, 57% were men, and 0.24% of clients (2) were transgender. Approximately 7% of the 825 unique entries which recorded clients' ages were for clients aged 24-years or under, 20% were for clients aged 25-34, 27% for clients aged 35-44, 32% for clients aged 45-54, and just over 14% for clients aged 55 or over. The majority of the 824 clients for which data were available were White British (**Table 4.1** provides a breakdown of ethnicity by local authority area).

Table 4.1: Percentage breakdown of clients' ethnicity by local authority area

Ethnicity	Manchester %	Salford %	Trafford %
Bangladeshi	0.2	-	1.12
Black African	1.22	2.03	-
Black British	2.45	1.22	5.62
Black Caribbean	1.22	-	1.12
Indian	0.41	0.41	1.12
Other Asian	2.65	0.41	-
Other ethnic group	4.9	0.81	-
Other Mixed	2.45	1.22	4.49
Other White	-	0.81	-
Pakistani	4.29	-	3.37
Prefer not to say	0.61	-	2.25
White and Asian	0.41	0.41	-
White and Black African	0.2	-	-
White and Black Caribbean	1.84	-	-
White British	73.47	91.46	77.53
White Irish	3.67	1.22	3.37

Source: Initial Assessment data set to 13 March 2015

15. The Initial Assessments also showed: 50% of clients said their primary health condition was related to their mental health, 42% said their primary health condition was physical (there was no response in 8% of cases); 43% of clients reported that their secondary health condition was mental, while 37% reported their secondary health condition was physical; approximately 9% of clients reported no secondary health condition.⁵ The most common primary mental health conditions were Depression and Anxiety Disorder (just over 22% each). The most common primary physical health problems were back problems (8%), epilepsy (5%), arthritis (5%), and problems with legs (4%). Just over 13% of clients were Registered Disabled. Key Workers carrying out the initial assessments reported 84% of clients had a mental health condition.

⁴ In order to ensure 'clean' data, 27 records were excluded for the purposes of analysis.

⁵ 11% were No Response.

Stakeholder views on the client base

16. As part of consultations, stakeholders commented on the make-up of the client base and the challenges that clients faced. These comments provide qualitative flesh on the quantitative bones outlined above. Some Big Life staff, along with partners, reported concerns with regard to whether some clients had been assessed correctly as “fit-to-work”. One consultee highlighted an issue with regard to what they termed “medicals”. It was reported that Work Programme clients should have been categorised in terms of their prognosis (judged on the basis of recovery within 3, 6, 9 or 12 or more months) but that these assessments had not always worked well, which in turn meant that the Work Programme (and subsequently Working Well) had received clients who had to manage long-term, rather than short-term, health issues. Another consultee said that some clients’ issues had not been fully or correctly diagnosed. Other consultations indicated that a number of clients had serious mental health issues and that they had “conditioned themselves” to cope with limited support from local services. It was also reported that “many clients” were in pain (e.g. regularly using codeine) and could not reasonably be expected to work. An indication of the severity of some clients’ health conditions is Key Workers’ use of home visits: if clients were fit to work, it is not unreasonable to expect that they should be able to attend an interview. One Key Worker reported that at any given time around 10% of her clients required a home visit.
17. In some instances, it was reported that clients had been referred by Key Workers to organisations that could help them to appeal against their assessments. In other cases Key Workers had directly helped clients to appeal against their assessments. It was also reported that some clients – with potentially winnable cases – wished to avoid the appeals process. This situation poses a particular issue for Working Well, i.e. how best to work with clients who probably should not be in the Work-related Activity Group.⁶

Conclusion

18. This section introduced the client base. It showed:

- ❖ A majority of clients were men (57%), White British (>70%), based in Manchester (c. 60%).
- ❖ Just over 90% of clients had multiple health conditions and over 80% had a mental health condition (of which Depressions and Anxiety Disorders were the most common).
- ❖ Consultees reported concerns that some clients were not fit-to-work and should not have been placed in the Work-related Activity Group.

19. Analysis of clients’ progress in relation to managing health conditions and finding work is provided in Section 7. The next section looks at the services provided by Working Well.

There is an issue about whether some people on the programme will ever get into work...but Working Well... should help people to be more autonomous...and this should reduce demand on local services...

Stakeholder consultation

⁶ In other words, claimants who the DWP considers capable of work at some time in the future and who are capable of taking steps towards moving into work (work-related activities) immediately.

Section 5: Service delivery

20. As noted in Sections 2 and 3, clients access a range of services – some provided by Key Workers (employed by Big Life and its subcontractors) and some provided by partner agencies. This section begins by looking at performance-management data on partners' services. It then reports clients' views on services, including illustrative case studies; and then outlines stakeholders' views on the services delivered to date. It concludes by outlining key learning points.

Clients' views on services

21. As part of the support that they receive, clients use a number of services – sometimes they are referred to these services by Key Works and sometimes clients are already accessing these services when they join Working Well. **Table 5.1** provides a breakdown of clients against 17 service categories. It shows that up to 13th March 2015 there were 1,897 different instances of clients using partners' services, of which primary healthcare was the most common (30%), and housing was the second most common (15%). This profile is in line with expectations, given the programme's rationale, and with evidence gathered as part of consultations with Key Workers. However, the profile of services could change over time as more clients move closer to employment, i.e. support with skills, qualifications and employment is likely to become more important over time.

Table 5.1: Breakdown of mapped services from partners

Type of service	Total users	%
Criminal Justice	13	0.7
Domestic Abuse support	4	0.2
Employment Support	80	4.2
Family Support	18	0.9
GP	585	30.8
Housing	287	15.1
Legal Aid	10	0.5
Local Council services	19	1.0
Mental Health Services	178	9.4
Money Services	21	1.1
Other	179	9.4
Parenting support	8	0.4
Physical Health Services (including dentists, physiotherapy etc.)	266	14.0
Qualifications Support	39	2.1
Skills Support	50	2.6
Substance abuse support	73	3.8
Welfare/ debt advice	67	3.5
Grand Total	1897	100

Source: Support Services database, 13th March 2015

22. Clients were asked whether or not they thought that the partner service they were using was having a positive impact on their employability.⁷ The data show that a large majority of clients (60% to 30%) felt that the services they were using were improving their employability – however a majority of clients in Salford said that they did not feel the services were improving their employability. **Table 5.2** shows the variation in responses by local authority area. It should be noted, however, that in some cases, the absolute numbers are relatively small; therefore, too much should not be read into differences in the percentage scores for different areas.

Table 5.2: Client feedback on impact on employability of services received

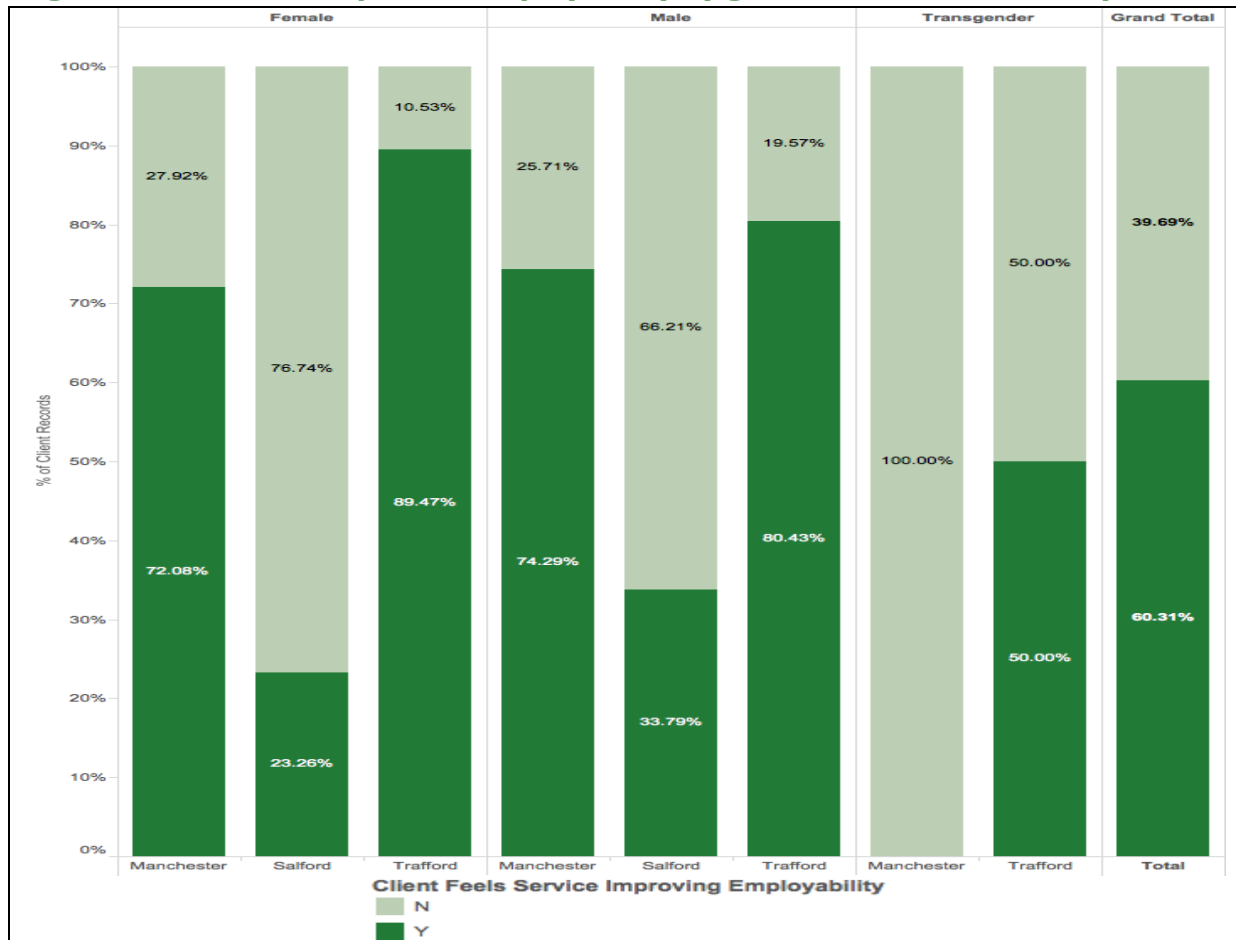
Local Authority	Client Feels Service Improving Employability		
	% of responses	No. of responses	
Manchester	No	26.62%	177
	Yes	73.38%	488
	Total	100.00%	665
Salford	No	70.84%	277
	Yes	29.16%	114
	Total	100.00%	391
Trafford	No	16.56%	25
	Yes	83.44%	126
	Total	100.00%	151
Grand Total	No	30.69%	728
Grand Total	Yes	60.31%	479
Grand Total	Total	100.00%	1207

Source: Support Services database, 13th March 2015

23. There was some variation in clients' responses by gender and there was also some variation in responses by gender depending on local authority area (**Figure 5.1**). As noted above, absolute figures in some categories can be quite small, so not too much should be read into the variations.

⁷ 615 clients generated 1,916 contacts with local support services. The type of service was recorded in 1,897 instances. There were 1,207 recorded responses on progress to employability.

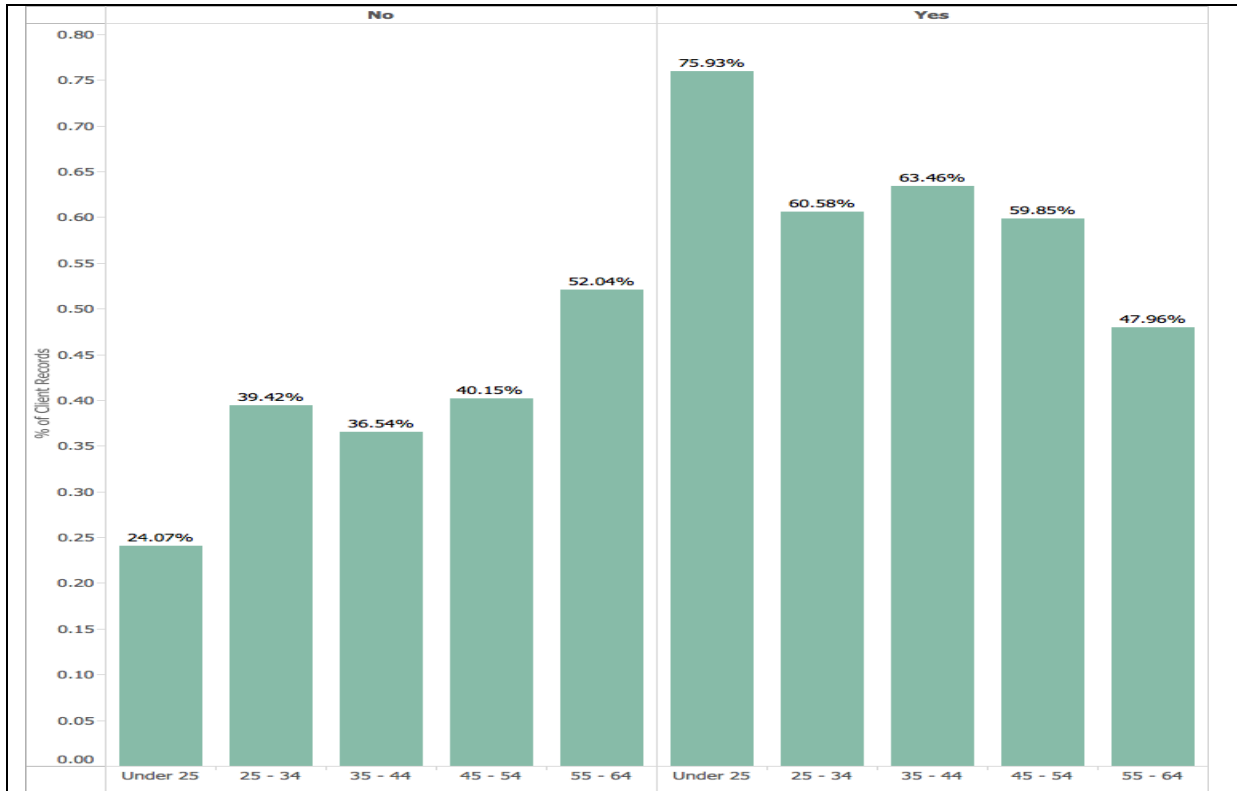
Figure 5.1: Services impact on employability by gender and local authority



Source: Support Services database, 13th March 2015

24. It was possible to analyse clients' responses by age. More than one-half of clients in each age group said that services had increased their employability – except those clients aged 55-64, who were less positive about the impact of services on their employability. Those clients who were under 25 years-of-age were the most likely to say that services had increased their employability.

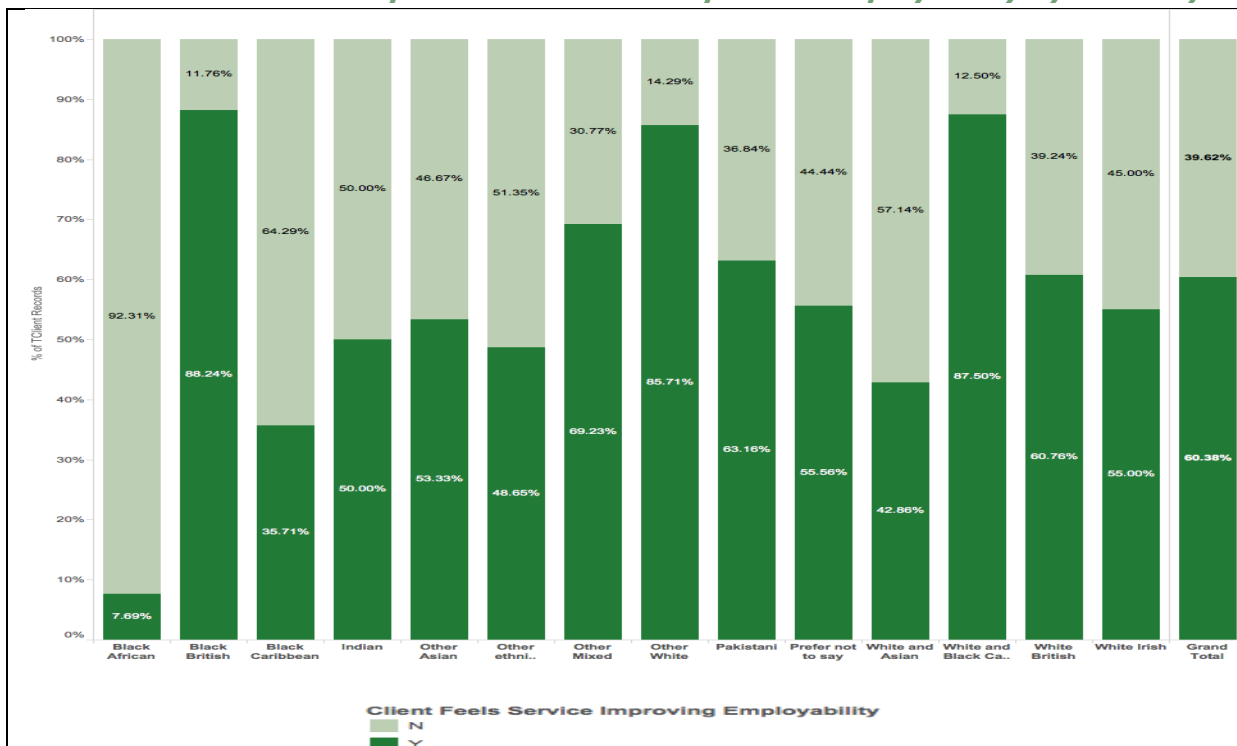
Figure 5.2: Responses to services impact on employability by age



Source: Initial Assessments and Support Services database, 13th March 2015

25. There was also variation in the responses given by members of different ethnic groups (**Table 5.2**); but, again, as noted above, the absolute number of responses in some categories is quite low, which limits the usefulness of statistical analysis.

Table 5.2 Variation in responses to services impact on employability by ethnicity



Source: Support Services database, 13th March 2015

26. Focus groups and one-to-one telephone consultations with clients gathered additional evidence on the services provided, these showed clients appreciated that Working Well's approach was different to that of other employment programmes of which they had experience. Clients cited a range of negative experiences which they had had on other employment programmes, including: lack of provision to support clients with dyslexia, lack of support for the number of people on the programme, a box-ticking approach that aimed to get people to attend job interviews, and training courses which they did not feel appropriate to their situation or needs. With regard to Working Well, clients noted, in particular, the personal approach used by Working Well staff (**Box 5.1**).

Box 5.1: Clients' views on the quality of the relationship with their key worker

<i>No-one has ever listened to me before.</i>	Male, 35-44 years-of age
<i>Key workers talk to you as a human being ... you're not just a box to be ticked. Before [on the Work Programme] they were only interested in you getting a job for their targets, so they could give you a pat on the back. It was patronising – and very stressful.</i>	Female, 45-54 years-of-age
<i>She [my Key Worker] improves my confidence and self-esteem.</i>	Female, 55-64 years-of-age
<i>I'd recommend it [Working Well] to anyone. They're dead helpful – all confidential. I wouldn't think I could open up with strangers but I could.</i>	Female, 45-54 years-of-age
<i>It [the review process with a Key Worker] makes you think about yourself and pushes you a bit which is good for me.</i>	Male, 35-44 years-of-age
<i>It has to be me [that brings about change]: Working Well's helped me realise that.</i>	Male, 35-44 years-of-age

Source: Client focus groups and one-to-one telephone consultations

27. Clients also provided views on the partner services which they used. In general, clients reported that the support they had received from local services had helped them – as they needed to address housing, debt, personal/relationship issues, and health issues before they felt able to find and keep a job (**Box 5.2** and **Case Study 5.1**).

Box 5.2: Clients' views on the impact of support provided by partner agencies

<i>Self-confidence, self-esteem, these are hurdles [to working], and my personal life – I need to sort these out first [before looking for work].</i>	Female, 55-64 years-of-age
<i>After I came here [to Working Well] I was referred to a "self-help" course for six weeks. I learnt to look at things differently – I don't need to worry, I can walk away. It was a wake-up call, the therapy really helped and it's up to me to sort out my issues now I can look at things more patiently.</i>	Female, 45-54 years-of-age
<i>Working Well is working well for me, as I need skills, but also [because I need] to grow as a person.</i>	Male, 25-34 years of age
<i>Big Life helps me find jobs and placements. It's the one-to-one [with a key worker] that does it. I've come out of my shell. They make you feel important.</i>	Female 45-54 years-of-age

Source: Client focus groups and one-to-one telephone consultations

Case Study 5.1: Progress in addressing health and lifestyle issues

One male client, aged 45-54, who had been on the Working Well programme for almost 4 months, said that a severe health condition (epilepsy) limited his job prospects. He also had financial problems. Working Well helped him to access support to sort out: unpaid electricity bills, repairs to his property, and use of a food bank. He was unsure how Working Well could help with his epilepsy but reported that it had helped him to start sorting out his living conditions.

Source: Client focus group

28. While clients were generally positive about Working Well's approach, their relationships with Key Workers, and the partner services they used, some remained uncertain as to their employment options, indicating a potential need for career advice (**Case Studies 5.2 and 5.3** and **Box 5.3**). Furthermore, some clients highlighted physical health concerns that might inhibit their employment prospects (**Box 5.3**).

Case Study 5.2: Progress, but client remains uncertain over his employment prospects

One male client, aged 55-65, said that staff on the Work Programme had not read his curriculum vitae – he had a degree and they had asked him if he could read and write. He said that he had no expectations of Working Well when he joined the programme, but that it had helped him to "be more balanced and less angry" and that it was helping him in "getting to terms with being over 60". He reported that he had been referred to swimming sessions for the over-60s, which were having a positive effect on his health. He did, however, express uncertainty as to his route back to employment, saying that he had set personal goals but was unsure what goals were to be set in relation to finding paid work.

Source: Client focus group and one-to-one telephone consultation

Case Study 5.3: Progress, but client uncertain over his journey to employment

A White British male, aged 35-44, reported that his Key Worker had helped him to switch GPs, access counselling, and receive benefits advice from Citizens Advice. His new GP helped to sort out his medication, which had improved his confidence, and Citizens Advice helped him to sort out his benefits. He said that he "wants to get back to a state where [he] can work". His experience of the Work Programme was not positive: a series of "terrible jobs" ended with his hospitalisation, after he could no longer cope with the stresses of a zero-hours contract. He said that Working Well "know they have to get you sorted first" and that he "needs to find what [he] wants to do". He was volunteering in a community café (something he'd arranged for himself, rather than something that had been arranged by Working Well) and he expressed an interest in working in the care sector, but was not sure what Working Well could offer in relation to helping him to meet the skill requirements of a specialised job.

Source: Client focus group and one-to-one telephone consultation

Box 5.3: Clients' views on progress on their journey to work

The fibromyalgia makes travelling difficult – work would have to be not physical and nearby and part-time, as I get tired and exhausted.

Female, 55-64 years-of-age

I will have to find an employer that will employ me as a disabled person.

Female, 45-54 years-of-age

If I do well on the placement they may keep me on – they keep about 10% of placements on so I've got a chance.

Female, 45-54 years-of-age

Design is a really difficult area to get into but Working Well is helping me scope out other possibilities and sends me on courses to become more job-ready.

Male, 25-34 years-of-age

Source: Client focus groups and one-to-one telephone consultations

Stakeholder consultees' views on service delivery

29. Consultations with stakeholders highlighted a number of important factors regarding the services provided by Big Life and its subcontractors, including the quality of staff and the personalised approach to service delivery. These are discussed in more detail below.

Staff and skills

30. Given the programme's rationale, the Greater Manchester authorities (the Client) did not necessarily want or expect the appointed providers to employ what some consultees termed "traditional employment advisers". It was reported that Big Life's experience – and therefore the skills and experience of its staff – fitted the Client's expectations. Furthermore, consultations indicated that Big Life sought to employ a mix of people with a diverse range of skills – including people who did not necessarily have experience of employment support programmes but who did have experience of providing health and wellbeing support. As well as meeting the Client's expectations, this approach was said to have helped Big Life to avoid "group think" in the initial stages of the programme. The different skills and experience of staff, however, did mean that Key Workers were at different stages of "readiness" when they started working on the programme. For example, staff members with a background in health and wellbeing were not always familiar with performance-related contracts, the requirements associated with working with mandated (rather than voluntary) clients, and providing career advice; while Key Workers with a background in employment support were not always confident in addressing clients' (mental and/or physical) health issues. This posed challenges in delivering a consistent approach to clients across the programme.
31. Induction and training were provided in order to ensure that Key Workers were able to provide the necessary support to clients, and the staff appraisal process subsequently picked up areas for improvement with individuals. Key Workers were positive about the training that they had received. One Key Worker reported that training on drug and alcohol had been provided quickly when a need had been identified. Another Key Worker said that training on Motivational Interviewing had led her to reflect upon and to adapt her approach to working with clients, so that the whole process was client-led, rather than being directional as had been the case on other employment support programmes.
32. A learning point for the future (i.e. if the programme is to be "mainstreamed") is that staff with an employment-support background might learn motivational interviewing techniques (taught on an 8-day programme) more quickly than staff with health and wellbeing backgrounds acquire the skills required to engage employers and assist clients with job searches. On the other hand, it was suggested that, given pressures on local mental health services, clients could not always access services, such as Cognitive Behavioural Therapy (which was reported to have a waiting list of 8 to 9 months), so Key Workers may require additional training in order to help clients with mental health issues. This is a point for Big Life and partners to consider, both now and in the future, i.e. the extent to which Key Workers should (or are able to) address clients' mental health needs directly, when wraparound services from the NHS or Third Sector organisations are not available.

33. Partners reported that Big Life had “*hit the ground running*”. Big Life’s flexibility and responsiveness with regard to recruitment was received positively by partners. One consultee commented: “*Big Life even employed an Arabic speaker to meet one client’s needs*”. Partners expressed no concerns with regard to the number of staff engaged (and therefore, intuitively, partners had no concerns about case loads). Staff also reported that case loads were manageable – although some Key Workers reported that they did not always have sufficient time to network with partners and employers. Key Workers also reported a significant level of job satisfaction – with one Key Worker observing that the reviews of client progress not only helped clients to chart their progress but helped to motivate her too, as she could see the progress that her clients had made. Key Workers also said that they received support from their managers and peers when they needed it – an important factor in ensuring staff maintain their own wellbeing as the programme is delivered.
34. Partners were also generally positive in their views of Key Workers’ skills and experience. One consultee said: “*Big Life has good staff who know what they are doing.*” One criticism from partners was that Key Workers’ local knowledge could sometimes be better. It was suggested that this weakness could be addressed at induction or (as is the case in Trafford) via joint training with staff working on the Troubled Families programme.

Services

35. Stakeholders recognised and appreciated that Big Life provided a more personal service than other employment programmes. Home visits – which Ingeus were reported not to offer and which were thought to be an effective way of keeping people engaged – were cited as an example of Big Life’s personal approach (**Box 5.4**). However, it was suggested that if clients had been assessed correctly, prior to being placed on the Work Programme, then they should not require home visits as they should be fit enough to attend meetings.

Box 5.4: Home visit’s impact on one client

One client was suicidal and didn’t leave the house. The Key Worker arranged an emergency doctor’s visit. A mental health worker is now helping the client. Without the home visit, the Key Worker would not have known about the issues that the client was facing. As part of the process, the client and Key Worker set a task of dealing with 5 years’ worth of unopened mail. Six months after the intervention, the client had no backlog of unopened and unanswered mail: a sign of progress in the client’s personal efficacy.

Source: Key Worker consultation

36. Partners and staff alike reported positively on the use and impact of Motivational Interviewing – to the extent that contracts may require it as part of future provision, should the programme be mainstreamed (**Box 5.5**). Key Workers also reported the use of client-led target setting, with new targets set over time, was an effective way of engaging clients and achieving progress. The process was described as follows: clients set their own agendas and goals, once self-efficacy has developed, optimism grows and clients then progress. Key Workers reported that they found the programme’s methodology was sound and that over a period of several months people were making significant changes in their lives. However, the long-term nature of many of the

problems affecting clients was noted, and therefore, the importance of time in overcoming clients' problems was stressed.

Box 5.5: Impact of Motivational Interviewing on one client

One client had been diagnosed with depression while he was a teenager. During his time on the programme, he opened up to his Key Worker. As a result of talking about his priorities – his children – he reduced his alcohol intake. This helped him to assess his situation more clearly. He told his Key Worker that he thought the anti-depressant drugs which he had been prescribed were not working. The Key Worker advised him to see a GP. He was subsequently diagnosed as bi-polar. Once he became more comfortable discussing his issues, he told a friend about his situation and the friend offered him a work placement. The Key Worker noted that Motivational Interviewing and the target-setting process had been very useful for the client – helping him to identify and then focus on his priorities.

Source: Key Worker consultation

37. Consultees also recognised that, in order to be fully effective, the programme may need to offer greater flexibility, e.g. fortnightly face-to-face meetings may not be the most economic, efficient and effective way to use Key Worker resources. It may be that the nature and frequency of contacts need to vary; both with individual clients over time and between different clients. It was suggested the initial assessment process could be used to inform such judgements.
38. Partners and staff were asked to identify any gaps in the programme. No one reported gaps in the services provided by Big Life. One stakeholder put the situation thus: *"Nothing stands out: any gaps get addressed quickly as the providers feel able to flag up concerns."* However, some stakeholders suggested more venues should be used for client meetings, in order to make it easier for some clients to attend them, e.g. venues in Salford were said to be mainly in central Salford, requiring long journeys by some clients. As venues are provided by partners – at nil cost to Big Life – it is recognised that the location of venues is not within Big Life's control; however, the issue of the availability, location, and cost of meeting space needs to be considered further, especially if the programme is to be mainstreamed.
39. One consultee pointed out clients who found work sometimes faced cashflow problems as they waited for their first paycheque. The consultee noted that a service had previously been provided by the Salford Action Team to assist people in such a situation and suggested that, as the programme progresses and more people find work, similar support may have to be provided.
40. A stakeholder consultee queried whether education and skills providers were sufficiently geared-up to meet clients' needs; however, stakeholders were not of a single mind on this issue, some were confident that colleges and adult education services would be able to respond to clients' needs. However, some clients indicated that their Key Workers had sometimes found it difficult to find appropriate skills training for them.
41. It was reported that Trafford had been overlooked by the Work Programme – because of the relatively low numbers involved – but that Working Well had sought to address Trafford's specific local needs. It was noted, however, that while local partners had been

made aware of the programme, they had received few requests for support from Big Life, and therefore it might prove difficult to maintain partners' interest over time.

42. On a different note, one partner made the following observation: "*In some ways there are some clients who could benefit from Working Well but don't as they are not on or should not be on the Work Programme.*" One-to-one consultations with clients highlighted that, in one instance at least, a client who had not been on the Work Programme had been referred to Working Well, and had found the process to be very positive (**Case Study 5.4**).

Case Study 5.4: Client referred to Working Well without having been on the Work Programme

A Salford-based, White British woman, aged 45-54, had worked for 8 years as an assistant in a care home until both her parents were diagnosed with terminal cancer. Her father subsequently died and she has spent 4 years caring for her terminally-ill mother. As a result of this experience she started to suffer from depression. She was referred to Working Well by Jobcentre Plus. She developed a good relationship with her Key Worker, who, along with others, helped her to focus on getting a job in a hospital. She attended an open day at Salford Royal Hospital, completed a 4-week Clinical Support Worker course and, at the time of writing, was about to start a 10-week placement at Salford Royal. The relationship with her Key Worker had been maintained via weekly telephone conversations.

Source: One-to-one client consultation

Employment support and employer engagement

43. Arrangements in relation to employment support and employer engagement vary within and between the three local authority areas, these differences were said to require a tailored approach from Big Life:
- ❖ Salford has its own local job-brokerage service, SEARCH, (the new contract was said to require it to provide more support to Working Well clients)⁸, Salford was also reported to have two effective work-placement schemes (in Salford Futures and Pendleton), and a good apprenticeships offer
 - ❖ Trafford operates the Trafford Pledge with its local employers, and has two employment groups (with a track record of getting people into jobs) which Big Life can access in order to find vacancies for its job-ready clients; Salford also runs business engagement events, where Big Life's Employer Engagement and Partnerships Manager is able to make direct links with local employers
 - ❖ Manchester has five regeneration teams operating in different parts of Manchester, each of which provides Big Life with information on job vacancies, in addition to the Employment Suite, which was reported to be quite "competitive".
44. Consultees were asked for their views on the delivery of employment support to clients (e.g. support with job search, CVs, interviews, plus in-work support) and employer engagement (e.g. identification of work placements and job vacancies, as well as support to employers so that they were better able to support employees with mental and/or physical health conditions. A number of consultees said that it was "*too early to*

⁸ Consultations indicated that there had been difficulties in the relationship between Salford's job-brokerage service and Working Well, due to different expectations and definitions of what constituted "job ready".

comment – especially with regard to the provision of in-work support – with only 17 clients in work at the time of the research. As one consultee put it, the programme is “*working at the clients’ pace but we still need to close a deal on employment*”.

45. Consultations indicated that employment support and employer engagement could be a challenge for Big Life – which was perceived by partners to be stronger in relation to health and wellbeing than employment support. Partners recognised that Big Life had taken steps to strengthen its employment support offer with the recruitment of two new members of staff. Partners also noted that the programme was on track to hit its job targets and that Big Life had carried out targeted work with employers, e.g. Shield Security.
46. Consultations with Big Life staff indicated that training and support had been provided to Key Workers who joined without experience of providing employment support, but that this had led to staff resources being diverted away from employer engagement and partnership working. The consultations also indicated Key Workers were stepping up efforts in employment support and employer engagement, e.g. attending local job fairs and linking up with local jobs clubs. The recent introduction of dedicated time on Wednesday mornings for employer support and employer engagement activity showed how steps were being taken to build up and improve the employment support and employer engagement offer. However, as a vital part of the overall programme, employment support and employer engagement should be kept under review, in particular with regard to:
- ❖ Developing a consistent approach to employment support and employer engagement among Key Workers
 - ❖ Integration of the two new employment support posts with existing structures and processes, and ensuring the new members of the team assist Key Workers to develop their own skills with regard to employment support and employer engagement
 - ❖ Maximising the use of the Employer Engagement and Partnerships Manager’s time: balancing the demands of managing the two new employment support posts, providing support to Key Workers, enhancing employer engagement activity (including arrangements for in-work support as more clients become job-ready), while maintaining effective relationships with partners in local authorities, health services, housing services, welfare advice, and education and training providers
 - ❖ Building good relationships with specific employers who are likely to be recruiting over the life of the pilot and/or have made commitments to employ people who have been unemployed for extended periods of time, perhaps as part of corporate social responsibility strategies
 - ❖ Coordination of activities with subcontractors, in order to avoid multiple contacts with the same employers
 - ❖ The quantity and nature of in-work support offered to clients and employers as more clients find employment – in particular, the visibility of the programme to employers (as this may disadvantage some clients’ prospects where competition for

jobs is high), and the nature of support offered to employers (and Big Life's capacity to respond to requests for that support).

Subcontractors

47. At the time consultations took place, subcontractors had only been operating for a couple of months, and only in Manchester, so few consultees had comments to make on subcontracting arrangements. It was reported that subcontractors had been subject to due diligence, and that the Client had reviewed and was content with subcontracting arrangements. Furthermore, it was reported that, as part of Big Life's commitment to support Third Sector organisations, arrangements had been made for joint training and continuous dialogue between Big Life and its subcontractors, so that shared problems could be addressed jointly and lessons could be shared quickly.
48. Consultations with Pathways CIC (one of Big Life's two subcontractors) indicated a positive working relationship with Big Life – with quarterly meetings and frequent telephone contact. Consultations also indicated Pathways CIC used additional tools with clients, e.g. a health questionnaire and an anxiety disorder questionnaire, for use by non-clinicians. This variation in approach offers a learning opportunity (e.g. whether clients working with Pathways CIC respond differently to those working with Big Life) and an opportunity for Big Life to adapt its practice, if the additional tools prove to be effective with clients on the programme.
49. Where partners commented on subcontracting arrangements their views were broadly positive, one said that the subcontractors were "*good additions to the team*". Another said that performance data did not indicate any difference between the performance of Big Life and its subcontractors, which was seen as a positive sign, given satisfaction with Big Life's performance to date. As noted above, consultations indicated that subcontractors were responsible for their own employment support and employer engagement. This has the potential, over time, to generate multiple contacts with employers in Manchester, e.g. the risk that large employers, who take a number of clients supported by Big Life and its subcontractors, could be contacted by a number of different people in order to discuss vacancies and, potentially, in-work support. This risk needs to be monitored and managed over time, e.g. potentially identifying account managers for employers with significant ongoing links to the programme. Equally, this issue needs to be considered by the Client, if the programme is to be mainstreamed.
50. Consultations with Jobcentre Plus indicated that they were not informed of the introduction of subcontractors and – as both subcontractors were known to Jobcentre Plus staff – they would have appreciated advanced notification, so that they were better placed to brief clients on who they would be working with. Furthermore, colleagues at Jobcentre Plus would welcome a smoother process for arranging initial interviews – it was suggested that interviews could be arranged more smoothly if Working Well offered more venues, so that rooms were not booked-up and so that clients did not have to travel quite so far to meetings.

Conclusion and key learning points

51. This section has looked at quantitative and qualitative data on the nature and impact of services accessed by clients. Findings indicated:

- ❖ Clients appreciated Working Well's approach was different to that of other programmes because it was tailored to individual clients' needs and circumstances
- ❖ Clients were particularly positive about their relationships with Key Workers
- ❖ Key Workers indicated: high levels of job satisfaction, they received support from managers and peers, and they were positive about their training
- ❖ Key Workers and stakeholders were positive about the use and impact of Motivational Interviewing and client-led goal setting
- ❖ Some stakeholders wondered whether fortnightly face-to-face meetings were the most economic, efficient and effective way of using Key Worker resources
 - The programme may need to be more flexible in relation to client contact, in future
- ❖ Partner relations in primary health care (30% of all partner services accessed) and housing (15% of all partner services accessed) are vital to the overall success of the programme
- ❖ 60% of clients felt that the local services they used were improving their employability
- ❖ There may be more referrals to training providers as the programme matures
 - Training providers' capacity to meet clients' needs should be kept under review
 - Key Workers need to keep up to date on the range of local skills provision
- ❖ While clients were generally positive about Working Well's approach, some clients remained uncertain as to their long-term employment prospects
 - It is important to ensure clients do not lose sight of employment goals and that Key Workers are able to help them achieve these goals
- ❖ As more clients become work-ready, employer engagement will grow in importance
 - Integration of new employment support staff with existing structures and processes needs to be kept under review
 - Coordination with subcontractors of employer engagement activity is required, in order to avoid duplication and confusion.

52. The next section looks in more detail at partnership arrangements – including quantitative assessments of working relationships with partner organisations, as well as qualitative evidence gathered during stakeholder interviews.

The key worker model is excellent, as it orders a sequence of services with one professional lead. It needs to be mainstreamed.

Stakeholder consultation

Section 6: Partnership arrangements

53. The previous section outlined the many different types of services which clients used and reported the views of clients and stakeholders on the quality and impact of those services. This section looks at the nature and quality of partner engagement, which takes place in the context of the integrated partnership boards in each local authority area, all of which were reported to be working well.

Management information on interagency relationships

54. Management information indicated that 109 distinct organisations had provided at least one service to at least one client. It also provided a rating of the *Quality of interagency relationship* (ranked: *Superb, Effective, Average, Poor, Very Poor*). Data on the quality of interagency working were provided for 982 (c. 50%) of 1,916 records of clients' use of partner agencies' services. Of the 982 records only three relationships were reported as *Very Poor* – a private landlord, an unnamed criminal justice agency, and a housing association – in two other cases, the relationship with the housing association was reported as *Average* and in one further case the relationship was reported to be *Effective*, which suggests there was no systematic problem in the relationship with the housing association concerned.

55. It was noted above that GP and housing services were the most common services used by clients; therefore, good working relationships with GPs and housing providers were likely to be essential to the success of the programme. Management information indicated relationships with 18 providers of mental health services (including GPs as a single category), 16 providers of physical health services (including GPs as a single category), and 34 housing providers. The quality of relationships with GPs was recorded in 277 cases: 126 (45%) were rated *Superb* or *Effective*, 142 (51%) were rated *Average*, and 9 (3%) were rated *Poor*.⁹ The quality of relationships with housing service providers was rated in 153 cases: 87 (57%) were rated *Superb* or *Effective*, 60 (39%) were rated *Average*, and 6 (4%) *Poor* or *Very Poor*.¹⁰

56. It was noted above that relationships with providers of employment support and training were likely to become increasingly important over time; management information indicated 21 providers of employment support were engaged with the programme. The quality of the relationship with employment support providers was recorded in 54 out of 80 cases, and of those 54 reports 26 (48%) rated the relationship as *Superb* or *Effective*, 28 (52%) rated it *Average*, and no relationships were rated *Poor* or *Very Poor*.

57. Thus, the available quantitative data indicate effective working relationships with key operational partners, and only isolated incidents of very poor working relationships.

⁹ No relationships for which data were available were rated very poor.

¹⁰ It should be noted that only around half of all cases had rated the quality of interagency relationship with GPs and housing services – therefore the data may provide a partial picture.

Stakeholders' views on partnership working

58. Although the available quantitative data paint a broadly positive picture of partner engagement, consultations with partners and Key Workers indicated some difficulties with regard to interagency working. The different aspects of partnership working, as described by consultees, are discussed below.
59. Consultations indicated that the programme added value to other services, as there was little else to offer clients who had not found work after spending 2 years on the Work Programme. At a strategic level, partners reported no evidence of rivalry or duplication with other employment programmes – such as the Troubled Families programme and projects supported by the European Social Fund. They also indicated that their relationship with Big Life was working well. One consultee contrasted the situation with that of the Work Programme, saying Working Well was a shared journey, whereas relationships on the Work Programme appeared to be dominated by contractual issues. Another consultee, provided further evidence of the open approach that applied to the Working Well programme, saying Big Life had been “*open and honest*” in its delivery of the programme: identifying and reporting blockages for partners to address. The challenge for the future will be to maintain this open approach should the programme be mainstreamed.
60. Consultees reported few issues with regard to the initial referral process. However, partners in Trafford mentioned that the process was not operating as they had originally anticipated. They reported that the initial local integration plan had envisaged that Jobcentre Plus would refer clients to one of three routes: (1) the Troubled Families programme; (2) the Early Help Team, for those individuals with dependants who might be receiving support, and for whom the local authority might provide a Key Worker; and (3) Working Well, for individuals with no dependants, for whom Big Life would provide a Key Worker. It was reported that referrals to the Troubled Families programme were working effectively, but that the local authority was not being made aware of individuals that fell into the second category and, therefore, it was unable to carry out the appropriate assessments. It was suggested that a data-sharing protocol – which had not been agreed by partners at the time of writing – might help resolve this issue.
61. At the level of specific services, partners suggested local health providers were more willing to engage with Working Well – and Big Life as a not-for-profit organisation with a public-service ethos – than with the Work Programme, because Working Well’s objectives were more in line with their own. Key Workers, on the other hand, reported limited interaction with hospital consultants and GPs (except in relation to safeguarding issues). GPs and consultants were said to be reluctant to discuss patients’ details, due to concerns over patient confidentiality as well as pressures on their time. Thus, in practice, Key Workers often relied on clients to provide up-to-date health information; and, therefore, there was a risk that wraparound services were not always fully coordinated.

62. All consultees highlighted delays and pressures on local mental health services – which one partner described as a “*Cinderella service*”. Consultations indicated that a draft protocol between Working Well and Manchester Primary Care Mental Health Teams had been drafted but not signed-off. A number of consultees appeared to accept that, given the pressures on local mental health services, Working Well clients were unlikely to be given priority over patients with severe clinical needs.
63. Given pressures on NHS services, consultees suggested greater use of Third Sector organisations – *blueSCI*, a Trafford-based voluntary organisation providing mental health and wellbeing support, was highlighted as an excellent local partner to Working Well. However, it was recognised that all organisations working in this service area were “stretched”, for example, Trafford Psychological Wellbeing Service was reported to have a 10-week waiting list.
64. Key Workers operating in Manchester said that problems had arisen in relation to clients who had been referred to Big Life’s in-house Self-help services. Problems appeared to relate to unexpected delays in contacting clients and a lack of follow-up information being made available to Key Workers. It is important for Big Life’s credibility that this referral process runs smoothly; consultations indicated that the issues were being addressed.
65. Some consultees said greater efforts could be made to build strategic links between the programme and local health providers; however, it was unclear how more effective links at senior and strategic levels would translate to improvements in day-to-day operational activity for resource-stretched services.
66. Stakeholders highlighted the Greater Manchester protocol in relation to housing, and reported good levels of engagement with housing providers. Consultations highlighted positive relationships with Trafford Housing and Your Housing. However, it was noted that there was still work to be done – by all partners, not just Big Life – to engage smaller housing associations and landlords.
67. As noted above, housing and financial concerns rank high on the list of client needs, Key Workers reported positive working relationships with Third Sector partners specialising in these areas, including Shelter and Citizens’ Advice in Manchester. Shelter was reported to send staff to accompany Key Workers on home visits and to have helped a significant number of clients and their families. At the time consultations took place, consultees were uncertain as to future delivery of support services by Third Sector organisations in Manchester, as contracts were subject to renewal. This uncertainty caused some disruption to established relationships with partners and a certain amount of anxiety as to what arrangements might be in place during the rest of the pilot programme’s life. Furthermore, consultations indicated that Key Workers could have difficulties accessing support to help clients with housing needs and debt problems. The difficulties were, in part, explained by excess demand given a limited supply of support (Christians Against

Poverty was reported to be booked up until the end of June, i.e. around two months in advance) and, in part, by staff turnover in partner organisations.

68. Although some partners expressed concerns about the preparedness and capacity of education and skills organisations, Key Workers reported positive relationships – in one case due to co-location – for example, Manchester College was reported to have been flexible and supportive in meeting clients’ needs.

Conclusion and key learning points

69. This section has outlined consultees’ views on partnership arrangements, as well as highlighting relevant quantitative data on the quality of interagency relationships:

- ❖ The available quantitative data indicate effective working relationships with key operational partners, and only isolated incidents of very poor working relationships
 - 45% of relationships with GPS were rated *Superb* or *Effective*, 51% were rated *Average*, and only 3% were rated *Poor*
 - 57% of relationships with housing providers were rated *Superb* or *Effective*, 39% were rated *Average*, and only 4% were rated *Poor* or *Very Poor*
 - 48% of relationships with employment support providers were rated *Superb* or *Effective* and 52% were rated *Average*; no relationships were rated *Poor* or *Very Poor*
- ❖ Consultations indicated the programme added value to other services with no evidence of rivalry or duplication with other employment programmes
- ❖ Partners suggested local health providers were more willing to engage with Working Well because its objectives were more in line with their own; however, Key Workers, reported limited interaction with hospital consultants and GPs (except in relation to safeguarding issues)
 - There was thought to be room for more partnership working to be developed with local health services – but a judgement has to be made between the investment of management resource in building such relationships relative to the likely returns during the life of the pilot programme
- ❖ All consultees highlighted delays and pressures on local mental health services
 - Consultations also suggested Key Workers could be given training to help them respond to clients’ mental health needs, in the absence of alternatives
- ❖ While relationships with housing providers were broadly strong, more resources may need to be invested in order to engage smaller housing associations
- ❖ Given ongoing reductions in public sector budgets, concerns were expressed with regard to funding for significant Third Sector partners, such as Shelter and Citizens Advice
 - The capacity of Third Sector Partners to provide wraparound services given new contracts and budget constraints needs to be monitored.

How do you maintain the commitment to learning and flexibility? Keep the commitment to evaluation and continuous improvement – not just contract management.

Stakeholder consultation

70. The next section explores programme-level and client-level achievements.

Section 7: Achievements

71. The previous sections in this report have profiled the client base, looked at the services provided to clients, and reviewed evidence on partner engagement. This section reviews evidence of achievements at the level of the programme. It also discusses stakeholders' views on the programme's progress to date and factors affecting its achievements.

Data on the programme's impact on clients' wellbeing

72. During their time on the programme, clients' wellbeing is assessed using a number of different scales.¹¹ The assessments did not occur at fixed points in the programme (e.g. Week 1, Week 8, Week 12 etc.). Furthermore, some clients' first wellbeing assessments did not take place at their initial meeting, and, in some cases, updates for each of the three scales were carried out at different times; which means, for example, that a client's most up-to-date Work and Social Adjustment score may not have been calculated at the same time as his or her General Self-efficacy score.¹² This degree of variation in the timing of assessments made it difficult to gauge clients' progress over time in a structured way. However, it was possible to compare client scores based on the quarter in which they joined the programme. Thus, it was possible to compare the (mean) average scores of new-joiners to the most recent scores of those who had been on the programme for three, six, and nine or more months.

Impact of time spent on the programme on the Work and Social Adjustment Scale

73. The Work and Social Adjustment Scale (WSAS) asks a series of five questions (**Box 7.1**) scored on a scale of 0 to 8 – where a score of 0 indicates no adverse effect and a score of 8 indicates severe impact. Thus, total scores can range from 0 to 40 and the lower the score the greater a client's belief in his or her ability to work and interact socially. **Figure 7.1** sets out the most recent (mean) average WSAS scores for clients who had been on the programme for different periods of time. It shows that those clients who had been on the programme for the longest period of time had a lower (mean) average WSAS score than the overall (mean) average – and a score that was 5 points lower than those who had only been on the programme for a few weeks or months.

Box 7.1: Work and Social Adjustment Scale questions

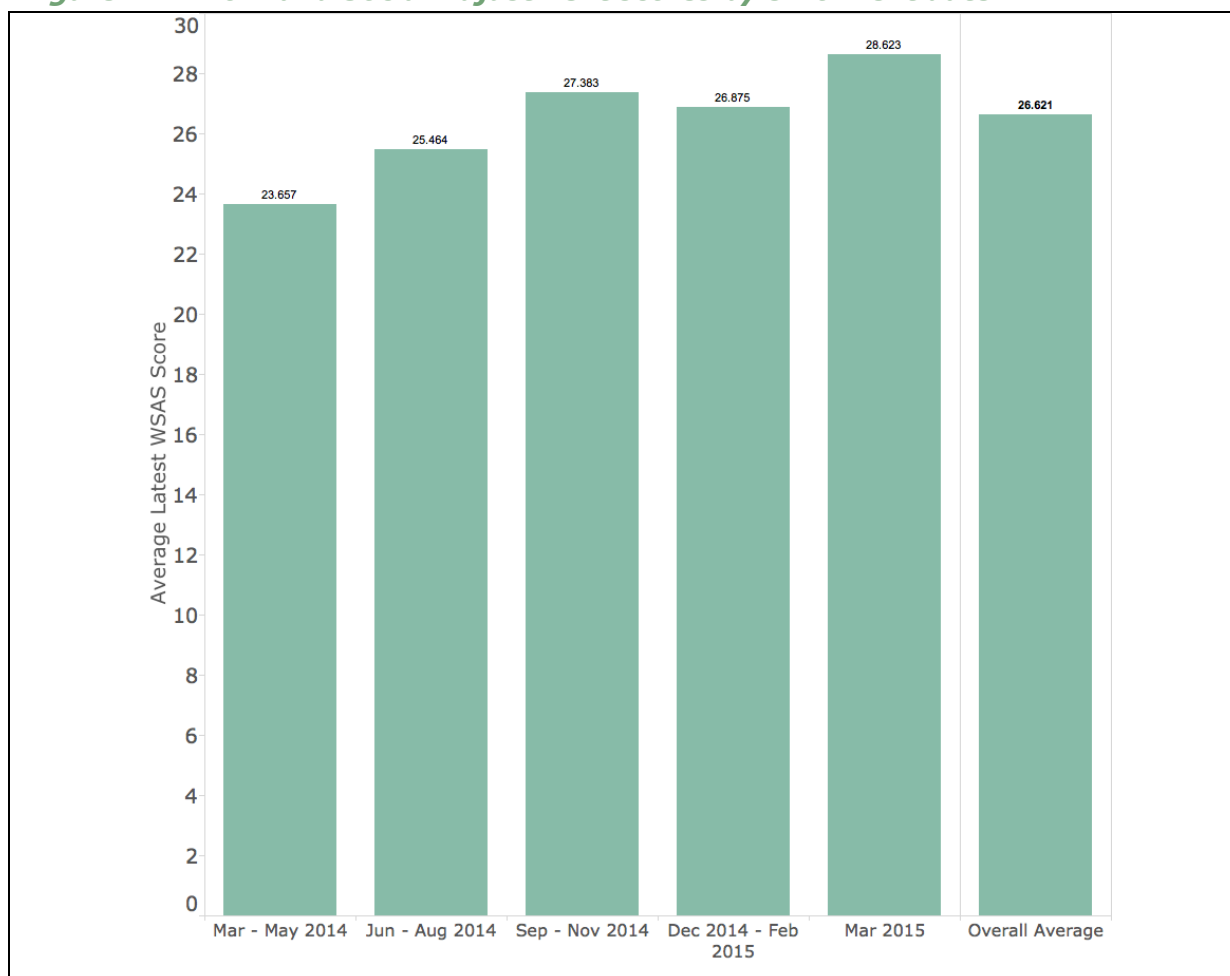
1. Because of my [problem] my ability to work is impaired.
2. Because of my [problem] my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired.
3. Because of my [problem] my social leisure activities (with other people e.g. parties, bars, clubs, outings, visits, dating, home entertaining) are impaired.
4. Because of my [problem], my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired.
5. Because of my [problem], my ability to form and maintain close relationships with others, including those I live with, is impaired.

Source: Working Well questionnaire

¹¹ Wellbeing data exist for 719 clients (406 in Manchester, 240 in Salford, and 73 in Trafford) and begin in May 2014.

¹² It was suggested that the nature of the client base, and the tailored nature of support to clients, meant that it was not always possible to conduct assessments and re-assessments at set times.

Figure 7.1: Work and Social Adjustment scores by enrolment date



Source: Wellbeing data to 13th March 2015

Impact of time spent on the programme on the Short Warwick Edinburgh Mental Wellbeing Scale

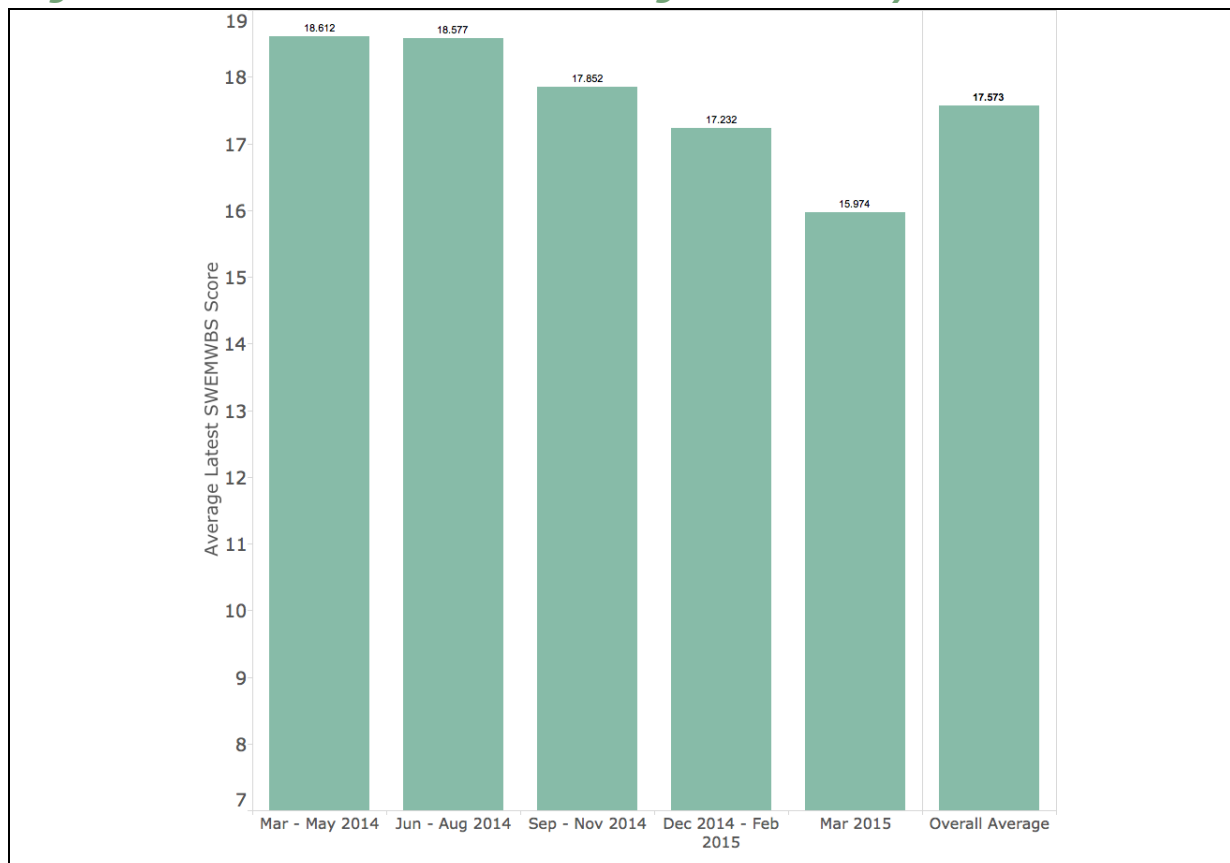
74. The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) asks seven questions (**Box 7.2**). Responses are graded on a scale of 1 to 5 – with 1 being *None of the time* and 5 being *All of the time*. Thus, total scores may range from 7 to 35. A high score indicates a higher state of mental wellbeing. **Figure 7.2** sets out the most recent (mean) average SWEMWBS scores by clients who had been on the programme for different periods of time. It shows that those clients who had been on the programme for the longest period of time had a (mean) average SWEMWBS score that was 2.64 points higher than those who were in their first few months on the programme.

Box 7.2: Short Warwick Edinburgh Mental Wellbeing Scale questions

1. I've been feeling optimistic about the future.
2. I've been feeling useful.
3. I've been feeling relaxed.
4. I've been dealing with problems well.
5. I've been thinking clearly.
6. I've been feeling close to other people.
7. I've been able to make up my mind about things.

Source: Working Well questionnaire

Figure 7.2: Short Warwick Mental Wellbeing Scale scores by enrolment date



Source: Wellbeing data to 13th March 2015

Impact of time spent on the programme on the General Self-efficacy Scale

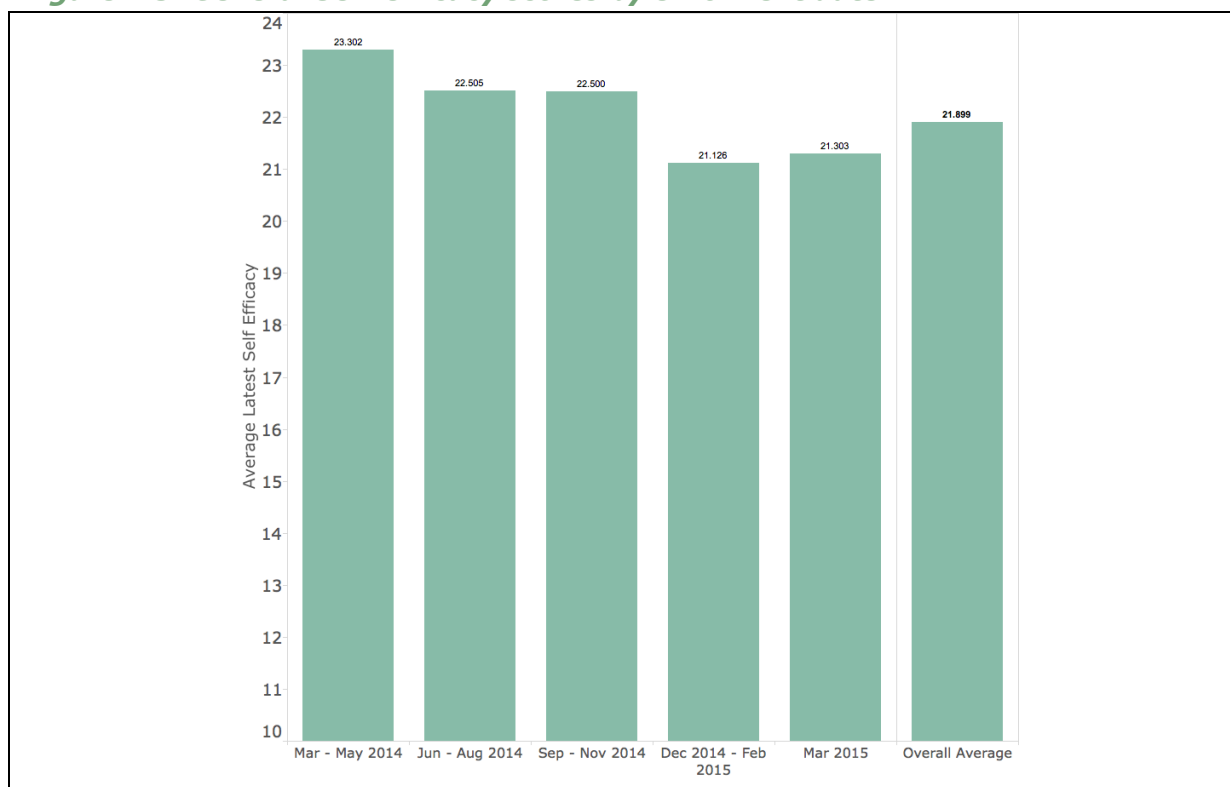
75. The General Self-efficacy Scale asks a series of 10 questions (**Box 7.3**) scored on a scale of 1 to 4 – where a score of 1 indicates a statement is untrue and a score of 4 indicates a statement is true. Thus, total scores can range from 10 to 40. The statements are phrased in a positive manner; thus, a relatively high score indicates greater self-efficacy than a relatively low score. **Figure 7.3** sets out (mean) average General Self-efficacy Scale scores for clients who had been on the programme for different lengths of time. It shows that clients who had been on the programme the for longest period of time had a (mean) average General Self-efficacy score that was 2 points higher than those who had been on it for the shortest period of time.

Box 7.3: General Self-efficacy Scale questions

1. I can always manage to solve difficult problems if I try hard enough.
2. If someone opposes me, I can find the means and ways to get what I want.
3. It is easy for me to stick to my aims and accomplish my goals.
4. I am confident that I could deal efficiently with unexpected events.
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.
6. I can solve most problems if I invest the necessary effort.
7. I can remain calm when facing difficulties because I can rely on my coping abilities.
8. When I am confronted with a problem, I can usually find several solutions.
9. If I am in trouble, I can usually think of a solution.
10. I can usually handle whatever comes my way.

Source: Working Well questionnaire

Figure 7.3: General Self-efficacy scores by enrolment date



Source: Wellbeing data to 13th March 2015

Initial assessment and reviews of confidence in finding and retaining work

76. As noted in Section 4, at their initial assessment, clients were asked: *Do you believe you can find and retain work?* Clients' belief in their ability to find and retain work is reviewed during their time on the programme. Changes in client responses to this question are an indicator of the programme's impact on clients' self-belief and confidence in gaining employment. When looking only at those clients who had received at least one review, 36.5% gave a positive response to the question at their initial assessments.¹³ At the time of their most recent review clients' responses had changed: 44% said that they believed they could find and retain work; an improvement of 7.5 percentage points between the initial assessments and the most recent reviews. There was some variation in the scale of change between different local authority areas (**Table 7.1**); however, it should be noted, the numbers pertaining to Trafford are small, both in relative and in absolute terms when compared to the numbers in the other two local authority areas.

Table 7.1: Change in clients' responses to the question: Do you believe you can find and retain work?

	Initial Assessment	Most recent review point	Change
Manchester	38.58% said Yes	43.65% said Yes	+5.07%
Salford	34.55% said Yes	43.64 said Yes	+9.09%
Trafford	26.32% said yes	47.37% said Yes	+21.05%

Source: Initial Assessment and Review data set to 13 March 2015

¹³ Three-hundred-and-fifteen clients in the data set had received at least one review.

77. Clients are also asked: *When do you believe you can start work?* Data show some increases in the percentage of clients who believe they will find work within 1 month and in those who believe they will find work in 2-3 months and a reduction of over 8 percentage points in the number of clients who say that they think they will never work (**Table 7.2**).

Table 7.2: Change in clients' views of when they might find work

When do you believe you can start work?	Baseline %	Most recent review point %	Change %
Within 1 month	3.68	8.25	+4.57
Within 2-3 months	2.76	5.4	+2.64
Within 4-6 months	2.76	1.90	-0.86
Within 7-12 months	1.23	4.44	+3.21
12 months+	7.36	6.03	-1.33
Never	63.19	54.60	-8.59
Don't know	19.02	19.37	+0.35

Source: Initial Assessment and Review data set to 13 March 2015

Health conditions and changes in clients' confidence in their ability to find and retain work

78. Of those clients that had had at least one Review:

- ❖ 85% were judged to have had a mental health condition at their Initial Assessment; 64% of these clients did not believe that they could find and retain work at the time of their Initial Assessment, at Review this figure had fallen to 56% – this positive finding is backed up by data showing an increase in the percentage of clients with a mental health condition who believed that they could begin work within a month (2% to 5%) and within 2 to 3 months (2% to 4%)
- ❖ 10% were Registered Disabled; 70% of these clients did not believe that they could find and retain work at the time of their Initial Assessment, at Review this figure had fallen slightly to 67% – this finding is in line with data showing an increase in the percentage of clients who were Registered Disabled and who believed they would start work within 1 month (up from 0% to 3%).

79. One-hundred percent of clients with the following primary health conditions said that they did not believe they could find and retain work at both their Initial Assessment and at Review: Blood-related disorder, Brain injury/trauma, and Chronic Fatigue Syndrome. The figures for clients saying that they thought they would find and retain work at Initial Assessment and Review were unchanged for those clients suffering from back problems (36%) and neck problems (33%). The figures for clients suffering from Post-Traumatic Stress Disorder deteriorated between Initial Assessment and Review – moving from 33% to 0% of clients saying that they believed they could find and retain work. There were also reductions in the percentage of clients with learning difficulties who believed that they would find and retain work (50% to 33%), the percentage of clients with difficulty seeing (67% to 0%) and the percentage of clients who preferred not to reveal their primary health condition (50% to 0%). There was an increase in the percentage of clients who said that they believed they could find and retain work with the following conditions: Alcohol addiction (29% to 46%), Bi-polar Disorder (33.33% to 50%), Diabetes (29% to 33%), Substance misuse (50% to 67%), Anxiety Disorder (42% to 45%), Fibromyalgia (0% to 33%), Osteoarthritis (21% to 31%), Rheumatoid arthritis

(13% to 14%), Chest/breathing problems (25% to 33%), Depression or low mood (48% to 60%), Epilepsy (21% to 34%), Heart/blood pressure (44% to 62%), Neurological (0% to 50%), Problems with arms (33% to 100%), Problems with feet (0% to 20%), Problems with hands, (0% to 100%), Problems with legs (36% to 44%), Other (29% to 52%). One-hundred percent of clients with difficulty hearing said they could find and retain work at their Initial Assessment and at Review.¹⁴

80. As part of Initial Assessments and Reviews, clients were asked to rate on a scale of 0 to 6 how confidently they managed their health (where a score of 0 shows most confidence and a score of 6 shows least confidence). The data suggest a mixed picture with a drop in the percentage of clients scoring their confidence at 0 but also a fall in the percentage of clients scoring their confidence at 6. There were, however, increases in the proportion of clients rating their confidence at 3 and 4 (**Table 7.3**).

Table 7.3 Change in clients' scores for confidence in managing their health

Confidence Score	Initial Assessment	At Review	Change
0	8.90%	7.69%	-1.21pp
1	1.84%	5.13%	3.39pp
2	15.64%	11.86%	-3.78pp
3	23.62%	27.56%	3.94pp
4	13.50%	22.76%	9.26pp
5	15.95%	12.50%	-3.45pp
6	20.55%	12.50%	-8.05pp

Source: Initial Assessment and Review data set to 13 March 2015

81. It is possible to map the percentage of clients who believe that they will find and retain work against how confident they are in managing their health and to compare the responses at Initial Assessment and Review. Around 27% of clients with least confidence in their ability to manage their health said they believed that they could find and retain work at their Initial Assessment, relative to almost 45% of clients who had the highest confidence in their ability to manage their health condition (**Table 7.4**). Furthermore, the data show significant increases in the percentage of clients with most confidence in their ability to manage their health who believed they could find and retain work.

Table 7.4 Clients' confidence in managing health and belief in finding and retaining work

Do you believe you can find and retain work?	How confidently do you manage your health?						
	0	1	2	3	4	5	6
Yes at Initial Assessment	44.83%	16.67%	50.98%	28.57%	40.91%	40.38%	26.87%
Yes at Review	66.67%	87.50%	45.95%	47.67%	46.48%	30.77%	23.08%
% Change	21.84	70.83	-5.03	19.1	5.57	-9.61	-3.79

Source: Initial Assessment and Review data set to 13 March 2015

¹⁴ Depression and Anxiety Disorders accounted for around 40% of all primary health conditions. Problems with Back, Osteoarthritis, and Other, each accounted for between 5% and 10% of clients. All other conditions accounted for fewer than 5% of clients. The majority of primary health conditions each accounted for less than 1% of clients.

Stakeholders' views on progress to date

82. Consultations indicated there was a consensus among stakeholders that clients often needed to address a range of issues, such as health (including drug and alcohol misuse), housing, debt, self-confidence, and their aspirations before or alongside taking steps to find and retain a job – and that Working Well was a programme designed to address personal as well as employment-related goals. Stakeholders expressed positive views that clients were not rushed into taking inappropriate jobs in order to trigger a payment to providers. Partners also noted that Working Well was designed to help clients become more self-reliant – and therefore less reliant on local services – as well as to help them find and sustain work. They were broadly happy that the programme was helping to achieve this goal.

Factors affecting achievement of Working Well's objectives

83. Stakeholders highlighted a number of different aspects of the programme that were working well and provided their views on why this was the case. Some stakeholders highlighted the importance of programme design, and the structure of the contract, to the progress made to date. The intensive engagement with clients, enabled by the programme's relatively lower case loads, was also cited as an important factor in the progress made to date. Furthermore, integration with local services was said to be working more effectively than with the Work Programme (which was reported to work in isolation of local services). The success of service integration to date was also explained in terms of the joint nature of the enterprise, i.e. local authority staff saw Working Well to be "their" programme, not a national programme in which they had little role. Some consultees also noted that local services recognised Big Life as a local partner with a public-service – rather than profit-making – ethos and therefore they were more willing to engage with Big Life than they were with profit-making companies delivering the Work Programme. A positive working relationship with the local mental health trust was noted, as well as Big Life's ability to access support for clients from its established networks.

84. It was also noted that the programme's monitoring and evaluation arrangements were at a higher level than those of other programmes, and enabled the Big Life and the Client to be kept informed of the processes that were in operation, the support services being used, and the progress that clients were making. Furthermore, it was reported that the monthly performance meetings (which involved both of the Working Well providers and SQW, the evaluators) were working well – with no concerns over participants' willingness to work together and share intellectual property etc. – both providers were seen to be committed to the pilot.

85. One consultee said: "*The payment structure seems to be working: with an attachment fee, which allows investment in clients and reduces the possibility of 'parking' and 'creaming', as there is less risk to the provider.*" The consultee went on to observe that the attachment fee could possibly be described as "*over-generous*"; but suggested that the size of upfront payments could be reviewed prior to a full roll-out of the programme. Another potential point for review, prior to a full roll-out of the programme, was the

specification of fortnightly face-to-face meetings with clients. It was recognised that this contractual requirement may be too prescriptive and that different types and frequencies of contact with clients may be required, if the programme was to achieve maximum effectiveness.

86. Consultations indicated that the economic conditions surrounding Working Well were thought to be more favourable than they had been when the clients had been on the Work Programme – and noted, therefore, that comparisons of the relative performance of the Work Programme to Working Well would need to take this into account. However, consultations also revealed stakeholders' awareness of "*structural issues*", such as factors affecting public health and the operation of the benefits system, rather than cyclical issues, such as the health of the economy. It was noted that Working Well was seeking to work within these structures rather than to disrupt them, so its achievements would be limited by what was possible within the limits of existing structures.
87. It is clear that Working Well's success is heavily dependent on the staff delivering services to clients. Stakeholders were positive about Big Life's staff – both the number of staff and their skills and experience. It was noted that recruitment had gone well and that staff turnover was limited. Staff consultations indicated that, while Key Workers experienced stress (and distressing situations), they also received job satisfaction. Key Workers reported good support networks – among managers and peers – and provided positive feedback on the training that they had received. However, different Key Workers operated in different working environments, and therefore different support arrangements may be required for staff working in different environments.

Risk to be aware of

88. While reporting good inter-agency relationships, and noting clients' positive views on the impact of the programme on their mental wellbeing, stakeholders and BLE staff reported gaps in over-stretched mental health provision in Greater Manchester. This acts as a constraint on the programme and will affect its progress over time – although consultees accepted clinical needs had to be used to prioritise access to mental health services. Furthermore, it was reported that Big Life was not always represented at integration board meetings. Stakeholders believed this may have been because Big Life has its own local contacts but, it was argued, partners interpreted Big Life's non-attendance at meetings as a sign that there were no problems – given the meetings provided a forum in which issues could be raised and solutions sought. It was also noted that Ingeus appeared to have resourced this aspect of the programme more effectively than Big Life.
89. Consultations also highlighted concerns among stakeholders and Key Workers with regard to cuts to, and increased pressures on, partners providing wraparound services. These services play a significant part in helping clients on their journey to employment. It was suggested that, if services were unavailable, Key Workers may need training so that they are able to fill the gaps. Examples of areas where demand for services may outstrip local supply included appeals against some clients' assessments, as they were not fit to work, and the provision of support for clients with mental health issues.

90. Consultations (with partners and Big Life staff) noted that it was not always easy to gain evidence of employment. One partner commented: “*There are some audit issues regarding claiming a job start (e.g. access to pay slips and evidence of self-employment)*”. While one Big Life consultee reported an instance where an employer was reluctant to provide evidence of employment unless he received a share of the performance payment. Concern was also reported that it was not always in clients’ interests for employers to be made aware of their involvement with Working Well, as it may raise concerns about their fitness for work.

Conclusions and key learning points

91. This section has looked at the programme’s achievements to date. It found:

- ❖ While there were limited job outcomes to date, there were signs that clients were making progress with their mental wellbeing and belief in their employability:
 - The wellbeing scores of clients who had been on the programme for the longest period of time were better than those who had been on the programme for fewer than 3 months
 - There was an improvement of 7.5 percentage points in clients’ expectations of finding and retaining work between their initial assessments and their most recent reviews
- ❖ A number of factors were seen to be supporting the programme’s achievements:
 - The Key Worker model
 - Manageable caseloads, enabling Key Workers to spend more time with clients
 - The payments structure, which enabled providers to avoid “parking” some clients
 - A more buoyant local economy, relative to when clients had been on the Work Programme
 - Effective partnership working – in part due to work with service providers carried out by local authorities in advance of the programme
 - Effective monitoring and evaluation processes
 - Motivated staff who had received the training that they needed and support to improve and maintain their effectiveness
- ❖ Some potential risks that need to be managed, including:
 - Overstretched local services, particularly local mental health services, but also Third Sector providers of financial and benefits advice
 - Maintenance of ongoing partnership arrangements – to ensure relationships are in place when partners are required to respond to problems
 - Development of employment support and employer engagement – to take account of individual clients’ needs and the needs of individual employers, e.g. programme invisibility where employers may be reluctant to employ staff who are perceived to have health problems and programme support to employers who request training and advice on how to manage staff with health problems.

The programme is more or less where we expected it to be at this stage – so there is nothing to complain about.

Stakeholder consultation

Section 8: Conclusions

92. This section brings together the main findings from this interim evaluation. The study found broad support among stakeholders for the programme's rationale, i.e. given the failure of the Work Programme to help some clients with physical and/or mental health conditions into employment, there is a need for more tailored interventions and post-employment support to help clients achieve sustainable employment. And partners reported that they were broadly happy with progress to date. The study also found evidence of clients making progress on a range of measures as a result of their engagement with Working Well. The wellbeing scores of clients who had been on the programme for the longest period of time were better than those who had been on the programme for fewer than 3 months. Furthermore, clients' expectations of finding and retaining work were found to have increased by 7.5 percentage points between their initial assessments and their most recent reviews.
93. Partners identified a number of factors supporting the programme's success to date, including: the design of the contract, the structure of contract payments, the quality of partnership working, the quantity and quality of staff, the relatively low caseloads of Key Workers which allowed a higher level of client engagement than on other employment programmes, the services provided by key partners (particularly in health and housing, but also debt counselling and financial advice). Partners and Key Workers highlighted Motivational Interviewing – delivering a client-led approach, where personal goals are set and achieved on a journey to employment – as a significant factor in the programme's achievements to date. And clients highlighted the importance to them of the one-to-one relationship that they had with their Key Worker, and the opportunity this gave them to talk to someone who would listen to their concerns, rather than see how best to fit them into the requirements of a prescribed programme of activity.
94. Partners, staff and clients identified few gaps in the programme's "offer"; however, improvements suggested by consultees included broadening the range of venues used in order to make it easier for some clients to attend meetings and to reduce the risk that clients have to wait a long time before a meeting room is available for their initial meeting; improving Key Workers local knowledge – as part of induction or joint-training programmes with staff working in other services in the same area; and developing strategies in response to over-stretched local services, in particular, mental health services and voluntary organisations that can help clients with their benefits claims and appeals against their assessments as being fit-to-work. **Table 8.1** provides a fuller summary of the key steps Big Life may wish to consider in order to improve its current provision and to prepare itself in order to make bids to deliver future employment support programmes.

Annex A: List of consultees

Partners¹⁵

1. Mat Ainsworth, Strategic Lead, Salford
2. Sarah Henry, Head of Intelligence, Manchester
3. Cormac Downey, Manchester Lead
4. Nidi Etim, Trafford Lead
5. Katie Kelleher, Salford Lead
6. Mark Franklin, General Manager, Pathways CiC
7. Sue Chambers Jobcentre Plus Partnership Manager
8. Anthony Griffiths, Adviser, Jobcentre Plus, Pendleton
9. Teresa Rogers, Adviser, Jobcentre Plus, Longsight

Big Life Enterprises

1. Priti Butler, Executive Director
2. Paul Cookson, Programme Manager
3. Rebecca Frost, Employer Engagement and Partnerships
4. Samina Arif, Key Worker
5. Kim Ashworth, Key Worker
6. Kendra Brown, Key Worker
7. Jacqui Gofton, Key Worker
8. Yvonne Morgan, Key Worker

¹⁵ The following stakeholders were unavailable for consultation: Theresa Grant, Chief Executive Trafford Council and Executive Lead for Working Well; Angela Harrington, Chair Manchester Working Well Integration Board; and Alex Potts, Pathways CiC Operations Manager.

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