

2016 WORKING WELL.

GMCA

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Evaluation of Working Well Programme.
Interim Report. June 2016

SQW



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FOREWORD



Welcome to the second annual report of the Working Well Pilot. This report sets out details of how well the Pilot is tackling one of the biggest issues Greater Manchester faces - the issue of unemployment across this city region.

The size of the issue cannot be underestimated; when the Pilot was started there were 247,000 people unemployed with a cost to the taxpayer of approximately £1.4bn per year. However, it is not just the cost that is the issue, it is finding ways to bring people back into employment that face issues such as mental health or physical challenges. It is tackling the skills shortage so that we can build a prosperous future that matches the skills needed from the many businesses that are based in the city now and those that we hope will invest in the city in the future.

Already, in the two years the programme has been running we have seen the Working Well Pilot produce huge success. We have had 4,985 clients referred to the Pilot with 90 per cent not having worked for three years and over half of these not having been in employed for over 11 years. 68% of those who have joined suffered from mental health and/or physical issues. We have seen excellent progress with the majority of those in the Pilot improving their health issues as well as improving their skills and qualifications.

By the end of March 2016, we had achieved 297 job starts with 80% of these still in employment. This is an excellent start for a programme which takes a personalised approach to bringing people back into the skills sector, works to understand and address the issues they face and how they can be overcome.

We must now look to the future and as referrals onto the Working Well Pilot have now closed, the priority is to ensure that all those on the programme continue to progress towards employment and that sustained job outcomes are achieved, also that many of the lessons from the Pilot have informed the Working Well Expansion, which was launched in March 2016.

It is hoped that you will find the following report informative and that it provides detail of what has been achieved so far and what can be achieved as we go forward. Thank you for taking the time to read this report.

A handwritten signature in dark ink, appearing to read 'Sean Anstee'.

Cllr Sean Anstee
GMCA Lead for Skills,
Employment & Worklessness



EXECUTIVE SUMMARY

INTRODUCING THE WORKING WELL PILOT AND THIS REPORT

- 1.1

The Working Well Pilot began delivery in March 2014. It is designed to tackle a range of barriers to employment in order to achieve more sustained job outcomes through intensive and personalised support that is fully integrated and sequenced, as part of wider transformation of public services across Greater Manchester. It is a co-funded and co-designed service between Greater Manchester’s Local Authorities and DWP, with £14.9m of resource (including in-kind contributions) through to 2019. It will support 5,000 clients who have completed the Work Programme but not found work, with a focus on ESA Work-Related Activity Group (WRAG) benefit claimants. The target is for 20% of clients to start a job and 15% to achieve a sustained job outcome (i.e. remaining in employment for 50 out of 54 weeks), alongside an improvement in work readiness across the whole client base.
2.

Working Well is built around a Key Worker model, and caseloads for each Key Worker are deliberately low to enable the delivery of a more intensive and personalised service. Across Greater Manchester, Local Leads and Local Integration Boards have been set up to connect Key Workers with relevant support services for each client. Clients can receive up to two years of support on the Pilot, and up to one year of in-work support. Two providers were commissioned to deliver the Pilot across Greater Manchester (each provider covering different local authority areas). The Pilot operates a Payment by Results model, based on the attachment of clients, job start and sustained job outcomes achieved.
3.

SQW was commissioned in 2014 by Greater Manchester to undertake a longitudinal evaluation of the Working Well Pilot, which is designed to inform continuous improvement and share lessons throughout the lifetime of the Pilot. This is the second annual report for the programme, and draws on analysis of detailed monitoring data and qualitative consultations with delivery partners and local stakeholders.

WORKING WELL PILOT CLIENT CHARACTERISTICS

4.

By the end of March 2016, 4,985 clients have been referred onto the Pilot, of which 91% had been formally attached to the programme. Key client characteristics and presenting issues include:

 - Over half (55%) are aged 45 and over.
 - 90% of clients have not worked in the last three years or more, and almost half of these have not worked in 11+ years or have never worked.
 - A large proportion of clients had low confidence in finding and sustaining work when they first joined the Pilot.
 - Over two-thirds of attached clients (68%) rated mental health issues as a “severe” barrier to work, followed by 62% rating physical barriers as “severe”. Moreover, over two-fifths of clients identified both physical and mental health as “severe” barriers to work.
 - Many of the Working Well clients have multiple presenting issues that they identified as “severe” when they were attached to the programme, demonstrating the complex needs and often chaotic lifestyles of many clients. For example, nearly 70% of clients identified three or more barriers to work as “severe”, and nearly a fifth identified seven or more barriers as “severe”.

WORKING WELL CLIENT ACHIEVEMENTS

5.

The Pilot has made good progress in achieving intermediate outcomes across the client base. For example, for clients engaged on the Pilot for 18 months or more, the evidence demonstrates marked improvements in their mental health and qualifications/skills, and improvements to physical health and work experience. A similar pattern is evident for clients who have been on the programme for less time, although the scale of improvement is lower. Around 9% of all clients have attended job interviews, and the proportion increases with time on the programme, once wider barriers to work have been addressed. Fewer clients have engaged in voluntary work, work trials or placements, but where this has taken place client’s confidence and work readiness has improved, and in some cases it has led to paid employment.
6.

By the end of March 2016, a total of 297 job starts had been recorded for Working Well clients, which is broadly in line with expectations by this point in the programme. Most (83%) of job starts occurred within the first 13 months of being attached to the programme. The evidence suggests that job starters tend to be younger than non-starters, are more likely to have worked more recently, are less likely to have severe health issues, and are likely to have fewer severe barriers to work. Around half of those starting a job are working in elementary, administrative, service and sales occupations.
7.

Overall, 80% of those who have started a job are still in work (either in their first or second job whilst on the programme), and “job churn” appears to be relatively limited. Where clients do leave their job, they tend to do so early on - once they are in the job for a longer period of time (e.g. 39 weeks), they are more likely to sustain that job. By the end of March 2016, 16 clients had achieved a (claimed) sustained job outcome, by staying in work for 50 out of 54 weeks. A further 43 clients had been work in work cumulatively for 50 weeks but had not been claimed because of delays in securing the necessary paperwork.

KEY LESSONS LEARNED SO FAR

8. The evidence gathered through this second annual report shows that a number of the factors identified last year continue to be important to the success of Working Well, and some new factors have come to the fore, especially in terms of an increased focus on jobs and employer engagement. These are summarised in Figure 1.

Figure 1: Summary of key lessons learned.



Source: SQW.

A PERSONALISED, TAILORED AND SEQUENCED APPROACH

9. A personalised action plan is developed for each Working Well client, and a bespoke package of support is then created in response. These plans are tailored to each individual’s needs, and ensure that support is integrated, prioritised and sequenced appropriately. This approach recognises that the needs of each client, their personal circumstances, family life and complex set of challenges are different. Whilst the focus throughout is on achieving work outcomes, Working Well addresses wider barriers to work faced by each client which need to be dealt with in order to ensure clients are confident and employable, with the aim of generating more sustainable work outcomes in the longer term.

THE ROLE OF THE KEY WORKER, AND THEIR INTENSIVE, FLEXIBLE SUPPORT

10. The role of Key Workers has been central to the success of Working Well. Their intentionally low caseloads means that Key Workers are able to provide intensive, personalised and continuous support to clients. They are credited with really understanding clients’ needs, providing flexible support that is often adapted during the clients’ time on the programme as their needs evolve and unexpected issues or setbacks occur, and maintaining momentum, even with clients who are more difficult to engage in a programme of this nature. The Key Worker also provides a single, co-ordinating point of contact, both for the client and other service providers.

INTEGRATION - THE ROLE OF LOCAL LEADS AND LOCAL INTEGRATION BOARDS

11. An integrated service offer, combining in-house support from the two providers with wider external services, is a central feature of Working Well, and critical to its success. However, this does not just “happen” without two key mechanisms that have been put in place. Firstly, Local Leads are essential to provide a key contact point in each area, with local knowledge and established local networks to draw upon. Secondly, regular Local Integration Board

meetings have brought together key partners to discuss client-level case conferencing and develop solutions that are personalised, tailored and sequenced appropriately for each individual. This collaborative approach has ensured that an integrated package of support is developed for each client, and sequenced and prioritised appropriately. Services across Greater Manchester now report working together more effectively towards a common goal, and adapting their offer to better meet the needs of Working Well clients.

STRONG PROGRAMME MANAGEMENT AND CONTINUOUS IMPROVEMENT

12. Strong local contract management means that Working Well’s Programme Office has a good understanding of what is working well (or not) and why. This is informed by regular monitoring of intermediate and job outcomes achieved, independent qualitative research and monthly meetings with providers. Open and collaborative discussions are encouraged at the monthly meetings, where performance is discussed and lessons around “what works” are shared. Through these mechanisms, the Programme Office is able to work with providers to make real-time improvements to delivery.

A “WORK FIRST” APPROACH, EMPLOYER ENGAGEMENT AND IN-WORK SUPPORT

13. Working Well adopts a “work first” approach, which is a priority throughout the support provided, alongside addressing a client’s wider issues, and has become an increased focus for the programme in the last year. In parallel, increased attention has been given to employer engagement. In-work support - both for clients and employers - is also a critical factor to ensure clients stay in work. Key Workers help clients to address workplace-related challenges, but also continue to help them manage wider issues in their life (e.g. mental health) and unexpected events that may jeopardise their ability to stay in work (e.g. housing crises, relationship breakdowns). This support helps clients considerably through the first few months of work.

LOOKING FORWARD

14. Now that the window for referrals onto the Working Well Pilot has closed, the priority is to ensure that all clients on the programme continue to progress towards employment and that sustained job outcomes are achieved. Despite best efforts, it is expected that some clients will not have secured employment by the end of this period - and for these, it will be important to develop an appropriate “exit plan” so that they can continue to work towards the goal of work and are fully engaged with the relevant external support services.
15. In addition, many of the lessons from the Working Well Pilot have been used to inform the Working Well Expansion Programme, which was launched in March 2016.

INTRO- DUCTION

GREATER MANCHESTER’S WORKLESSNESS CHALLENGE

1.1 Greater Manchester has experienced persistently high levels of worklessness over the last 30 years, and this has been entrenched, even during periods of economic growth. When the Working Well Pilot was developed, Greater Manchester had 247,000 individuals on out-of-work benefits, more than half of whom were in receipt of Employment Support Allowance (ESA) or Incapacity Benefit (IB)¹. The direct costs of this to the taxpayer was estimated at £1.4bn a year, before taking into account additional costs incurred by public services². The national Work Programme has sought to tackle worklessness issues since 2011, but Greater Manchester observed a sizable cohort of individuals who had not secured a job after two years on the Work Programme and were still facing complex barriers to finding work.

1.2 In this context, a priority for the Greater Manchester Combined Authority (GMCA) in its Greater Manchester Strategy (2013) was to **deliver an integrated approach to employment and skills support to address worklessness and increase productivity**³. Linked to this, encouraging self-reliance by reducing demand for public services was also important. The Strategy set out objectives to test and improve GMCA’s understanding of what kind of employment interventions work best, with a specific focus on addressing a gap in provision for ESA cohorts through a person-centred, sequenced support package. As a result, the proposal for the Working Well Pilot was developed in late 2013 and began delivery in March 2014.

1 DWP, Research Report No 821, Work Programme evaluation: Findings from the first phase of qualitative research on programme delivery, p. 65.

2 Greater Manchester (March 2014) Work Programme Leavers Provider Guidance.

3 GMCA (2013) Stronger Together: Greater Manchester Strategy, 2013-20.

1.3 In 2014, Greater Manchester’s Devolution Agreement set out new powers and responsibilities around - amongst other things - welfare reform and employment support. It enabled Greater Manchester to (i) expand the Working Well Pilot and (ii) engage in joint commissioning of the Work Programme with the Department for Work and Pensions (DWP)⁴.

4 See: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/369858/Greater_Manchester_Agreement_i.pdf.

INTRODUCING THE WORKING WELL PILOT PROGRAMME⁵

AIMS, INPUTS AND TARGETS

1.4 The Working Well Pilot was designed to **tackle a range of barriers to employment** in order to achieve more **sustained job outcomes**, and ultimately result in better life outcomes for Greater Manchester’s residents and reduce costs to the taxpayer and wider public services. The Pilot is seeking to achieve this through **intensive and personalised support** that is fully **integrated and sequenced**, as part of wider transformation of public services across Greater Manchester.

1.5 The Pilot is a **co-funded and co-designed service between Greater Manchester’s Local Authorities and DWP**. As illustrated below, DWP is providing 80% of the financial inputs, with the remaining 20% coming from Local Authorities, between March 2014 and March 2019. In addition, further “in-kind” contributions are made by other public sector bodies by adapting their service delivery, staff time and providing other assistance.

Table 1-1: Pilot inputs.

FUNDING BODY	CONTRIBUTION
DWP	£6.74m
Greater Manchester Local Authorities	£1.685m
Other public sector contributions	£6.5m (in-kind)
Total inputs	£14.9m

Source: Working Well Programme Office.

5 Originally known as the Work Programme Leavers Pilot.

1.6 The Pilot aims to support **5,000 clients**, who have completed the Work Programme but not found work, with a focus on ESA Work-Related Activity Group (WRAG) benefit claimants. The target is for **20% of clients to start a job and 15% to achieve a sustained job outcome** (i.e. remaining in employment for 50 out of 54 weeks). In addition, an improvement in work readiness is expected across the whole cohort.

DELIVERY ARRANGEMENTS AND CLIENT JOURNEYS

1.7 Table 1-1 summarises the guiding principles for the Working Well Pilot at an operational level, and the intended client journey.

1.8 Working Well is built around a **Key Worker model**, so clients are assigned to a Key Worker for the duration of their time on the programme. Caseloads for each Key Worker are lower (the guidance was 40-50 clients per Key Worker) compared with other typical employment support programmes, enabling the delivery of a more intensive and personalised service. The Key Worker acts as the single point of contact for the client, and for other services coming together to support that client. Each Local Authority has a designated **‘Local Lead’** who helps to connect the Key Worker with relevant support services, and promote the programme within their area. All areas developed a **Local Integration Plan** for Working Well, and the programme providers, Local Leads and support services hold regular **Local Integration Board meetings** to discuss individual client cases and ensure support is joined up effectively. This represents a fundamental reworking of how services work together across Greater Manchester to provide a person-centred, integrated delivery service, rather than various services supporting individuals in an uncoordinated way.

1.9 A **Programme Office** was created to manage the day-today delivery of the Pilot and encourage continual improvement to maximise the effectiveness and impact of the programme. The Programme Office holds monthly joint meetings with the providers to discuss progress and track performance, encourage sharing of lessons learned and good practice, and discuss any issues arising and how these can be resolved. The Programme Office reports to the **Working Well Steering Group**, which includes representatives from DWP and HM Treasury as key funders of the programme, and a **Working Well Programme Board**, which includes relevant stakeholders from across Greater Manchester, JCP, the NHS and DWP.

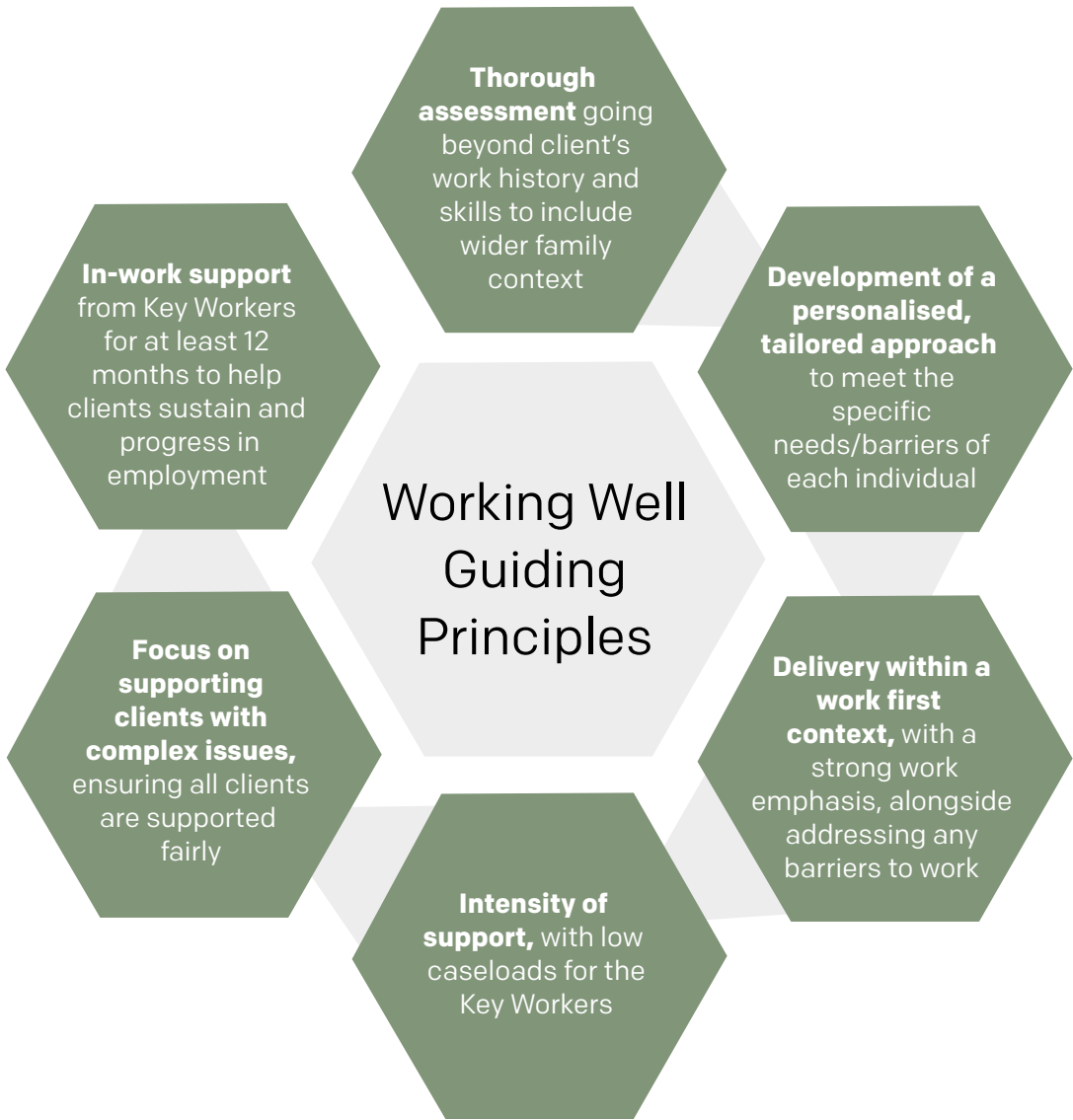
1.10 Following a competitive tendering process, **two providers were commissioned to deliver the Working Well Pilot in late 2013**: Ingeus covers seven of Greater Manchester’s Local Authorities⁶; and Big Life Enterprises cover the other three Local Authorities⁷.

6 Bolton, Bury, Oldham, Rochdale, Stockport, Tameside and Wigan.
7 Manchester, Salford and Trafford.

1.11 As illustrated in Figure 1-1, the client’s journey begins by exiting the Work Programme and being referred onto Working Well by Job Centre Plus (JCP). They are ‘attached’ onto the Pilot after meeting with their Key Worker, where a detailed assessment of their barriers to work (and wider personal/family issues) are discussed and a personalised action plan is agreed. A **personalised and bespoke package** is then brought together for each client, which is **tailored to each individual’s needs, and integrated, prioritised and sequenced appropriately**. This support can be provided directly by the Key Worker and the providers’ team of specialists, and/or through referral to wider services. Clients can receive up to two years support from the Pilot in order to help them gain sustained employment, and once in employment, the Key Worker will also provide a year of ongoing in-work support.

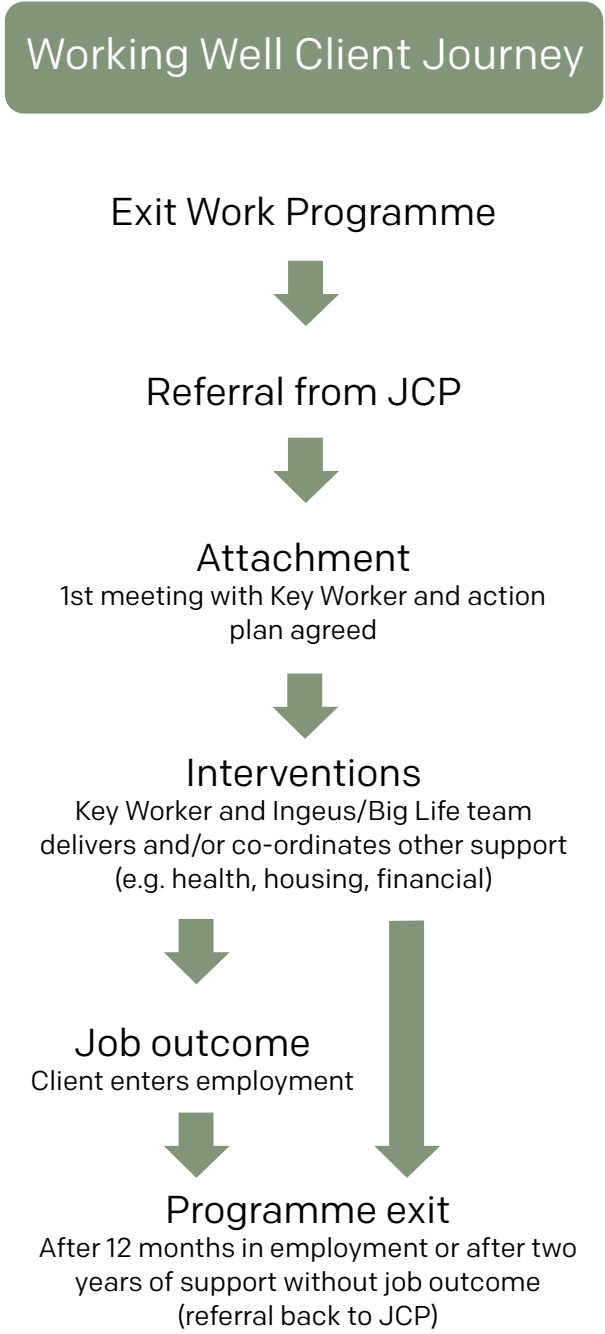
The Pilot operates a **Payment by Results model**, so providers receive payments per client on attachment, when they start a job, and when sustained employment has been achieved.

Figure 1-1: Working Well Pilot’s Guiding Principles.



Source: SQW.

Figure 1-1: Working Well Pilot's Guiding Principles.



Source: SQW.



EVALUATION APPROACH

1.12 SQW was commissioned in 2014 by Greater Manchester to undertake a longitudinal evaluation of the Working Well Pilot. This involves quarterly analysis of client-level monitoring data, which tracks client characteristics, distance travelled and intermediate outcomes, and job outcomes. Qualitative consultations are also undertaken with delivery partners and local stakeholders on what is working well (or not) and why. The evaluation is helping to inform ongoing continuous improvement, gather and share lessons learned, and generate evidence on outcomes and impacts.

1.13 This is the second annual report produced by SQW for the Working Well Pilot. The report is structured as follows:

- Section 2 describes the profile of clients supported by the Pilot, their characteristics and presenting issues.
- Section 3 presents evidence on client achievements to date, both in terms of intermediate outcomes and job outcomes.
- Section 4 discusses what has worked well and challenges encountered in delivering a programme of this nature.
- Section 5 summarises the lessons learned from the Pilot to date, and how this has informed the Working Well Expansion programme.

1.14 The report is supported by one annex, which presents the full case studies as reported by Local Leads.

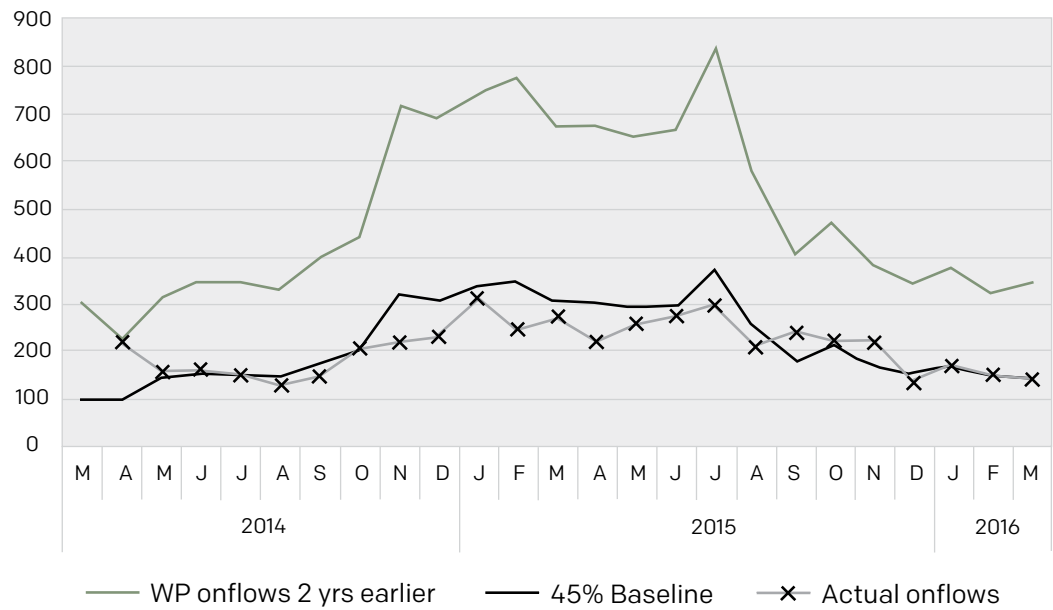
WORKING WELL PILOT CLIENT CHARACTERISTICS

2.1 This section presents a profile of the number of clients engaged in the Working Well Pilot, their initial characteristics and presenting issues when they joined the programme, based on data up to the end of March 2016.

REFERRALS AND ATTACHMENTS

2.2 To date, **4,985 clients were referred onto the Working Well Pilot, which is 99.7% of the programme’s lifetime target of 5,000**, and numbers have built up steadily over the last two years. The period for referrals onto the Pilot is now closed⁸, and the remainder of the programme will focus on providing two years of support to existing clients and up to one year of in-work support through to 2019. Figure 2-1 shows how onflows occurred across the 2 years of entry onto the Pilot.

Figure 2-1: Onflows to the Working Well Pilot, against corresponding Work Programme onflows of two years previous.

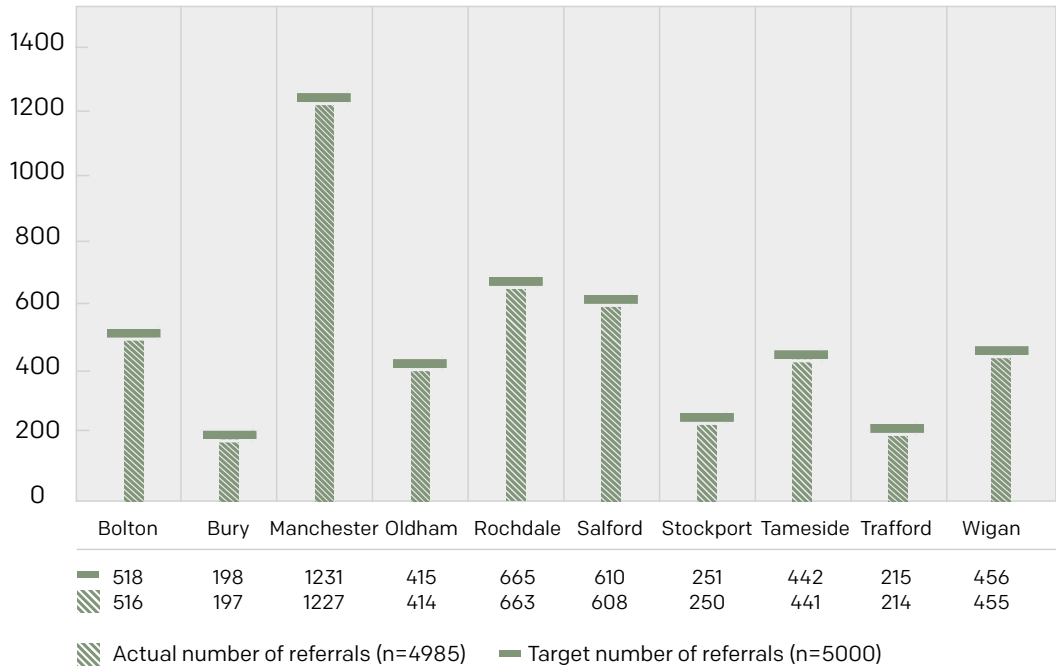


Source: Performance Report, April 2016.

⁸ Note: referrals are still being made onto the Working Well Expansion programme, which commenced in March 2016.

2.3 Manchester area has observed the highest number of referrals by a considerable margin (1,227), as shown in Figure 2-2, followed by Rochdale (663) and Salford (608). Lower numbers of referrals have been seen in Bury (197), Stockport (250) and Trafford (214). These numbers largely reflect the expected onflows of those who remain unemployed after two years on the Work Programme in each area. As illustrated below, **performance against referral targets is consistently high across Greater Manchester**, with the number of referrals in every Local Authority (LA) reaching or being very close to their original target.

Figure 2-2: Number of referrals vs. target number of referrals, by local authority.

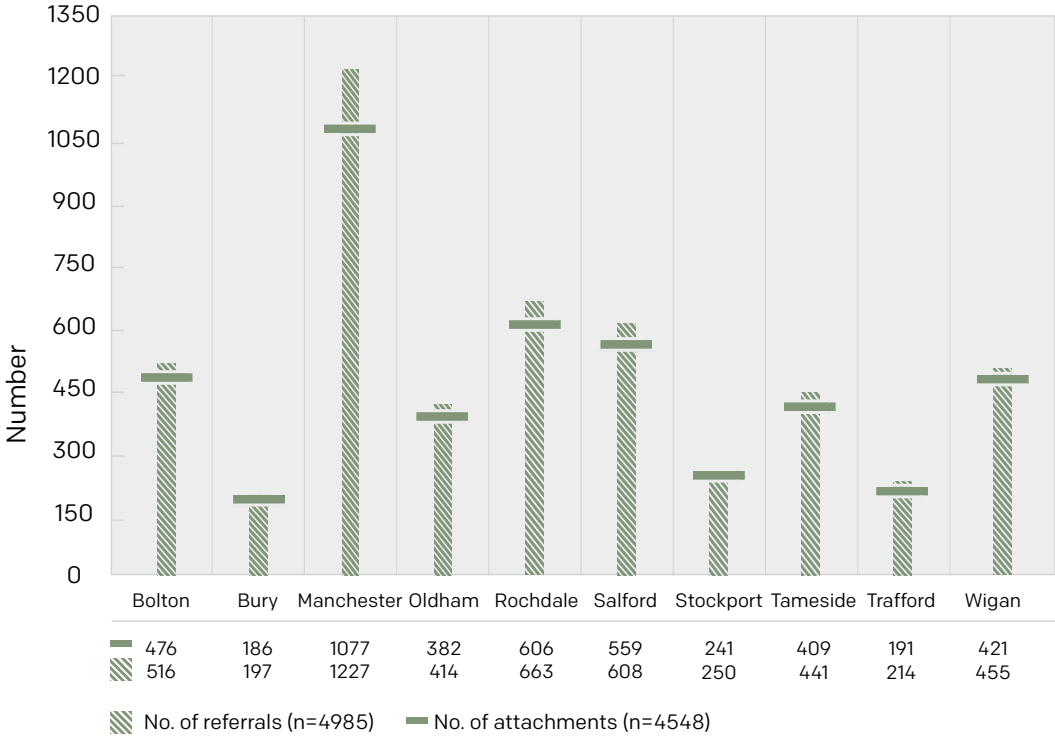


Source: SQW analysis of monitoring data.

2.4 Of the 4,985 referrals received, 4,548 (91%) were formally “attached” to the programme

by the end of March 2016 (i.e. they have agreed to participate in the programme, met with the Key Worker and agreed a personalised action plan). A key reason for non-attachment can be disengagement of the client in between referral from JCP and their first meeting with Working Well’s Key Workers. Again, attachment rates are high across most LA areas, and exceed the Greater Manchester average of 91% in seven of the ten LA areas (Bolton, Bury, Oldham, Salford, Stockport, Tameside and Wigan). The attachment rate may yet rise, as some attachments take a long time; ultimately, attachments are expected to reach 93% of all people referred to the Pilot.

Figure 2-3: Number of referrals and attachments during the Pilot phase of the Working Well programme (n=4,985).



Source: SQW analysis of monitoring data.

CLIENT CHARACTERISTICS AND PRESENTING ISSUES

- 2.5** Clients “attached” to the Working Well Pilot demonstrate the following characteristics on entering the programme:
- **A slightly higher proportion (53%) are male than female across the programme as a whole**, although this varies across the LA areas, with higher rates of males in Trafford (56%), Salford (57%), Rochdale and Manchester (both 55%), compared to higher rates of females in Wigan (53%) and Bury (54%).
 - **Just over half of all clients (55%) are aged 45 and over**, and this age group accounts for a particularly high proportion of clients in Oldham and Rochdale (both 60%).
 - **The majority of clients are White British (86%)**, but there is considerable variation across the LAs, from 76% in Manchester and 78% in Trafford, to 95% in Tameside and 98% in Wigan.
 - **Some 90% of clients have not worked in the last three years or more**, and almost half of these (40% of all clients) have not worked in 11+ years or have never worked.
 - Linked to the point above, a large proportion of **clients had low confidence in finding and sustaining work when first joining the Working Well Pilot**. Just over 45% said they did not believe they could find and obtain work, and 72% rated their confidence in being successful in work as low⁹.

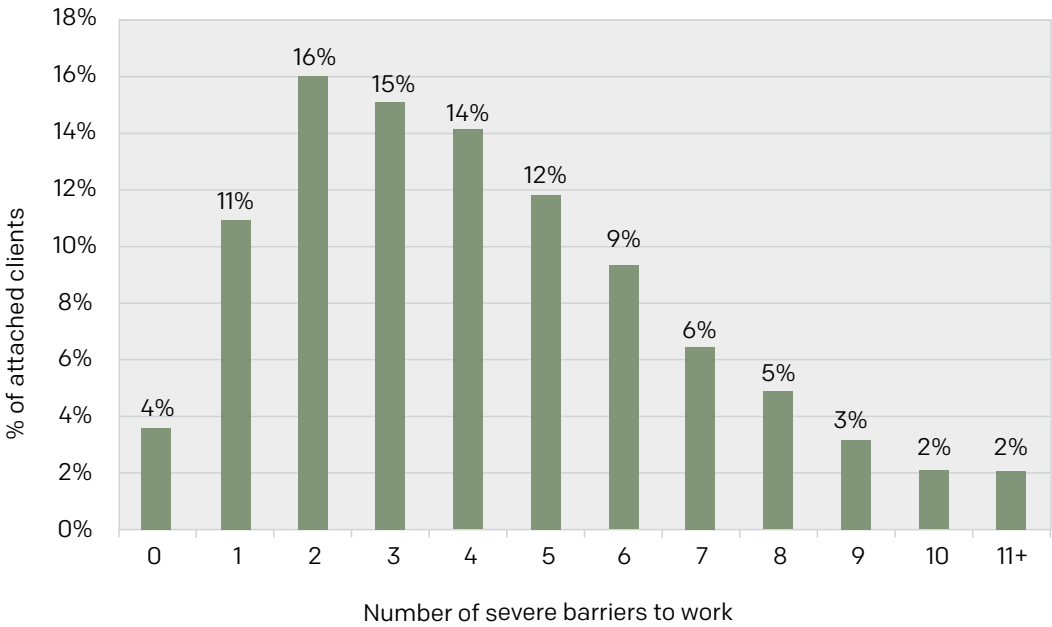
9 When asked about their confidence that if they took a job today they would be successful in it, the number that rated this % as 0-2, on a scale of 0-6 (0 = Not confident, 6 = Very confident).

2.6 As illustrated in Table 2-1, **over two thirds of attached clients (68%) rated mental health issues as a “severe” barrier to work** when they first joined Working Well, **followed by 62% rating physical health barriers as “severe”**.

These are the most commonly identified severe barriers to work across all LA areas. Other common “severe” barriers to work reported by around half as many people included access to public transport to travel to work (31%), lack of qualifications/skills (30%), a lack of work experience (27%) and bereavement (27%).

2.7 **Moreover, many of Working Well’s clients have multiple presenting issues that they identified as “severe” when they were attached to the programme**, demonstrating the complex needs and often chaotic lifestyles of many Working Well clients. For example, nearly 70% of clients identified three or more barriers to work as severe, and nearly a fifth identified seven or more barriers as severe (see Figure 2-4).

Figure 2-4: Number of severe barriers to work identified by attached clients (n=4,548).



Source: SQW analysis of monitoring data.

Table 2-1: Proportion of attached clients identifying presenting issue as severe barrier to work (i.e. rated as 4 to 6, on a scale of 0 to 6), by local authority.

	BOLTON	BURY	MANCHESTER	OLDHAM	ROCHDALE	SALFORD	STOCKPORT	TAMESIDE	TRAFFORD	WIGAN	GREATER MANCHESTER TOTAL
Care responsibilities for children	9%	14%	10%	12%	7%	9%	9%	12%	12%	7%	9%
Care responsibilities for other family members or non-family individuals	4%	6%	8%	5%	4%	8%	6%	6%	8%	5%	6%
Family support	13%	17%	13%	17%	7%	8%	12%	7%	10%	17%	12%
Chaotic family lifestyle	12%	15%	19%	16%	6%	11%	12%	12%	12%	9%	13%
Bereavement	26%	16%	35%	22%	17%	19%	26%	31%	30%	33%	27%
Divorce/relationship break-up	12%	9%	15%	10%	6%	8%	19%	15%	15%	9%	11%
Debt/finances	19%	15%	23%	16%	15%	12%	17%	22%	14%	18%	18%
Substance misuse	12%	12%	18%	10%	12%	16%	17%	13%	13%	15%	14%
Convictions	7%	8%	13%	11%	6%	13%	11%	13%	14%	8%	11%
Lack of work experience	14%	7%	47%	26%	10%	34%	20%	29%	32%	18%	27%
Age	12%	8%	30%	18%	13%	21%	7%	19%	25%	15%	19%
Access to private transport to travel to work	14%	5%	39%	21%	15%	34%	13%	11%	53%	18%	24%
Access to public transport to travel to work	23%	9%	47%	27%	17%	44%	25%	24%	41%	18%	31%
Lack of qualifications/skills	24%	9%	49%	28%	15%	36%	17%	31%	34%	23%	30%
Local labour market	17%	4%	28%	13%	7%	23%	4%	10%	16%	11%	16%
Housing issues	20%	18%	22%	18%	14%	10%	18%	14%	16%	16%	17%
Physical health	61%	51%	65%	70%	54%	64%	62%	65%	64%	58%	62%
Mental health	74%	70%	71%	67%	54%	74%	66%	74%	71%	63%	68%
Other	1%	5%	10%	6%	0%	6%	6%	4%	5%	0%	5%
n	476	186	1,077	382	606	559	241	409	191	421	4,548

Source: SQW analysis of monitoring data.

SEVERE HEALTH BARRIERS TO WORK

2.8 As demonstrated previously, physical and mental health are major barriers to work across the Working Well attached client base and **over two-fifths of clients identified both physical and mental health as severe barriers to work** (and only 11% of clients did not identify physical nor mental health severe barriers to work).

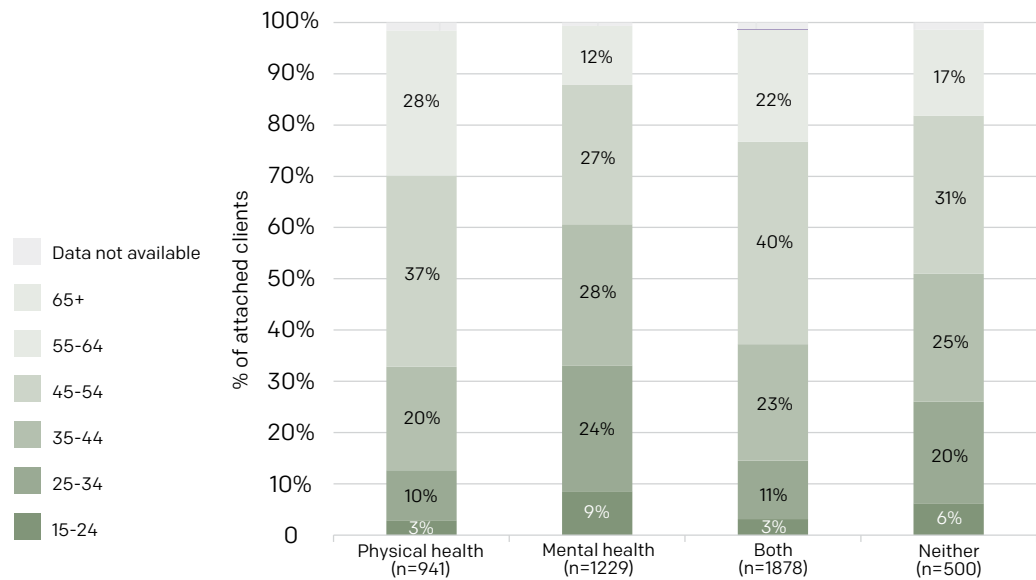
Table 2-2: Attached clients identifying health issues as a severe barrier to work (n=4,548).

FUNDING BODY	NUMBER OF ATTACHED CLIENTS	% OF ATTACHED CLIENTS
Physical health a severe barrier to work, mental health not a severe barrier	941	21%
Mental health a severe barrier to work, physical health not a severe barrier	1,229	27%
Both physical and mental health severe barriers to work	1,878	41%
Neither physical nor mental health severe barrier to work	500	11%

Source: Working Well Programme Office.

2.9 A more detailed analysis of these cohorts shows a marked difference in their age profiles. **Those with severe physical health issues or both severe physical and mental health issues are more likely to be older** than those with severe mental health issues only, as illustrated in Figure 2-5. Furthermore, clients with **both severe physical and mental health issues are more likely to have been out of work for a longer period of time** - 48% of this cohort have been out of work for 11 or more years or have never worked, compared to 35% of those with severe physical health issues only and 38% of those with severe mental health issues only. As we explore in the following section, these factors have played an important role in the job outcomes of Working Well clients.

Figure 2-5: Age profile of attached clients split by health cohort (clients identifying physical health, mental health, both or neither as severe barriers to work).



Source: SQW analysis of monitoring data.

2.10 There are also differences in the combination of other presenting issues that those in each cohort identify as severe barriers to work.

- All but one of the presenting issues is more likely to be identified as a severe barrier to work amongst those in the 'both' cohort, than is the case for the programme overall. Every presenting issue is less likely to be identified as a severe barrier to work amongst those in the 'neither' cohort, when compared to the programme overall.
- The picture for the 'physical health' and 'mental health' cohorts is less clear-cut. For most presenting issues, those in the 'mental health' cohort are more likely to identify them as severe barriers to work, when compared to the programme overall, with one notable exception: age is much less likely to be cited as a severe barrier to work amongst the 'mental health' cohort.

Those in the 'physical health' cohort are much less likely to consider bereavement, access to public transport to travel to work, or lack of work experience as severe barriers to work, when compared to the programme overall.



WORKING WELL PILOT CLIENT ACHIEVEMENTS

3.1 This section presents evidence on client achievements to date, both in terms of intermediate outcomes and progress against clients’ original barriers to work, and job outcomes. It then presents analysis undertaken by Greater Manchester’s New Economy on the anticipated fiscal and economic benefits that will be achieved by the Working Well Pilot, compared to costs.

INTERMEDIATE OUTCOMES

3.2 In the graphs that follow, we compare changes in presenting issues for clients that have been on the Working Well Pilot for 18+ months (see Figure 3-1), 12-18 months (see Figure 3-2) and 6-12 months (see Figure 3-3). For the most common presenting issues, we show the share of clients who have noted an improving situation since joining the programme, and those who believe the situation has worsened.

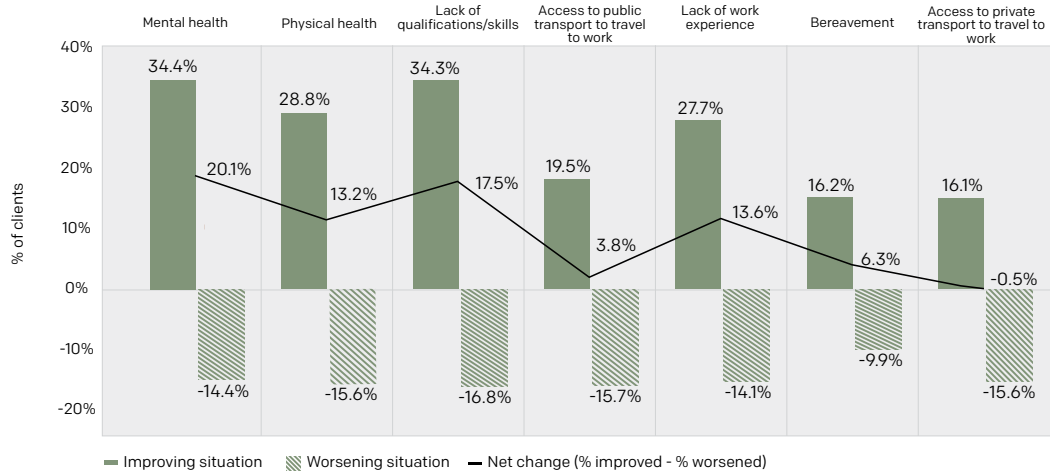
3.3 In summary, for clients engaged with the programme the longest (18 months or more), we can see:

- Notable improvements in their mental health and qualification/skills (34% have observed an improving situation in both instances).
- Improvement to their physical health and work experience.
- Across all of these categories, a larger number of clients have seen an improved situation rather than a worsening one.

3.4 A similar pattern is evident for clients who have been on the programme for less time, although the scale of improvement is lower in most categories. There appears to be a marked uplift in improving situations once a client has been on the programme for 18 months or more, by this time clients are much less likely to see mental health issues, lack of qualifications/skills and lack of work experience as barriers to work.

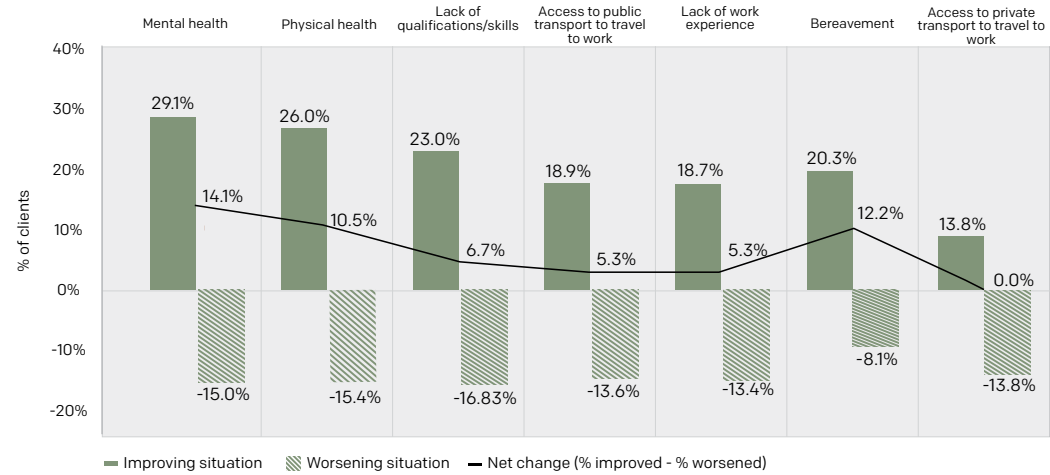
3.5 In each category, there is a proportion of clients who believe the barriers to work have worsened since joining Working Well. However, this needs to be interpreted with care - for some it can reflect a longer time period since their attachment, over which time their situation (e.g. physical health) has naturally worsened; for others, as one issue is addressed, another is perceived to be more of a barrier to work. Access to public and private transport is the barrier which appears to have worsened for as many clients as it has improved, resulting in little net improvement overall. This may reflect greater ambition and self-confidence that has developed in these clients and so more desire to travel, and hence awareness of difficulties of getting around.

Figure 3-1: Distance travelled for the top seven presenting issues, by those attached for 18+ months.



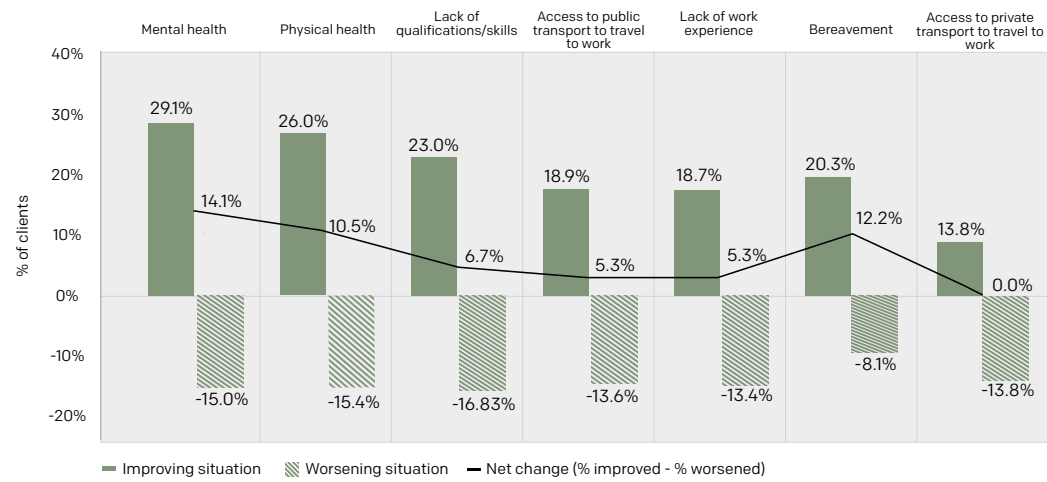
Source: SQW analysis of monitoring data.

Figure 3-2: Distance travelled for the top seven presenting issues, by those attached for 12-18 months.



Source: SQW analysis of monitoring data.

Figure 3-3: Distance travelled for the top seven presenting issues, by those attached for 6-12 months.



Source: SQW analysis of monitoring data.

FIGURE 3-4: CLIENT CASE STUDY 1 – IMPROVING MANAGEMENT OF MENTAL AND PHYSICAL HEALTH ISSUES IN ROCHDALE

This 24-year-old client joined Working Well in November 2014, with no work history, and a set of complex barriers. He was experiencing depression, and was on medication to treat serious migraines. In addition, he lived with and cared for his mother, who had significant mental health issues.

Once he joined Working Well, the client began to receive more support to help him understand and deal with the issues he faced. His Key Worker referred him to several in-house, Ingeus workshops on confidence building, disclosing health conditions and interview techniques. In addition, the Key Worker also worked with him one-to-one, doing exercises that would help to improve his confidence. The client was subsequently referred to counselling through the Improving Access to Psychological Therapies (IAPT) Programme, which provided him with further support in improving his mental health.

After this initial support, the client was ready to apply for jobs, and secured several interviews over a short period of time, focusing on apprenticeship positions in IT. Whilst he did not secure these positions, he was able to use interview feedback to improve his offer to employers.

He was eventually able to secure voluntary work through a local housing provider, who his Key Worker had engaged with to discuss potential opportunities for Working Well clients. This ultimately led to him securing a full time post in August 2015. His employer subsequently nominated him for two awards, including Customer Service Champion, as part of National Customer Service Week.

The support the client received from Working Well allowed him to manage his mental and physical health conditions and to improve his confidence in searching for employment. Since starting in his new position, the client’s migraines have subsided and he has taken no time off due to ill health.

Around 9% of all Working Well clients have attended job interviews, although this increases with time on the programme, often once wider barriers to work have been addressed. For example, as recorded in the monitoring data by providers, 19% of clients who have been attached for 18 months or more have attended job interviews (see Table 3-1). Relatively few clients have engaged in voluntary work, work trials or placements, but where this has taken place, there is anecdotal evidence to show how it has improved clients’ confidence and work readiness, and in some instances can lead to permanent, paid employment (see case studies in Figure 3-4 and Figure 3-5).

Table 3-1: Proportion of attached clients achieving intermediate work-related outcomes, split by time since attachment.

	< 6 MONTHS (N=1,075)	6-12 MONTHS (N=1,482)	12-18 MONTHS (N=1,233)	18+ MONTHS (N=758)	TOTAL (N=4,548)
Job interviews	28 (2.6%)	117 (7.9%)	108 (8.8%)	143 (18.9%)	396 (8.7%)
Voluntary work	2 (0.2%)	3 (0.2%)	6 (0.5%)	27 (3.6%)	38 (0.8%)
Work trials	0 (0.0%)	1 (0.1%)	1 (0.1%)	1 (0.1%)	3 (0.1%)
Work placements	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.3%)	2 (0.04%)

Source: Working Well Programme Office.

FIGURE 3-5: CLIENT CASE STUDY 2 – INTERMEDIATE OUTCOMES IN OLDHAM

This 46-year-old client joined Working Well in October 2015, after six years out of work. He suffered from epilepsy and anxiety issues, and lacked confidence in his literacy and IT skills when he entered the programme. Moreover, his situation was further complicated by an unstable and volatile family life.

The client’s Ingeus Key Worker was able to identify his key issues and his ambitions, which were captured in an effective action plan. The client was referred to several support services within Ingeus, including workshops on CV building, interview techniques and recognising personal strengths. The client also received support from an Ingeus Coach and a health advisor on managing his health conditions at work. In addition, he attended a Level 2 literacy course to improve his confidence in his skills.

After building a sound foundation for job searching, the client was then supported in taking practical steps towards securing work. His local Ingeus Employer Partnership Co-ordinator took him through local vacancies and advised him on job searching techniques and his Key Worker provided him with a new interview outfit. He was then referred to Get Oldham Working, Oldham Council’s employment team, which gave him a placement working as a gardener. This post is in line with his career aspirations and is likely to lead to a permanent position. As a result, the client is more confident about securing work and has taken positive steps to address his personal and health barriers.



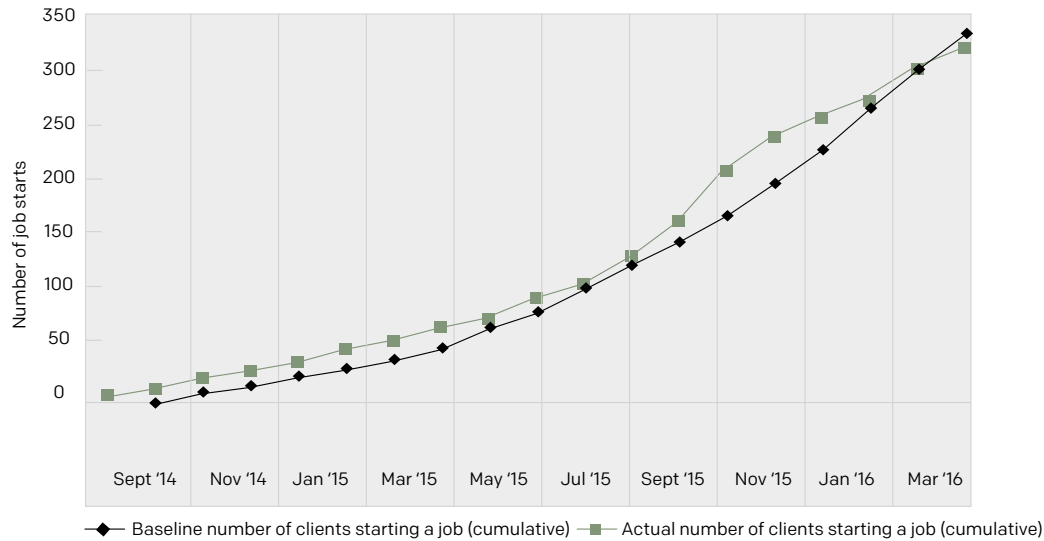
JOB START OUTCOMES

3.7 Two years into the programme, there is now much more evidence than at the time of the last annual report on the characteristics of clients who secure work.

SCALE OF JOB STARTS ACHIEVED

3.8 By the end of March 2016, a total of 297 job starts had been recorded for Working Well clients¹⁰. There is still some way to go before the Pilot reaches its target of 20% of clients starting jobs, as would be expected after two years of a five year programme. Figure 3-6 shows that the Pilot is broadly on track to date, compared to interim targets. For the remaining clients who have not yet started a job, progress towards employment continues to be made, as demonstrated by the analysis of intermediate outcomes previously.

Figure 3-6: Number of clients starting a job, compared to baseline (i.e. target) number of job starts.



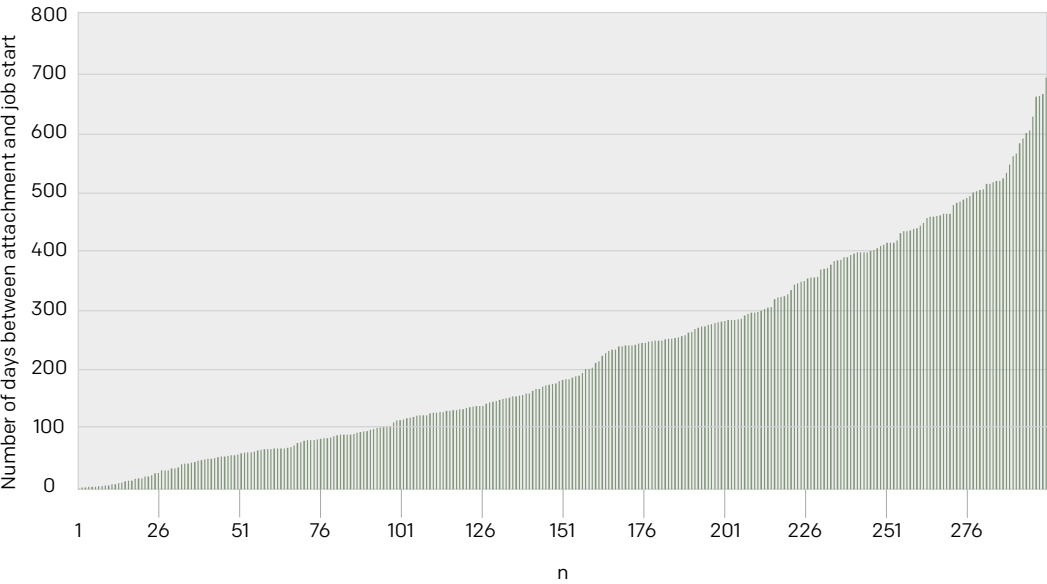
Source: SQW analysis of monitoring data.

10 A "job start outcome" can only be claimed for each client once, when they secure their first job. However, the monitoring data tracks whether a client leaves that first job and secures another job, so that the weeks of employment can be aggregated and potentially contribute to a "sustained job outcome" (defined below).

3.9 As illustrated in Figure 3-6, the number of job starts has built over time and exceeded the anticipated target number of job starts until a slight dip in the last quarter to stand at over 95% of the expected forecast for the end of March 2016. Ingeus has delivered 70% of the job starts to date (above its share of its contracted target of 59%), and Big Life has delivered 30% (below its target of 41%). Looking at the job start performance of quarterly cohorts who are nearing completion of their two years on the programme provides a more mixed picture. Many quarters are at or close to their target number of starts, but two quarters are some way below. There is still time to make up the shortfall, but it does provide a risk to the Pilot achieving its anticipated outcomes.

3.10 The amount of time between attachment and a job start varies across the client base, as illustrated below. However, the analysis suggests that 82% of job starts occurred within 13 months of being attached onto the Working Well Pilot. For the remaining job starts, it can take anywhere between 13 months and the whole two years of support to start a job. That said, the data below includes only one month of starts who have been on the programme for the full two years, and so the number of people getting jobs later on in their time on Working Well is likely to increase over time as more people will have been on the programme for longer.

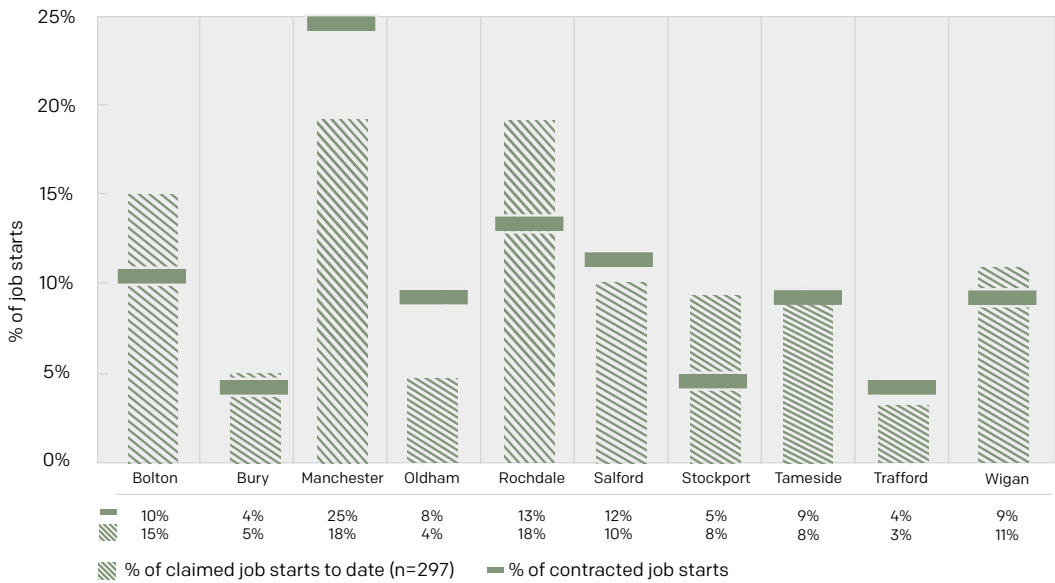
Figure 3-7: Number of days between attachment and job starts for all job starts achieved to date (n=297).



Source: SQW analysis of monitoring data.

3.11 As illustrated in Figure 3-8, performance against job start targets is variable across Greater Manchester’s LAs: Bolton, Bury, Rochdale, Stockport and Wigan have over-performed relative to the other local LAs.

Figure 3-8: Proportion of job starts claimed in, and contracted to, each local authority area.



Source: SQW analysis of monitoring data.

3.12 In terms of where these jobs are, over a fifth of the jobs started are located in Manchester LA, followed by Bolton, Bury, Rochdale and Wigan (all accounting for around 10% of jobs each). As demonstrated in Table 3-2, patterns of self-containment (i.e. where job starters live and work in the same district) vary across Greater Manchester. For example, 85% of Bury’s clients who have started a job also work in the district, and levels of self-containment are also high in Wigan and Oldham; whereas only 38% of Trafford’s job starters live and work in Trafford, with a strong draw to nearby Manchester.

Table 3-2: Self-containment level of job starts, and primary destination for workers outside of their local authority area, within Greater Manchester (n=254).

	SELF-CONTAINMENT (LIVE AND WORK IN SAME DISTRICT)		GREATEST OUTFLOW OF WORKERS TO...	
Bolton	67%		Bury	21%
Bury	85%		Manchester, Wigan	8%
Manchester	67%		Trafford	13%
Oldham	75%		Manchester, Rochdale, Wigan	8%
Rochdale	52%		Manchester	22%
Salford	62%		Manchester	27%
Stockport	63%		Manchester	25%
Tameside	59%		Trafford	14%
Trafford	38%		Manchester	50%
Wigan	85%		Manchester	12%

Source: SQW analysis of monitoring data.

CHARACTERISTICS OF JOB STARTERS, COMPARED TO NON-STARTERS

3.13 In the paragraphs that follow, the characteristics of clients who were **attached in Quarters 1-6** (i.e. to the end of September 2015) and clients who have started a job (accounting for 94% of all jobs starts) are compared to those attached in the same time period who have not started a job yet¹¹.

3.14 This analysis suggests that:

- **Job starters tend to be younger than non-starters**, with 39% of job starters aged 45+ compared to 55% of non-starters.
- **Starters are more likely to have worked more recently** - 71% of starters have been out of work for three or more years or have never worked (cf. 91% for non-starters); 16% have been out of work for 11+ years or have never worked (cf. 41% for non-starters).
- The ethnicity, housing arrangements and marital status of clients makes a small difference to job start outcomes¹², and gender and the number of dependants makes very little difference.

3.15 In terms of presenting issues, **clients who did not identify physical health as a severe barrier to work are much more likely to have secured a job**. As illustrated in Table 3-3, 38% of starters identified physical health as a severe barrier to work, 27 percentage points (pp) lower than the proportion of non-starters. Qualitative feedback from delivery staff suggests severe physical health issues are often much more difficult for Working Well (and support services) to resolve, compared to (say) housing or finance issues in some instances, severe health issues can take a long time to address, and a client’s progress towards work can be hampered by major health setbacks or hospitalisation which are largely out of the client’s or Key Worker’s control.

3.16 Other presenting issues that appear to make a considerable difference to a client’s success in securing work include: **access to public and private transport, a lack of work experience or qualifications and skills, and mental health issues**. The new Working Well Expansion programme has introduced additional provision for mental health support, but the data suggests that there is also a question as to whether further support could/should be provided to address the significant physical health issues across the Working Well client base.

Table 3-3: Proportion of clients attached between Q1 and Q6 identifying each presenting issue as a severe barrier to work, split by job starters and non-starters.

	NON-STARTERS (N=3,195)	STARTERS (N=278)	PERCENTAGE POINT DIFFERENCE
Physical health	65%	38%	26.7
Access to public transport to travel to work	32%	16%	15.5
Lack of work experience	28%	15%	13.7
Lack of qualifications/skills	33%	20%	12.4
Mental health	69%	57%	12.1
Access to private transport to travel to work	26%	14%	12.0
Age	20%	10%	10.3
Substance misuse	15%	6%	8.1
Convictions	11%	5%	5.2
Bereavement	27%	22%	5.1
Housing issues	18%	13%	4.7
Chaotic family lifestyle	12%	9%	3.4
Divorce/relationship break-up	11%	8%	3.0
Family support	12%	9%	2.7
Local labour market	17%	14%	2.2
Care responsibilities – other family members/non-family individuals	6%	5%	1.3
Other	5%	4%	0.9
Debt/finances	18%	18%	0.0
Care responsibilities – children	9%	12%	-2.5

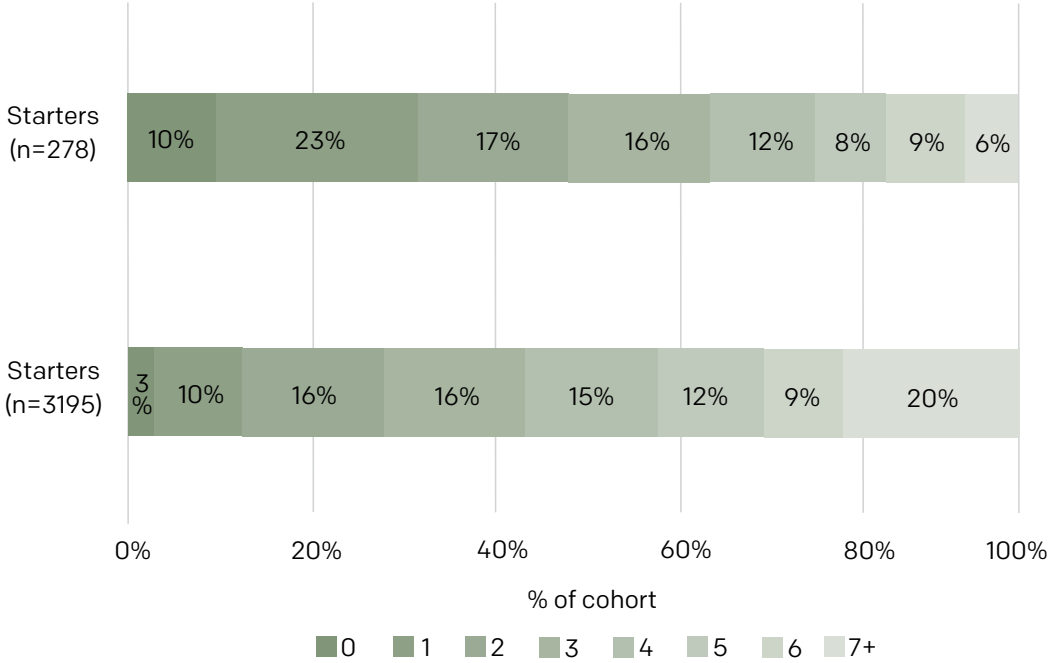
Source: SQW analysis of monitoring data.

11 Clients from Qs1-6 have been included in the analysis only, to avoid distortion of the results by those who have more recently joined the programme and are therefore less likely to have secured work yet.

12 A marginally higher proportion of starters are White British (89%) than non-starters (85%). Starters are less likely to be in social housing rented from the council (31%) compared to non-starters (42%). The starter cohort are slightly more likely to be married, and less likely to be single, compared to the non-starter cohort.

3.17 Furthermore, **those in the starter cohort are likely to have fewer severe barriers to work** (see Figure 3-9) than the non-starter cohort. Only 6% of starters identified seven or more severe barriers to work on joining the Working Well programme (compared to 20% of non-starters), and 51% had three or more severe barriers (cf 72% of non-starters).

Figure 3-9: Number of presenting issues identified as being severe barriers to work by job starters and non-starters attached between Q1 and Q6.



Source: SQW analysis of monitoring data.

3.18 Table 3-4 illustrates this point in a different way; it shows that the greater number of severe barriers to work that clients identify on attachment, the less likely they are to find work. To date, some 18.6% of those with fewer than two severe barriers to work have started a job (where attached in Q1 to Q6), compared to just 2.6% of those with eight or more severe barriers to work.

Table 3-4: Proportion of people with jobs within cohorts of attached clients, defined by the number of severe barriers to work they identify (those attached Q1 to Q6).

NUMBER OF SEVERE BARRIERS TO WORK	NUMBER OF CLIENTS IN COHORT	NUMBER OF CLIENTS IN COHORT THAT HAVE STARTED A JOB	PROPORTION OF COHORT WITH JOB START
Under 2	489	91	18.6%
2 or 3	1,101	90	8.2%
4 or 5	918	56	6.1%
6 or 7	548	30	5.5%
8 or more	417	11	2.6%
Total	3,473	278	8.0%

Source: SQW analysis of monitoring data.

3.19 That said, although the number of severe barriers to work has an impact on the likelihood of finding work to begin with, it appears that there is no obvious pattern between the number of severe barriers to work and how long it takes to find work, where a job is actually started, as shown in Table 3-5. For those starting a job, the average number of days it takes to start the job is slightly higher for those with two or more severe barriers to work, but the number of days does not increase in line with the number of severe barriers identified at the outset. (Indeed, the number of days to get a job for those with 8+ barriers appears to be lower than those with <8 barriers, although the numbers in this group are very small).

Table 3-5: Amount of time taken to secure jobs, by cohorts of attached clients defined by the number of severe barriers to work they identify (those attached Q1 to Q6).

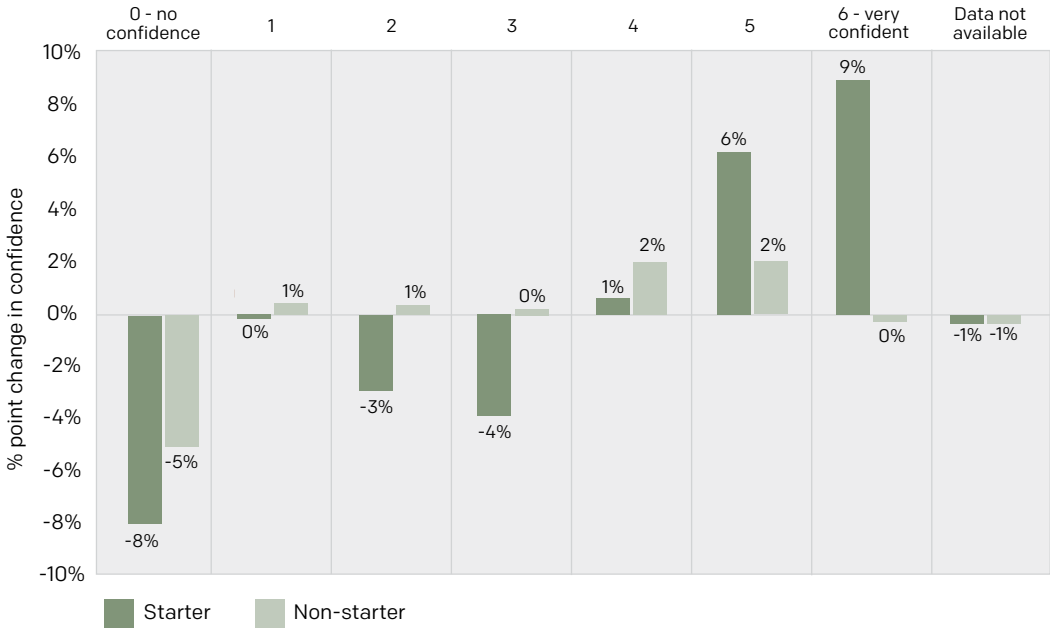
NUMBER OF SEVERE BARRIERS TO WORK	NUMBER OF CLIENTS IN COHORT THAT HAVE STARTED A JOB	MEDIAN TIME TAKEN FROM ATTACHMENT TO SECURE JOB (DAYS)	MEAN TIME TAKEN FROM ATTACHMENT TO SECURE JOB (DAYS)
Under 2	91	153	201
2 or 3	90	199	246
4 or 5	56	238	244
6 or 7	30	244	253
8 or more	11	95	190
Total	278	198	229

Source: SQW analysis of monitoring data.

3.20 As we explore in more detail in Section 4, clients with complex needs often need on-going, intensive support from Key Workers (and wider support services) over a long period of time. Working Well offers the flexibility to sequence support appropriately, which means that the range of underpinning issues can be addressed first, before the client is able to start thinking about work. However, this all takes time, and are therefore unlikely to see job outcomes for many of these clients at this point in the programme.

3.21 Across both starters and non-starters, confidence in being successful in a job has improved since engaging with Working Well. Improvements are marked for the starter cohort, as might be expected. However, as illustrated in Figure 3-10, we can also see a fall in the proportion of non-starters with no confidence in being successful in a job (-5%).

Figure 3-10: Change in confidence in being successful in a job if they take one, between attachment and the most recent reassessment, for job starters and non-starters attached between Q1 and Q6.



Source: SQW analysis of monitoring data.

**FIGURE 3-11: CLIENT CASE STUDY 3 –
IMPROVED CONFIDENCE IN BOLTON**

This 23-year-old client has been unemployed since leaving his job as an industrial cleaner, following the death of his son. This traumatic event left him with severe depression, and a lack self-esteem and confidence. Whilst describing his state of mind prior to the programme the client stated, *“I had reached rock bottom and needed somebody to convince me that I still had something to offer.”*

Once he had engaged with the programme, his Key Worker worked with him to apply for a Construction Skills Certification Scheme Card, which enabled him to work on construction sites. He also successfully took his driving theory test. Following these developments, his Key Worker helped him to re-write his CV and worked with him on interview techniques.

The client’s new skills and his increasing confidence helped him to apply for a six month, paid placement with Bolton Council’s Neighbourhood Services department, which works to maintain public spaces. Following an interview, he secured the position, commenting that *“it took every ounce of strength I had to go for an interview... this was just the boost I needed”*. The client is continuing to work with his Key Worker to obtain permanent employment.

Source: Ingeus 2016



NATURE OF EMPLOYMENT¹³

3.22 Around half of all clients who have started a job are working in elementary administrative, service and sales occupations (see Figure 3-12). Other popular sectors include care and personal services (see case study in Figure 3-13), elementary trades, customer services and transport and mobile machine drivers or operatives.

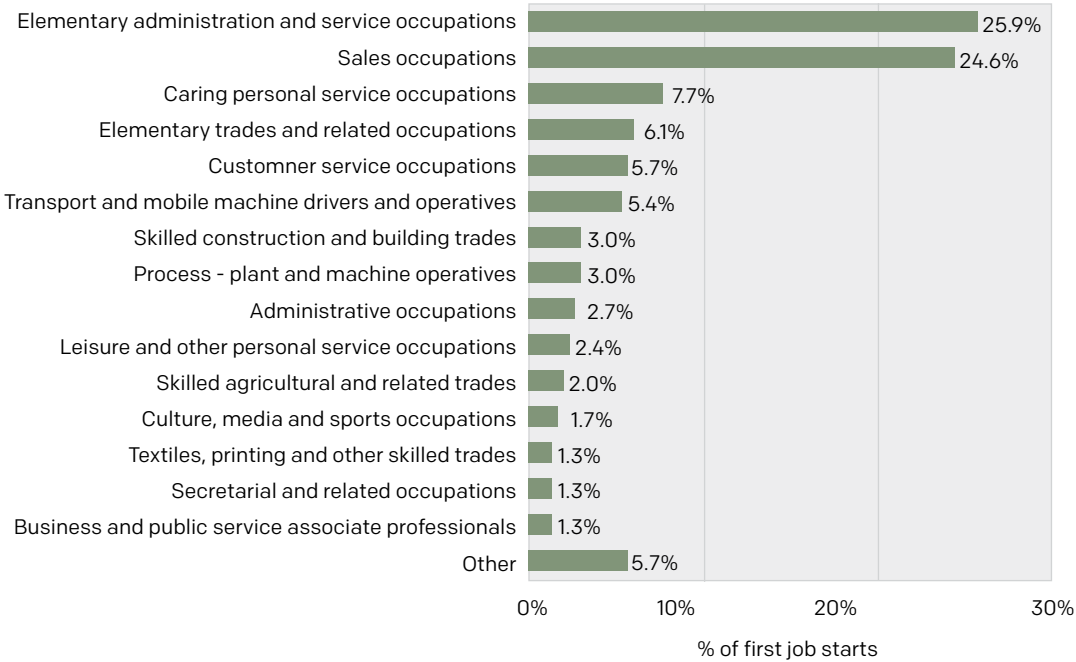
3.23 Working Well clients are also encouraged, where appropriate, to consider self-employment. For some clients, this gives them the flexibility to work in conditions or locations that are better suited to their needs (for example, where health issues mean they cannot commit to regular hours with an employer), and enables clients to tailor their job towards personal interests and experience (see case study in Figure 3-14). In total, 15 of the 297 clients that have started work so far, have done so through self-employment.

3.24 Data on the annual salaries of clients in work is limited - data is unavailable for 40% of clients - but of the remainder of clients, some 69% earn/earned less than £7 per hour in their first job¹⁴, with 28% earning between £7 and £10 per hour, and 3% earning £10 per hour or more. Some 56% of clients' first jobs were for 16 to 24 hours per week, with 30% being for 24 to 40 hours per week, and 9% for 40 hours or more per week.

13 The data in this sub-section and the remainder of Section 3 refers to all job starts.

14 This data covers the period before the recent increases in minimum / national living wage.

Figure 3-12: Sector of job starts (first jobs started by attached clients starting work) (n=297).



Source: SQW analysis of monitoring data.

FIGURE 3-13: CLIENT CASE STUDY 4 –
A JOB OUTCOME IN STOCKPORT

After joining the Working Well Programme, Debbie worked with her Key Worker and with the local Ingeus Mental Health team to break down the barriers to her finding work. They spent time with her to overcome her anxiety and refocus her energy on returning to a career in caring, which she had found rewarding in the past.

This support helped Debbie to improve her confidence and reduce her anxiety, allowing her to apply for a job at Fusion Care, an organisation that provides supported accommodation for young people. She was able to secure a position due to her previous experience and skills, which made her ideally suited for the job.

Debbie's Key Worker and the Ingeus team in Stockport were able to help her by rebuilding her confidence and helping her to recognise her key skills and experience. Her Key Worker commented that *"Working Well is all about building relationships of trust with our clients. Once Debbie believed in us, she started to believe in herself."*

Source: Ingeus 2016



"Working Well is all about building relationships of trust with our clients. Once Debbie believed in us, she started to believe in herself."

Client's Key Worker

**FIGURE 3-14: CLIENT CASE STUDY 5 –
A SELF-EMPLOYMENT OUTCOME
IN OLDHAM**

Clare, a 31-year-old mother from Hollins, near Oldham, joined Working Well after a prolonged period of unemployment, due to depression. All four of her children had been born prematurely, requiring a high level of care and putting her under significant strain. The demands of caring for her children left Clare feeling trapped in her house and her mental health deteriorated, preventing her from seeking work. Looking back on her life before the programme, she commented that her home became *“a prison to me. Everything just spiralled out of control”*.

Following her attachment to Working Well, Clare’s Key Worker identified her interest in fitness and physical activity as a key area to explore in developing a career. Clare’s husband had encouraged her to use physical activity to treat her depression, which had already helped to improve her mood, and Working Well allowed her to build on this success. The client was already enrolled on a fitness instruction course at the local college, so her Key Worker suggested that she start a business with her husband to put their shared interest and skills in the local community.

Ingeus supported the client and her husband to register their business and introduced them to local help and advice services in order to get their business started. The two now work at the local gym providing fitness instruction and helping others with depression and unemployment. The client’s husband commented that *“without Ingeus and Working Well, we would never have got off the ground. The belief they had in us really encouraged us”*.

Source: Ingeus 2016



*“Without Ingeus and
Working Well, we would
never have got off
the ground. The belief
they had in us really
encouraged us”*

Client’s husband

JOB STARTER JOURNEYS AND SUSTAINED JOBS

3.25 Across the job starter cohort, clients have followed different paths - some have remained in their first job start, others have left that first job but secured (one or more) other jobs, and some have left jobs and now remain out of work. Figure 3-15 maps out these journeys, and the number of clients following each path. Of the 297 attached clients having achieved at least one job start by the end of March 2016, we can see that:

- 74% of clients securing their first job through Working Well were still in that job by the end of March 2016, suggesting that many **clients are sustaining employment**.
- 19% left that first job and still remain unemployed.
- 7% left that first job and have found another job (and most of these are still in their second job; one has moved onto a third job and has since left that one too), suggesting that **the scale of “job churn” is relatively limited**.
- **Overall, 80% of those who started a job are still in work** (either in their first or second job).

3.26 (See Table 3-6) shows the proportion of all jobs started¹⁵ that have been sustained for key time milestones (13+ weeks, 26+ weeks etc.), and the proportion of clients that have left their job at each milestone. It shows that, **where clients leave a job, they tend to do so early on**. For instance, whilst 26% of jobs started to date have been left, none of the 39 clients that have been in jobs for 50 weeks or more have left their job, and just two of the 60 clients that have been in jobs for 39 weeks or more have left them. The picture is similar for both providers, although a greater share of Big Life’s clients have reached the 26+ week milestone (and milestones thereafter) compared to Ingeus’ clients.

15 This includes all of the 297 claimed job starts, plus jobs that are subsequently started by clients who leave their first job start and secure another job, and those who keep their first job but also secure another job at the same time. This is 322 jobs in total. See Figure 3-14.

Figure 3-15: Job starter journeys.
Source: SQW analysis of monitoring data.

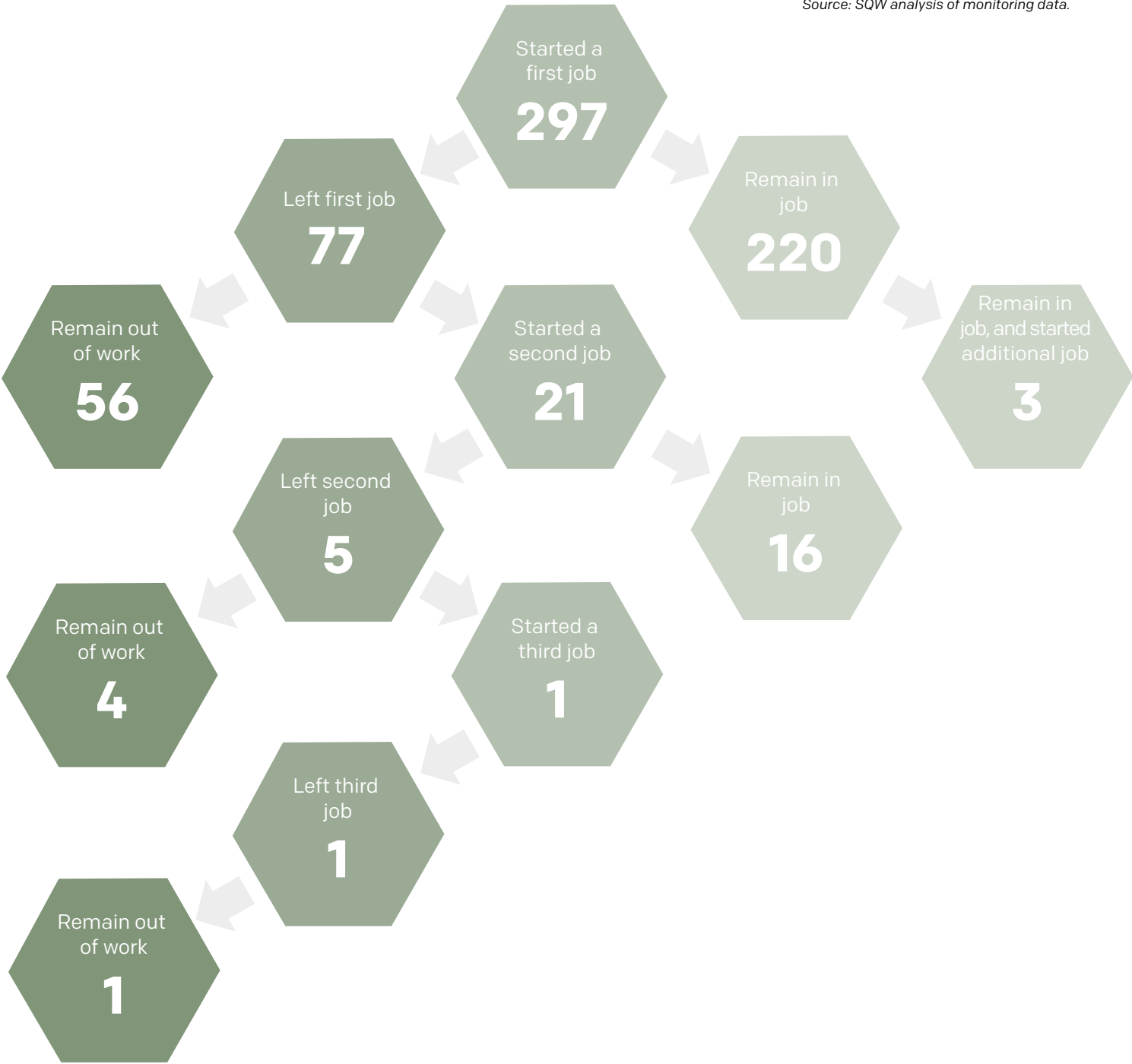


Table 3-6: Jobs left *after* reaching milestones.

	LEFT JOB	STILL IN JOB	TOTAL	% OF JOBS THAT CLIENTS HAVE REACHED A MILESTONE IN AND THEN HAVE LEFT	% OF JOBS THAT CLIENTS HAVE REACHED A MILESTONE IN AND REMAIN IN TO DATE ¹⁶
Any length of time*	83	239	322	25.8%	74.2%
13+ weeks	32	180	212	15.1%	84.9%
26+ weeks	11	123	134	8.2%	91.8%
39+ weeks	2	58	60	3.3%	96.7%
50+ weeks	0	39	39	0.0%	100.0%

SQW analysis of monitoring data * Length of time of employment for three jobs unknown.

SUSTAINED JOB OUTCOMES CLAIMED

3.27 For the Working Well Pilot, a “sustained job outcome” is defined as continuous or cumulative period of employment of 50 out of 54 weeks. Over the lifetime of the Pilot it is anticipated that 15% of clients will achieve a sustained job. By the end of March 2016, **16 clients who were attached between Quarters 1 and 4** (i.e. are in employment and have been on the programme long enough to have had the opportunity to reach the 50-week target) **had achieved a (claimed) sustained job outcome**. This is below the target to date (27), but the gap appears to be largely due to providers having difficulties in securing the paperwork to evidence a sustained job outcome, especially for those who have entered self-employment. The claimed number of sustained job starts is expected to increase over time and will be tracked again in the next annual report.

3.28 In reality, 43 clients are reported to have been in work for a cumulative total of 50 weeks (in one or more jobs) out of 54 weeks, and therefore have reached the “sustained job” milestone, but these had not been claimed by the end of March 2016 because of paperwork issues. Moreover, an additional 18 clients in work are approaching the milestone of working for 50 out of 54 weeks (i.e. they have been in work for at least 40 weeks in the last 44, and continue to be in their latest job), creating a good pipeline of sustained job outcomes.

16 Remained in job refers to status in the monitoring data to the end of March.

Figure 3-16: Comparing Working Well to benchmarks.

The Work Programme evaluation¹⁷ provides data for clients who have remained in work for 13 weeks (in one job or cumulatively) and for 26 weeks (again, in one job or cumulatively), and those who have dropped out before those milestones. In this box we have calculated comparative figures for the Working Well Pilot, which show that:

- Working Well compares favourably to evaluation evidence for the national Work Programme, which found that a median of between 71% and 80% of clients did not remain in work for 13 weeks (whether in one job or cumulatively), whilst a median of between 81% and 90% did not remain in work for 26 weeks (again, whether in one job or cumulatively)¹⁸.

- It suggests that in-work support offered by the Working Well Pilot, alongside intensive preparatory work to address personal issues and work barriers, are being successful in ensuring that clients are successful once in work.
- 14% of clients found work but did not remain in work (either their first job, or cumulatively across 2+ jobs) for 13 weeks, despite sufficient time to reach this milestone since their first job started.
- 28% of clients found work but did not remain in work (either their first job, or cumulatively across 2+ jobs) for 26 weeks, despite sufficient time to reach this milestone since their first job started.

17 Here we refer to the whole Work Programme, not just that part of the Work Programme specific to ESA claimants, the source of the referrals to the Working Well Pilot programme.

18 Government Social Research (2014) Work Programme evaluation: Operation of the commissioning model, finance and programme delivery. The benchmark is “Proportion remaining in employment for at least 13/26 weeks (in one job or cumulatively). Note that the data are not derived from individual outcomes, but a survey of providers. The banding (1-9%, 10-19% remaining in work after 13/26 weeks) identified by the largest number of providers presented as a comparator here, as the median response.

Source: SQW analysis of monitoring data and Government Social Research (2014) Work Programme evaluation: Operation of the commissioning model, finance and programme delivery.

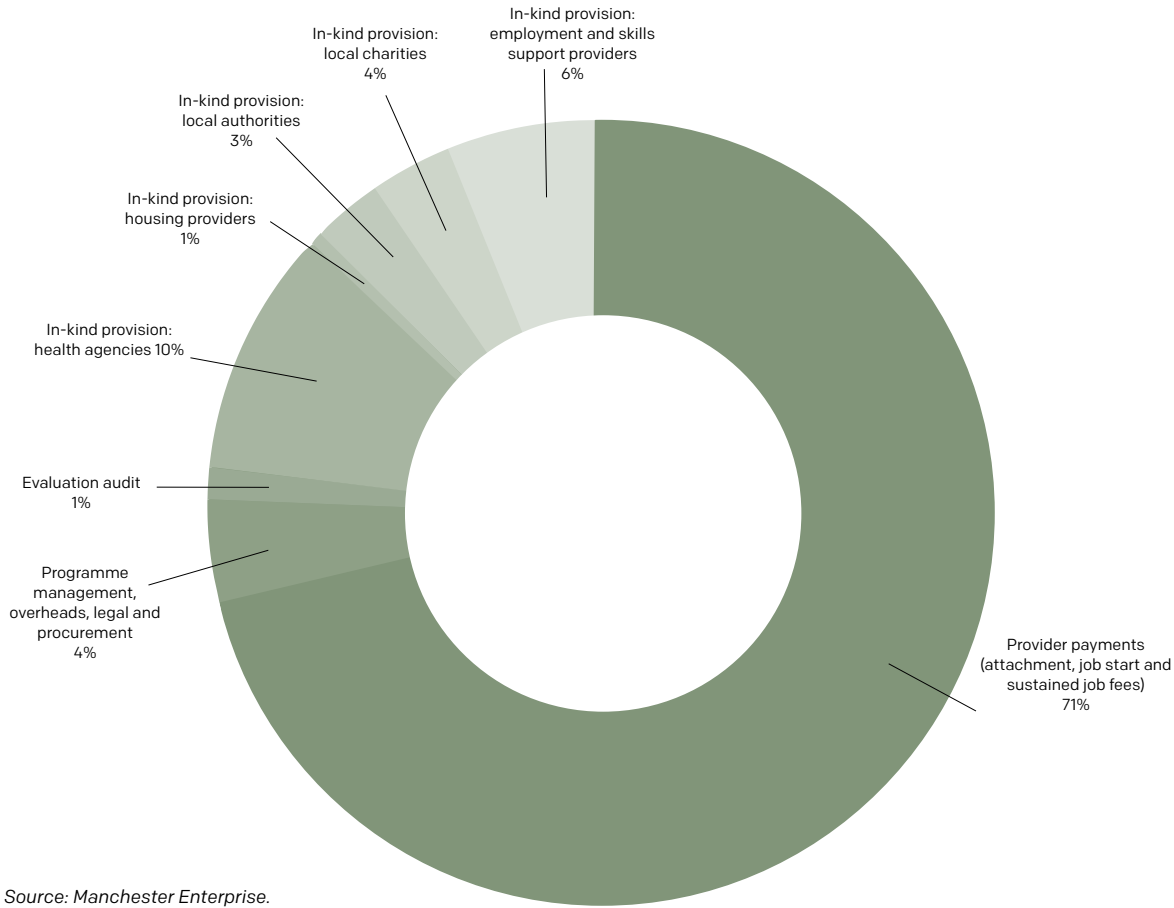
COST BENEFIT ANALYSIS

3.29 A predictive cost benefit analysis (CBA) was undertaken as part of the original design phase of the Working Well Pilot in 2013, in order to understand the value for money offered by the programme and the extent to which it was likely to prove financially sustainable over the medium to longer-term. In particular, Greater Manchester and government were interested in understanding the savings that might be associated with reduced demand for their services resulting from Working Well activities (for example, savings to government from reduced ESA payments), and whether these fiscal benefits would outweigh the cost of delivering the programme.

3.30 The original CBA drew upon performance targets for the Pilot, along with wider evidence from similar interventions including delivery of local Troubled Families interventions. As an assumptions-based model, it has been refreshed on an annual basis, to reflect actual evidence emerging from ongoing capture of performance management data. The current analysis draws upon data detailed in this report on the number of clients referred and attached, their initial presenting issues, and progress in addressing barriers to work and achieving job outcomes. It uses the Greater Manchester CBA methodology developed by New Economy and adopted by government as the recommended approach for local partnerships seeking to undertake CBA of reform initiatives.¹⁹

3.31 As detailed in Section 1 of this report, **the cash resource expended in delivering the Working Well Pilot totals £8.4m.** In addition, **the cost of ‘in-kind’ wrap-around support provided by GM partner agencies to which Working Well clients were referred was originally estimated at £6.5m.** Although greater detail would be required to derive a fully robust figure, analysis of referral data from the two providers suggests that this was significantly over-stated, and the actual cost is estimated to be in the region of £2.1m. In line with the conservative emphasis of the GM CBA methodology, all input data to the modelling is subject to ‘optimism bias’ correction, which increases the costs and reduces the benefits in line with the degree of robustness associated with the data (so, for example, the £2.1m estimated in-kind contribution from partner agencies has been inflated by the maximum 40%). **Once optimism bias correction has been applied, overall expenditure is an estimated £12.6m.** As shown in Figure 3-17 opposite, 71% of this sum is accounted for by payments to providers (attachment, job start and sustained job fees), and 23% by in-kind provision from a range of partner agencies.

Figure 3-17: Working Well Pilot CBA – estimated costs, after optimism bias correction.



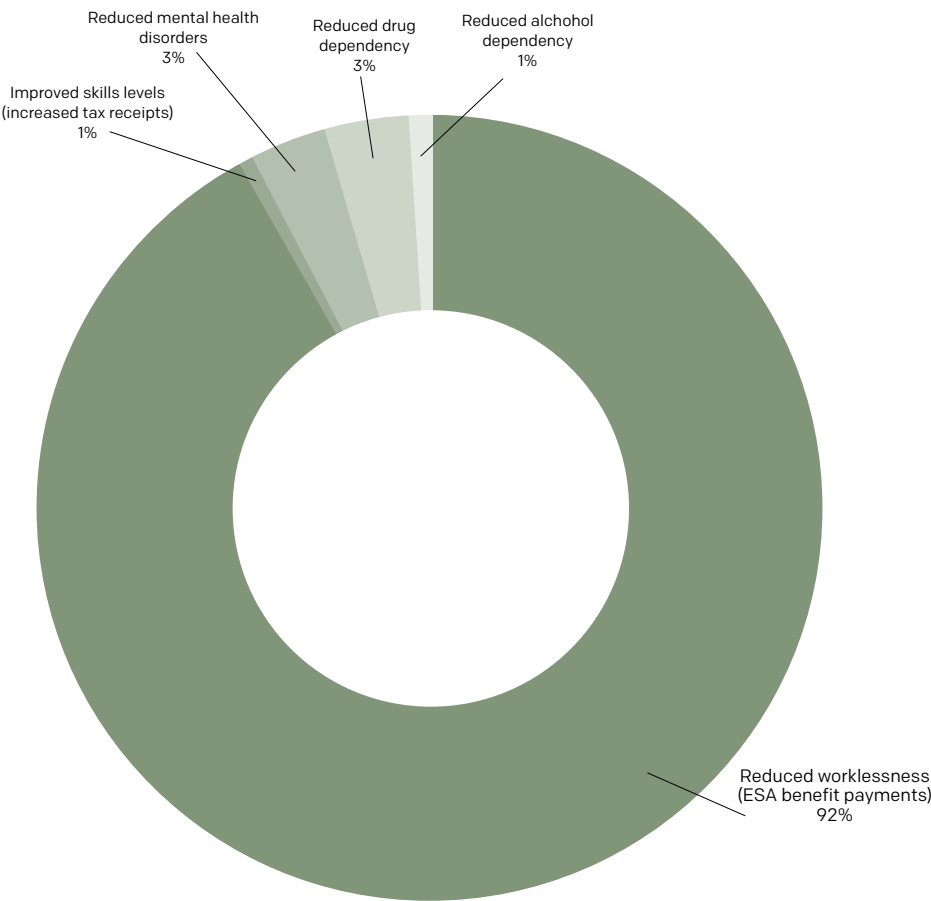
¹⁹ See www.gov.uk/government/publications/supporting-public-service-transformation-cost-benefit-analysis-guidance-for-local-partnerships.

3.32 Benefits have been modelled across the following outcomes: increased employment, resulting in reduced ESA payments by government; improved skills levels, which contribute to increased earnings and commensurate tax receipts; and benefits to health partners from improved mental health and reduced drug and alcohol dependency (which also contribute to reduced criminal justice costs). The findings represent an interim assessment of the programme, given that the final cohort of clients have only recently been attached to the programme, and will receive Key Worker support for up to three years following attachment.

For this reason, modelling of employment outcomes remains premised on the programme targets of 20% of attached clients entering employment, and 15% sustaining that employment for a year or longer.²⁰ Most of the other assumptions used to populate the original model have been replaced with actual performance monitoring data.²¹

3.33 The overall fiscal benefit flowing to public agencies over the ten year modelling period is estimated at £23.5m.²² Figure 3-18 opposite shows how this benefit is distributed across the various outcomes modelled. The large majority (92%) is derived from savings in ESA payments, accruing to government.

Figure 3-18: Working Well Pilot CBA – estimated gross fiscal benefits over ten years, after optimism bias correction.



Source: Manchester Enterprise

20 Client monitoring data confirm that the 20% job outcome assumption is reasonable, as projections for targeted performance at this stage of programme delivery are very closely in line with actual performance to date.

21 The main exceptions are impact in reducing alcohol dependency, which is not tracked in the client data, and deadweight - the extent to which outcomes would have been achieved without involvement in Working Well, either through the client's own efforts, or as a result of wider factors such as improvement in economic conditions or support from other organisations or programmes. Assumptions on both of these areas have been drawn from the October 2014 Manchester Troubled Families programme mid-point evaluation.

22 After optimism bias correction. Note that the £23.5m total represents gross savings before 'cashability' is considered. This refers to the extent to which benefits can be realised, with costs taken out of the public agencies to whom they accrue through decommissioning. In practice, benefits from reduced worklessness are easily cashed, as the benefits payments can simply be stopped. It is harder to cash benefits accruing to health and criminal justice agencies, where there are significant fixed costs involved. Total cashable savings over the ten year modelling period are estimated at £21.2m, or 90% of the gross benefits figure.

3.34 Further to the fiscal benefits charted previously, **a further £10m in economic benefits is anticipated, related to the increased earnings accruing to individuals securing employment and improving their skill levels.**

3.35 Bringing the costs and benefits together, **the fiscal return on investment is 1:1.6, indicating that for every £1 invested, an estimated £1.60 in benefits will accrue to public agencies. Payback – the time period within which the benefits are anticipated to outweigh the costs – is anticipated in seven years.**²³ These findings indicate that in financial terms, Working Well compares well with other reform interventions in Greater Manchester, which demonstrate a return on investment of a similar magnitude.

3.36 CBA findings for the Pilot have also informed the design of the Working Well Expansion, which has a different provider payment profile and higher performance expectations; early predictive modelling of the Expansion suggests that the return on investment will be significantly higher than that for the Pilot. As both the Pilot and Expansion move forward, further CBA will be undertaken, with the updated analyses demonstrating the contribution both programmes make to the financial sustainability of public service delivery in Greater Manchester.

LEARNING WHAT HAS WORKED

²³ The cashable benefit cost ratio is 1:1.4, with payback over eight years.

4.1 In this section we discuss changes to the delivery models adopted by the two Working Well providers, explore what has worked well, and outline challenges faced to date in delivering the Pilot.

EVOLVING APPROACHES

4.2 Whilst each provider follows the broad operational principles outlined in section 1, there are differences in the organisational approaches and models adopted. For example, Ingeus is a major provider of employability services nationally and internationally, and operates a ‘Caseload Management Framework’ model, and Key Workers are supported by in-house specialists in health, work and well-being (and external services). Big Life is a group of social businesses and charities that operate across the North of England. Their model is based on a system of behavioural change techniques, supporting clients to build self-efficacy, through a team of multidisciplinary Key Workers (and external services).

4.3 **There have been no major changes to the models adopted by the providers since the Pilot began in March 2014, although there has been an increased (but different) emphasis on employment for both providers.** Ingeus has adopted more of a ‘work first approach’, bringing the focus of work into discussions with clients earlier to set expectations around the purpose of the programme; Big Life has maintained their commitment to motivational interviewing, which enables the client to introduce the idea of employment, but Big Life are now much more robust in how that is then followed up to sharpen the focus on finding work.

WHAT WORKS?

REFERRAL AND ATTACHMENT

- 4.4** The referral process from JCP took a little time to bed in, but is now working well. **A “warm handover” from JCP to the Pilot has been a critical factor in the successful engagement of clients**, which has been helped where:
- JCP Centres have a good understanding of what the Working Well programme is seeking to achieve and can offer clients, which means appropriate referrals are made.
 - Good relationships exist between JCP staff and the Key Workers, which takes time to establish.
 - Providers have placed their own staff in JCP offices, which has facilitated the two points above.

STAFF CONTINUITY AND THE PERSONALISED SERVICE

- 4.5** An uneven flow of referrals during the early stages of the Pilot was somewhat difficult for the providers to manage, especially in terms of Key Worker recruitment, but the volume of referrals over the last year has been as expected. The providers are not reporting any major issues with recruitment or the retention of staff. **Staff absence and turnover is low, which is important for the continuity of support for each client.** There have been some changes to staff structures over the last year - for example, reflecting the increased focus on employment, Big Life has recruited Employment Support Officers, providing additional expertise and capacity to find suitable job vacancies for their Working Well clients.
- 4.6** **Caseloads have remained relatively low, although higher than anticipated at the outset.** Both providers are operating at a rate of around 60 clients per Key Worker (in the case of Big Life) or per member of frontline staff (for Ingeus). **This has been critical to enable Key Workers to provide intensive and personalised support to each client.** Both providers and clients have commented on the importance of continued support from “someone who really understands” the client.

FIGURE 4-1: CLIENT CASE STUDY 10 – PERSONALISED SERVICE AND INTEGRATION IN BOLTON

This 24-year-old client, had significant issues with an abusive relationship when she entered the Working Well Programme. Her partner was mentally and physically abusive and her two children had been taken into care as a result of his behaviour. Moreover, she suffered from anxiety, depression and borderline personality disorder. In addition, she was still dealing with issues, as a result of witnessing her brother’s murder some years before.

When the client’s Key Worker discovered the abuse, he implemented Ingeus’ internal safeguarding procedures and contacted his local lead in Bolton. The local lead liaised with Bolton’s Domestic Violence Co-ordinator who recommended a local charity, Endeavour that provides support for domestic abuse victims. Endeavour was able to work with the Key Worker to engage with the client, understand her situation and the support she could receive. This allowed Endeavour and the Key Worker to conduct safety planning and work on the client’s self-esteem and confidence as part of an individual support plan. The Client said of her Key Worker:

“Before I met my Key Worker, I thought my life would always be the same: scared, nervous never going out and hating the world. Since meeting my Key Worker, I have come on in leaps and bounds, she is the most down to earth, honest person, I’ve ever met. She made me feel comfortable at our appointments. She helped me with issues of domestic violence and gave me my confidence back, she is always on the other end of the phone if I feel upset and need to talk to somebody. A year on, she got me my first job since becoming ill and helped me every step of the way with it from making my CV, helping me set up a bank account and sorting my work tax credits forms out. To think where I was last year with no hope, motivation or aspirations in life to how I am and feel now is amazing. I know I could not have done it without my Key Worker.”

As a result of these interventions, the client has been able to pursue activities independently of her partner, including job searching and has become more confident and happy. Moreover, the safety planning has given her strategies to cope with her partner if the abuse escalates.

The client has also secured a two-week placement with a local employer that has improved her confidence in finding work. Following this success, the Local Lead contacted Bolton College about potential employment placements for the client. After she received intensive coaching from Ingeus, the client secured an interview with the College and now has a six-month placement. The College is pleased with how the placement is progressing:

“Being part of the Working Well Programme is something that Bolton College are extremely proud of, as a College with strong community links the programme enables us to offer local people, who have been out of work, employment opportunities. It has been a really positive experience working with our Local Lead and Ingeus whom are passionate about the initiative and are skilled at ensuring that the College is introduced to individuals who have the skills and experiences which are best suited to our organisation. When the College offered this client a role, it was evident upon meeting her that her past experiences had impacted on her ability to work and engage with individuals and this meant that she had very low self-esteem and issues around confidence. The role was offered to the client as she was able to convey that she was ready to work and wanted a job to help her in her first steps back into the working environment. The client has been with us for 5 months and has really settled into the role and the wider team. She is really enjoying the job and making a positive impact in her area of work.”

Her Key Worker continues to support her with her job and her relationship issues.

Source: Ingeus 2016.

4.7 The support needs to be **flexible and is often adapted** during the clients’ time on the programme as their needs evolve and unexpected issues or setbacks occur. Some clients with particularly complex/severe needs and chaotic lifestyles need constant support - their progress can be in small, incremental steps throughout the whole two year period (often with major setbacks, such as domestic abuse, relationship breakdowns, or major surgery along the way). This re-emphasises the need for a bespoke and tailored approach for each individual that can respond appropriately to each client’s journey. For example, a client journey mapped as part of the qualitative research followed the experience of a 27 year old client with bipolar disorder and in an abusive relationship. They were initially very keen to engage with the programme and, following support from their Key Worker and mental health specialists, they applied for a University course whilst on Working Well. However, following a deterioration in their mental health condition and an abusive episode with their partner, the client did not answer calls from the Key Worker for a month. The Key Worker persisted until contact was re-established and is now helping the client to defer their University placement and apply for part-time work in the meantime. Other examples of client journeys are provided in the case studies below.

“Being part of the Working Well programme is something that Bolton College are extremely proud of, as a college with strong community links the programme enables us to offer local people, who have been out of work, employment opportunities.”

Bolton College



**FIGURE 4-2: CLIENT CASE STUDY 6 –
PERSONALISED SERVICES IN WIGAN**

This client entered the programme in July 2014, suffering from anxiety and depression, as well as low levels of confidence. She lived by herself and had little contact with family and friends. In addition, she faced the legacy of a troubled childhood and a difficult relationship with her parents.

Once she made contact with Ingeus, the client’s Key Worker was able to build a rapport and gain a better understanding of her issues. The Key Worker took steps to get the client’s social anxiety under control, working with the Ingeus Health Advisors on self-help techniques. Moreover, the Key Worker contacted the clients GP to arrange for her to receive Cognitive Behavioural Therapy to address her mental health issues. These interventions allowed the client to reduce her alcohol intake and smoking, begin reducing her weight and become more comfortable in social situations.

Despite setbacks, such as a house fire, family disputes and difficulties completing Maths and English classes, the client continued to improve. She started therapy, continued with her courses, and attended the Sports Inclusion week that Ingeus arranged with Bolton Wanderers, which boosted her confidence. After this event she began volunteering at a local charity shop, and considering looking for paid work. She is currently completing her CV and beginning to search for jobs.

The client’s Key Worker has faced challenges supporting her progress, but has worked with her successfully by adapting the style, frequency, location and intensity of her interventions to the client’s needs at the time.

Source: Ingeus 2016.

**FIGURE 4-3: CLIENT CASE STUDY 7 –
ADDRESSING MENTAL HEALTH ISSUES
IN BURY**

Rebecca joined Working Well in June 2015, facing complex barriers to employment from a range of issues. As well as suffering from anxiety, depression and schizo-affective disorder, she also had several periods of psychosis in her past, and had suffered a breakdown following the death of her father. In addition to these mental health issues, she was also caring for her mother, who suffered from Multiple Sclerosis.

After her initial engagement with Working Well, Rebecca made good progress managing her mental health conditions, through attending workshops led by the local Ingeus Physical Health Advisor, including Pilates and sleep routines. These helped her to relax and think clearly. In addition, she attended the “Recognising your strengths” workshop, which helped to improve her confidence and self-esteem and encouraged her to apply for work.

However, Rebecca suffered a significant setback when her mother passed away in October 2015, which stalled her progress towards employment. Her Key Worker referred her to the Ingeus “Coping Strategies” workshop, and she continued to attend her Pilates classes. This helped her to move forward, and to engage with the Bury-based “I Will If You Will” volunteering scheme. In addition to her volunteering work, she also secured work experience as an administrator at Bury Council, which has further increased her confidence. Moreover, she now provides peer support to other Working Well Clients and has received excellent feedback from her work placement.

Source: Ingeus 2016.

IN-HOUSE SUPPORT

4.8 Both providers offer a range of in-house support to their Working Well clients (alongside making referrals to wider support services, see below), from triage services for clients with mental and physical health issues through to sessions on CV writing and interview techniques. **A bespoke package of support is developed for each client, drawing on in-house and external support flexibly to best suit each individuals' needs.**

FIGURE 4-4: CLIENT CASE STUDY 8 – IN-HOUSE SUPPORT IN OLDHAM

This client (a 48 year-old woman from Oldham) had several complex health conditions and family issues to deal with when she entered the programme in March 2014. She had been out of work for 11 years, and was a single parent, with an adult daughter with significant mental health issues and a son at home with Asperger's. She was also caring for an elderly Aunt who lived nearby.

The client also had her own physical health challenges, with back pain from a traumatic injury and a fused womb and bowel that caused her significant pain. These physical health issues led to depression and deteriorating mental health, which led to being prescribed anti-depressants.

Once she joined the programme, the client was referred to a range of in-house support services provided by Ingeus in Oldham. She attended a series of workshops including one on confidence building, as well as working with her Key Worker to identify her personal strengths and how these applied to her career. She was able to identify her ability to work as a carer, due to her personal experiences, and worked with her Key Worker to develop a tailored CV to highlight her skills. The local Ingeus Employment Partnership Co-ordinator then contacted local companies working in care to explore employment opportunities.

Following this support, the client completed several applications, and was asked to interview for a position working one-to-one with a young adult with Autism. Her Ingeus Coach helped her to prepare for the interview, and she was recently offered the position.

Source: Ingeus 2016.

4.9 Both providers make significant use of in-house support, in part because clients are familiar and build trust with the staff involved. The providers have found that a number of their in-house services work particularly well, including:

- The use of **informal “coffee mornings”** at Working Well venues which include **“taster” employability sessions**. This is particularly effective for clients with anxiety who find larger, more formal employability workshops too daunting to attend - here they are able to build up their confidence to engage with such activities.
- **Employability sessions that are held by Key Workers in non-office based settings**, such as gyms. Clients who resist attending appointments at the more formal Working Well offices are often more willing to engage with the programme in more relaxed and familiar settings.
- **The use of group events, where appropriate, that enable clients to build peer support networks amongst themselves**. For example, Ingeus has delivered week-long group employability events, where clients have become friends and continued to support each other after the event to find work (e.g. by attending voluntary placements together).

4.10 Moreover, the **providers have shaped their in-house support to meet the changing needs of Working Well clients**. For example, as the number of clients on Working Well has increased, Ingeus has been able to introduce new, tailored in-house support to address specific issues arising amongst Working Well clients, such as employability sessions specifically targeted at the growing number of clients with epilepsy. Big Life has also been able to link the Working Well Programme into wider Big Life services.

INTEGRATION WITH EXTERNAL SERVICES AND SEQUENCING

4.10 Effective integration with wider service provision continues to be a central factor in the success of the Working Well Pilot. **The role of the Local Leads and engagement with the Local Integration Boards in each area - along with ongoing and regular communication and co-operation between partners - is seen as “invaluable”** by the providers in helping them to deliver a personalised and integrated service. At the Local Integration Board meetings, the “right people” are round the table with very positive attitudes towards helping each client. A **case conferencing** approach has been a crucial aspect of the Working Well programme, enabling partners to discuss individual client cases openly and confidentially at meetings to ensure the right support is provided at the right time. Regular meetings between partners at the outset was important to build relationships, and now strong networks have been established within each area. This means that Key Workers now know who the best contact is across a variety of services, and can make appropriate referrals quickly in between Local Integration Board meetings. Where Local Integration Boards are working well, the role of the Key Worker has been instrumental to success, in continually encouraging partners to attend, ensuring there is a clear agenda for each meeting, and creating Terms of Reference for those involved. Moreover, Local Integration Boards work best where they are tailored to local contexts - both in terms of the types of clients in the local area and their needs, and ensuring that discussions align with wider support available in each area.

FIGURE 4-5: CLIENT CASE STUDY 9 – INTEGRATION BOARDS IN STOCKPORT

James (not his real name), had been homeless in Stockport for 18 months before joining Working Well, sleeping on the streets for four to five nights a week. He had mental health issues, suffering outbursts at people he believes are looking at him or talking to him. He has been violent in the past and served time in prison for these incidents. He has been diagnosed with anxiety, but believed he has more severe conditions, including Asberger’s, Borderline Personality Disorder and Attention Deficit Disorder.

After his initial meeting with Ingeus, James’s Key Worker took his case to the local integration board meeting in order to understand the support that was available for him. Representatives from the Stockport Local Assistance Scheme (SLAS) and Welfare Rights at the meeting provided advice on contacting Stockport Homes and SLAS for support in gaining housing and funding for new furniture.

The Key Worker also worked with the local lead for Stockport in order to gain access to mental health services in Stockport. This led to the client contacting local mental health services to book an assessment. Once James obtained a meeting at Stockport Homes, his Key Worker was able to support him in obtaining the right documentation to secure accommodation, as well as obtaining a starter pack from SLAS, including white goods, carpeting and curtains.

The client is now able to have his young daughter to stay with him for the first time, and has completed cognitive behavioural therapy, which has left him with a more positive outlook. He now has the tools and techniques to combat his anxiety, and was able to secure part time work in August 2015, through an Ingeus National Account Employer.

Source: Ingeus 2016.

4.11 Sequencing support appropriately is also important, in partnership with Local Leads and wider services. Clients often join the programme with a range of wider issues that need to be addressed (such as debt, housing, health) before the client is in a position to be able to consider and work towards employment.

**FIGURE 4-6: CLIENT CASE STUDY 11 –
SEQUENCING SUPPORT IN TRAFFORD**

This 42-year-old Trafford resident had been unemployed for five years, and had significant physical and mental health issues. She had sustained spinal damage and post-traumatic stress disorder (PTSD) as the result of a physical attack, and also suffered from arthritis and chronic obstructive pulmonary disease.

When she initially engaged with the programme, the client had difficulty trusting her Key Worker, who used motivational interviewing techniques and weekly tasks to develop a rapport and boost the client's confidence. After several months, the client began to talk more about her mental health issues, which allowed the Key Worker to refer her to Trafford Psychological Services, where her PTSD was diagnosed and she was given treatment by a therapist.

The Key Worker also referred the client to local physical health services and helped her to apply for Personal Independence Benefit (PIP). The ability of the Key Worker to support the client through the complexities of the local health system has been particularly beneficial in addressing her large number of health issues. The Key Worker also helped the client access treatment to remove cholesterol tags from her eyes.

The client was also referred to Thrive, a local volunteering Charity and Trafford Housing Trust, who provided her with information on self-employment opportunities. She has now secured premises for a business and intends to begin trading within three months.

Source: Big Life 2016.



**FIGURE 4-7: CLIENT CASE STUDY 12 –
INTERVENTION SEQUENCING IN SALFORD**

This female client from Salford was 42 when she joined Working with severe physical health issues. She suffers from an auto-immune disease which incapacitates her every 8 to 10 years, and requires significant hospital treatment and recovery time. Since losing her previous job she also suffered from depression.

After the client engaged with the programme, her Key Worker supported her, using motivational interviewing, to set her long term goals and develop an appropriate sequence of interventions. The Key Worker addressed the client's mental health issues first, working with her GP to gain a referral for Cognitive Behavioural Therapy. This was followed by referral to Blue Orchid an organisation that provides support with self-employment, which the client had identified as a career goal. The Key Worker also liaised with Jobcentre Plus, which helped the client developed a business plan and access financial support to start a business.

The client now trades as a photographer, as well as managing a bar. This provides her with the flexibility that her physical health requires, as well as giving her the social stimulation to address her depression. The sequencing of the interventions that this client received helped to address her initial health issues, before supporting her employment aspirations, ultimately leading to a positive outcome.

Source: Big Life 2016



ADAPTING LOCAL SERVICES

4.12 As a result of Working Well, **existing services are now working in a far more joined up way towards the same goal. There is also evidence of existing services adapting their offer in response to the Working Well Pilot, as they better understand the needs of workless clients with complex needs.** As noted in the 2015 Annual Report, examples include the development of a bespoke debt advice service for Working Well clients after it became clear through case conferencing that debt was a significant barrier to work, and in Bury, the Troubled Families service now accepts and prioritises Working Well clients where appropriate (ESA claimants were previously not eligible for support) having worked closely with the Working Well provider.

More recent examples of local services being adapted in response to Working Well include:

- Providing courses from Working Well venues, as had happened in Bolton for drugs and alcohol, epilepsy and diabetes.
- The use of home visits for Working Well clients, for example from Manchester Mind and Salford Welfare Rights. This improves access, especially for clients who may have transport or anxiety issues.
- Bolton Wanderers Community Trust (BWCT) joined forces with Ingeus to provide support for one of Ingeus' Sports & Social Inclusion courses (by providing facilities and some training sessions). Following this, BWCT developed their own course for Working Well clients, which combined sports and fitness training (football and boxing) as well as employability workshops and visits to local employers.
- In Rochdale, the "Link for Life" programme worked with Ingeus to develop boot camp courses for Working Well clients. Since these events, Working Well clients have undertaken accredited Sports Leadership courses with Link for Life - these courses can be very physical, so Link for Life has adapted their courses to meet the needs of Working Well's ESA claimants.
- Manchester Mind and Shelter adapting their referral processes to allow Big Life Key Workers to refer directly to them.

EMPLOYER ENGAGEMENT AND IN-WORK SUPPORT

4.13 **The two Working Well providers have adopted quite different approaches to employer engagement.** Ingeus has a centrally organised, national employer services team, with local representatives in Greater Manchester, and a number of larger (and sometimes exclusive) recruitment accounts with national employers. This means Ingeus' clients have direct access to a larger number and variety of vacancies. Moreover, Ingeus' Key Workers have a **good understanding of the recruitment processes and requirements of their employer accounts, and are therefore more able to prepare (and, in some cases, reassure) clients** before they attend interviews, often leading to better job outcomes. Big Life do not have national level agreements with employers, but have Employment Support Officers (ESOs) whose time is dedicated to identifying suitable job vacancies for their Working Well clients, either through approaching employers (some of whom they know from previous jobs) or reviewing vacancy adverts. Big Life's clients are therefore **operating in an "open market", which is hoped will improve the sustainability of Working Well's support.**

**FIGURE 4-8: CLIENT CASE STUDY 13 –
UNDERSTANDING EMPLOYER NEEDS
IN WIGAN**

The client joined the programme in July 2015. He claimed ESA due to significant anxiety issues, and was awaiting assessment for autism. He initially had difficulty going to new places without his father, who was very active in his early engagement with the programme.

After working with the client to build a rapport and consider job goals, the Key Worker identified a number of suitable vacancies at a national retailer. Ingeus has been able to build a relationship with the company and gain a good understanding of its recruitment processes. In order to prepare the client for his interview, local Ingeus staff conducted mock interviews with him, providing valuable information on the types of questions he would face. As a result of this support and a successful interview, he was offered a retail role and now works an average of 20 hours a week.

Since starting the role, his confidence has grown, enabling him to expand his horizons, traveling with friends and attending local events. His Key Worker has continued to support him during his seven months in work, observing marked improvements in his independence and mood.

Source: Ingeus 2016.



4.14 There are a number of lessons around “what works” well in terms of employer engagement with a programme of this nature, and ensuring sustainable job outcomes, including:

- **The Key Workers’ ability to liaise with employers, where necessary, before the client attends an interview, and manage the employers’ expectations.** For example, one of Working Well’s clients has Asperger Syndrome, and wanted to apply for a cleaning job at a major supermarket. The client’s Key Worker was able to speak to the employer before the interview to explain the client’s health issues, which “put the client’s mind at rest”, and explain to the employer why the client might not make eye contact etc but was very interested in the job. The employer was very understanding and, following a successful interview, awarded the client a job.
- **Continued holistic support from the Key Worker throughout the job seeking process.** This includes support to apply for a job, helping to prepare for an interview (e.g. in answering questions, buying suitable clothes etc), motivational support right up to the interview - but also on-going “all round” support that addresses other issues in the client’s life, not just those relating to the job interview.
- **In-work support.** This may include, for example, providing advice to clients on how to deal with issues that arise in the workplace or wider support for family/ health issues to ensure they remain able to work. Support is also provided to employers, for example, in mediating between the employer and Working Well client, and developing guidance and a toolkit in association with the Business Disability Forum on good practice in employing people with health conditions. The experience of Working Well so far suggests that **in-work support - both for both clients and employers - is crucial to ensure that jobs are sustained.**

FIGURE 4-9: CLIENT CASE STUDY 14 – IN-WORK SUPPORT IN BOLTON

This client joined Working Well in July 2015, whilst living with his parents in Bolton. He had been out of work for 12 months after losing a job that had been too strenuous for him to deal with. He suffers from haemophilia and epilepsy, as well as having learning difficulties, and these conditions have made it more difficult for him to secure employment. In addition, he has two children with his partner, who he sees regularly.

After joining the Working Well Programme, the client had regular one-to-one and group sessions with his Key Worker to develop his confidence. He was also referred to the local Ingeus Senior Physical Health Advisor, who worked with him to manage his health conditions in a work environment. In addition, his Key Worker began to work with the client on interview preparation, in order to move him towards looking for employment. This led to several interviews, and the client ultimately secured employment at a large retailer.

Since gaining employment, the client has continued to have regular conversations with his Key Worker, as part of Working Well’s In Work Support package. After he started work, the client’s family situation changed, and he became his children’s sole guardian, living with them at his parents’ house. His Key Worker was able to help him to contact his local housing team to get advice on finding his own accommodation. Moreover, Ingeus helped him to transfer Tax Credits and Child Benefits for his children into his name. This ongoing support has allowed him to maintain employment, whilst searching for a new house, as well as finding suitable childcare and managing his family budget. Without help from his Key Worker, the client would have been unable to maintain employment and deal with his changing circumstances.

Source: Ingeus 2016.

DATA AND PERFORMANCE MANAGEMENT

4.16 When the Pilot first began, a detailed client database was set up, which collates a range of data about each client on the programme, from their characteristics and barriers to work when referred onto Working Well and the types of support received, through to regular updates on intermediate outcomes (such as improving confidence and attendance at job interviews), and job outcomes. Given the Pilot nature of this programme, a **“big data” approach was adopted**, whereby a considerable amount of data is collected once centrally, and used multiple times for different purposes and audiences. This also enables the Programme Office to test research questions that arise during delivery which were perhaps unanticipated at the outset.

4.17 The client data is analysed regularly, in terms of performance against targets and specific topics of interest (e.g. how does job outcome performance compare for those with mental and physical health issues). In addition, regular qualitative research has explored what is working well (or not) and why, through consultations with the providers and delivery staff, Local Leads and wider stakeholders. **Both the quantitative and qualitative evidence is used to inform continuous improvement of the Pilot, to ensure it delivers job outcomes efficiently and effectively.** Joint meetings are held with both providers on a monthly basis, where this evidence is shared openly, performance reviewed and lessons around “what works” are shared. **Because the Pilot contract is managed locally, the Programme Office has a close insight into what is working well (or not) and why, and are able to work with the providers to make real-time improvements to delivery.** Examples of this include reviewing performance data to ensure greater attention on specific cohorts or locations that are not performing as well as others in terms of job starts to understand reasons for this and more intensive support where appropriate, and ensuring that Key Worker recruitment is managed effectively in response to changing onflows.

CHALLENGES IN DELIVERY

CO-LOCATION

4.18 Where possible, the providers have sought to locate their Key Workers close to relevant council services or co-locate in the same buildings. In some instances, this has worked really well and local authorities have been very supportive. Locations that are accessible, recognisable and inviting for clients have worked particularly well. However, **in some areas co-location has continued to be a challenge.** In part, Council budget cuts have meant that partners have been unable to provide space as originally intended. In some locations, co-location with more challenging uses (such as youth offending teams) has caused some anxiety for Working Well clients, and so alternative premises have been found.

PROTOCOLS

4.19 It was originally envisaged that protocols would be established between Working Well and wider services to ensure that provision was integrated, prioritised and sequenced appropriately. This has not worked particularly well. Some partners were reluctant to sign up for ethical reasons (around prioritising Working Well clients), whereas in other instances the protocols developed were too vague and, whilst they were signed by senior partners, their importance was not communicated to frontline staff. However, **the lack of effective protocols has not been to the detriment of the programme** - the Local Leads and Local Integration Board meetings have been far more critical in ensuring effective integration, as discussed above.

CLIENT ENGAGEMENT, AND BARRIERS MOVING CLIENTS TOWARDS AND INTO WORK

4.20 **For some clients, maintaining regular engagement with the programme has proved a challenge and can be a major barrier to progression.** This can be due to a variety of reasons - some clients with acute mental health issues may resist regular meetings (so Key Workers build up support gradually), and others have recurrent health issues or undergo major surgery which means they are unable to participate (as noted above). However, in a limited number of cases, clients disengage from the programme without good reason. In these instances, Key Workers invest a considerable amount of time to keep clients engaged with Working Well and wider support services, sometimes with limited success. This shows how challenging it is to get some of Working Well’s clients into work and how long it can take. On a time limited programme, there is a question around whether, for clients nearing the end of their two years of support, additional resources should be invested to help those closer to the work into jobs, in order to reach Working Well’s targets (whilst maintaining the “normal” level of Working Well support for all others). It also highlights the need to ensure a proper handover at the end of the programme, to ensure that any progress made through Working Well is maintained in future.

DEMAND-SIDE ISSUES

4.21 As noted in the preceding section, Working Well clients have typically found work in sectors such as retail, customer services, cleaning, catering and care - and on the whole providers have reported reasonably good availability of vacancies in these areas. However, two issues have arisen on the demand-side which are making it more difficult to find job opportunities for some clients:

- **Zero hour contracts**, which do not necessarily result in the number of hours work that a client is looking for.
- **Unsociable shift hours** associated with many of the sectors listed above (especially those in out-of-town locations), **which can make it difficult for clients without access to a car to travel to work.** The Pilot has sought to address this issue where possible, by working in partnership with other services - for example, some clients have been able to secure a bike as part of prioritised support provided by Transport for Greater Manchester for Working Well clients.

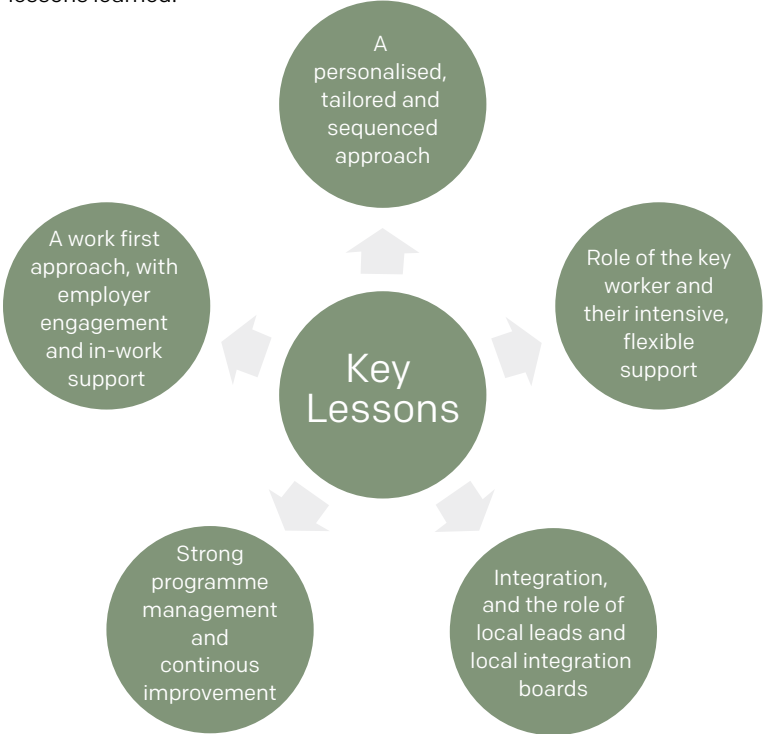


LEARNING FOR THE FUTURE

SUMMARY OF KEY LESSONS LEARNED SO FAR

- 5.1** The Working Well Pilot has supported almost 5,000 clients during the first two years of operation. Many of these clients have multiple and complex barriers to work, often with high incidences of severe physical and mental health issues, combined with widespread low confidence around being successful in work. So far, nearly 300 clients have entered work, broadly in line with targets for this point in time, and good progress is being made towards sustaining these outcomes.
- 5.2** The evidence gathered through this second annual report shows that a number of the factors identified last year continue to be important to the success of Working Well, and some new factors have come to the fore, especially in terms of an increased focus on jobs and employer engagement. These are summarised in Figure 5-1 and explained in the paragraphs that follow.

Figure 5-1: Summary of key lessons learned.



Source: SQW.

1. A PERSONALISED, TAILORED AND SEQUENCED APPROACH

- 5.3** A **personalised action plan** is developed for each Working Well client, and a **bespoke package of support** is then created in response. These plans are **tailored to each individual's needs, and ensure that support is integrated, prioritised and sequenced appropriately**. This approach recognises that the needs of each client, their personal circumstances, family life and complex set of challenges are different. Whilst the focus throughout is on achieving work outcomes, **Working Well addresses wider barriers to work faced by each client which need to be dealt with in order to ensure clients are confident and employable, with the aim of generating more sustainable work outcomes in the longer term**.

2. THE ROLE OF THE KEY WORKER, AND THEIR INTENSIVE, FLEXIBLE SUPPORT

- 5.4** The role of Key Workers has been central to the success of Working Well. Their intentionally low caseloads mean that Key Workers are able to provide **intensive, personalised and continuous support** to clients. They are credited with really **understanding clients' needs**, providing **flexible support** that is often **adapted** during the clients' time on the programme as their needs evolve and unexpected issues or setbacks occur, and **maintaining momentum**, even with clients who are more difficult to engage in a programme of this nature. The Key Worker also provides a **single, co-ordinating point of contact**, both for the client and other service providers.

3. INTEGRATION - THE ROLE OF LOCAL LEADS AND LOCAL INTEGRATION BOARDS

- 5.5** An integrated service offer, combining in-house support from the two providers with wider external services, is a central feature of Working Well, and critical to its success. However, this does not just "happen" without two key mechanisms that have been put in place. Firstly, **Local Leads** are essential to provide a key contact point in each area, with **local knowledge and established local networks** to draw upon to ensure that support is effectively joined up. Secondly, regular **Local Integration Board** meetings have brought together the "right" mix of partners round the table to discuss **client-level case conferencing** and develop solutions that are personalised, tailored and sequenced appropriately for each individual. This **collaborative approach** has ensured that an integrated package of support is developed for each client, and sequenced and prioritised appropriately. Services across Greater Manchester are now working together more effectively towards a common goal, and adapting their offer to better meet the needs of Working Well clients.

4. STRONG PROGRAMME MANAGEMENT AND CONTINUOUS IMPROVEMENT

- 5.6** Strong local contract management means that Working Well's Programme Office has a good understanding of what is working well (or not) and why. This is informed by **regular monitoring** of intermediate and job outcomes achieved, independent **qualitative research** and monthly meetings with providers. **Open and collaborative discussions** are encouraged at the monthly meetings, where performance is discussed and lessons around "what works" are shared. Through these mechanisms, the Programme Office is able to work with providers to make **real-time improvements** to delivery and ensure the Pilot remains on track to deliver job outcomes efficiently and effectively.

5. A “WORK FIRST” APPROACH, EMPLOYER ENGAGEMENT AND IN-WORK SUPPORT

5.7 Working Well adopts a “**work first**” approach, which is a priority throughout the support provided, alongside addressing a client’s wider issues, and has become an increased focus for the programme in the last year. A key feature of this work first approach is **employer engagement**, whereby Key Workers are able to liaise with employers where appropriate to manage expectations and understand recruitment requirements in order to better prepare their clients. **In-work support** - both for clients and employers - is also a critical factor to ensure clients stay in work. Key Workers help clients to address workplace-related challenges, but also continue to help them manage wider issues in their life (e.g. mental health) and unexpected events that may jeopardise their ability to stay in work (e.g. housing crises, relationship breakdowns). This support helps clients considerably through the first few months of work, and the evidence above suggests that once clients reach the 26 week milestone they are much more likely to stay in their job.

IMPLICATIONS GOING FORWARD

5.8 Now that the window for referrals onto the Working Well Pilot has closed, **the priority is to ensure that all clients on the programme continue to progress towards employment and that sustained job outcomes are achieved, leading to a net gain for the public purse in two years’ time**. This is particularly important for clients in the early cohorts of attachments onto the programme, who are nearing the end of their two year support package and have only a few months left to find work through Working Well.

5.9 Despite best efforts, it is expected that some clients will not have secured employment by the end of this period - and for these, it will be important to develop an appropriate “exit plan” so that they can continue to work towards the goal of work and are fully engaged with the relevant external support services. In addition, a “**warm handover**” back to Job Centre Plus is important, to ensure the progress made on Working Well is sustained in the longer term.

5.10 Many of the lessons from the Working Well Pilot have been used to inform the Working Well Expansion Programme.

THE WORKING WELL EXPANSION (PHASE 1)

5.11 The Greater Manchester Devolution Deal (November 2014), set out the expansion of the Working Well from 5,000 ESA claimants to up to 50,000 individuals from across a much wider array of claimant groups. In achieving this, core principles of the Working Well Pilot continue to be tested and developed through a multi-phased programme expansion. Initially reaching out to a further 15,000 additional referrals, the second phase will be embodied by the co-commissioning of a new National Work and Health Programme.

5.12 The first phase of the Expansion went live in early March 2016 and will be taking referrals until the end of March 2017. It is anticipated that referrals will be around of 1,200 per month across Greater Manchester. The providers, Ingeus and Manchester Growth Company, will aim (as did the Pilot) to support at least 20% of clients into work and 15% into sustained work (50 of 58 weeks). The expansion will again offer support to clients for up to 3 years (inclusive of 1 year in-work support).

5.13 The lessons learnt through the Pilot have shaped new approaches to the integration of local services, changing the way employment support is provided and information is shared across organisations. With a developing understanding of clients’ needs within the Pilot, Greater Manchester has enabled the creation of a wider Working Well Expansion Ecosystem. This embraces the Pilot’s bespoke wrap around and sequenced interventions but offers alternative referral routes into the programme (such as GP referrals) and additional coordinated access to bespoke skills support (focusing on English, Maths, Vocational and Employability skills) and mental health support (inclusive of a wide array of IAPT Talking Therapies).

5.14 Learning from the Pilot has given Greater Manchester confidence that this approach will reach the ambitious targets of supporting all attached clients across a wide range of complex issues in an efficient and effective manner. The Working Well Expansion is intended to continue to demonstrate that, through a collaborative arrangement between DWP and GMCA, a locally designed and delivered approach supported by integrated local services will achieve better outcomes for individuals and families.

AN OVERVIEW OF THE EXPANSION ECOSYSTEM

5.15 The Working Well Expansion Ecosystem is an integrated collection of bespoke, Working Well commissioned and wider public services, as illustrated in Figure 0-1. All referrals to the Working Well Expansion are made to the Personalised Support Service (Key Worker provision). The majority of referrals will come directly from Jobcentre Plus Work Coaches with a small number of clients will be referred from GPs.

Personalised support service

5.16 The Personalised Support Service reflects the Pilot model and is the 'linchpin' of the Working Well Expansion. It is the Key Worker service that oversees the totality of the support offered to a client, maintaining the client's action plan and continually assessing their progress and needs. The Personalised Support Service will also offer direct support to the client, including CV writing and interview training, motivational support and life coaching, and debt and financial advice etc.

Skills for employment

5.17 The Skills for Employment Pilot Programme has been designed to test the impact of better integrated employment and skills activities. Working Well Expansion Clients will have access to the Skills for Employment service through referral from their personalised support Key Worker. They will then receive client-tailored support from learning mentors; personalised skills training (including English, maths, ESOL, digital, vocational and employability skills as well as units or full qualifications up to level 3); work experience; motivational confidence building and referral to wrap around support services to tackle complex non-skills barriers.

Mental health talking therapies

5.18 The Working Well Talking Therapies service is being part funded through a national Mental Health Trailblazer. The Pilot aims to improve employment and mental health outcomes for out-of-work claimants who face barriers to work due to a common mental health condition, recognising there is a lack of integration in support currently available both in mental health and employment support services. In Greater Manchester, the Mental Health Talking Therapies Provider will offer psychological treatment for anxiety and depression as part of a seamless partnership with the Personalised Support Service.

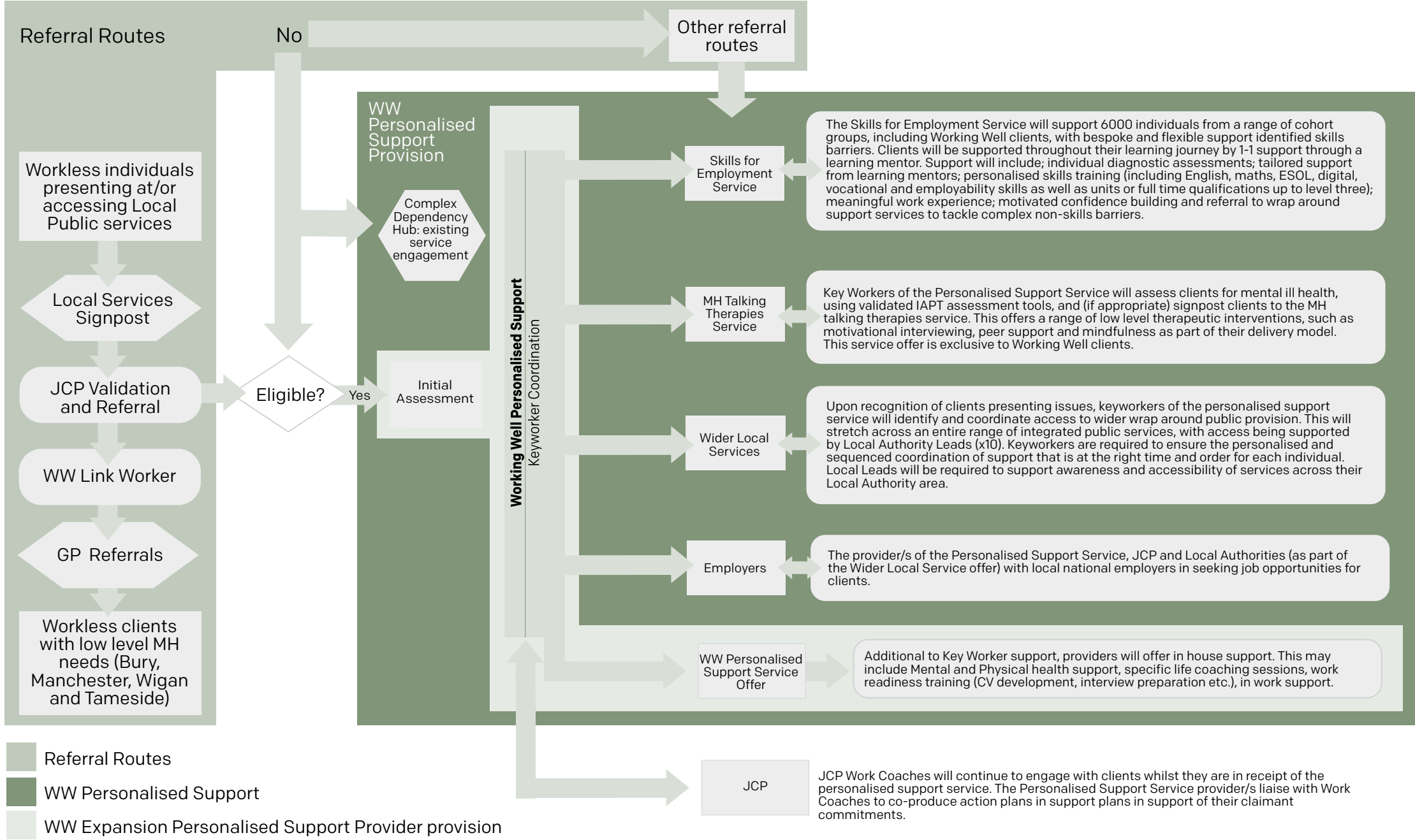
Wider local services

5.19 Building on the Pilot's approach, Local Authorities support Working Well Personalised Support providers to co-ordinate appropriate referrals through wider traditional support services. This wider offer is managed via Local Integration Boards and supported by a series of integration mechanisms (outlined in the Working Well Integration Blueprint).

5.20 The Working Well Expansion Ecosystem reflects the lessons learnt so far in the Pilot. The Ecosystem intends to provide greater choice and timely access to specialist services that have proved difficult to access in the Pilot phase. It is envisaged that such support can only be successful if delivered within a well-integrated environment.



Figure 0-1: Working Well Expansion Ecosystem



ANNEX A: FULL CASE STUDIES

A.1 This Annex sets out 22 client case studies, including examples from all 10 local authorities in Greater Manchester. This material was provided by local authority leads, based on conversations with clients, Key Workers and other relevant partners. The case studies illustrate the customer journeys taken by clients with a wide variety of presenting issues, from a range of backgrounds. This section informs the shorter cameos in the main body of the report, and provides practical examples of the issues that frontline programme workers face, and the ways that programme delivery supports positive outcomes.

BOLTON: CASE STUDY 1 – ANONYMOUS

CLIENT CHARACTERISTICS

- Female, 24 year old. The client had short periods of employment over 5 years ago.
- The client was in an abusive relationship with a violent partner who abused her physically, mentally and emotionally. As a result of this relationship, her two children had been removed and taken into care.
- A few years earlier she had witnessed her brother’s murder.
- Client suffered from anxiety, depression and a borderline personality disorder.

SUPPORT RECEIVED

- When the client disclosed the abuse she was experiencing, her Key Worker implemented Ingeus’ internal safeguarding procedures and raised with Bolton’s Local Lead.
- The client was extremely reluctant to engage with any support offered regarding her relationship and would often disengage when it was suggested that she might leave her partner. However, over time she began to develop a relationship of trust with her Key Worker.
- The Local Lead liaised with Bolton’s Domestic Violence Co-ordinator and it was recommended that local charity, Endeavour, who provides support for residents experiencing domestic abuse, should work with the Key Worker to support the client. Endeavour Project’s, Operation Manager worked with the Ingeus Key Worker to understand the client’s situation, risk, her wishes and the potential support which could be offered.
- It was identified that Endeavour’s Young Persons Domestic Violence Advisor would be the appropriate person to try and engage with the client. The Key Worker worked closely with the client to reassure her about the interventions proposed. A three way appointment with the YPDVA, Ingeus Key Worker and the client was conducted.

- This led to the client feeling that she could open up to Endeavour’s YPDVA and disclose her situation and discuss her thoughts, feelings, hopes and fears. Safety planning for the domestic abuse she was experiencing was conducted and work around self-esteem and confidence was all part of the individualised support plan put in place for the client.

OUTCOMES

- As a result of Endeavour’s YPDVA interventions, the client started to pursue activities independently of her partner including job searches with her Key Worker. She was more confident and happier at her appointments. Safety planning gave her strategies to cope if the abuse escalated including how to access help in an emergency situation.
- The client secured and completed a two week work placement with a local employer which further boosted her self esteem and her confidence in finding work.
- The Local Lead liaised with Bolton College regarding the potential for a supported employment placement for the client as part of the College and other public sector organisation’s commitment to offer supported employment opportunities to those furthest from the labour market.
- The client secured an interview and, due to intensive interview coaching and support from Ingeus, was successful in securing the six month placement.

OVERALL FEEDBACK

- The client continued to receive support from the Key Worker and local services which helped to sustain the placement. She is still with her partner but is progressing well and increasingly talks about leaving the relationship.
- The client and employer are pleased with how the placement is progressing. Bolton College’s Director of Human Resources said:

“Being part of the Working Well Programme is something that Bolton College are extremely proud of, as a College with strong community links the programme enables us to offer local people, who have been out of work, employment opportunities. It has been a really positive experience working with our Local Lead and Ingeus who are passionate about the initiative and are skilled at ensuring that the College is introduced to individuals who have the skills and experiences which are best suited to our organisation. When the College offered this client a role, it was evident upon meeting her that her past experiences had impacted on her ability to work and engage with individuals and this meant that she had very low self-esteem and issues around confidence. The role was offered to the client as she was able to convey that she was ready to work and wanted a job to help her in her first steps back into the working environment. The client has been with us for 5 months and has really settled into the role and the wider team. She is really enjoying the job and making a positive impact in her area of work.”

The client said of her Key Worker:

“I think this woman deserves recognition for the work she does. She has changed my life in ways I will never be able to thank her for. I have been on benefits since the age of 16, and on ESA for five years. I suffer from anxiety, depression and borderline personality disorder. Before I met my Key Worker, I thought my life would always be the same; scared, nervous never going out and hating the world. Since meeting my Key Worker I have come on in leaps and bounds, she is the most down to earth, honest person I’ve ever met. She made me feel comfortable at our appointments. She helped me with issues of domestic violence and gave me my confidence back, she is always on the other end of the phone if I feel upset and need to talk to somebody. A year on she got me my first job since becoming ill and helped me every step of the way with it from making my CV, helping me set up a bank account and sorting my work tax credits forms out. To think where I was last year with no hope, motivation or aspirations in life to how I am and feel now is amazing. I know I could not have done it without my Key Worker”

BOLTON: CASE STUDY 2 - GEORGE BURFORD

A Bolton man who struggled to cope after the tragic death of his son two years ago is looking forward to a brighter future, thanks to the backing he’s received from a pioneering Greater Manchester scheme that supports unemployed people into work.

With his life in turmoil, 23-year-old George Burford had little choice but to leave his last job as an industrial cleaner. The confidence he once had in himself was destroyed by his loss, and he became severely depressed.

However, earlier this year, George decided the time was right to start looking for work again, seeing it as a way to help him improve his health. He was offered a place on Greater Manchester’s Working Well programme, an employment and health-focused scheme that aims to help benefits claimants overcome their obstacles. Delivered in Bolton by employment specialists Ingeus, George was immediately offered one-to-one support to help him restore belief in himself and was then encouraged to develop a broad range of employability skills that would stand him in good stead when it came to applying for jobs.

“I had reached rock bottom and needed somebody to convince me I still had something to offer,” said George. “My Key Worker at Ingeus understood how I felt and I began to believe in myself once again, which proved to be the turning point.”

Through Ingeus, George successfully applied for a Construction Skills Certification Scheme card, which means that in the future he can work safely on construction sites. He also decided he would learn to drive and took his driving theory test. Alongside these early successes, Ingeus helped him rewrite his CV and taught him effective interview techniques, and he began to apply for jobs that would call on the many skills he already had.

“Ingeus supported me as I applied for a six-month paid placement with Bolton Council’s Neighbourhood Services department,

which keeps the streets clean, tidies public spaces and ensures plants and shrubs in the town are trimmed neatly,” added George. “It took every ounce of strength I had to go for an interview, but I did and soon afterwards I heard I had been successful. This was just the boost I needed.”

Employment Initiatives Manager Kate Kidd counts George as one of several Working Well candidates she and her team have appointed to work for the council on paid placements. *“Our aim is to offer help local people who, for various reasons, have found it challenging to get a job. The placements are designed so that employees can build on their skills and benefit from the experience of working once again. Hopefully they will lead to longer term employment either with the council or with other employers in the region.”*

Ingeus Key Worker Rachel Ravey added, *“Seeing George regain his confidence and enjoy success again has been a rewarding experience for us all. Obviously, a job can never be a substitute for the loss of his son, but it is giving him a reason to get up each morning. He’s enjoying his work and making new friends, whilst expanding his array of skills and benefitting from earning a wage. Working Well has unlocked so much for him once again, and we look forward to hearing of his continued success.”*

George now has this experience under his belt, and is continuing to work with his Key Worker to find a sustainable opportunity.

BOLTON: CASE STUDY 3 – ANONYMOUS

Graham was referred to Working Well in July 2015, at this point he lived with his parents in Bolton and had 2 children with his partner who he saw regularly. Graham had been out of work for 12 months, his last employer let him go due to Graham not being able to keep up with the demands of the role, which had crushed Graham’s confidence. He has various health conditions - haemophilia, epilepsy and learning difficulties, but was determined that he wanted to make positive changes in his life.

At first Graham had lost all hope in gaining employment, he felt due to his health and low confidence that this goal was out of reach. His Ingeus Key Worker - Katie, supported the client with regular one to one and group sessions to help develop his confidence, and he was referred to our Senior Physical Health Advisor who worked with him to understand how to manage his health conditions in a work environment. Graham’s Key Worker Katie supported him with lots of interview preparation and confidence building sessions until Graham felt like he was ready to start looking for work again.

Graham attended an interview via our National Accounts Employer Services Team with a national retailer, unfortunately he was unsuccessful on that occasion, however it inspired him to keep going and made him want to secure employment even more.

Graham knew a family member who worked for a large supermarket, and he was referred for an interview. Graham’s Key Worker completed a number of sessions to help him to prepare his answers and completed mock interviews to support his confidence. He was successful, and offered a role, originally a 15 hour contract, however due to Graham’s determination and good work ethic his employer increased his hours and offered him 16 as well as lots of overtime. Graham was thrilled, and his Key Worker supported to secure all his in work benefits. He was over the moon to be working again and thanked his Key Worker for encouragement and inspiration.

Over the last 6 months Graham has been in touch with his Key Worker as part of our In Work Support package, regular phone calls and conversations to ensure that he was coping in work and enjoying it as well as managing his money. During one conversation Graham disclosed that he was now solely looking after his two children in his parents’ home, his Key Worker took action and arranged a face to face appointment for him in our office. During this appointment his Key Worker helped Graham to contact his local housing team at Bolton Council to seek advice on finding his own home and made an appointment to ensure that Graham was aware of what financial support he was entitled to. They also made an appointment with Bolton at Home to start looking at suitable properties. Further support was also given to speak with Tax Credits and Child Benefits to transfer all monies for children in to Graham’s name.

With this ongoing support Graham is now actively looking for his own home for his family, he will be supported with finding suitable childcare and managing his family budget. Without this support Graham was at risk of not being able to cope with his new personal situation and his work. Graham is determined to progress in work and provide for his family, and deserves every success.

BURY: CASE STUDY 1 – ANONYMOUS

Rebecca joined Working Well in June 2015, and came to us with a number of complex barriers, including mental health needs. Rebecca was caring for her mother who had been suffering with MS for a long time. Rebecca last worked in 2006, and since her father passed away, had suffered a breakdown. She was diagnosed with anxiety and depression, and was taking regular medication for this. She had also had periods of psychosis in the past, and suffers with schizo-affective disorder. Some of her most severe episodes had seen her sectioned in the past, she had previously had support from a CPN, and was now at the stage where she saw her Psychiatrist for 6 monthly appointments to monitor her progress. Rebecca had tried to engage with Work Programme but found this difficult due to the mental health support she requires, although she was determined to make positive changes, and saw employment as a future option.

Rebecca's progress during Working Well has been remarkable. She had already made good progress regarding her mental health, but had extremely low confidence and self-esteem. Rebecca had varied work experience but couldn't see how she could gain the confidence to put this across to an employer. She engaged with Tony, her Key Worker, and was continually offered support and encouragement. She attended some group workshops with our Physical Health Advisor, Coretta, including Pilates and Sleep & Routine. Rebecca used the techniques she learned to help her to relax and think clearly.

Over time, Rebecca started to believe in herself and her ability. Her Key Worker, Tony, supported her to apply for a Bury scheme called "I Will If You Will" to gain some voluntary work experience. Tony also encouraged her to attend group sessions with Ingeus such as Recognising Your Strengths, which Rebecca really enjoyed. She started to take the lead in some group discussions, and wanted to start to attend more frequently. Rebecca had started to make clear progress and was engaged well in the service, as well as starting to apply for suitable work.

Unfortunately, during this time, Rebecca's mother became increasingly unwell, and passed away in October 2015. Although she maintained contact, Rebecca's Key Worker changed approach to ensure she was receiving the right level of support.

At the end of November, Rebecca felt she was ready to start to consider applying for part time work and was again attending regularly. Her Key Worker, Tony, maintained support and encouragement as it was crucial that Rebecca continued to move forwards at such a difficult time. By December, Rebecca was starting to feel more enthusiastic about work options, although she still found some days very difficult. We recommended Coping Strategies workshop, and to continue with Pilates and the support from our Physical Health Advisor. By January, Rebecca's application to IWIYW was back on track. Her Key Worker arranged a meeting with the Local Lead from Bury Council, who was impressed with Rebecca's outlook, skills and attitude. She was offered voluntary work experience as an administrator with Bury Council, and is continuing with this and her voluntary work at IWIYW.

Rebecca has a vast array of skills and now her confidence has improved, she is definitely a "people person". She has offered peer support to other Working Well clients, and has had fantastic feedback from her work placement. Rebecca's progress is an inspiration to our team and to other clients.

BURY: CASE STUDY 2 – ANONYMOUS

Barry joined Working Well in April 2014 and is 57 years old. Barry had experienced a traumatic incident, which had turned his life upside down. He had always worked, owned a property and had a stable life. Following the incident, Barry was left homeless, out of work, and suffering with depression. Having been diagnosed with PTSD, at the beginning of his journey on Working Well, Barry couldn't see a way forwards, or how he was going to be able to recover.

Barry engaged with his Key Worker, and was disillusioned about what help would be available to him. He was consumed with his depression, and this was further impacted by his housing situation and the worry over his adult son's mental health. Barry wanted to make changes, and wanted to ensure his son would not "go down the same path".

Barry's Key Worker had made linked with the HEN (Housing, employment and New Opportunities) Project in Bury, who had supported housing schemes available. Barry was re-housed and able to have his son living with him. They provide crucial support to each other and Barry started to have the belief that his Key Worker Simone would be able to help.

Simone made contacts through the Local Lead at Bury Council, and discussed Barry's circumstances with other support networks. Barry's circumstances were tracked at fortnightly case conferencing with the Local Lead who provided support in navigating local services who were able to help. Once Barry was more settled, Simone arranged a referral to Healthy Minds for one to one mental health support.

Barry continued to have a number of complex needs and issues, and due to problems arranging Housing Benefit, Barry was at threat of eviction- causing him a considerable level of stress. His Key Worker Simone and the HEN project have worked closely to resolve this, and provide a stable environment as much as possible. Barry started to attend with his son to Ingeus, and both were keen to make positive changes and gain work.

Barry has made enormous progress with his mental health, confidence and outlook. He feels the combination of the support from his Ingeus Key Worker and Healthy Minds have made all the difference. After his Key Worker sourced a CSCS course, Barry managed to gain some work experience as a shopfitting labourer.

Barry now is bidding on more suitable properties for long term let. With the support of his Key Worker, he applied to Bury Council for roles as a relief caretaker, and is now in work. He is employed on a casual basis, so still attends frequently to look for and apply for other sustainable roles. Barry's son also is in work, and both are settled in their work environments. Barry would like to consider self-employment in the future, and is about to start upskilling in IT.

MANCHESTER: CASE STUDY 1 - ANONYMOUS

CLIENT CHARACTERISTICS AND CHALLENGES

This female client was 55 when she joined Working Well. She lived on her own in social rented housing in Longsight.

The client reported 9 severe barriers to employment (bereavement, relationship break-up, lack of work experience, age, lack of qualifications, local labour market, physical health, mental health, stress and anxiety about employment).

She had been unemployed for 10+ years and had no qualifications. The client had been an alcoholic. She suffered from problems with her legs and back and said she was extremely depressed and stressed with her personal life, experiencing panic attacks. She has high blood pressure and high cholesterol.

The client desperately wanted support to find work and wanted to achieve this within 6 months.

SUPPORT RECEIVED

The client set goals to improve her health and wellbeing and find employment during her first action planning sessions. She wanted to work but felt that she had not been offered help in the past. The Key Worker and client decided to address employment goals from the outset. Because the client had not worked for so long she was unsure of what type of work she should seek and not confident about employment generally. The Key Worker conducted vocational planning activity with the client after which she accessed employability training.

Following this our Employer Engagement Team secured a placement at a city centre hotel where the client worked as a room cleaner. She was offered work after this however turned it down as the role was too physical and exacerbated her physical health condition.

Her confidence increased significantly following this job offer and a short while later she secured permitted work as a cleaner.

The client had good engagement with health services already and the Key Worker made contact with the GP and also the client's partner who was supportive. The client accessed the local alcohol detox service and the Key Worker monitored this activity with the client. She accessed a local job club and the Key Worker worked closely with the Big Life group Employment Worker.

This client started the programme with the statement 'find me work'. She knew that she faced significant barriers and had not been supported to achieve employment by any other services she accessed.

This is a good example of a client that was already receiving effective support from other services (physical health and alcohol recovery). What was missing was the final outcome of employment which she was not able to achieve herself or with their support. The Key Worker was able to make himself know to the GP and Alcohol Worker and take responsibility for employability work which operated alongside and complemented their activity. This allowed rapid progress to be made and the client reported their barriers to work decreased significantly.

OUTCOMES

At her most recent review the client reported only 5 severe barriers to employment and all had improved except her perception of age. She reported significant improvement against physical and mental health rating both as a 3 (down from 6).

The client gained work as a cleaner and is settled into and enjoying her job. She started initially doing permitted work at less than 16 hours. This allowed her to gradually gain confidence in herself and make sure that she was still able to manage her health.

Her Key Worker communicated with the employer and the client to arrange for her hours to be increased. He undertook better off in work calculations to identify the number of hours the client should aim for to give her the income she wanted and she gradually increased them to this point (30 hrs/wk). She has been off benefits for 7 months now and there are no concerns over her employment.

OVERALL FEEDBACK

The client is now working 35 hours a week and her pay has increased to £7.20 hr. She said that Working Well had 'really helped her', 'been brilliant' and thinks she would have still been unemployed without the service's help. Being able to turn down the first position she was offered and wait for something that suited her health condition was important and she is happy in her job and enjoying it. She also reported no barriers to her staying in work.

MANCHESTER: CASE STUDY 2 - ANONYMOUS

CLIENT CHARACTERISTICS AND CHALLENGES

This male client was 51 when he joined the programme. He lives alone in social housing in Cheetham Hill. He had been out of work for 11+ years and has no qualifications. He was an alcoholic from his teenage years and had liver damage as a result. He detoxed 6 months before joining the programme and a key goal for him was remaining alcohol free.

He reported 10 barriers to employment and 7 of these were severe; (bereavement, relationship breakup, convictions, lack of work experience, age, skills, lack of transport, physical health, mental health, debt/finances)

He reported mental health as his primary condition (anxiety, bipolar, thought of harming himself and others).He also reported physical health conditions (stroke/TIA, liver damage and damage to his spine).

The client has also had issues with destructive thoughts involving hurting others, which his Key Worker has had to address. In one particular incident, the client purchased a weapon to attack one of his friends, following a severe argument. His Key Worker, once informed by the client, took immediate action to control the situation, advising the client on the availability of crisis services and contacting his GP and psychiatrist.

Following conversations with a mental health worker and the GP, the Key Worker deemed the situation to be relatively low risk, as the client subsequently disposed of his weapon. Nevertheless, the Key Worker took action to book an earlier appointment for the client with his psychiatrist and a follow up appointment with his GP to monitor progress. Following this episode, the client has not reported any further inclinations towards violence.

SUPPORT RECEIVED

This client has multiple and complex needs and experiences regular stressful events to which his resilience was initially very low. Support at first was very practical and focussed on helping him to organise his engagement with other services and immediate milestones. The Key Worker also used motivational interviewing to help the client plan longer term goals and the sequence that was right for him.

These goals have included engaging with a dentist and receiving dentures, attending training courses at Back on Track, seeing family members and involvement with health services.

He has experienced several crisis events including a bereavement and the deteriorating health of a family member which he has been able to cope with without drinking again.

The Key Worker engaged early with this client's medical workers by phone and was able to help the client to re-arrange and attend his psychiatric appointments and adapt to changes in medication. She also shared information with the GP when the client reported thoughts of self-harm. Other services she has supported to the client to access and integrated support with include The Brian Hore Unit, Back on Track and his dentist.

He now reports much greater confidence and self-efficacy and is able to cope much better with challenges he faces. He is now able to complete the majority of actions agreed with his Key Worker himself. Recent support has focussed more on planning for the future and less on responding to day to day situations

This client was already accessing multiple services when he joined Working Well, but often in a sporadic and uncoordinated manner. Access to health services remains high as the client's health changes regularly however key relationships such as with his GP and mental health worker are improved and he has achieved several medication reviews which have improved his management of long term conditions. He has also tackled issues with his teeth and a skin condition both of which would have progressed in the future. He is an established client of Back on

Track where he has completed several courses and is commencing with volunteering, a key step towards greater employability. Crucially for this client he remains alcohol free after 18 months with Working Well.

This client benefited enormously from Key Worker support which coordinated his engagement with service providers, helped him to attend his appointments and take his medication as prescribed.

OUTCOMES

At a recent review he reported between 6 barriers to employment of which only one was severe (Physical health). His most recent wellbeing assessment saw positive responses to 16/17 questions. He has much greater control over his day to day life and remains alcohol free. He has reengaged with his family and is starting to volunteer, talking about work in the future.

This client has not found work yet. He has taken significant steps towards this however with volunteering and his confidence in being successful in work has increased from 0 to 3.

OVERALL FEEDBACK

“I’ve got huge support from Working Well. They treat me with respect and listen to me as if I’m important to them. I never had such a warm response elsewhere.

Through my Key Worker’s support I managed to register with the dentist, got dentures fitted in, this helped me to regain my confidence. I’ve given up on drinking alcohol, living a better life. I now attend courses at Back on Track and am looking for voluntary work to help others do the same.”

OLDHAM: CASE STUDY 1 – CLARE DAVIES

An unemployed mum from Hollins, near Oldham, has overcome her debilitating depression to set up a fitness business with her husband, thanks to the support she’s received through Greater Manchester’s Working Well programme. Fitspiration Fitness has been formed as a result of Clare Davies taking part in the employment and health focused programme, which is delivered by Ingeus and aims to support people who face complex barriers to employment.

All four of Clare’s children were born prematurely and, whilst she and her husband Kevin were determined to provide the very best love and care for them, the intense demands of nursing each child to full health took its toll on 31-year-old Clare.

“As parents, it’s wonderful to see our four children making normal progress,” she said. “But my own health really suffered when my children were extremely vulnerable.”

“I began to think there was no way out,” she added. “Each day was a real challenge and, whilst I dreamed of being a mum and having a life, too, the reality was very different. I couldn’t leave the house and it became a prison to me. Everything just spiralled out of control.”

Kevin encouraged Clare to use fitness and physical activity as a way out of her depression and, slowly, her health improved. *“I wanted to work so that I could financially contribute to our family life, but I had no idea how to get myself noticed again, let alone find a job that was right for me.”*

Jobcentre Plus referred Clare to Working Well, which is aimed at people who are claiming Employment and Support Allowance. The scheme is designed to help jobseekers overcome their barriers to work by pooling together the resources of specialists throughout the region as well as offering one-to-one support.

“Our first step was to understand what Clare wanted for herself,” said Ingeus Key Worker Steph Bartle. “She had already embarked on a college course in Oldham to gain her Level 2 fitness instruction

qualification and so we suggested to Clare and Kevin that their joint enthusiasm for an active lifestyle could be turned into a profitable business. Fitspiration Fitness was set up, and Clare and Kevin are now able to look towards a brighter future.”

Ingeus helped the pair register their business and introduced them to others who could offer practical help and advice. Clare and Kevin are now based at Hollinwood Gym in Chadderton and are using their skills and enthusiasm to encourage others to keep fit. They are also helping others who are experiencing depression and unemployment.

“Without Ingeus and Working Well we would never have got off the ground,” added Kevin. “The belief they had in us really encouraged us, and now Clare can mix the demands of being a busy mum with having a life of her own. We are both determined to succeed - it will be our way of saying thank you for all the support we have received.”

OLDHAM: CASE STUDY 2 – ANONYMOUS

Stephen joined Working Well in Oldham in October 2015, aged 46. Stephen had been out of work for over 6 years after being made redundant from a cleaning role. Stephen has epilepsy which is well managed, but has some anxiety which impacts him day to day. Having completed Work Programme, Stephen felt he didn’t receive the one to one support he required, as his lack of confidence with literacy and IT meant that he wasn’t being effective in his job search. However, Stephen had taken steps to improve his literacy and numeracy while on Work Programme, and had completed a Level 1 qualification.

Stephen experienced a number of other difficulties which were making it hard for him to overcome his anxiety. He has a complex and unstable family life, and had been assaulted which had left him feeling more anxious and nervous about getting out and about to look for work.

His Key Worker felt that Stephen needed support and reassurance: *“Stephen responded really well to positive praise about his progress, and wanted to check with me that he was doing things right. We made sure we constantly checked back over his action plan so that we could celebrate each small step he was making in the right direction”.*

Despite having a number of health and personal barriers, Stephen was so willing to make positive changes that he engaged in a range of interventions provided both internally with Ingeus, and also external partners. He worked with the Ingeus Coach and took part in workshops such as CV Building, Interview Techniques, and Recognising Strengths. As Stephen became more positive about finding work, he met with the Health Advisor to discuss how to disclose his health condition to an employer, and also took tips on managing his health in the workplace. His Key Worker continued to provide one to one support for job searching, and also helped Stephen to enrol in the Level 2 Literacy course with the local Lifelong Learning Centre.

The Ingeus Employer Partnership Co-ordinator then met with Stephen to look at available vacancies being managed by the team, and also explored ways that we could market Stephens’s skills to prospective employers. Stephen received lots of constructive feedback and was always willing to try techniques to help his jobsearch either to advertised vacancies, but also within the “hidden” jobs market. Stephen completed the preparation to the Ingeus Candidate Pool as a result of all his hard work. This ensures he was at the top of the list when being considered for available jobs, and his Key Worker then funded a new interview outfit.

Stephen was referred to Get Oldham Working, the employment team as part of Oldham Council. The team recognised Stephens’s potential and immediately registered Stephen so that they could support to source available opportunities. Stephen has been put forward for a one week course and also has been offered some volunteer work in a gardening placement. Stephen is thrilled, as his goal was to work in street cleaning or grounds maintenance. The Get Oldham Working team feel positive that the placement will turn into an available role for Stephen, and we continue to monitor his progress and search for other opportunities.

OLDHAM: CASE STUDY 3 – ANONYMOUS

Justine is a client aged 48 from Oldham, who joined Working Well in March 2014. She is a single parent, and has an adult daughter who has been diagnosed with significant mental health issues. She also has a son who lives with her, who has Asberger's Syndrome. Justine has her own significant health issues, mainly issues with her back, she suffers with chronic pain from a traumatic back injury 4 years ago, and in addition has a fused womb and bowel which causes her discomfort.

On joining Working Well, Justine felt that work was not an option. Her physical health conditions, and living in pain were contributing to poor mental health. She disclosed that she also suffers with depression, although had good support from her partner. Justine would not consider any counselling or face to face therapeutic support. She had been prescribed anti-depressants, but had stopped taking them as they made her feel nauseous.

Justine is a determined and tenacious lady, and in addition to her complex family life, had also been caring for an elderly aunt. She has a caring nature and naturally put others needs before her own. She engaged with her Key Worker and gained support through Ingeus Senior Health Professionals. After having a one to one appointment, she received advice and support on managing her health from our Physical Health Advisor.

Justine had not worked in more than 11 years, her last role was as an evening cleaner for McDonalds, although this was only for a short time. She wanted to make positive changes in her life, and started to attend a series of workshops, including confidence building. Through the support of her Key Worker, Justine started to identify her personal strengths and how these could be applied to a work environment. She explored the skills she deployed to care for her relatives, and in particular her son.

Justine started to show an interest in working in Care, and her Key Worker built a tailored CV which showed the skills gained in her personal life, and how these

could be applied to a work environment. She engaged with the range of support on offer, including from our Employer Partnership Coordinator - who contacted relevant local Care companies to discuss Justine's background, and explore available positions. Justine completed a number of applications for roles within Care, and then linked with the Ingeus Coach for support on interview techniques.

Justine has made enormous progress and is incredibly excited for the future. She has recently been successful and offered a role locally, which is ideal as she will also be on hand to support her son. She is awaiting the final checks and then will have a start date. Justine's new job will see her providing one to one care and support for a young adult with Autism.

ROCHDALE: CASE STUDY 1 – ANONYMOUS

Neil (not his real name) aged 39, has been out of work for more than 6 years and is suffering with anxiety and depression. He lives alone and is renting his property from social housing.

BARRIERS

Neil's anxiety meant that he was unable to attend any appointments without his support worker and was classed as in the vulnerable group by JCP. He had been in care most of his young life and had confidence and trust issues. Neil was unwilling at first to engage with Working Well, and had completed 2 years of Work Programme recently. He wouldn't maintain eye contact during the first few months of appointments. When first attended Working Well, he was accessing ADS for alcohol issues. As he was receiving specialist support- we looked at ways to find wraparound support to ensure he was successful.

Key Worker SUPPORT

Our Key Worker explained available local support, and referred to IAPT services which Neil successfully engaged with. Key Worker noted that following this referral and whilst attending sessions, Neil opened up more during 121 appointments. Key Worker also referred to our Senior Mental Health Advisor at Ingeus, and Neil undertook one to one support. As his confidence improved, our Key Worker referred him to a number of internal Ingeus workshops to further improve confidence whilst also bringing on employability skills. These workshops included; Know Your Limits, Achieving Your Goals, Benefits of Work and Effective Jobsearch. Neil became more confident during each intervention and progress was regularly checked with his reduction of alcohol. Our Key Worker then worked with him to update his CV and completed a Better Off Calculation looking at the financial benefits of work. The relationship took time and patience on both sides for the client to trust the Ingeus team and to be confident enough to take part in activity.

We supported the client to find and access suitable local training, where he obtained his CSCS card, due to his past employment history he undertook a Supervisory level course.

Our Key Worker was in regular contact with Alcohol Support Worker as Neil was being supported to reduce his alcohol intake down as opposed to going through detox. Neil didn't think he could handle the detox process. Our Key Worker contacted Shaun Donnelly at Rochdale Training to enquire about any opportunities to help Gary move closer to employment. This link led to Neil being introduced to ACES and allowed him to start some voluntary hours with them.

PROGRESS

Neil stopped needing the support of a Social Worker in September, and started to attend appointments alone, in his car and walked into appointments confidently. After 5 months, he no longer required ADS support and he managed to stop drinking completely.

He secured voluntary work at ACES – Alternative Construction Skills for young people aged 11-16yrs old who have been excluded from mainstream education. He is supporting teaching them a variety of skills to help them socially / academically. Neil felt that due to his early years' experience, that he could communicate with young people to obtain life skills. He started in November 2014 for 3 days per week (4 hrs per day). This then became paid permitted work (under 16 hours) and then on 28/10/15, he obtained a contract for 16 hours and was able to sign off. Our Key Worker sourced a local Community Centre in Middleton where Neil was able to start an adult teaching qualification which helped him during his voluntary work and to obtain a paid position. Ongoing in work support is being provided.

ROCHDALE: CASE STUDY 2 – ANONYMOUS

Michael was referred to Working Well at Ingeus in November 2014, and had a series of complex barriers with which he needed support. Aged 24, Michael had no previous work history, and is intelligent and capable. Claiming ESA due to depression and taking medication due to severe migraines, Michael had completed Work Programme, but didn't feel that work was a viable option at this time. Michael needed personal support, as he was experiencing difficulties at home. His mother had experienced a breakdown, and had made attempts to take her own life. Michael wasn't officially her carer, but as an only child was constantly worried for her safety and wellbeing. The situation at home meant that Michael didn't feel able to consider moving out, or making changes in his life. His mother had been admitted to residential psychiatric care on occasions, which Michael found incredibly upsetting.

Michael engaged well with his Key Worker, and clearly needed support and someone to talk to. Without the status of a carer, he wasn't being recognised as providing the support and wasn't receiving any support himself. Michael has the talent to move forwards but at this time this was a difficult balance. We encouraged Michael to take part in a variety of workshops to support with his health and employment options: such as confidence building, disclosing health and interview techniques. He also did one to one tasks with his Key Worker to help to build his confidence and see his skills as valuable to an employer.

Michael started to attend more frequently and wanted to make changes. With the support of his Key Worker Suzan, he was referred for one to one counselling through IAPT and he started to apply for work regularly, in particular apprenticeships in IT. He was successful at securing interviews (3 in a 2 month period) with various organisations but wasn't successful. He worked on the feedback about ways to promote his skills more effectively.

Suzan then contacted a local Housing Provider, about available opportunities, and interviewing a selection of clients at our Ingeus office. This was arranged and Michael was immediately identified as being an ideal candidate with his excellent IT knowledge, commitment and willingness to learn, with the goal of achieving a role within the Housing dept. He undertook voluntary work 3 days per week within the Governance section, and proved to be reliable and enthusiastic even though he was dealing with his mother's health and situation at home. Michael was interviewed for a traineeship role which evolved into full time employment in August 2015. Due to his achievement and contribution at work, he chosen to be nominated for two awards by his employer, one was a Customer Service Champion award as part of National Customer Service week and was invited to attend the award ceremony in London. Michael deserved the opportunity to prove himself, and show his talent at work, but on joining Working Well couldn't see this as an option. He is a clear example of how the approach and support of the team can make all the difference to change lives. His success at work is entirely down to his commitment and skill. Michael continues to be happy in his role. His migraines have subsided and he has had no time off due to ill health.



SALFORD: CASE STUDY 1 – ANONYMOUS

CLIENT CHARACTERISTICS AND CHALLENGES

This female client was 42 when she joined Working Well. She suffered from physical and mental health conditions. Her physical health was an auto-immune disease which incapacitated her every time it flared up causing ‘my skin to fall off and my hair to fall out’. This means she is hospitalised and requires a lot of treatment every 8-10 years and can take 18 months to recover.

Previously she had always had a financial buffer to get her through however the previous flare up had left her unemployed and she had lost confidence and was depressed.

SUPPORT RECEIVED

The Key Worker used motivational interviewing with the client to enable her to set long term goals and choose the right sequence for them. These focussed on her mental health and finding work. She knew that self-employment was right for her as it allowed her the flexibility she needed to manage her health condition. The Key Worker supported the client to improve her confidence through using MI and helping the client to achieve the tasks and goals she set herself.

Mental health treatment was rapid. The client was waiting for treatment through her GP and the Key Worker made contact with them to advocate on the client’s behalf. Since the waiting list was long she took a decision to refer to Self Help Services for CBT. The client had previously had CBT and not had a good result however the Key Worker arranged for Self Help to speak to the client and provide details of the programme which she agreed to access. Self Help were able to assess the severity of the client’s mental health and step her up to a higher level intervention which she accessed immediately. The Key Worker maintained regular contact with mental health staff to avoid duplication and support the client with clinical goals.

Following this we referred the client to self-employment support using Blue Orchid and Jobcentre Plus who helped with a business plan and gained her access to financial support for new start-ups.

Support followed the wishes of the client and tackled her health and confidence first followed by her employment goals. The client was very particular about self-employment as she felt that having control over her working hours was essential so she could manage her health condition. The financial support available through JCP’s New Enterprise Allowance was a key driver of success as it removed financial risk in the early months of business set-up.

The skill of the Key Worker in navigating mental health support in Salford was instrumental in achieving an important milestone for the client.

Dialogue between the GP, Key Worker and mental health therapists was important as it allowed the client to gain more rapid access to treatment. The client had the view that she had no control over her

physical health as flare-ups occur when they occur. She did however have control over her mental health and achieving recovery was identified by her as the goal that would enable her to move back into work. Listening to the client’s wishes around employment was also key in finding a job that is right for her and therefore sustainable.

OUTCOMES

The client made significant progress with her confidence and mental health and ultimately moved into self-employed work.

This is now a sustained outcome. She trades as a photographer and is also now managing a bar at Manchester United. She loves the people side of things which is something that she would have been anxious about in the past.

Both jobs allow her to work when she can and she is better able therefore to manage any flare-ups as they occur which was a key requirement for her.

The client received ongoing self-employment support and meetings with her Key Worker as the business was established.

OVERALL FEEDBACK

“Everything positive that come through that period came from my meetings with my Key Worker’ ... It felt completely tailored to me. It was all about my personal circumstances and where I wanted to get to. From when I first started with Big Life to where I am now is a massive difference!”

SALFORD: CASE STUDY 2 – ANONYMOUS

CLIENT CHARACTERISTICS AND CHALLENGES

This male client was 33 when he started the programme and lived in Pendleton. He had a 5 year old son. He reported mental health issues as his primary health condition (anxiety and depression). He reported mental health as a severe barrier at assessment. At his first review, once he was more comfortable with his Key Worker, he also reported that lack of skills and lack of work experience were severe barriers. He had been unemployed for 4 years. He had no qualifications at L2 or higher.

He did not believe he could find work and did not know when he might be in employment again.

SUPPORT RECEIVED

The client responded well to motivational interviewing and set goals for himself that related to physical health (fitness and smoking), skills and volunteering. He was reluctant to address his mental health at first and had accessed CBT unsuccessfully in the past. The Key Worker made contact with Salford Employment Service (Work Company) about voluntary positions and coordinated with the adviser. Over the first few appointments the client made several unsuccessful applications for voluntary work. His family circumstances changed and his mental health deteriorated to the point that he reported he was having ‘more bad days than good’. The Key Worker provided advice about mental health treatment and referred the client for therapy through his GP and her contact at Self Help Services after which the client was able to access counselling.

The client’s confidence was low and although he talked about work in the future he was not yet ready. His Key Worker referred him to Back on Track for skills support and he achieved his first L2 qualification. The client also accessed Being Well Salford and successfully quit smoking.

The Key Worker was able to link in with employment, mental health and public health services in Salford, co-producing support and providing input to activity and updates to linked services.

The client had clear goals at the start of the programme to volunteer, increase skills and, eventually, work as a support worker. Progress against these goals was incremental and achieved in the context of the addressing his mental health and managing events associated with his family circumstances. Towards the end of his two years on the programme he was ready to seek work and was supported to successfully apply for a support work role.

This client made steady progress against his goals. The length of time that Key Worker support was available for was essential as almost the full two years was needed. This was due to the client’s family circumstances experience of his mental health condition changing several times during the two years. The Key Worker was able to coordinate support from multiple services around the client’s changing circumstances, allowing him to access and reaccess support when he was ready.

OUTCOMES

The client achieves his first L2 qualification in health and social care. He has been offered work and made progress against his initial goals. He reported high self-efficacy, wellbeing and management of his health condition at his most recent review. He rated mental health as a barrier to work as 2 (max =6).

The client has found work as a support worker which was his exact job goal. He was supported by Big Life employment staff to apply for 5 jobs before he was successful. They provided employability and interview training and purchased interview clothes for him.

OVERALL FEEDBACK

This client benefited from the length of time support was available for. His Key Worker was able to co-ordinate support over a two year period which gradually increased the client’s work readiness. Once ready, rapid and intensive employability activity gained the client the job role he had identified as being right for him.

“He is ‘really looking forward to starting work as he feels he can achieve so much more’.

STOCKPORT: CASE STUDY 1 – NATHAN CROWTHER

The life of a young unemployed man from Greater Manchester has just been transformed, thanks to the backing he’s received from a pioneering scheme that supports people into work.

Nathan Crowther, 22, from Reddish last worked four years ago as a refuse collector, but resigned after being assaulted whilst doing his job.

“Being attacked had a profound affect on me and, without realising it, I became very withdrawn. After I had recovered physically I really wanted to work and earn my own wage, just like anybody else of my age would. However, I lost all confidence and belief in myself and was reluctant to leave the house. I developed agoraphobia, anxiety and depression as a result of my experiences, and the prospects of me ever getting a job seemed a long way off.”

Nathan credits his newfound success at ASDA’s superstore in Hazel Grove to the Working Well programme, delivered in Stockport on behalf of Greater Manchester Combined Authority (GMCA) by employment specialists Ingeus. The employment and health-focused scheme aims to help benefits claimants who have not worked for at least three years to overcome their obstacles.

Supported by his family and a team of advisors, Nathan was encouraged to look once again to the future, rather than the past. He attended a series of one-to-one employment advice sessions with his Ingeus Key Worker Janine Ryan and gradually began to appreciate that he had many transferable skills and experiences, as well as the right personality to work at a supermarket. The job was at the top of his list.

“Nathan completed a series of online tests and passed them all with flying colours,” said Janine. “Although his confidence was still low, it was clear he had the right attitude and he was selected for a job interview. Whilst he was unsuccessful at his first two attempts, it was third time lucky. Nathan was absolutely delighted to be offered a job, something

he could not have contemplated until recently. He really has overcome several huge obstacles.”

Nathan now looks after fresh food produce at the store and ensures the shelves are fully replenished. He also helps customers find the products they want, which he admits would have been impossible until recently.

“My colleagues here at Asda have been brilliant and I’ve turned all that around. I really look forward to coming into work each day now - I enjoy my job and I love the independence it gives me.”

Cath Walker from Asda assessed, interviewed and then appointed Nathan to work at the store.

“We only ever offer jobs to people if we are confident of their capabilities, and Nathan showed us he had the right skills. He applied for his job in the usual way, and we selected him because he had all the qualities we were looking for, including commitment, a willingness to work hard and a determination to succeed.”

STOCKPORT: CASE STUDY 2 – DEBBIE DANIELS

A Stockport mum of two who signed up to the Working Well Pilot has given the scheme full credit for helping her overcome her debilitating depression and get back to work.

Debbie Daniels lost her job working in a care home back in 2012 and says it was far more than her career that disappeared overnight.

“I lost contact with the people I had been caring for over many years and who were a significant part of my life. I experienced a kind of bereavement and it completely knocked me for six.”

With a family to look after, Debbie tried to get another job but her spiral of decline continued. She knew her health was suffering, and her children noticed how their once-happy mum just didn’t smile anymore.

“I shut myself off from everybody, including my family, and at times the pain was unbearable,” she added. “Luckily, I sought medical help and being diagnosed with clinical depression proved to be the turning point.”

Debbie signed up to the Working Well programme delivered by employment specialists Ingeus on behalf of Greater Manchester Authority, and was partnered with Ingeus Key Worker Janine Ryan. Together with Ingeus’s mental health team, they helped Debbie break down her barriers.

“Janine understood exactly what I was going through, and she and her team spent a lot of time helping me come to terms with my anxiety and depression,” added Debbie. “Slowly I began to see there could be a future for me back in the career I loved most, but which I had rejected because of the hurt it had caused me.”

Back on her feet, Debbie was invited for an interview with Fusion Care, which provides supported accommodation for young people during their transition to independence. With her previous experience and skills, she was the natural choice for the job.

“We’re always looking for carers who have the knowledge, empathy and right approach to working with vulnerable young people,” said Kelly Robinson, practice manager for Fusion Care. “Debbie ticked all those boxes and more besides, and so we were delighted to offer her a job.”

Ingeus Key Worker Janine added, *“Working Well is all about building relationships of trust with our clients. Once Debbie believed in us she started to believe in herself once again, and that made all the difference. She’s now a confident person and doing the job she does well - so well, in fact, that she’s helping us as we support other jobseekers. Her story is inspiring and she’s able to help others who are experiencing health issues, and encouraging them to rebuild their lives through having a job.”*

STOCKPORT: CASE STUDY 3 – ANONYMOUS

James (not his real name) has been homeless for the last 18 months and is sleeping on the street in various locations in Stockport 4/5 nights a week. He can occasionally stay with his brother or his sister. He has outbursts at people who he feels are talking about him or looking at him in the wrong way, in the past these have been violent and he has been to prison several times through such incidents. He has managed to stay out of trouble however, for the last 5 years. He does have a GP who has diagnosed anxiety, however James feels he has had limited support, and also feels his mental health condition is more severe. He mentioned Asperger's, Borderline Personality Disorder and ADHD.

INTEGRATION BOARD SUPPORT

Our Key Worker discussed this client during a steering group meeting. Representatives from SLAS (Stockport Local Assistance Scheme) and Welfare Rights who attend the meeting were able to provide valuable advice about how the client should present as homeless at Stockport Homes and how SLAS could assist with helping with furniture for a potential new property. This is a great example of the networking opportunities that become available through the co-location with the council and leads to integration with services.

INPUT FROM LOCAL LEAD

Our Key Worker also contacted the local lead for assistance in accessing services for Mental Health and to try and get the client off the street and into accommodation. Nick Hill (Local Lead for Stockport) referred to Head of Independent Living Services at Stockport Homes and Clinical Services Manager - Stockport Psychological Wellbeing Service

Our Key Worker was put in touch with Stockport Homes and a meeting was arranged for the client and Key Worker to attend to officially register the client

as homeless. A meeting was attended with Housing Officer, and the Key Worker assisted the client to complete a medical questionnaire, wrote a letter of supporting information about the client, and obtained a proof of benefits letter from DWP. Ingeus were able to advise the client on the correct documentation to bring, so Stockport Homes had all the relevant documentation they had requested within 2 days.

In terms of the mental health referral, the Key Worker completed a referral form with the client, who also felt confident enough to call them himself. He was booked an initial assessment within a few days.

The outcome was that Housing Officer assessed the medical form with the medical officer and the client was awarded more points, based on the evidence supplied as advised.

James then attended the initial assessment with the self-help service. After a setback, James was offered a flat and with liaison from SLAS secured starter pack including white goods, carpeting and curtains. Stockport Homes also provided a £90 voucher for B&Q. James was recently able to have his young daughter to stay with him for the first time since she was born.

James completed CBT, which has left him feeling much more positive and says it has really helped him to turn his life around. He feels he has been given tools and techniques that can help him combat his anxiety by himself in the future. He secured part time work in August 2015 through an Ingeus National Account Employer and is doing well.

TAMESIDE: CASE STUDY 1 – ANONYMOUS

Jude (not his real name) is a client from Tameside who, at 50 years of age, now feels he is ready to go back to work for the first time after many years of drug abuse. He feels this is largely due to the support he is receiving on the Working Well programme at Ingeus, which he describes as “absolutely brilliant”. He was a previous drug user whose health had been impacted from many years of drug abuse in addition to suffering from COPD, depression and anxiety. He had successfully completed drug rehab in 2015.

However, when he first started the programme in September 2015, he was not confident in his ability to work due to his health conditions and general fitness levels. His Key Worker, Darren, was concerned that he was malnourished, pale and frail with frequent colds and chest infections. He referred him to Ingeus's Senior Health Professional, Laura, who is a Physiotherapist for support to better manage his health and wellbeing. After a 1:1 session, it became clear that Jude was very motivated to help himself but just needed some direction as to how and some support to change his lifestyle and wellbeing. He was booked on a workshop to help improve his sleep and then referred to Working Well's Physical Activity partner in Tameside.

This is known as the Live Active Service. Jude was able to use an Active Tameside Gym venue for free but was worried about exercising with his condition. He has been set a very specific program and education around his COPD condition and how important it is to remain active. He has had weekly contact within the gym drop in with a specialist advisor in order to build his confidence around exercise and his capabilities. He now confidently attends the gym 3 times each week, feels stronger and more able to work at a higher level than previously. His confidence has improved as he is now able to manage his breathlessness and so isn't fearful of this any longer therefore not avoiding daily activities. In fact, his job goal is now to work as a binman or in a recycle centre so he can keep active and fit. Jude's Key Worker Darren says *“He is like a new man, healthy looking, eating well, put on muscle, and his mood and confidence levels are now great”.*

Jude says *“I am more confident in finding a job because I feel fitter, physically and mentally. I'm motivated and encouraged by the support I have achieved through Ingeus and the services and courses they sent me to. I am going to the gym regularly, I'm strong, confident, healthier.”*

“I even have qualifications in First Aid, thanks to the Aspire course Darren sent me on, so yes, I can see myself in a job in the next few months”.

“I have never received this level of support before, so am very grateful, absolutely brilliant”

Jude is engaging with more job focussed activity with his Key Worker and regularly applying for work.

TAMESIDE: CASE STUDY 2 – ANONYMOUS

Robert is a single parent, aged 41, and joined Working Well with Ingeus in December 2014. On joining the programme, Robert made it clear that he didn't feel that work was an option at this time. Robert had previously had a stroke, and was taking medication as he also suffers with arthritis. Dealing with these health issues at such a young age was really taking its toll on Robert's mental health.

On meeting his Key Worker, Robert said he wasn't applying for work, and didn't have a CV. He didn't feel confident about finding work, and wasn't taking any steps to secure a job - he was only focussed on his health. However, Robert previously had a rewarding career history in care, and left his last job following the stroke as he wasn't able to manage his health at that time. Robert did have a desire to return to work eventually and provide for his young son.

Robert admits that he was ready to give up after things had not improved for so long.

"Having tried similar things in the past I had started to lose confidence in whether returning to work would ever be a possibility."

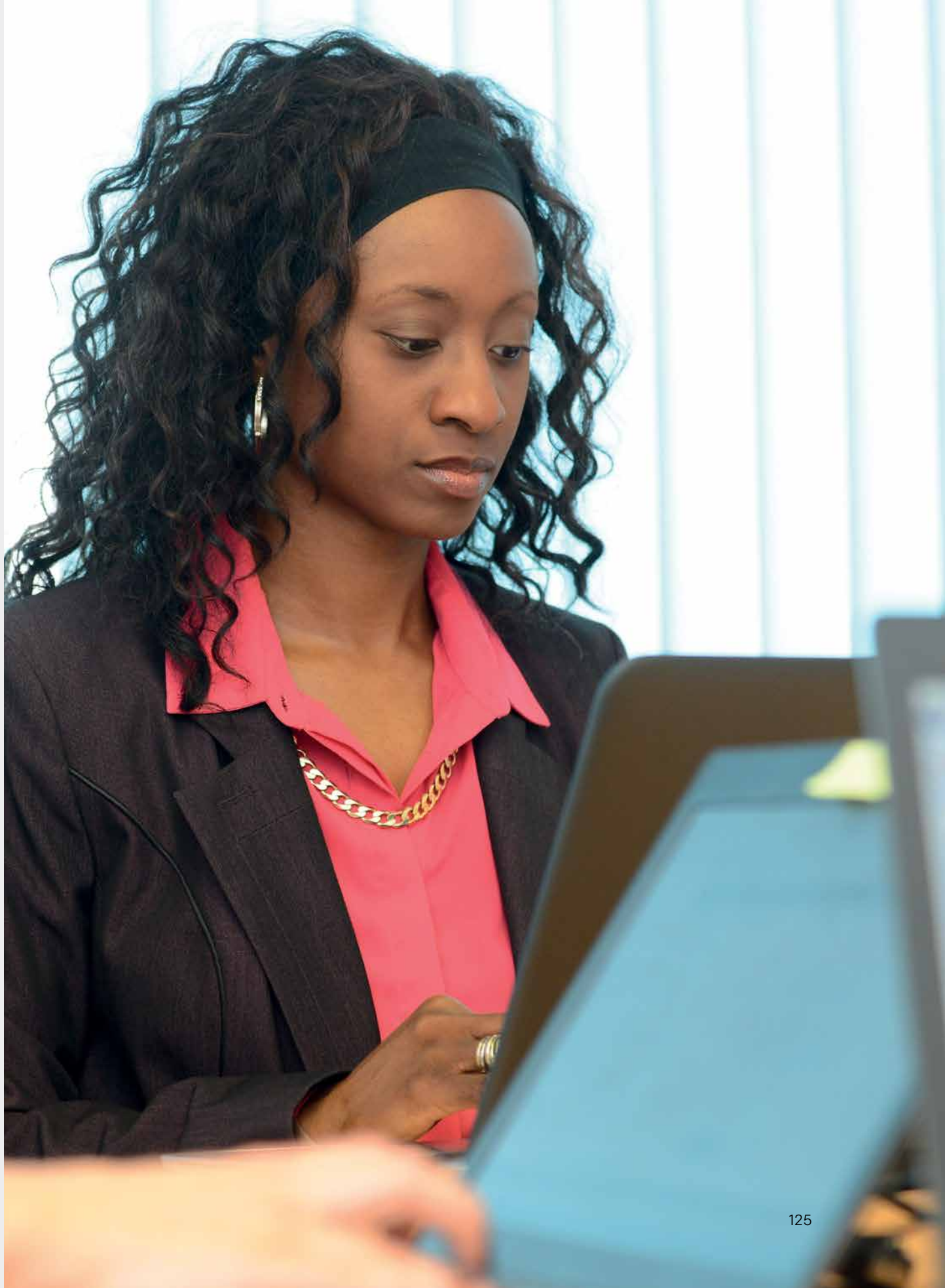
Robert had recently finished Work Programme, and he struggled to maintain his attendance there due to his health and hospital appointments. He had mixed feelings about the experience, and had attended once a month. Robert absolutely had the ability and capability to return to work, but felt he had lost his way when his health became the priority.

Although Robert engaged quickly on to the programme, the main issues were certainly his mental health, his depression and anxiety making his life as a single parent increasingly difficult to manage. Robert was anxious about making changes, so his Key Worker Scott offered support and encouragement. By working together, Robert and Scott planned a series of workshops and sessions that would help Robert to build self-confidence. Robert took part in a number of sessions with the Ingeus Coach, including Confidence Building,

Recognising Strengths, and job searching. He started to lead some of the group discussions and was making clear progress. He also met with the Health Advisors and attended a Coping with Pain session to build strategies to improve wellbeing and manage his health in a work environment.

Robert's Key Worker built a CV which focusses on his strengths and previous experience and supported Robert to apply for vacancies. On securing an interview, Robert had thorough interview preparation and a mock interview to ensure he was feeling confident in his answers.

Robert has been successful in gaining a relief care position with a local community organisation. Robert is thrilled, as he feels the type of work, the company and the environment are perfect for him. Robert will be working with his Key Worker continually for In Work Support. As this is a relief role, his Key Worker has already made contact with the employer, and provided a number of in-work benefit calculations to Robert. Robert has gained the momentum and confidence to be successful in work, and is excited about the future. Robert has a plan for the continued contact with his Key Worker, including ongoing face to face appointments and our visits to the workplace. Robert wants to strive for a permanent position once he has gained more up to date experience.



TRAFFORD: CASE STUDY 1 – ANONYMOUS

CLIENT CHARACTERISTICS AND CHALLENGES

This female client was 42 when she joined the programme. She lives in Sale and was unemployed for 5 years.

She had no qualifications and reported three barriers to employment of which physical health was severe. During follow-up meetings the Key Worker identified that debt and mental health were significant undisclosed barriers.

She was the victim of a physical attack which caused damage to her spine, ongoing pain and (subsequently diagnosed with) PTSD. She also experiences abdominal pain in her bladder and pelvis, and is at high risk for developing breast cancer due to regular cysts. She has COPD, inherited high cholesterol and arthritis in her hands.

SUPPORT RECEIVED

This client had very low levels of trust initially due to bad experiences in the past. The Key Worker took a steady approach to engaging the client, undertaking motivational interviewing counselling sessions and gaining trust through completing weekly tasks together. It took several months for the client to open up and disclose the extent of her circumstances.

Once trust had been developed the Key Worker has been able to coordinate her access to a large range of local services.

The first referral was to Trafford Psychological Services. The Key Worker made the referral and followed this up three times to advocate for a speedy response. This was when the client was diagnosed with PTSD. During therapy the Key Worker and therapist worked together to avoid duplication, with the Key Worker supporting the client to complete her mental health homework.

The client was linked into multiple physical health services and struggled to attend everything. The Key Worker supported her to prioritise these appointments and plan for them. She also helped her to successfully apply for PIP. The Key Worker was able to help the client navigate the health system better, gaining her access to an operation to remove cholesterol tags from her eyes.

Through the Trafford Integrated Peer Support Group, the client was directed to self-employment advice from Thrive and THT. JCP were able to refer her for financial support with self-employment. The Key Worker is in regular contact with these providers, co-producing support.

Following her attack the client wanted to take legal action and the Key Worker has supported her to gain access to CAB and, through her action plan, coordinate visits to legal advice services.

Support was initially very supportive, led by the Key Worker and focussed on the client’s mental health and trust of services. Once this had improved the client was better able to access physical health support and other services. Recent support has been task and goal focussed with the client leading activity.

- Key elements of success in helping this client achieve change are;
- Integration: everyone kept up to date with each other (health, Working Well and self-employment support) .
 - Being able to take time to build trust.
 - Being person-centred allowed the client to define the sequence of support she knew she needed.

OUTCOMES

The client’s reported barriers to employment have not changed significantly however this reflects her reluctance to disclose her barriers at assessment. She has however made significant improvements. Her mental health condition is now diagnosed and treated. Her physical health has improved dramatically and she is better able manage her conditions and the pain she experiences.

She hopes to commence trading in the next three months and she has secured premises for the business.

OVERALL FEEDBACK

The client is extremely positive about the service. She reports that she has never been able to engage with services in the past. She has a high level of trust in her Key Worker and this has enabled her to be honest about the barriers that she faces, and to address them.

TRAFFORD: CASE STUDY 2 – ANONYMOUS

CLIENT CHARACTERISTICS AND CHALLENGES

This male client was 41 when he joined the programme and lives in Partington. He had been out of work for 5 years and had previously broken his neck twice and suffered from pain in his back and his neck.

He reported 5 barriers to work which were; Physical health, lack of work experience, age, qualifications and access to public transport.

He also reported to the Key Worker that he felt that he would be ‘useless’ to any employer so confidence was a major issue for him. He did not know when he would be in work again.

Shortly after starting the programme he lost his property and spent some time staying between friends and family.

SUPPORT RECEIVED

The client was well linked into health services and saw his GP regularly at the Partington Wellbeing Centre; the Key Worker was able to hold his appointments there too. The Key Worker helped him to prioritise these appointments however the support for his physical health was generally good already.

The Key Worker worked with the client on his motivation. She helped him to develop short and long-term goals and established that he would like to work again. The client agreed that would mean finding a less physical job than he had previously been able to do and the Key Worker helped him to undertake research of different job types. Once the client had committed to seeking work he was able to carry out most of his activities himself.

The Key Worker advocated on the client’s behalf with housing providers and supported with housing applications and registration on the property bidding portal. The Local Authority lead was also able to secure a work placement for the client at Sodexo near to where he lived. This was a success and feedback from the employer was good. It also helped the client to improve his confidence and ultimately helped the client to secure a position with Sodexo after the placement had finished.

During his engagement the client’s circumstances changed several times. He spilt up with his partner and became homeless and he was knocked over, which exacerbated his health condition. The Key Worker responded to these changes, for example by focussing support on housing applications.

The Local Authority Lead took client details to the Employment Sub-Group, (a forum for sharing information on available employment opportunities between local partners), and liaised with Unilever, a local Trafford Pledge employer, who were unable to offer anything themselves but referred to Sodexo who deal with their cleaning / security. The client was supported with additional training throughout his placement and moved into work with Sodexo at another site.

This client benefited from the support that the Key Worker was able to provide in helping him to plan for the future, explore different job goals and respond to crisis.

OUTCOMES

Some changes to presenting barriers are;

MEASURE	ASSESSMENT	FINAL REVIEW
Confidence managing health	3	0
Confidence in success at work	3	6
When will you find work	Don’t know	Within 1 month
Physical Health	6	1
Skills	4	0
Lack of work experience	3	0
Age	3	0
Lack of private transport	6	0

Source: Big Life 2016

The most significant change for this client was his dramatically increased confidence.

The client applied for multiple jobs before being successful. Initially he was keen to secure driving work however this area is competitive and his physical health was a barrier. The Key Worker arranged for him to receive advice from a training provider that helped to clarify for him that he should consider other types of work.

The client secured 30 hours per week working for Sodexo at Manchester Airport at minimum wage working as an industrial cleaner. He has been in work since September 2014.

The client performed extremely well during his work trial at Sodexo which was initiated by Trafford Local Lead. Although a position was not available where the work trial took place his manager was able to extend it to provide additional training. After the work trial finished this person kept the Key Worker, client and local lead informed of future vacancies and supported the client to apply for them. This relationship was key to the client’s success in finding work.

The Key Worker contacted the client’s Line Manager when he started work as part of our process and has been in regular contact with the client since checking in with him to ensure that the employment is secure.

OVERALL FEEDBACK

The client talked about his job: He is ‘loving it’ and his confidence has improved a lot. He now has independence and he is planning to move in with his son in a privately rented house. This is the first time he has lived with his son.

Feedback from Stuart at Sodexo:

“The client (Unilever) asked if Sodexo could help out with the movement to work scheme, as we provide a number of services on site, including Cleaning, Catering, Staff shop and Security.

I said we would certainly help if we could, although there were no guarantees of a role at the end of the period.

Sodexo interviewed one of the guys who had been out of work for a while and it turned more into what did the participant want out of it, and what we could give him, he was with us for a four week period based with the cleaning team, in this time we trained him in health & safety as well as the correct use of chemicals and various pieces of cleaning equipment, including various push along scrubber driers, buffing machines, sit & ride scrubber drier.

All this was documented and when he had finished his four weeks I was pleased with his contribution and willingness to learn, and without this on his part we would never have got anywher.,

At the end of his training period I had no vacancies, however due to his willingness to learn I had no hesitation in recommending him for employment within Sodexo, and it wasn’t long before a vacancy arose at a unit nearby and Tony was given an interview and offered a job.

It is always a good feeling when something good becomes of a scheme, but equally it does need the commitment from everyone to succeed.”

WIGAN: CASE STUDY 1 – ANONYMOUS

Liam is in his early 20's and joined Working Well in July 2015. Liam was claiming ESA due to Anxiety, which was impacting all aspects of his daily life. Liam rarely went to new places without being accompanied by his father, who came to Liam's Initial appointment at Ingeus.

Liam's dad explained during the appointment that Liam had been diagnosed with Anxiety and was awaiting an assessment for Autism. He explained that he felt his Anxiety was well managed but that he needed a lot of support to build his confidence.

Liam had managed to get a job working just 8 hours per week, under Permitted Work criteria- and remained on his benefits. However was clear in that he was not enjoying it and would probably be looking to leave soon, so wanted help to find a new job that fell into permitted work.

By the end of the Initial, his Key Worker, Emma, had established that Liam's job goals were Driving jobs, however he had tried to pass his theory test 4 times at this point and failed. He said he would consider retail for the time being. During the early stages of the programme, Emma did have a few concerns regarding Liam's father as he would telephone multiple times a day to discuss Liam and his reservations regarding his capabilities and whether we were doing the right things for him. Emma worked with Liam's father and kept him well informed, showing confidence in Liam's capability and encouraging his father to take the same positive approach.

After the initial appointment, Liam did start to attend alone and started to build good rapport. Emma discussed his job goals to understand the reason that Liam only wanted permitted work. Liam explained he was becoming anxious about closing his benefit claim, and this was making him hesitant to consider any opportunities. Due to this, Liam had not been actively applying for available vacancies for some time. Emma went through a "Better Off Calculation" and had an open discussion with Liam about the

positive aspects. During this time, Liam's assessment was completed and he was diagnosed with traits of Autism. Emma worked with Liam to consider suitable roles, and also to work on his confidence and communication.

Ingeus had a number of managed vacancies for a national retailer, and Liam undertook a number of mock interviews with our Coach as practice. We had a good understanding of the recruitment process and were able to explain this to Liam to ease his anxiety about the interview. He worked with Emma and our Coach, Lisa, on his interview practice and answers to questions. Liam passed the screening for the role with flying colours and was offered a role at a minimum of 16 hours a week, on average he works 20 hours every week.

Since starting the role, Liam's confidence has clearly grown and when he comes to visit everyone at the office he is happy to tell us all stories of what has been going on at work and the travelling he has been doing with his friend to London and events he has been attending in Manchester. Liam says this is the best job he has ever had and wouldn't know what he would do with himself without it. We continue to see Liam frequently to support him in work, he has been there 7 months, has made new friends, is more independent, and is a valued part of the team.

WIGAN: CASE STUDY 2 – ANONYMOUS

Jenny started Working Well in July 2014, with very low confidence, and suffering from mental health issues due to a traumatic past. Jenny was diagnosed with anxiety and depression, and felt that her health conditions defined her. Jenny explained in her first few appointments that she was extremely anxious about coming in to meet her Key Worker, and that she rarely leaves the house. Jenny explained that she had a difficult childhood and didn't have a close relationship with her parents.

Jenny lived in a flat alone in Aspull and rarely saw any family or friends. Early in her journey she built rapport with her Key Worker Jess, and disclosed that she was receiving limited support for her mental health. She had been referred for counselling in the past, but didn't complete the sessions as she didn't feel ready to open up to a counsellor. She also had been prescribed medication, but really wanted to take control of her life and emotions, and make positive changes. Jenny's social anxiety meant she was travelling to her appointments by taxi, as she was frightened to take public transport. Although she wanted to move forwards, Jenny made it clear she felt she had got stuck in a routine and wasn't challenging herself to make changes.

Her Key Worker looked at viable options to support Jenny- including discussing self-help and support from the Health Advisors at Ingeus. Her Key Worker also wrote to Jenny's GP, explaining that she now felt ready to consider Cognitive Behavioural Therapy, and requested the opportunity to have an appointment and a referral. Jenny also identified that she would like support to improve her basic skills, but didn't feel ready to go to a local college initially. Her Key Worker started to implement confidence building to each appointment, and encouraging Jenny through praise for the small steps she was taking.

Jenny started to make small changes every day, and made fantastic progress. She cut down on drinking alcohol and smoking, and started to take steps to reduce her weight. Her goal was to have a "normal life

like everyone else" and she had been avoiding social situations, such as going into shops or simply buying a coffee. Jenny had small tasks to take home from every appointment, and goals to work towards.

Over her time on the programme, Jenny had a number of setbacks, such as a house fire, disputes within her family and struggles with completing her maths and English classes.

During her time on Working Well, Jenny has engaged in a number of different interventions that have made a huge impact to her journey, with external and internal providers. She attended the Sports Inclusion week with Bolton Wanderers arranged by Ingeus, which really lifted her confidence. Following this she started doing volunteering work in a charity shop in Wigan. She started her Maths and English courses, and was referred to IAPT in Wigan where she started counselling.

Jenny is now at a stage where she is ready to look for work. She is completing her CV, starting to jobsearch and is determined to move into work. Jenny has had complex needs and at times has struggled to maintain her attendance. We are incredibly proud of Jenny's progress, she has been open, honest, and positive in her approach. Her Key Worker has adapted the delivery style, frequency, location and intensity of Jenny's interventions over the time she has been with Working Well, without this flexibility Jenny would not have been able to take the steps forwards.



