
**Manchester City Council
Report for Information**

Report to: Economy Scrutiny Committee – 28 October 2015
Subject: Working Well
Report of: Head of Work and Skills

Summary

Working Well is the programme, designed and jointly funded by the Greater Manchester Combined Authority and the Department for Work and Pensions, which supports Employment Support Allowance (ESA) Work Related Activity Group claimants into sustained employment. Participants are referred into the programme by Jobcentre Plus having completed two years on the Work Programme without moving into sustainable work. All participants have at least one health condition, often including poor mental health. Big Life has been delivering the service in Manchester since March 2014 with a key feature of the programme being the integration of other public services to achieve positive outcomes.

The Big Life Programme Manager, responsible for the delivery of Working Well in the city, has been invited to attend the meeting.

Recommendations

Members are requested to note and comment on progress to date.

Wards Affected: All

Contact Officers:

Name: Angela Harrington
Position: Head of Regeneration
Telephone: 234 1501
E-mail: a.harrington@manchester.gov.uk

Name: Cormac Downey
Position: Project Manager, Public Sector Reform
Telephone: 234 1013
E-mail: c.downey@manchester.gov.uk

Background documents (available for public inspection):

Working Well Economy Scrutiny Paper 24th September 2014

Working Well Economy Scrutiny Update 11th March 2015

SQW Annual Report and Interim Evaluation of Greater Manchester Working Well Programme (Interim Report) – available on request

1.0 Introduction

1.1 Working Well has been co-designed between Greater Manchester and Central Government to test whether a locally developed and delivered model of welfare to work can deliver better outcomes for Greater Manchester residents with multiple barriers to work than nationally commissioned programmes. Drawing from good practice in other reform programmes (in particular Troubled Families), Working Well has been designed around the principles of intensive support from a key worker who draws on, sequences and integrates other public service interventions to support a person's journey back to work

1.2 Due to success of the initial Working Well pilot in working with ESA Work Programme Leavers, the programme is being expanded as part of the wider Devolution Agreement. Full details of this are outlined in the Devolution paper which is also being presented to this Committee.

2.0 Background

2.1 Between Autumn 2013 and March 2014, representatives of the Greater Manchester Combined Authority and other stakeholders, including health services worked with the Cabinet Office on developing a new support model for ESA WRAG (Work Related Activity Group) claimants exiting the Work Programme after two years without moving into work. (Big Life was awarded the contract to deliver Working Well in Manchester, Salford and Trafford, and Ingeus across the rest of GM, and referrals from local job centres started the week commencing the 26th March 2014. The anticipated referral number to Working Well across Greater Manchester is 5,000, with 1,200 referrals anticipated in Manchester over the first two years.

2.2 The measures of success for the Programme are 20% of clients moving into work and 15% sustaining work for longer than a year. Interim success measures include the number of people who find and sustain work for shorter periods than a year, taking account of the fact that for those furthest from the labour market it often takes more than one attempt to secure and sustain a job.

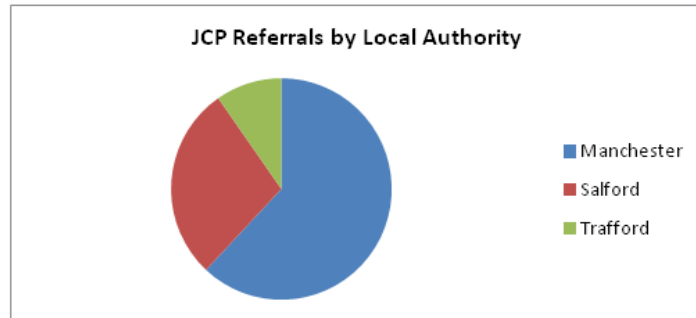
3.0 Progress to date

3.1 Referrals to both providers across Greater Manchester have been lower than originally profiled (roughly 13% across the GMCA region), partly because not all ESA WRAG claimants who have exited the Work Programme (WP) are returning to Jobcentre Plus (JCP) and are instead moving off ESA. There have also been a small number who have moved off the Work Programme (and indeed Working Well) when their health has improved, and they have become JSA / Universal Credit claimants and are therefore ineligible for Working Well support unless those who start on programme choose to stay on it when they are found fit for work. However, the programme is currently on track to receive the 1,200 referrals in Manchester and total of 5,000 referrals across GM within the first two years of the programme.

Figure 1: Referrals, March – September 2015

JCP Local Authority	Referrals
Manchester	1007
Salford	462
Trafford	157

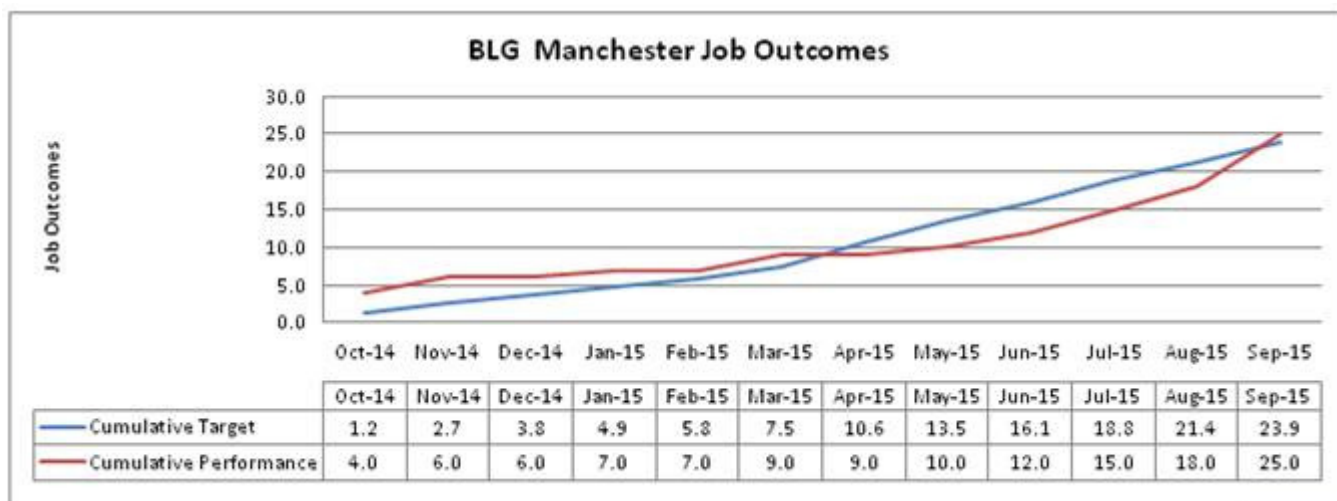
Month	Manchester
Mar-14	19
Apr-14	28
May-14	26
Jun-14	25
Jul-14	25
Aug-14	25
Sep-14	28
Oct-14	46
Nov-14	60
Dec-14	69
Jan-15	98
Feb-15	77
Mar-15	86
Apr-15	69
May-15	48
Jun-15	83
Jul-15	78
Aug-15	48
Sep-15	69



3.3 Of Big Life’s 1,007 Manchester referrals (as at end of August 2015), attachment rates remain high, they have attached 92% of clients. A total of 81 clients remain unattached however 48 of these have not yet had their first appointment.

3.4 Big Life is projected to have achieved 25 outcomes in Manchester against a target of 24 by end of September. They have also achieved 2 sustained outcomes in Manchester and expect to claim a further sustained outcome in November. See Figure 2 below for employment outcomes to date. In the same reporting period, Ingeus have claimed 81 job starts, accounting for 72% of all claimed job starts, which is above their projected outcome of 59% of total achieved

Figure 2



4.0 The Big Life Delivery Model

4.1 Big Life’s delivery model includes a wellbeing intervention which helps people with health needs to live better lives and achieve job outcomes through a combination of Motivational Interviewing and Supported Employment techniques. Big Life’s view is that with the right support the majority of people can work and their definition of work readiness is that clients;

- See employment as an achievable goal
- Commit to seeking work
- Identify an appropriate job goal for their skills, experience, circumstances and aspirations

4.2 Working Well key-workers set goals with clients to improve their resilience and motivation to change and support clients to identify actions, and changes to their behaviour which will help them to achieve these goals. Big Life believes that the best way to help people is to put them in control, so clients are supported to identify their own priorities, whether these relate to employment or other issues. Key workers then have the freedom to help people to tailor and schedule a package of support suitable for their needs, drawing on and coordinating the support provided by other agencies.

4.3 **Employability Process:** As Working Well is a new delivery model, there has always been an expectation that Big Life would adapt their model as they come to understand the needs of the cohort better. As more clients have made positive progress in seeing work as a possibility, Big Life have implemented a more robust employability process over the past three months.

4.4 Clients who report that they are up to 12 months from employment receive an Employability Assessment which is undertaken by their key-worker. This assesses their work-readiness and records their position against employability milestones such as CVs, better-off calculations, references and job searching ability. Clients are allocated a RAG rating based on their view of the time it will take them to gain work as shown in Figure 3 below:

Less than 1 month = Green
Between 2 & 6 months = Amber
7 to 12 months = Red

4.5 Big Life have recruited two specialist Employability Support Officers (ESOs) who are responsible for holding a caseload of job ready clients; undertaking group and 1:1 employability interventions and employer engagement. These staff members pick up work ready clients once their Employability Assessment is complete. They meet all job ready clients, performing a more detailed assessment and may change the client's RAG rating at this point. This RAG rating determines the route that clients take towards employment.

Green clients are placed in a candidate pool taken onto an ESO caseload. They are worked with intensively, referred to employment opportunities and ESOs engage with employers on their behalf. Green clients receive at least weekly contact from their key-worker or ESO.

Amber clients attend employability group sessions and receive instruction on job search. ESOs and the key-worker address any barriers to employment through the client's action plan. Clients are referred to work placements, pre-employment training, skills interventions and any suitable vacancies.

Red the above support is provided to these clients along with support to access appropriate volunteering and placement opportunities.

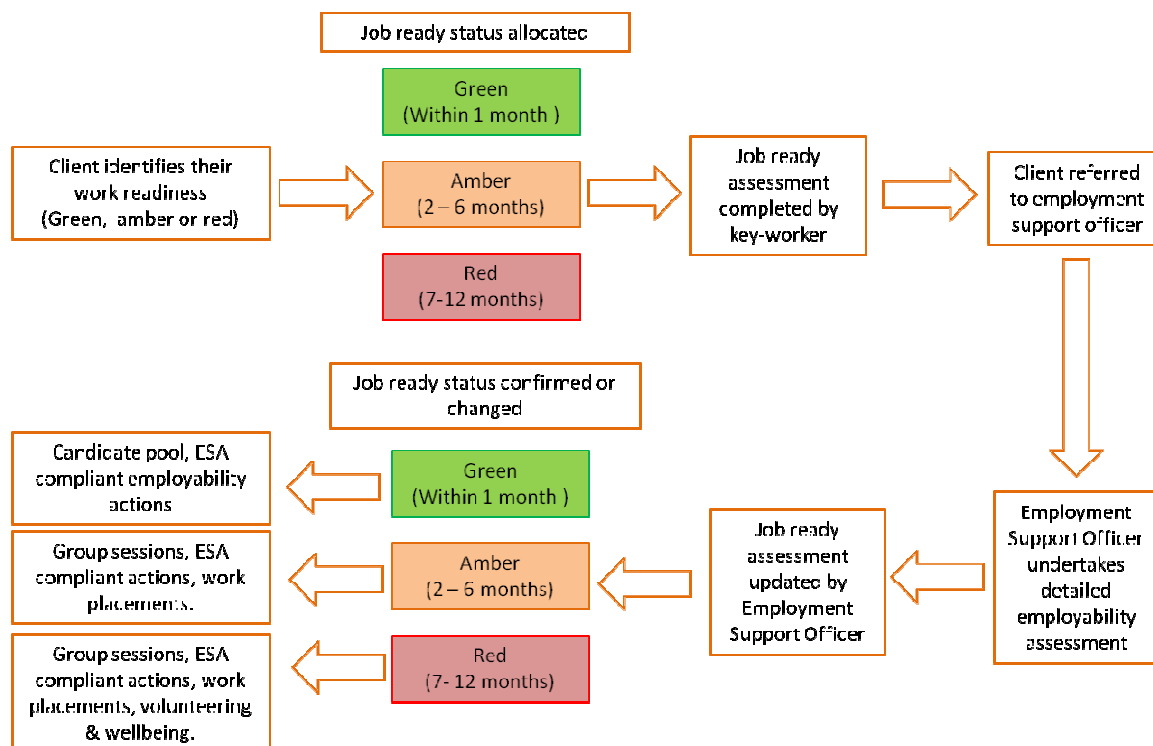


Figure 3

4.6 Once a job offer is secured, the client's Key-worker and ESO work together to ensure that the client is equipped to start work. This includes;

- Better off calculations
- Travel planning and support with obtaining free passes.
- Purchase of essential items such as clothing, equipment or food.
- Help with benefits including signing off, securing tax credits and housing benefit run-on.
- Budgeting and financial planning, including rearranging debt repayments and child support.
- Key-workers continue to provide wellbeing support through the client's existing Working Well action plan.
- In-work support and contact regularity is agreed.

4.7 The Big Life approach to date has been to provide a bespoke service to employers and clients. This is agreed by the client's key-worker with support from ESOs where they hold the relationship with the employer. Interventions respond to the emerging needs of clients and employers and often involve mediation between clients and their managers.

4.8 In response to an increased number of job outcomes Big Life is developing a more structured process for undertaking In Work Support (IWS) which will;

1. Implement a series of milestones for agreed contact with clients once they are in work;
2. Record a RAG rating of the client's likelihood of sustaining work, prompting increased or decreased activity to intervene and/or secure new work, where needed;
3. Use of a bespoke in-work action planning form.

4.9 Big Life has also developed an Intermediate Labour Market offer for amber and red clients. This is a pilot at this stage which will build an evidence base for wider delivery. Initially, the Working Well team has been able to secure five work placements within the wider Big Life Group, which consist of 16 hours or more work experience. The majority of these will start this month. Working Well provides a wage subsidy for up to six months along with in-work support which aims to move clients into permanent work elsewhere as soon as they are ready.

5.0 Integration

5.1 Integration of other services with employment support is a key feature of the Working Well design. In Manchester, this model is overseen by the Working Well Integration Board which includes representatives of services which deliver support services to Working Well clients. In most cases Big Life take on the key worker role and lead on the coordination and sequencing of support with other services.

5.2 The March 2015 SQW 'Evaluation of Working Well Interim Report' states that "Clients generally enter the programme with a series of basic issues that need to be addressed, often around housing, health needs, financial difficulties, or substance abuse. It was thought important that these base issues are addressed, so that clients

can then begin to focus on employment. They can also provide some early wins, which gains the trust of the client to the key worker. However, providers can also progress clients towards work despite continuing issues in other areas, providing concurrent support with health and other issues as well as employability support. Local (Authority) leads indicated that the flexibility to tailor sequencing to individual clients is one of Working Well’s key strengths.”

5.3 Big Life continue to sub-contract with two specialist support providers (Pathways CIC and Breakthrough UK) to ensure that there is a multi-disciplinary team in place to deal with health and disability support needs. Additionally, through discussion, and follow-up work of Working Well Integration Board members, Big Life has been able to put in place specialist and tailored support for their clients around, for example, housing issues, revenues and benefits claims (and, in particular, ensuring that the transition into employment is appropriately managed to ensure that appropriate budgeting is put in place when a client moves into work), private fostering arrangements, and access to employment opportunities, which have, in specific cases, led to positive outcomes for individuals engaged with the programme.

5.4 Big Life is recording numbers of services that assessed clients are linked into, with 1,651 services linked to the 411 clients who have fully completed this part of the assessment between March 2014 and September 2015. Key-workers have been able to engage with 57% of these services, and have been responsible for referring to a further 24% (so, in effect, are engaged with 81% of support provision accessed by Working Well clients). This has been a fairly consistent figure throughout delivery (82% at last update in March 2015). Where other services are involved, Working Well key-workers are co-producing support with 43% of these providers, with the bulk of these being in primary healthcare, housing, mental health and welfare/debt advice services. The analysis is detailed in Figures 4 and 5 below.

Figure 4 – Analysis of integration data Manchester: March 2014 - September 2015

Indicator	Value
Number of services mapped to clients	1651
Number clients with mapped Services	411
% clients with 3+ mapped services	63%
% services we a co-producing support with	43%
% services with a shared action plan agreement	32%

Status	Percentage
Already working with	57%
Referred by keyworker	24%
Self-referred after accessing Working Well	8%
Should be working with	10%

Client feels service improves employability	Percentage
Yes	48%
No	16%

Quality of interagency relationship	Percentage
Superb	13%
Good	53%
Acceptable	31%
Poor	2%
Very poor	0%

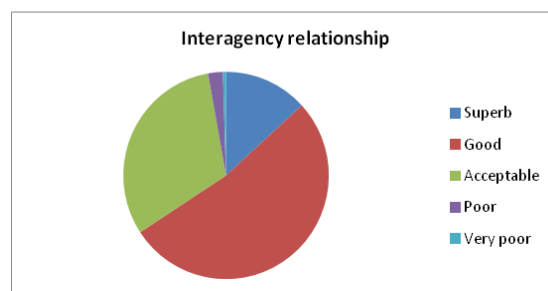
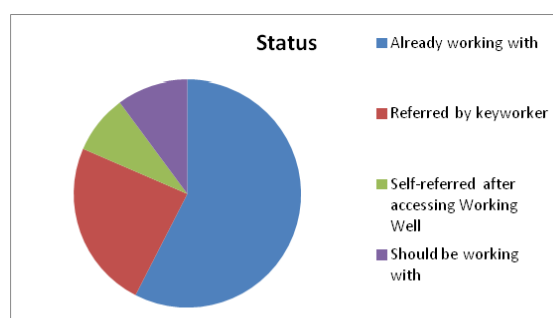


Figure 5 – Analysis of the service types that Working Well clients access, Manchester, October 2015

Type of service	Number clients	Co-producing support		Shared Support Plan	
GP	435	63	14%	62	14%
Physical Health Services	259	66	25%	48	19%
Housing	213	109	51%	55	26%
Mental Health Services	186	87	47%	84	45%
Other	98	44	45%	29	30%
Employment Support	102	86	84%	49	48%
Welfare/ debt advice	90	82	91%	67	74%
Substance abuse support	75	37	49%	33	44%
Skills Support	71	58	82%	43	61%
Qualifications Support	46	36	78%	31	67%
Local Council services	17	13	76%	5	29%
Family Support	15	9	60%	7	47%
Money Services	12	9	75%	4	33%
Criminal Justice	10	2	20%	2	20%
Parenting support	7	4	57%	2	29%
Legal Aid	5	2	40%	0	0%
Domestic Abuse support	3	0	0%	0	0%

5.5 Big Life invite clients to assess the severity of a range of barriers to employment during their initial assessment. They use a scale of 0-6 where 0 represents no barrier and 6 is a severe barrier. Big Life has reviewed progress against presenting barriers for clients engaged up until the end of September 2015, who have completed at least one review.

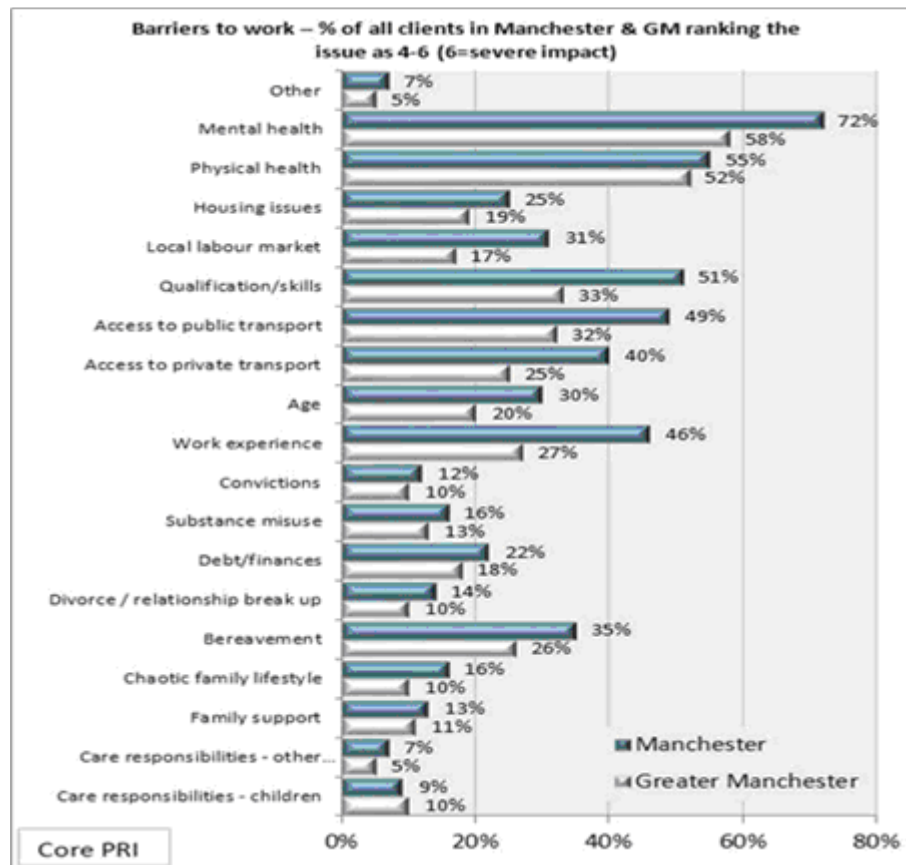
5.6 Health barriers are the most common and the data suggests that they are the most entrenched. In spite of this, only 15% of reported health barriers have deteriorated and 35% have improved. Most Working Well clients feel that the programme has made a real impact on reducing some of the barriers they face, with three times as many reporting an improvement in their situation, as opposed to a deterioration. Indeed, 82% of clients have experienced an overall improvement

5.7 In summary, over the course of Working Well delivery, Big Life has found that,

- Improvement is the most likely outcome against perceived barriers to employment in Working Well clients
- 82% of clients are experiencing overall improvement against all their reported barriers.
- Barriers that are deteriorating are doing so at slower rate than those that are improving.

6.0 Client characteristics

6.1 The illustration below show the types of barriers which Working Well clients both in the city and across GM report are blocking their movement in to work, or engagement with mainstream employment support provision.



6.2 The case study included in Appendix 1 illustrates the types of issues that clients may face – and their own perceptions of these barriers and how these can be challenged – and the approach to tackling them.

7.0 Conclusion

7.1 The Working Well pilot has now been running for 18 months and all the indications are that the intensive support, motivational interviewing techniques and integration of services are already making a difference. Long-term unemployed residents accessing the programme report increased levels of self-efficacy, which should support higher numbers into employment than previous programmes aimed at the same group. Big Life staff are already seeing improved well-being outcomes for engaged clients, and, crucially, actual and sustained job outcomes.

7.2 The impact of the programme will continue to be evaluated independently by SQW and used to inform the design and delivery of future Greater Manchester employment support programmes. An interim evaluation of the first year of delivery has been produced by SQW and is available on request, and this has pointed up examples of good practice and positive outcomes both at a local and regional level, learning which will be utilised in the expanded Programme.

Appendix 1: Enhanced Case Study (Mark)

Presenting Situation:

When he first came to Working Well Mark reported that his health conditions were post traumatic stress disorder and problems with his arms. Mark suffers from PTSD due to a violent attack on him where he was stabbed multiple times, as a knock on effect he suffers with very bad sleep routine and severe paranoia. He also has issues with tendons in his arm due to a motor cycle incident some years ago but had an operation 6 weeks prior to Big Life's initial assessment in January 2015 to rectify the issue. Mark lives on his own, in social rented housing. He reported he wanted to work in the future but couldn't see how that was possible due to the following barriers.

Access to private transport to travel to work 5, Access to public transport to travel to work 5, Mental Health 5, Other 6, Please specify: Being around people he doesn't know. (Barriers are scored on a scale of 0-6 where 0 = no barrier and 6 = severe barrier)

Mark was initially reluctant to see our key worker as he had been isolated at home, and his fears about leaving the house grew as time went on, and he hadn't been able to engage with the work programme prior to being referred into the Working Well Service. Initially Mark was offered a home visit.

The appointment was rearranged several times, as Mark made what turned out to be excuses, for cancelling. On the initial visit this wasn't addressed, but later Mark thanked the manager for the patience and persistence of a non-direct approach. At the initial visit it was important to establish just what Mark could expect from Working Well as opposed to the other way round. The meeting established just why Mark had been referred into the service, but also to allow Mark the time and space to explain exactly what he perceived his barriers to working were. This was essential in establishing Working Well as a credible intervention into his life, and laid down the foundations for delivering the Motivational Interviewing (MI) which is one of the three key points of Big Life's Working Well delivery.

Mark could see from this initial meeting that Working Well wanted to support him with his health issues, and we accepted them unconditionally. This is essential in establishing trust from the client and ensures MI can begin to be delivered once the support services have been established and put into place where there were needs. This initial meeting was concluded after the key-worker arranged the next appointment and set out what the initial assessment would do to support Mark.

The next meeting saw the key-worker speak to Mark about his mental health and if Mark was happy with the way his GP had dealt with his PTSD. Mark was also offered the opportunity of counselling with Manchester Self Help Services and a referral was made.

The key-worker established a good rapport with Mark from her initial visit onwards. Mark talked about being attacked, the worries he has that the male perpetrator is out of prison after serving a five year prison sentence and he may want to 'settle the score', and how previous CBT hadn't worked for him. Mark also spoke of taking medication for the anti-depressants he takes and also sleeping tablets prescribed, and how they, he feels, make him less able to function. Using the listening skill and complex reflections practised in MI, the key worker was able to elicit this from Mark.

At the next appointment, the key-worker introduced some person centred thinking tools which were able to stimulate conversation as to where Mark saw himself in the future and what the future looked like for him. It was interesting to establish that Mark saw a positive future for himself, and that it involved him working. When this was explored through MI it was found that Mark would need to take many steps to get there, but that with each step he would

get closer to his overall goal. This meeting enabled a goal to be set and actions to get to that goal written by him.

At the next appointment Mark had been in touch with both his GP and psychiatrist to look at his medication and talk to them about adjustment. This was one of the actions Mark had set himself, and by achieving this mark's self efficacy was raised. This was captured on the self efficacy questionnaire, one of three questionnaires clients fill in per quarter to enable us to measure mental health and well being.

Mark's progress was slow and faced difficulties. The health of his elderly parents was an issue for him, as they had been a great support to him; and he talked about his relationship with the mother of his daughter. At first Mark had not broached either of these issues, but as Mark progressed towards being work ready, these became the predominant issue and new 'barriers to working'. This is usual with clients, where they discover previously unthought-of issues as being a potential barrier to work, and the key-worker supported Mark by listening and asking the client what he thought the solutions could be to 'care' duties, enabling the key-worker to establish genuine reasons or to determine if there were more deep-lying issues to tackle in terms of the client not being ready to start work.

With Working Well clients, it's essential that they tell us they not only want to work, but are ready to do so, and so all barriers need to be explored. The key-worker established through MI that though there would be issues around the access to his daughter in terms of visits, Mark actually felt that having money to buy her gifts, take her out, and 'treat her' outweighed the fact he would have less time to see her. He came to this conclusion through the key-worker listening and reflecting back to him the pros and cons of what he was thinking. It also enabled Mark to look directly at what sort of hours the 'perfect' job would have in terms of start and finish times.

Mark by now had had ten interventions, and was applying for positions that saw him start work later (he could see his parents and make sure they were ok), and also finish early hours of the night so there were less people about and he felt confident of keeping 'himself to himself'. One such job, the one now Mark is working at, was perfect and the key-worker was able to finally support mark by doing a 'Better Off' calculation (using software purchased by WW to ease clients minds as to whether or not their loss of benefits would leave them financially worse or better off and by how much). This also helps clients look at future budgeting.

WW was also able to look at the clients' access to public transport and talk through natural anxieties associated with a new job and returning to work. By now though Mark was elated at securing himself employment, and the barriers that still 'existed' did not in his mind as he'd been able to reason with himself each one and what decisions he actually had. The person centred interventions of enabling Mark to see he had the choices, the programme's ability to give real time to Mark's journey and the expertise of the key worker to deliver the intervention all supporting Mark's progress, at the speed he needed it to be, into full time employment that supports Mark's health and ensures he has many more 'better days' than he did when he first accessed Working Well

Mark is also acting as mentor now to another WW client to whom he gives peer support as a fitness consultant and trainer, as he wants to build up the client's self esteem to get him back into work. That client is already asking about suitable roles.