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Worklessness in the Liverpool City Region

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1. Summary

1.1 Introduction

Liverpool John Moores University were commissioned by Champs Public Health Collaborative to produce two evidence reviews. Phase 1, which was circulated earlier in April (2016), looked at sickness absence and improving health and wellbeing at work. Phase 2, this report, looks more specifically at 'worklessness', and is split into 2 reports – this report looks at worklessness in the Liverpool City Region, and an accompanying report looks at worklessness across Cheshire and Warrington. A supplementary report (Appendix 3) will look more specifically at in-work poverty, as well as long-term unemployment.

1.2 Background

Employment status and perceived and actual health are linked, with good health associated with being in work and poor health linked to being out of work or 'workless'. People who are unemployed have poorer physical and mental health overall, are more likely to be admitted to hospital, and have higher death rates. People who are unemployed for more than 12 weeks are between four and ten times more likely to suffer from depression and anxiety.

1.3 Health and work in the Liverpool City Region

All Liverpool City Region local authority areas had a higher proportion of claimants of working age of Incapacity Benefit (IB) or Employment and Support Allowance (ESA) than the Great Britain average of 6.3%, ranging from 8.7% in Sefton to 11.9% in Knowsley. The most common reason for claiming either incapacity benefit or Employment and Support Allowance in the Liverpool City Region were 'mental and behavioural disorders', followed by 'musculoskeletal' and 'diseases of the nervous system'.

1.4 Interventions and recommendations

People with disabilities or long-term health conditions can be supported in employment through delivery of individually tailored advice and guidance that is specific to their health condition(s) and their individual needs and circumstances. This may include adaptations to the workplace, as well as effective management of disabilities and long-term health conditions. Financial incentives for job seekers and employers at the right level have proven to be effective

1.5 Conclusion

In conclusion, there is evidence that work is good for health, and that 'worklessness' has a detrimental impact on health. However, returning to work or starting to work after a period of mental ill-health has to be the right work, in the right place, with support from colleagues, carers and health professionals.

2. Introduction

Liverpool John Moores University were commissioned by Champs Public Health Collaborative to produce two evidence reviews. Phase 1, which was circulated earlier in April 2016, looked at sickness absence and improving health and wellbeing at work. Phase 2, this report, looks more specifically at 'worklessness' – this report looks at worklessness in the Liverpool City Region, and an accompanying report considers worklessness across the Liverpool City Region. A supplementary report (Appendix 3) will be added, to look more specifically at in-work poverty, as well as long-term unemployment.

Employment status and perceived and actual health are intrinsically linked, with good health associated with being in work and poor health linked to long-term unemployment; being out of work is associated with poor physical and psychological health as well as mortality (Waddall et al, 2006; Moser et al, 2014).

Less than half (48%) of disabled people are in employment compared to 80% of the non-disabled population, and 4.6 million disabled people and people with long-term health conditions are out of work (Office for National Statistics [ONS], 2016a).

Employment status and health must be considered in the context of the current uncertain economic climate. In addition, work may be more readily available in certain sectors and to those with certain skills – a recent report found that, although the construction industry suffered heavily during the recession, building activity has risen again recently, and the North West is one of the regions where this sector is growing most rapidly.¹ There may need to be extra support available to enable people to develop the skills that they need to get or keep a job, or for them to travel to where work is available. However, ONS figures show that the number of people claiming Jobseeker's Allowance in early 2016 fell by 31,000 to 791,200, its lowest level since 2008 (ONS 2016b). The employment rate (the proportion of people aged from 16 to 64 who were in work) was 74.4%, slightly down from the joint record high of 74.5% recorded for May to July 2016 but higher than for May-July 2015.

This report gives an overview of the numbers of people claiming benefits for each health condition in the Liverpool City Region - the most common reason for claiming either Incapacity Benefit or Employment and Support Allowance in the Liverpool City Region was Merseyside were 'mental and behavioural disorders', followed by 'musculoskeletal' and 'diseases of the nervous system'. The report looks at interventions to support people with disabilities or long term health conditions to enter the workplace, or to return to the workplace after a period of absence.

In England and Wales, the Equality Act 2010 protects disabled workers by prohibiting discrimination against workers with disabilities. It means that employers need to make reasonable adjustments to facilitate access to, return to and retention of work for disabled employees. The Act defines disability as 'a physical or mental impairment that has a substantial and long term adverse effect on someone's ability to carry out normal day to day activities'.

The Department of Health define a long-term condition as "a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies (Department of Health, 2012). The report also makes a number of

¹ <http://www.telegraph.co.uk/finance/jobs/11602670/Here-are-the-workers-most-in-demand-in-the-UK.html>

recommendations for commissioners, and for those working to support people back into employment.

3. Background

3.1 The impact of work on health

There is good evidence that being out of work or 'workless' is bad for your health. People who are unemployed have poorer physical and mental health overall, consult their GP more, are more likely to be admitted to hospital, and have higher death rates. People who are unemployed for more than 12 weeks are between four and 10 times more likely to suffer from depression and anxiety. Unemployment is also linked with increased rates of suicide. People who are ill are also more likely to be unable to work (Wadell et al, 2006).

According to the Royal College of Psychiatrists, there is good evidence that work is good for mental health (Royal College of Psychiatrists, 2016). The benefits of working include social contacts and support, a way of structuring and occupying time, physical and mental activity, an opportunity to develop and use skills, social status, a sense of identity and personal achievement, as well as money and other resources needed for material wellbeing.

Employment is beneficial to health as it helps to promote recovery and rehabilitation, reduces the chances of chronic disability, promotes full participation in society and reduces social exclusion, and reduces poverty and improves quality of life and wellbeing (Waddall et al, 2006).

3.2 Financial costs of 'worklessness'

According to the ONS in 2014/15, the UK government spent £258 billion on welfare. This figure made up 35% of all government spending, a slight increase since 2010/11 when the government spent £230 billion on welfare, around 33% of all government spending. For 2015/16, the figures included spending of £43 billion on 'incapacity, disability and injury benefits'; 17% of the total spend on welfare.

According to a report funded by the Department for Education, in 2013/14, local authorities spent £8.1 billion on support for working age adults with a disability (HSCIC, 2014). £4.5bn was spent on meeting Special Educational Needs and Disabilities (SEND) requirements. This report also noted there is potential for significant savings, including ongoing savings to daycare, transport and personal budget costs if people with a disability are supported into sustainable employment.

3.3 Policy background

A number of national policies, strategies and initiatives have been implemented to help people aged over 16 remain in or return to work after sickness absence, or after receiving incapacity benefit (NICE, 2009).

In October 2016, the Department for Work and Pensions (DWP) published a Green paper 'Improving Lives: The Work, Health and Disability Green Paper' (DWP, 2016). The paper considers the relationship between health, work and disability, why change is needed by employers, the welfare system, health and care providers, and the public, in order to realise the current government's manifesto ambition to halve the disability employment gap.

The new government mental health strategy 'No health without mental health' supersedes the 'New Horizons: a shared vision for mental health' guidance from late 2009, placing a much firmer emphasis on early intervention to stop serious mental health issues developing, particularly among children (Department of Health 2011, 2011b; (cited in Ubido et al, 2011).

Current programmes run by the DWP include the Work Programme (WP), Work Choice, and Specialist Employability Support (SES). Primarily for non disabled people, the Work Programme focusses on the long-term unemployed. Nationally, the intake in 2011 was over 100,000; in 2015 it was just 9,000. Since starting, the WP has had 1.8m referrals yielding 521,500 sustained jobs (conversion rate of 29%).

Work Choice is specifically for people with disabilities and health conditions. Nationally, in 2016 there have been 11,200 starts yielding 6,620 job outcomes (conversion rate of 59%). On a smaller scale, SES (Specialist Employability Support) is a new DWP programme for disabled people who need more intensive support to enable them to gain entry to Work Choice (The Skills and Growth Company, 2016).

3.4 The impact of benefit reforms and the economic recession on health and employment

According to a recent article in The Lancet (McCall, 2016), The Welfare Reform and Work Act passed earlier this year may strip low-income families of core income. The Child Poverty Action Group state that it contains a package of cuts that will increase child poverty by limiting child tax credit and the universal credit equivalent to only two children and freezing benefits for four years. There are also concerns about Britain leaving the European Union and the consequences for families of possible higher inflation.

A 2013 review carried out by the Local Government Association (LGA, 2013), estimated that 1.71 million households – or around one in 10 of all working age households – will be impacted by Housing Benefit reforms. These include reforms to the Local Housing Allowance for those in the private rented sector, and the introduction of the benefit cap and size criteria. It was anticipated that the average loss would be £1,215 per year (or £23 per week), and 1.18 million of these households (70%) would be households where no one works. Universal Credit has also been introduced, although it is not clear what the impacts on employment may be from Universal Credit. Disabled people in particular are likely to see lower awards, although no households will receive less money at the point of transfer to universal credit (LGA, 2013). The report recommended that local partners, the local government associations and central government should ensure that they understand the specific nature of the impacts within their locality, in particular for their most vulnerable residents, and ensure that support is effectively targeted. Councils and their partners were encouraged to look at how support could be joined up locally across employment, skills, troubled families and other services in order to support those affected. It was suggested these stakeholders should review the level of Discretionary Housing Payments and the method by which this is apportioned, in order to better meet the impacts on local areas.

3.5 Health and work in the Liverpool City Region

Incapacity benefits are weekly payments for people who become incapable of work while under State Pension age. They are:

- Employment and Support Allowance (ESA), which is for new claimants from October 2008, offers personalised support and financial help, so that claimants can do

- appropriate work, if they are able to, and provides increased financial support for those who have an illness or disability that severely affects their ability to work.
- Incapacity Benefit (IB) provides support for people who cannot work because of an illness or disability which started before October 2008. Similarly, Severe Disablement Allowance (SDA) could be claimed before April 2001 by those unable to work for at least 28 weeks in a row because of illness or disability.

Incapacity Benefit and Severe Disablement Allowance are being phased out, and work is underway to review claims of those under state pension age to see if they can claim ESA instead.

Disability Living Allowance (DLA) is a non-means-tested benefit that provides a contribution towards the extra costs of needs arising from an impairment or health condition. From 2013 the Government has been replacing DLA with a new benefit called Personal Independence Payment to support disabled working age people with the greatest needs and help them live more independently (DWP, 2012).

All Liverpool City Region local authority areas had a higher proportion of claimants of working age than the Great Britain average of 6.3%, ranging from 8.7% in Sefton to 11.9% in Knowsley (NOMIS², 2016). According to analysis of data undertaken by Public Health England (PHE) in 2016³, there is a high proportion of workless persons with long term illness; nearly twice as many people with a long term illness or disability are workless as are in work.

Figures provided by PHE (2016) show that worklessness has been reducing in the Liverpool City Region, but disability related worklessness has not. Disability related worklessness remains at 10% in the Liverpool City Region, compared to a national average of 8.9%. Over 75% of those reporting worklessness in the Liverpool City Region also report some degree of limiting long term illness or disability. However, disability is not necessarily a bar to remaining in employment - a significant proportion of those in the Liverpool City Region who have a limiting long term illness are in employment, and nationally the majority of those who have a long term illness are in employment (PHE, 2016).

According to figures provided by PHE (2016), in Liverpool City Region, the overall workless rate dropped from all 18.8% of those aged 16-64 in 2011 to 15.3% of those aged 16-64 in 2015. All parts of the Liverpool City Region experienced worklessness rates above the 2015 national average of 8.9% (PHE, 2016).

3.5.1 Claimants of main benefits

Table 1 shows that, according to the ONS⁴, in February 2016 around 9% of the working age (16-64) population of Great Britain were claiming the main benefits listed below, including Jobseekers Allowance (JSA) and Employment and Support Allowance (ESA), as well as benefits for lone parents, carers and disabled people of working age (16-64). The North West average was slightly higher, at 10.6%. The proportion of people of working age claiming these benefits was higher than the national average in all LCR local authority areas.

² NOMIS is a service provided by the Office for National Statistics

³ PHE provided analysis of unpublished data, for the purpose of this report

⁴ http://tabulation-tool.dwp.gov.uk/5pc/ibsd_a_wa/ccdate/ccgor/a_stock_r_ccdate_c_ccgor.html

Table 1 – main benefit claimants aged 16-64 by local authority – February 2016

Local authority	JSA (%)	ESA/IB (%)	Lone parents (%)	Carers (%)	Disabled (%)	Bereaved (%)	Main out of work benefits
Halton	1,140 (1.4)	7,450 (9.3)	1,180 (1.5)	2,090 (1.5)	1,040 (1.3)	140 (0.2)	9,990 (9.0)
Knowsley	1,550 (1.7)	11,150 (11.9)	1,830 (2.0)	3,170 (3.4)	1,450 (1.5)	200 (0.2)	14,910 (15.9)
Liverpool	6,240 (1.9)	35,500 (11.0)	5,070 (1.6)	8,220 (2.5)	3,680 (1.1)	440 (0.1)	47,970 (14.8)
Sefton	2,280 (1.4)	14,430 (8.7)	1,860 (1.1)	3,670 (2.2)	2,080 (1.3)	330 (0.2)	19,050 (9.0)
St.Helens	1,500 (1.4)	10,480 (9.5)	1,470 (1.3)	3,210 (2.9)	1,300 (1.2)	230 (0.2)	13,810 (12.5)
Wirral	2,210 (1.1)	18,600 (9.5)	2,810 (1.4)	4,890 (2.5)	2,870 (1.5)	400 (0.2)	24,120 (12.4)
North West (%)	1.3	7.9	1.1	2.0	1.1	0.2	10.6
Great Britain (%)	1.5	6.2	1.1	1.6	1.0	0.2	9.0

Source: <https://www.nomisweb.co.uk/reports/lmp/la/1946157072/report.aspx?town=cheshire%20west%20and%20chester#tabwab>

% is a % of working age population aged 16-64

Figures to not yet include those claiming Universal Credit

3.5.2 Incapacity benefit

Table 2 below shows that, in February 2016, the top 3 conditions for which people claimed Incapacity Benefit were ‘mental and behavioural disorders’, ‘diseases of the nervous system’, and ‘musculoskeletal’ causes. The percentage of people claiming incapacity benefit for mental and behavioural disorders, the most prevalent condition, ranged from 25.0% in St Helens to 47.1% in Sefton, compared to the national average of 42.9%. These figures were much higher than for the second highest condition, ‘musculoskeletal’, and the third, ‘diseases of the nervous system’, which included epilepsy, stroke, Parkinson’s disease, Alzheimer’s disease and multiple sclerosis.

Table 2 – claimants by condition, Incapacity Benefit/Severe disablement Allowance, February 2016, working age population⁵ (16-64).

Local authority	Diseases of the nervous system (%)	Mental and behavioural disorders (%)	Musculoskeletal** (%)	Other*** (%)	Total
Halton	40 (11.4)	130 (37.1)	50 (14.2)	130 (37.1)	350 (100)
Knowsley	30 (7.1)	160 (38.1)	60 (14.2)	170 (40.5)	420 (100)
Liverpool	110 (8.4)	600 (46.1)	140 (10.7)	450 (34.6)	1,300 (100)
Sefton	50 (9.4)	250 (47.1)	60 (11.3)	170 (32.1)	530 (100)
St Helens	40 (10.0)	150 (25.0)	60 (15.0)	150 (25.0)	400 (100)
Wirral	60 (0.9)	270 (42.2)	70 (10.9)	240 (37.5)	640 (100)
Merseyside total	330 (9.1)	1,560 (42.8)	430 (11.8)	1320 (36.2)	3,640 (100)

Source: NOMIS February 2016 data

3.5.3 Employment and Support Allowance

Table 3 shows that the top three conditions for which people claimed ESA were ‘mental and behavioural disorders’, ‘diseases of the nervous system’, and ‘musculoskeletal’ causes. Over half of ESA claims were due to mental and behavioural disorders. The percentage of people claiming ESA for mental and behavioural disorders ranged from 45.4% in Halton to 51.0 % on the Wirral, compared to the national average of 49.0%. The second highest condition was ‘musculoskeletal’, and the third was ‘diseases of the nervous system’, which included epilepsy, stroke, Parkinson’s disease, Alzheimer’s disease and multiple sclerosis.

Table 3, claimants by condition, Employment and Support Allowance, February 2016, working age population⁵(16-64)

Local authority	Diseases of the nervous system*	Mental and behavioural disorders	Musculoskeletal**	Other***	Total
Halton	390 (5.5)	3,220 (45.3)	1,030 (14.5)	2,470 (34.7)	7,110
Knowsley	540 (5.0)	5,310 (49.4)	1,460 (13.6)	3,430 (31.9)	10,740
Liverpool	1,780 (5.2)	18,060 (52.8)	3,990 (11.7)	10,190 (29.8)	34,220
Sefton	880 (6.3)	6,390 (45.9)	1,640 (11.8)	5,010 (36.0)	13,920
St Helens	530 (5.3)	4,970 (49.3)	1,390 (13.8)	3,190 (31.6)	10,080
Wirral	1,060 (5.9)	9,160 (51.0)	2,080 (11.6)	7,700 (42.8)	17,970
Merseyside total	4,380 (4.7)	47,100 (50.1)	11,590 (12.3)	40,870 (43.5)	93,940

Source: NOMIS February 2016 data

⁵ All causes of incapacity referred to are based on the International Classification of Diseases, Tenth Revision, published by the World Health Organisation. Details of the classification are available on the WHO website. (<http://www.who.int/classifications/icd/en>). Diseases of the nervous system include epilepsy, stroke, Parkinson’s disease, Alzheimer’s disease and multiple sclerosis. Diseases of the musculoskeletal system and connective tissue includes congenital malformations, deformations and chromosomal abnormalities, Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified. Mental and behavioural disorders includes mental and behavioural disorders due to substance use, behavioural disorders associated with psychological disturbances, personality disorders, learning disabilities

*Diseases of the nervous system include epilepsy, stroke, Parkinson's disease, Alzheimer's disease and multiple sclerosis

**Diseases of the musculoskeletal system and connective tissue

***Includes congenital malformations, deformations and chromosomal abnormalities, Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified

3.5.4 People most of risk of worklessness

Analysis of data provided by PHE (2016) show risk factors for worklessness; this section draws on the findings from this analysis.

The PHE data (2016) show that both nationally and within the Liverpool City Region (LCR) those aged 16-24 and those aged 50-64 have an increased risk of worklessness.

Worklessness is more likely for males than for females, and in LCR the difference is more marked in Knowsley. Women aged 50-64 in Merseyside are much more likely to have been workless for more than 10 years, or to have never worked.

Over half of workless people in the LCR, and two thirds of those aged 50-64, either live alone, or live in a household where at least one other member is reporting a limiting long term illness.

In LCR, there is a greatly increased risk of worklessness for people aged 16-64 reporting their last employment as in 'accommodation and food', or 'commercial administration and support', and this differential increases for those aged 50-64. Those working in 'IT and finance or in 'professional and technical services' have a lower risk of worklessness in the Liverpool City Region.

People aged 16-64 who are single, separated and divorced have a higher risk of worklessness in LCR, and those who are married or cohabiting have a reduced risk). People reporting living in council or social rented accommodation generally have a greatly increased risk of worklessness in LCR, although not in Liverpool.

Ethnicity is related to worklessness only in Liverpool; here 'other white ethnicity' is associated with worklessness (PHE, 2016). In LCR, higher levels of educational attainment are associated with worklessness in those aged 16-64. For those aged 16-24, access to the opportunity to complete 'A' levels or a degree are key to preventing worklessness. For those aged 50-64, the effects of qualifications have slightly less impact, although having no educational qualifications is still associated with an increased risk of worklessness. In LCR, educational factors are most apparent in Knowsley.

4. Interventions to support employment

4.1 Overview of interventions to support employment

A The National Institute for Health and Care Excellence (NICE) document ‘workplace health: support for employees with disabilities and long term conditions’ will be published April 2017⁶, replacing previous guidance that was published in 2009 (NICE, 2009). This report draws on findings from a 2013 evidence briefing produced by Liverpool John Moores University (Bates et al, 2013), alongside evidence from a literature search of reviews from relevant electronic databases that have been published since 2013.

Returning to work after a period of illness, including mental ill-health, helps recovery and is the best way to prevent long-term sickness. The health status of people of all ages improves when they move off benefits and into work. This is true for people with mild or severe mental health problems. It is not surprising then that the vast majority of people who are out of work, and use mental health services, want to return to or to start work. In some cases, however, work may have helped to contribute to or exacerbate mental ill-health. Returning to work or starting to work after a period of ill-health has to be the right work with the right support from colleagues, carers and health professionals (Bates et al, 2013).

According to PHE data (2016) longitudinal analysis shows that, given time and access to the right resources, all those with adult-onset long-term illness may be expected to report their illness as no longer limiting – therefore recovery from long-term illness should be seen as the norm, although the original clinical condition might still be present.

4.1.1 Central government/policy interventions

Financial incentives for employers such as wage subsidies may have positive benefits on the employment prospects of people with a long-term disability. Access to personal advisors or case management schemes has been found to increase the speed and likelihood of return to work, alongside building relationships and trust with staff - a report based on research carried out for the DWP in 2013 recommended supported employment programmes, characterised by intensive personalised support. Key elements of success include having specialist ‘job coaches’ or employment advisers, ensuring close links with employers and the availability of structured long-term support whilst in work.

Incentives for job seekers such as wage top-ups, contributions to travel costs and tax credit improves employment rates and can help the transition into employment, especially for people who have been out of work for longer periods of time. Increased awareness of available incentives was important in improving uptake. This work recommended that incentives offered should not be too low or short-lasting, particularly as income from other benefit claims may be lost due to employment (DWP, 2013).

4.1.2 Recommendations that can be adopted in local areas

A 2013 evidence briefing, produced by Liverpool John Moores University on behalf of Champs Public Health Collaborative, ‘supporting employment among people with disabilities or long-term health conditions’ (Bates et al, 2013) examined evidence from six systematic

⁶<https://www.nice.org.uk/guidance/indevelopment/gid-phg58>

reviews of interventions, programmes and schemes aimed at improving opportunities for people with disabilities or long-term health conditions to return to work.

In terms of improving health to increase return to employment, offering adjustments in the workplace such as flexible working hours, adaption of buildings and the provision of equipment or support workers can support people with disabilities, particularly those in low skilled jobs, to find (and remain in) employment. A 2013 DWP report found that ensuring an inclusive workplace was important for the integration of disabled people into the workplace.

In terms of improving return to employment after sickness, engaging with workers with poor health in the workplace early on before they have to take long-term sick leave, or in the early stages of their absence is likely to have a positive impact on their return to work time. Return to work after long-term sickness is improved by multidisciplinary interventions, including physical training or physiotherapy and a psychological element such as cognitive behavioural therapy.

According to the 2013 DWP report, sheltered employment programmes for individuals with the most severe conditions do not tend to lead to employment on the open labour market. Evidence on the effectiveness of general employment in improving disabled people's employment chances is less clear, although the most successful elements are early intervention, a supporting/trusting adviser relationship, a balance between specialist and mainstream provision and access to other types of support where appropriate.

A 2015 systematic review, which was published in the Cochrane Library⁷, looked at 14 randomised controlled trials (Van Vilsteren et al, 2015). The study found that, considering all causes of work disability together, workplace interventions are effective in helping workers get back to work and in reducing duration of sickness absence. The effectiveness of workplace interventions is questionable regarding lasting return to work and recurrences of sick leave, and effectiveness differs based on cause of work disability. They found moderate-quality evidence to support the use of workplace interventions in reducing sickness absence among workers with musculoskeletal disorders. The effectiveness of workplace interventions on sickness absence was not evident for workers with mental health problems or cancer, and it was not clear whether a workplace intervention should be offered alone or in combination with a cognitive behavioural intervention.

The 2016 analysis provided by PHE (2016), looked at characteristics and assets associated with recovery from long term illness at a national level, and found that key assets for recovery included jobs, access to secure income, homes and household assets, security from debt, as well as friends and social contacts beyond their own household and neighbourhood.

4.2 Interventions to support specific groups of people into employment

4.2.1 Interventions to support people with mental health problems

Central Government/policy interventions

Whilst many interventions cover all disabled people, it is possible to identify types of intervention that are most relevant for specific impairments. This section includes any interventions to support specific groups that were found during a review of relevant literature. Supported employment schemes have been identified as beneficial for people with severe mental health conditions – as well as people with learning disabilities, to a lesser extent. A

⁷ <http://www.cochranelibrary.com/>

2016 meta-analysis (Modini et al, 2016) found that Individual Placement and Support (IPS - a vocational rehabilitation programme that was developed in the USA to improve employment outcomes for people with severe mental illness) was an effective intervention across a variety of settings and economic conditions. This intervention was found to be more than twice as likely to lead to competitive employment than traditional vocational rehabilitation. A 2011 systematic review based primarily on UK research (Heffernan & Pilkington, 2011) found that interventions with high fidelity to the IPS model increase the proportion of patients engaged in work or education/training over the short- to medium-term (6–18 months follow-up). A National Development Team for Inclusion report on the economic evidence for supported employment (2012) also found evidence that Supported Employment (within the learning disability field) and IPS within mental health are the most effective solutions to supporting people into paid jobs, and there is more economic evidence in support of these approaches than for others. However, relatively little in the way of overall cost effectiveness analysis seems to have been published, i.e. the total amounts that have been invested in a scheme, and how many people have successfully gained jobs as a result, making it difficult to identify which interventions are most effective and successful.

A 2014 systematic review examining interventions to support return to work among depressed people (Nieuwenhuijsen et al, 2014) found moderate quality evidence (based on three studies) that a work-directed intervention alongside a clinical intervention reduced sick leave in the medium term when compared to a clinical intervention alone. They found no evidence of a difference in effect on sickness absence of one antidepressant medication compared to another. The review found moderate quality evidence that enhancing primary or occupational care by providing workers with a structured telephone or online cognitive behavioural therapy was effective in reducing sickness absence compared to regular care.

4.2.2 Interventions to support people with learning disabilities

Central government/policy interventions

As described previously, a 2011 National Development Team for Inclusion report on the economic evidence for supported employment also found evidence that Supported Employment within the learning disability field and IPS within mental health are the most effective solutions to supporting people into paid jobs, and there is more economic evidence in support of these approaches than for others.

Local interventions

A 2016 systematic review (Ellenkamp et al, 2016), found that the that the number of people with intellectual disabilities who have some form of paid employment are very low, ranging from 9% to 40 % across different countries, despite legislations. The review examined papers between 1993 and 2013 on work-related environmental factors that contribute to people with intellectual disabilities obtaining or maintaining competitive employment, and found only 26 articles of relevant quality. The authors concluded that over the past 20 years, very few studies have focused on work environment-related factors that can enhance competitive work for people with intellectual disabilities. However, the review identified relevant work-environment related factors that can improve the situation; these include paying specific attention to: employer's decisions, job content, integration and work culture and job coaches.

The Work Programme is a national major payment-for-results welfare-to-work programme that launched in June 2011, as part of the coalition government's programme of welfare

reform. It is being delivered by a range of private, public and voluntary sector organisations which are supporting people who are at risk of becoming long-term unemployed to find work, and focusses on payment by results⁸.

4.2.3 Interventions to support people with musculoskeletal problems and physical disabilities

Central government/policy interventions

Musculoskeletal disorders (MSD) are a major cause of suffering and disability among working-age adults. They are the second most common reason for people to claim Incapacity Benefit or Employment and Support Allowance in the LCR (Madan et al, 2015). Although working in ergonomically unsound jobs may lead to the development of certain musculoskeletal disorders, well-designed work is generally good for health and individuals with musculoskeletal disorders generally benefit from working.

According to a 2015 article (Madan et al, 2015), a health-care professional managing a patient with an MSD should take a careful occupational history to understand the details of relevant physical and psychosocial workplace exposures, both past and present. Then the professional will undertake an assessment of fitness for work. Individuals do not need to be symptom free in order to work - fitness should be assessed in relation to the particular demands of the work, such as hours; shift work; exposure to physical, chemical, biological and psychosocial hazards; work relationships; physical work environment; and requirement to travel. However, there is a lack of relevant systematic reviews on this topic.

Local interventions

In England and Wales, the Equality Act 2010 protects disabled workers by prohibiting discrimination against workers with disabilities. It means that employers need to make reasonable adjustments to facilitate access to, return to and retention of work for disabled employees. Adjustments to work may be temporary or permanent. They may include shorter working hours, different shift patterns, avoidance of manual handling or transferring someone from a physical to a sedentary post. Access to Work is a government scheme that provides practical and financial support to people with a physical or mental health condition or disability to help them start work or keep a job. This can include funding towards aids or equipment, support workers, communication support at interviews and support services or travel to and in work. Employees may be issued with a 'Fit Note'⁹, which provides evidence about the advice that they have been given about their fitness to work. In her report, 'Working for a Healthier Tomorrow' (Black, 2008), Dame Carol Black recognised that sick notes were a barrier to patients returning to work, and Fit Notes were introduced to replace the old sick notes in 2010.

Where possible, health care professionals should work in conjunction with occupational health (OH) departments. However, there is no legal requirement for UK employers to provide their workers with access to OH advice. In 2014, a new national (UK) health and work assessment and advisory service, 'Fit for Work'¹⁰, was launched. It provides OH assessments and general health and work advice to employees, employers and GPs to help individuals stay in or return to work. Employers, employees and GPs can access advice via

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49884/the-work-programme.pdf

⁹ <https://www.gov.uk/government/collections/fit-note>

¹⁰ <http://fitforwork.org/employer/?gclid=CJadmdOFw8wCFRHhGwodl1cM5w>

a phone line and website. GPs can refer patients who have reached, or are expected to reach, four weeks of sickness absence for assessment by an OH professional, who will look at all the issues preventing the employee returning to work.

A 2014 systematic review (Nevala et al, 2014), was conducted to review the effectiveness of workplace accommodation (WA) regarding employment, work ability, and cost-benefit among disabled people. There was moderate evidence that specific types of WA (vocational counselling and guidance, education and self-advocacy, help of others, changes in work schedules, work organization, and special transportation) promote employment among physically disabled persons and reduce costs. There was low evidence that WA (liaison, education, work aids, and work techniques) coordinated by case managers increases return to work and is cost-effective when compared with the usual care of persons with physical and cognitive disabilities. The key facilitators and barriers of employment were self-advocacy, support of the employer and community, amount of training and counselling, and flexibility of work schedules and work organization. The authors concluded that more high-quality studies using validated measures of the work ability and functioning of disabled persons were needed.

4.2.4 Interventions to support different age groups

Central government/policy interventions

According to the 2013 DWP report, supported employment schemes help young people lacking work experience, whilst older employees are more likely to benefit from initiatives focused on in-work retention and flexibility in the workplace. The review found that there was an overall lack of robust international evidence to determine 'what works for whom', although there is evidence to support some interventions, particularly supported employment programmes, as well as regarding flexible and accommodating workplaces - one in five people aged 50-64 are carers, according to Carers UK (2015), which may impact upon their ability to find, or maintain, a job which suits their needs. Return-to-work planning and health interventions that have an employment focus are also beneficial (DWP, 2013).

The National Development Team for inclusion, supported by the Department for Education (DfE), the National Development Team for inclusion (NDTi) and the British Association for Supported Employment (BASE) have recently produced a number of guides for working with young people with a disabilities, including a guide for schools and colleges, a guide for colleges on employer engagement, and a guide for local authorities¹¹. According to the latter, the numbers of adults of working age who have a learning disability and are in employment is declining and now stands at 6% (Department for Education, 2014). Employment rates are also low for other disabilities such as autism. Many young people want to work but they are not entering the labour market once their education has finished and may feature in the Not in Education, Employment, or Training (NEET) cohort. There are strong moral, as well as economic reasons to address this.

Local interventions

According to the DfE report, local authorities can use a corporate commitment to support young people with disabilities into work experience and supported internships, driving this

¹¹ <http://www.ndti.org.uk/news/latest-press-releases/project-leads-the-way-in-increasing-the-employment-aspirations-for-young-pe/>

into broader commissioning and procurement using the Social Value Act¹². The Social Value Act asks commissioners to think about securing extra benefits for their area when they are buying services- commissioners should think about how the services they are going to buy, or the procurement process they are going to use to buy them, could secure the most valuable benefits for their area. Similar prioritisation could be placed within investment strategies for housing, environment and community inclusion. Halton Council, for example, aspires to include one social value outcome within every procurement exercise.

Local authorities have regular contact with employers and businesses, and have the opportunity to strengthen links between employers and schools/colleges. This could include workshop presentations to employer forums, employer involvement in developing young people's job search and interview skills, and identifying employer mentors and champions. The Government's Careers and Enterprise Company plans to link senior business volunteers with individual education providers to build employer engagement plans. The network of volunteers is supported by Enterprise Coordinators who will work with a cluster of schools and colleges to link them to the very best initiatives, such as work experience and speaker programmes.

Staff responsible for economic development should be aware of the business case for recruiting workers with a disability when approaching employers. They need to understand the approach taken by supported employment providers and how supported internships operate so that they can support businesses to bring innovation to their recruitment processes. Local authorities also need to be champions themselves. It is possible to create job opportunities by thinking creatively when procuring or managing contracts. Some town centre management functions are carried out by local authorities using service fees from local business. This could create a job for a young person with a disability whilst promoting the corporate social responsibility agendas of the businesses involved.

Local authorities may also wish to consider how their employment and skills plans can best address the needs of young people with disabilities by promoting apprenticeships, supported internships and work experience opportunities. Some local authorities and City Deal areas are ensuring that employer engagement, on behalf of young SEND jobseekers, features within their wider economic strategies e.g. NEET strategies.

The Youth Employment Gateway¹³ for people living in the Merseyside and Halton area aged between 18 and 24 years and claiming JSA or Universal Credit. It provides participants with a range of services aimed at moving them towards their employment aspirations, and includes funding to pay for goods or services to improve the client's employment prospects. This might include training courses, work related equipment or tools, uniforms, CRB checks or the cost of travel.

¹² <https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources>

¹³ <http://yeg.merseyinteractive.com/>

4.2.5 Future publications and conclusion

A NICE document 'workplace health: support for employees with disabilities and long term conditions' will be published April 2017¹⁴, replacing previous guidance that was published in 2009 (DWP, 2009).

The 2013 DWP research also found that, whilst legislation to promote the employment of disabled individuals, including anti-discrimination legislation and quotas for the employment of disabled people, was necessary, it was not enough by itself to close the employment gap.

In conclusion, people with disabilities or long-term health conditions can be supported in employment through:

- Delivery of individually tailored advice and guidance
- An understanding of which interventions work best for which groups
- Effective management of disabilities and long-term health conditions
- Adaptations to the workplace and working conditions
- Multidisciplinary interventions including workplace components
- Early engagement with workers to minimise absence
- Provision of financial incentives for job seekers and employers
- Additional robust research is needed on 'what works for whom'.

¹⁴<https://www.nice.org.uk/guidance/indevelopment/gid-phg58>

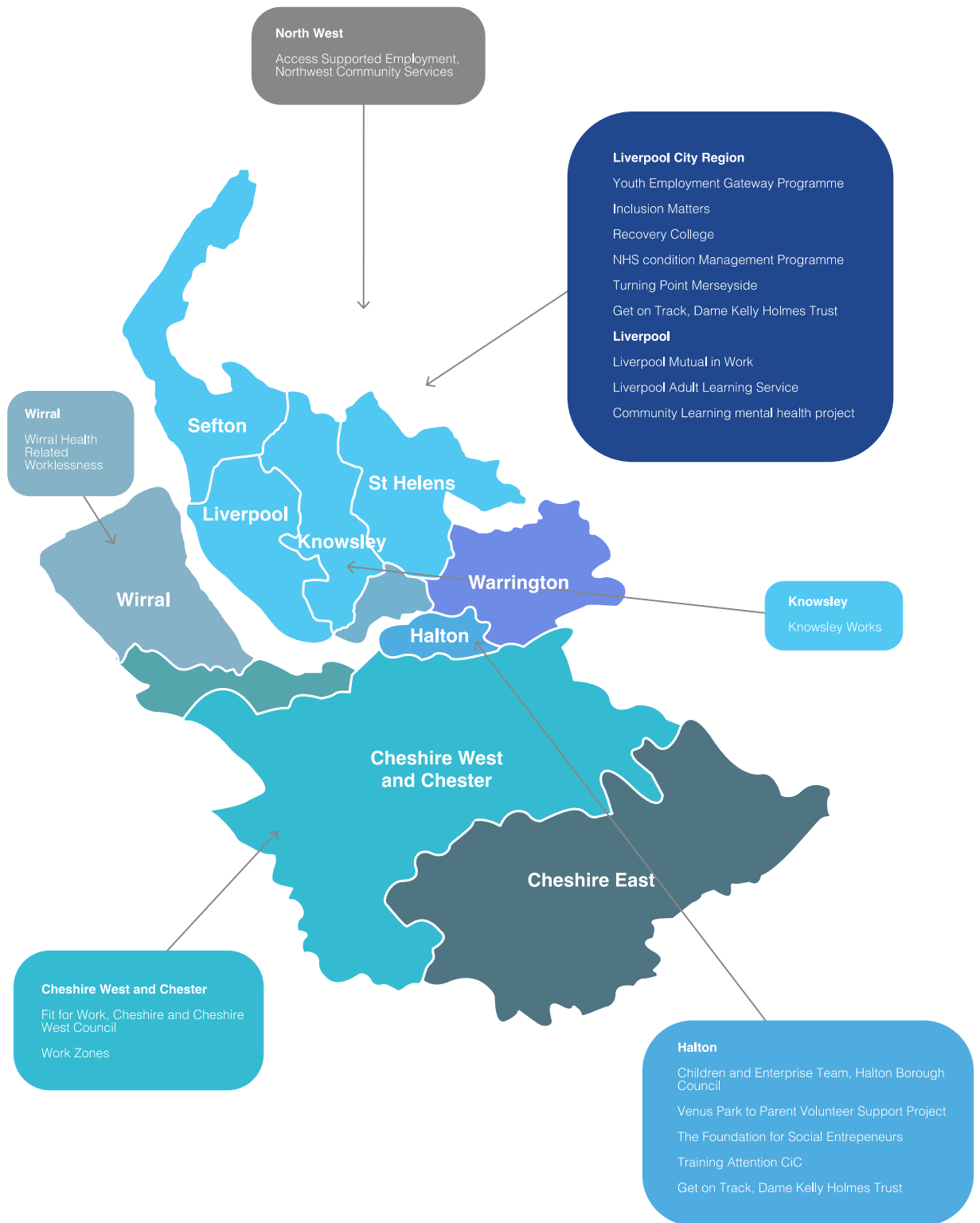
5. Examples of good practice

A number of examples of good practice in supporting people with disabilities and long term health conditions are provided in this section. Section 5.1 relates to examples from local authority areas across the LCR. Many of these case studies were provided by members of the project steering group. Researchers requested available evaluation data, where possible. Details regarding project details and outcomes have been provided, where possible, although outcomes data were not always available. Case studies are split into those who provided evidence of outcomes and those who did not. *Some names have been changed, in order to protect participant anonymity.

Section 5.2 relates to examples of good practice from the Cheshire area, and section 5.3 relates to case studies from outside the Cheshire and Merseyside local authority areas. Full details of the source of the case studies are provided in Appendix 1.

5.1 Case Studies Obtained in LCR

Fifteen case studies were obtained for inclusion in this section. The map below provides details regarding where each intervention is being delivered. Outcome data has been included where available, although there was a lack of outcome data for many projects, especially in terms of longer term outcomes for people who had accessed these initiatives.



5.1.1 Case studies provided with evidence of outcomes

Get On Track (GOT), Merseyside

This project is being delivered by the Dame Kelly Holmes Trust across Merseyside.

Intervention details

This programme supports young people aged 16-25 from challenging backgrounds who are not in education, employment or training (NEET). The intervention is delivered over a 14 month period and offers a unique development opportunity for NEET and at risk individuals to learn new skills, develop key attitudes, re-engage with their community, participate in physical activity and ultimately find and sustain employment.

The average cohort of GOT participants nationally is outlined below:

- 68% male – 32% female in 2015/16
- 22% declare themselves as being from an ethnic minority
- 16% declare themselves to have a disability
- 12% declare themselves as an ex-offender or with an unspent conviction

Every GOT programme has a multi-skilled delivery partner; Merseyside are partnered to work with Active Cumbria. They are embedded within the region and obtain a good understanding of its needs and issues. GOT combines mentoring from world class athletes with opportunities to participate in sport, volunteering and training and employability workshops.

Following their participation in Get on Track programme, young people will:

- have developed a range of employability skills
- be more engaged in, education, volunteering, training or employment
- have developed a good understanding of their motivation and what their barriers are to achieving personal fulfilment, with higher personal and career aspirations
- be more confident, have greater self-esteem and resilience to cope with life
- be participating in sport and have developed healthier lifestyles and habits
- be able to form positive relationships and develop support networks to help them succeed in life
- be playing a positive role in their local community with a better understanding how volunteering can help them and others.

Over a period of 14 months, athletes take young people through a 5 stage programme.

Intervention outcomes

GOT provided details of their national outcomes. Since the start of 2012 GOT have delivered 77 GOT projects across England, working with 1,564 young people directly, with a further 4,830 impacted through community projects. Last year, GOT directly engaged with 535 young people and five months into the programme 70% of young people were in education, employment or training, 84% were participating regularly in sport and 46% were taking part in regular volunteering.

By accelerating the five key attitudes of confidence, resilience, determination, focus and motivation within young people, GOT have empowered those participating in their programmes to reach the following positive life outputs:

- 83,701 young people have been impacted through GOT and associated community projects which support young people.
- 68% of young people participating in GOT programmes were participating in education, employment or training after the first stage of the programme, five months into the 14 month journey
- 66% of young people supported through GOT were regularly participating in sport within three months of completing the initial mentoring stage of the programme

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Youth Employment Gateway

Youth Employment Gateway (YEG) is a programme for people aged 18-24 who have been in receipt of Job Seekers Allowance (JSA) or Universal Credit (UC) for between 8 weeks and 9 months. The programme is delivered in partnership with Jobcentre Plus, which helps ensure all participants are provided with a range of services aimed at moving them one step closer to their employment aspirations and ambitions.

Each of the local authority areas within the Liverpool City Region has its own provider delivering the YEG programme, with each young person being given access to a personal employment advisor who can provide them with high quality, impartial, employment related advice and guidance. The advisor will help them to explore their personal ambitions and employment goals, as well as identifying any barriers which could hinder their fulfilment. A plan of action will then be agreed, to help the client achieve their ambitions and this will be updated and amended as their time on the programme progresses.

A unique feature of the programme is the availability of funding in the form of a Personalised Budget, which the young person can use to pay for goods or services that can help improve their employment prospects. This can include but is not limited to: occupational, accredited or non-accredited training courses, work related equipment or tools, personal protective equipment (PPE) or uniforms, DBS checks or the cost of travel.

Young People on the programme will also be able to use a website (<http://merseyinteractive.com/>) that has been developed specifically for programme participants and provides access to a range of resources to improve their employment prospects, including careers advice & guidance, details of local services, a live apprenticeship finder, a CV builder and local journey planner. The website also allows the young person to manage their Personalised Budget.

During the initial stages of the young person's time on the programme, the advisor will determine whether the client needs help with basic employability skills such as English, maths and IT, and if necessary make arrangements with a suitable training provider. If the needs of an individual are more specialised than the advisor is able to address, arrangements can be made for the client to be supported by an organisation specialising in that area. If such support isn't available or immediately forthcoming, the service could be paid for by the programme. Each participant will receive a customised support plan which will outline their ambitions and goals alongside a course of action to help them be achieved. The plan will be reviewed, updated and amended regularly by the advisor in conjunction with the client.

The quality standards adopted by the programme are based on the Matrix framework, to help ensure the information, advice and guidance provided to people using the service is of the highest quality. Each provider has many years' experience of providing support to people with a range of barriers which may hinder their chances of gaining employment; of working collaboratively with other organisations so as to address the often many and complex needs of people seeking employment; and has good links with a wide range of employers. YEG advisors are suitably qualified with an excellent knowledge of their particular field and the local people.

Clients also receive access to a range of local and national job vacancies – both local and national, the acquisition of practical skills, tools and techniques to be able to search for job vacancies and complete on line applications, and enhanced Interview skills. When a client secures employment the advisor/mentor can help with the client's transition into employment e.g. initial travel costs. Whilst in employment, the advisor/mentor will continue to offer support by offering for example, advice on career progression or information about further training which may assist with their career development.

Intervention Outcomes

As of October 2016, 4,503 young people had started on the programme against a target of 3,789. Of this number 1,643 have been helped to find employment against a target of 1,895, with 566 people sustaining their period of employment for 26 weeks or more against a target of 1,326. The programme has another 12 months to run, during which time the outcomes will continue to be updated.

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Community Learning Mental Health Project

Liverpool Adult Learning Service is part of a national research project which aims to find out if community learning has a positive effect on mild to moderate mental health conditions. This service is in its second year of delivery.

The service offers free community learning courses that can help people with problems such as anxiety, sleeplessness and feeling low. Courses must be 15 hours over 6 weeks (2.5hpw) and focus on managing symptoms of mild to moderate mental health conditions.

Learners need to be over the age of 19 years, new to the Mental Health research project and have mild to moderate mental health conditions, e.g. social anxiety, stress, sleeplessness, coping with life changes. The services has a target of 178 learners.

All learners must be offered up to three hours advice and guidance and have an informal one to one interview and assessment using mood questionnaires (GAD 7 and PHQ 9) before they join a course, to check that they are legible. They must sign to consent to participating in the research project.

The kind of courses that will run will include; reducing anxiety and stress through drawing and sketching, coping with loss and grief, confidence building, yoga and art groups.

Intervention outcomes

In year 1 over 500 people were engaged in the Community Learning Mental Health courses in Liverpool. People gained considerable confidence from learning which enabled them to progress to further learning and volunteering. LALS worked with a number of local organisations including: Talk Liverpool (IAPT), PSS, Crown Street Centre, Roots Trust, Blackburne House, Greenback College and many others.

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Liverpool Adult Learning Service

Liverpool Adult Learning Service offers employability and basic skills training to participants delivered on a one to one and group basis. Tutors are skilled at working with people who face multiple barriers to employment including those with health conditions, low skill levels, drug and alcohol addictions, offenders and those with low confidence and self- esteem. They deliver flexible digital skills, functional skills and employment skills. They inspire participants and create learning opportunities which raise aspirations and help learners plan a journey into employment.

Tutors work closely with Information, Advice and Guidance (IAG) staff and other partners who play a major part in sourcing employment and volunteering opportunities and ensure that participants are supported with intensive job search. Financial support is also available to support a participant's journey into work including travel expenses, childcare, interview clothes, uniforms etc. The team works with Liverpool residents aged 16 to 75+ and not in paid work or self-employed (includes volunteers and students). The team is based in Newsham Adult Learning Centre but offer a weekly sessions in other Adult Learning centres and Outreach venues.

Intervention outcomes

By Dec 2018 over 1000 adult learners will be supported to develop their skills and move towards employment through the Adult Learning Service Ways to Work programme.

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Access Supported Employment, Northwest Community Services

Access Supported Employment is a division of Northwest Community Services that provides assistance to individuals with ranging disabilities whom wish enter the labour market. The supported employment division is based in Fazakerley in Merseyside. It uses a personalised approach to supporting people with significant disabilities into real jobs, where they can fulfil their employment aspirations and increase their social networks.

This programme starts by finding out what the person wants to do, what skills they have and their interests to help us to match them to a job they would enjoy. Their Job Trainers are there to help the person learn the skills and knowledge needed to do the job. The Job Trainer breaks down the job into a number of small tasks and sets manageable goals. As the person learns the tasks and gains the skills needed to do the job the support is gradually withdrawn. The Job Trainers also work with people to find work based activities to help them gain the skills that would increase their chances of getting paid employment. The supported employment team work in partnership to create employment opportunities with the support of some of the biggest companies in the country, including Asda, B&Q, Dobbies Garden Centre, Marks and Spencer, Beefeater, Toys R Us, Sainsbury's, Pound Stretcher, local third sector organisations and community projects.

<http://www.northwestcommunityservices.co.uk/page23.html>

Case study1: Liverpool City Council Adult Services referred John* to North West Community Services (NWCS) Ltd Access Supported Employment. James has a learning disability. With the support of a Job Trainer, Access Supported Employment initially found a placement for James working with the ground maintenance team at Allerton Golf Course, Liverpool. The Access Supported Employment Team then introduced James to the British Trust for Conservation Volunteers (BTCV) to join in working at their tree nursery located at Allerton Hall Clarke Walled Gardens, Liverpool, where he now works independently.

Case study 2: Liverpool City Council Adult Services referred Gary*, who has Down's Syndrome, to North West Community Services (NWCS) Ltd Access Supported Employment. He was assigned a Job Trainer to support him in his placement and in learning new skills. The Supported Employment's Services Coordinator secured Gary a placement at McDonalds, Speke Retail, in August 2009 where Gary still works to date.

Recovery College run by Merseycare

This intervention provided small group sessions which were run by NHS and someone who had previously completed the course; this made the claimants feel comfortable and supported. The organisation would address condition management but also refer into art, craft and other group sessions which helped those who were socially isolated and low in confidence and self esteem.

The programme still exists, but without a DWP contract and so the waiting list is quite lengthy

Intervention outcomes

The project reported excellent results, especially from people who had often attempted recovery in the past and not succeeded and great feedback from participants.

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Ladders of Life (ADHD Works) Merseyside

This was a course provided to help move customers on the Asperger's spectrum closer/into work.

Intervention outcomes

Case study evidence from a person who went on this course said it had completely changed his life, including repairing a broken relationship with his partner and starting employment. The cost saving for this would include benefit savings as well as savings to the NHS and Social Services due to being able to stop frequent crisis interventions by both.

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Training Attention CiC

Training Attention CiC is a Peer Coaching and 1:1 Coaching contract managed by Halton Borough Council for the Halton Local Authority area.

Eligibility is young people of academic age 16 to 18 who are Not in Employment, Education or Training (NEET) or 19+ NEET with Special Educational Needs or Disability. Young people recruited are not just short-term NEET and a number are 12 months+ NEET.

Peer Coaching will support young people to learn coaching and peer coaching skills in a group setting and young people are encouraged to use their strengths and observational skills to support one another, develop aspirations, and garner self-agency. Young people will be supported to manage their state, to make and enact positive decisions and to learn at their best. Young people will be supported and support each other to access services and/or training or education. The skills that young people will learn on the course will be useful for:

- getting more confident
- learning to spell, read, memorise and do maths more easily
- keeping their temper and helping other people to keep their temper
- setting and getting goals
- coaching other people

The opportunity for 1:1 and small group support enables more targeted work to be conducted with young people in need of either short-term or longer-term interventions. Young people are recruited in the home and community, and coaches working in pairs will door knock. The cohort group is delivered out in a community centre in Halton, 1:1 work may take place in the community or in the home.

Intervention outcomes

Reporting for the period July 2016 to December 2016 showed that 31 young people registered onto the programme, and of these 13 have progressed to Education, Employment or Training.

In 2015, 21 young NEET people aged 16 to 18 engaged into Peer Coaching; by December 2015, 10 of these 21 were in employment, education and training, 4 were recorded NEET and 7 were unable to be tracked.

In 2014, 28 young NEET people aged 16 to 18 engaged into Peer Coaching; by June 2015, 23 were recorded as being in employment, education and training and 5 recorded NEET.

ONE TO ONE SESSIONS 2015/2016

In May 2016, a snapshot was taken showing that during 2015/2016 - 51 young people had engaged in 1 or more 1:1 sessions, of these:-

Continuing to engage in support	21
Progressed to an EET destination, which has been sustained for more than 2 months	19
Currently in an EET destination of less than 2 months, continued sustainability is being tracked	<5
Moved into a peer coaching programme	<5
NEET	5

The Peer Coaching and 1:1 Coaching and Mentoring service forms part of Halton's Participation Strategy, and during the period since the implementation of the Strategy Halton's NEET and Not Known has reduced from 9.4% in April 2014 to 6.7% in August 2016.

Contact details

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Halton Borough Council

Inclusion Matters

Inclusion Matters delivers job search boost sessions in Birkenhead approximately every three months. Job Centre Plus refer over any customers who are suffering low to moderate mental health problems to a group information session at The Lauries Birkenhead, jobseekers complete a questionnaire and have the opportunity to learn about the services the provider can provide including Silver Cloud and IAPT. To add value 8 -10 specially selected providers and employers are invited who jobseekers can take the opportunity to speak to in the market place after the main presentation such as Crosby Training, Breeze Project, Mencap, Advocacy in Wirral & Reachout

Inclusion Matters have referred 195 customers to counselling since the events began without having been referred via a GP.

Inclusion Matters have started a programme called Silver Cloud – A computer based CBT Package to support people effected by NHS waiting lists. Therapists are on hand to intervene and escalate when required.

Intervention outcomes

The last event had -

- 71 customers attend
- <5 customer were offered employment on the day.
- 12 customers referred to training

Customer Feedback

- "Smashing"

- “Today was very helpful and I have been provided with the help I need for a new start”
- “I have agreed to talk to a councillor about overcoming depression”
- “Very Helpful – I feel hopeful”

60 % of customers who attended the event said it was excellent and the remaining 40% said it was very good.



Contact details

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Venus Parent to Parent Volunteer Support Project, (P2P), Halton

The Venus P2P project is part of Venus, which is a voluntary and community based project in Sefton. The Venus P2P project in Halton focuses on supporting parents and families who meet the Inspiring Families criteria and who are at level 2 according to Halton’s Levels of Need Framework. There is the possibility of providing support to parents and families assessed at level 3 depending on families’ individual needs. Support is delivered as a bespoke package for each family aligning with Halton’s Think Family approach. Early intervention is integral with a focus on preventing families escalating further requiring statutory intervention.

Issues covered in the support relationship can be, but are not limited to:

- Home management
- Parenting
- Budgeting, debt, benefits maximisation and financial resilience
- Domestic abuse, including Gateway Programme
- Substance misuse
- Homelessness and poor housing
- Isolation and accessing community services
- Family health issues
- Community safety
- Emotional health and wellbeing
- Employability skills, progression to training, education and employment

Volunteer support workers are recruited from the community and trained through an in house programme to address issues that may arise through a support relationship, along with Venus policies and procedures such as Safeguarding, information gathering and recording, effective communication, risk assessment and support work with parents and families.

Once trained and with families allocated for support, volunteers participate in regular supervision and may access ongoing training.

Intervention outcomes

- 5 volunteers have left volunteering to start paid employment in Halton

Example family outcomes:

“Mum is enrolled on an adult learning course which she attends weekly and also has one to one sessions for parenting. Home conditions have improved and are satisfactory.

Mum is now registered with property pool and is hoping to move out as soon as possible to become independent. Mum is also saving towards the cost of moving and household items. Mums relationship with her youngest child’s father is amicable now and there is weekly contact in place which seems to be working well.

Mum is confident to ask for help now as I feel I have built up a good relationship with mum, who she knows she can trust.”

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5.1.2 Case studies provided without evidence of outcomes

Liverpool Mutual in Work (Liverpool)

Liverpool Mutual Homes (LMH) is the city's largest housing association. Collaboratively with Liverpool City Council, this organisation has launched a new scheme to help residents gain sustainable training and employment. Liverpool Mutual In Work, will offer people aged 16 and over in LMH homes and neighbourhoods the opportunity to access advice, support, training and jobs.

Service users will receive one-on-one mentoring, be given help to remove barriers preventing them from being employed and be matched to appropriate apprenticeships, training schemes and jobs. Preparing CVs, interview skills and techniques, funding for training or specialist equipment, access to work clubs, IT training and signposting to related training and employment support services will also be on offer.

Intervention activities

To ensure the scheme delivers sustainable training and jobs, residents going through the scheme will be tracked and given follow-on support for six months. Five LMH tenants will be trained to become learning champions to work with other tenants and offer support.

A mobile solution will also be provided with LMH's digital inclusion vehicle and Adult Learning Services' IT bus touring communities to offer advice and guidance.

Knowsley Works (Knowsley)

Knowsley Works has been providing a specific intervention to customers who have been claiming Incapacity Benefit or Employment and Support Allowance (ESA) to help them re-develop self-esteem and confidence which has been greatly reduced or lost through a multitude of reasons, including unemployment.

Many of the Knowsley Works service users have mental and behavioural disorders as well as musculoskeletal conditions, and many of them can be very resistant to the prospect of reengaging in education and employment from the relative safety of familiarity and repetition.

The 'Work Positive' intervention addresses the core reasons for resisting change and personal development by exploring on a 121 and group work basis:

- The value of communication and how to develop this primary skill
- The importance of effective communication for the development of relationships across all areas of life including personal, work and social interactions
- The effects of negative and positive relationships regards personal development and growth
- Exploring how thinking effects emotions and how emotions effect behaviour
- Signs and symptoms of poor mental, emotional and physical health
- Methods for improving mental, emotional and physical health and fitness
- The impact of practiced and conditioned positive thinking and its subsequent effects on emotions and behaviour
- Identifying ambitions and goals and imbedding these destinations into SMART goals
- Review and reflection of all topics explored, finding the courage to change and stay the course, embracing fear and anxiety as an opportunity and source of energy to grow confidence, esteem and opportunity

The organisation are currently developing an additional add on to this intervention which will include supporting service users to engage in physical activity through the Activity for Life scheme.

Contact details

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L36 9UQ

Lead the Change - Halton

Working in partnership with Halton CCG and UnLtd – The Foundation for Social Entrepreneurs, Wellbeing Enterprises CIC led a project called 'Lead the Change' to provide funding awards (£500 - £5000) and specialist support to help support people to become social entrepreneurs.

The project used a strengths based approach to empower people to use their strengths and capabilities to run community projects to help others. People learned a range of skills – budgeting, project management, and marketing. They also had access to peer support and wellbeing advice from Community Wellbeing Officers.

Intervention outcomes

More than 30 people were supported to run community projects. Approximately half of all applicants had a disability or long term condition. People ran a range of community based projects – many of these people are continuing to develop their projects into social enterprises. Examples include:

- Veteran support projects
- Community environmental projects
- Pop up healthy cafes
- Disability awareness projects

Case study 1: Model Airfix Club

The Model Airfix Club came from an idea that a local veteran had; he wanted to set up a club for ex – service men and women. The group's focus would be to build and paint models of aeroplanes, boats, tanks etc, and the project would offer support for those who have lost their structure, coping skills and self-esteem since their return to "civvy street". An ex RAF soldier himself, his hope was this club would bring together the armed forces community who are isolated and help them with their reintegration and road to recovery.

He decided to apply for the Build It award after seeing an advertisement in his local newspaper. His motivation for this project came from the need for ex-service men and women to be together to share experiences and talk to people who understand. He also felt that the idea that he had and what he wanted to offer he just couldn't do without financial support. He felt that this opportunity seemed to come at the right time and was pleased that Wellbeing Enterprises would be there to offer support through the process.

When asked what effect the project has had on him personally he laughed and said "the group has become so busy and has really taken off – we are getting referrals all the time and people are constantly making enquiries. I am really enjoying the project and I am very busy, this is just how I wanted it to be though."

The project has had a huge impact on the beneficiaries. Everyone who attends the group has made a model, enjoyed trips out, engaged in other community groups in the wider community and two of the veterans have moved into employment. People return to the group week after week and feel it's their safe space and they all have a sense of belonging there.

He is very proud of the fact that the ex-service men and women who come to the group all realise that there is no stigma attached to any feelings that they are experiencing and the people in the group can always be themselves. He always feels a sense of achievement when he sees the comradery between the people who come to the group.

When asked what non- financial support he has received from Wellbeing Enterprises (Lead the Change Partner) the veteran said "they have given me a lot of confidence, knowing that there is another organisation that believes in the benefit of the project as much as you is a great boost." He feels that with the support from Wellbeing he has more of a corporate understanding of the way a business works. Wellbeing has also been involved in referring people into the model airfix group and have also helped with the marketing and promotion of the project.

In 12 months' time he hopes that there will be a veteran's model airfix group in each town in the North West and in 5 years' time there will be a veteran's model airfix group in each town in the Country. To make this happen he thinks that the best way forward is to be linked in with appropriate partner services

across the North West who can refer people in to the service similar to the way the project has worked in Halton.

To generate income the veteran will be creating a miniature battle scene with all the finished models, this will be entered into a competition with the opportunity to win prize money. Also he will be displaying the models in local buildings and organisations with a donation box that explains the model was made by veterans from your area.

Case study 2: Clean Up Kingsway

Since the age of 16, Stuart* has been providing a street cleaning service for all residents in his local ward of Kingsway and the surrounding area. He was motivated by the amount of litter in his community and how untidy it made the streets look. He felt strongly about this and wanted to change it, he also found motivation from the support of fellow volunteers nationally through social media.

Stuart heard about Lead the Change through Halton Borough Council. He felt he should apply as if he was successful he would be able to use the money to further develop his project.

The award has made a huge impact on Stuart and Clean Up Kingsway. It has enabled him to buy more resources such as another cart and more brushes/shovels. Having more resources has meant that Stuart has been able to recruit volunteers and clean more areas in Widnes. Stuart believes that if he was to apply for another award in the future this would help him to move further towards his long term aim of the project which is to begin recycling the litter and then start his own recycling business.

Stuart's project attracted the attention of local papers and also BBC Northwest Tonight who featured him on their evening news, Stuart feels this is a big achievement for him and his project and he feels he now gets even more recognition in his community.

When asked what support Stuart felt he received from Wellbeing Enterprises – Lead the Change partner he said "they are always helping me and asking me if I have any problems. I have most valued the support of knowing that they are always there to guide and support me with any problems I have." Stuart has also valued the support that Wellbeing Enterprises has given him in helping him to develop his risk assessments for the project. Previously Stuart was carrying his project out without one, and while he would never put himself in any danger, Wellbeing Enterprises explained to Stuart that a Risk Assessment would protect him and any volunteers he recruited, and they worked together to develop this.

The company who sold Stuart his first litter picking cart spotted his feature on BBC Northwest tonight and donated another one to him free of charge. This was excellent for Stuart, but it did raise the slight problem of storage. Stuart's garden was once somewhere to relax, however since the expansion of the project it was becoming a storage unit for all his equipment. Wellbeing Enterprises worked with a local housing trust to see if there was any support they could offer to Stuart to help him overcome this challenge. Stuart is now hoping to rent a garage lock up from them to store his equipment.

Stuart feels that the experience of the Lead the Change Award has helped to develop the existing business skills that he gained whilst studying for his A Levels.

In 12 months' time Stuart sees himself owning his own recycling company and making a profit. In the longer term, his ambition is to have community contracts with schools whilst still continuing the excellent street litter picking strand to the project.

*Name has been changed to protect anonymity

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5.2 Case studies from the Cheshire area

5.2.1 Case studies provided with evidence of outcomes

Fit for work in Cheshire

All employers across England and Wales can refer employees who have been off work for four weeks or more for a free Fit for Work assessment. It provides the services of health professionals to people in employment if they have been off for four weeks or more due to sickness. http://fitforwork.org/download/employer-resources/employer-Quick-Reference-Guide_v8.pdf

Case study: Jane, aged 61, works as an Office Administrator for a property company in Cheshire. Regular contact from her Fit for Work case manager helped Jane make a successful return to work after taking time off due to stress. Once she reached the four week absence point, her company's HR department asked if they could refer her to Fit for Work, to see if the service could help find a way to relieve her stress and help her back to work. Working together, Jane and her Fit for Work case manager drew up a Return to Work Plan to help her find a suitable route back to work.

<http://fitforwork.org/blog/case-study-archive/supporting-jane-back-to-work/>

5.2.2 Case studies provided without evidence of outcomes

Work Zones, Cheshire West and Chester Council

Cheshire West and Chester Council have four centres across the borough that provide a holistic service to help unemployed adults back into work. All new registrations (average 100 per month mostly JSA/UC customers) are initially assessed taking into consideration where they are in their lives including health conditions, skills, barriers etc. Customers are referred to an Employment Support Mentor for one-to-one case management support and use the Skills Funding Agency Adult Education budget to provide a work ready curriculum including a range of health curriculum.

The service has access to IAPT services within their Work Zones and other external services such as automated referral systems to Citizens Advice for debt support. The service also has a close relationship with the Department of Work and Pensions who are the primary referral agency; the service is targeted to engage and support a number of ESA customers as part of their overall cohort. To facilitate this, staff go over to the Job Centre Plus office weekly to take part in a 'warm handover' of ESA customers from DWP Job Coaches to Work Zones to find out what they can provide, offer a friendly face and encourage them to engage for employment support. Health considerations are central to the Work Zones as it is recognised as the largest determinant and needs the highest profile in any employment support model. The service recognised it needs to be a model based on hope and strengths rather than a deficit model of gaps and barriers. Skill development is generally secondary to the journey of building confidence, trust and personal resilience within a supportive environment.

Intervention outcomes

In 2015-16, Work Zones have engaged 46 ESA customers; 7% of the total number engaged. Of these, 13 have been moved into employment which is 3.17% of total job entries (it is important to note that some of these 13 could have been registered prior to this financial year so it does not equate directly as 13 of the 46 have moved into work). Work Zones recognise they have most success engaging when the ESA customer is in the WRAG group and least success when they are still in the assessment phase but overall it still remains difficult to engage ESA customers in employment support.

The project acknowledges that benefits realisation is very difficult to quantify as this depends on many factors but the monthly figure of benefit savings used is approximately £900 or £9700pa. The team do not have the resources to substantiate how long customers stay in work and the Department for Work and Pensions is currently unable to share data on the sustainability of a customer being off benefits due to data protection restrictions.

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5.3 Case Studies Obtained outside Cheshire and Merseyside

Through this research, a number of examples of good practice have been identified which are being delivered outside of Cheshire and Merseyside. These projects may provide useful insight for future learning and have been included for these reasons. 4 case studies were obtained for inclusion in this section.

Action for Blind People (national)

Action for Blind People supports people with offer a mix of one-to-one and group-based support to job seekers as well as working with employers to give them the advice and support they need to support their employees.

The employment service assists people with sight loss who are looking for work or who are in work and require support to retain their employment. This may include advice on equipment, reasonable adjustments, Access to Work (a Government scheme which provides advice and practical support for disabled people in, or about to start work. It can also provide assistance to employers who would like to employ someone with a disability) etc. and we can advise employers too, including workplace visits if appropriate. Action also runs a Pre-employment Course to support people who are further away from the job market towards employment. The six week course (8-10 participants) is an opportunity for anyone with sight loss or a diagnosed eye condition to take part in six one-day workshops focusing on:

- Labour market realities and careers.
- The perfect job, goal setting and self-analysis.
- Assistive technology, communication and networking skills.
- Legal rights, disability disclosure, the perfect worker and employer expectations.
- Application forms, CVs, cover letters and interviewing tips.
- Presentations, mock interviews and what to do when you are stuck in job search.

Healthy Manchester

Healthy Manchester (formerly known as the North Manchester Fit For Work service for unemployed patients) is a telephone based service operating city wide, working with those who are struggling to manage their health condition and as a consequence are finding it difficult to find work.

Once referred in to the service, patients will be assigned a health and wellbeing advisor who will conduct a bio-psychosocial assessment using tools including EQ-5D, PHQ-9, GAD-7 and Audit-C to assess where a patient is on referral and used throughout to assess your patient's progress. The tailored support your patient will receive will include condition management, behavioural change management, MSK support and mild to moderate mental health support using the evidence based star model. Throughout the patients period of support from the service, case management information will be shared and for those who find employment the service will continue to provide 6 months post employment support.

This is a GP referral only service, with the following referral criteria;

- Patient is of working age (16-64) and is not in work
- On out of work benefits or those not claiming any benefits at all
- High users of GP services
- Wider issues are impacting on health (social determinants) and medical treatment alone will not address the issues
- Impacted by welfare reform e.g. benefit sanction/financial crisis, repeatedly requesting fit notes, found fit for work at work

Contact details

<http://www.pathwayscic.co.uk/healthy-manchester-formerly-north-manchester-fit-for-work---unemployed.html>

Northern Ireland Conditions Management Programme

This 12-week voluntary programme delivered by health care professionals, aims at helping people better understand and manage their health symptoms and realise their potential so they can move closer to employment now or in the future.

The scheme is part of the Department for Employment and Learning's Pathways to Work initiative, and delivered by the NHS Trust in partnership with the Disablement Advisory Service.

Contact details

<http://www.belfasttrust.hscni.net/ConditionManagementProgramme>

Kent Supported Employment programme

What was the intervention?

A supported employment initiative for people with learning disabilities

Intervention outcomes

An evaluation was undertaken which summarises the first phase of a three phase study to develop a financial cost-benefit analysis specific to supported employment for people with learning disability. The research has been carried out in relation to Kent Supported Employment Agency (KSE) and figures relate to the period March 2009 to February 2010. KSE employ 37 staff and have a budget of £1,169,348 per annum. During this time period KSE supported 118 people in paid jobs (of this figure 57 had a learning disability). 55% of these jobs were of 16 hours and above.

Data have been calculated to demonstrate the benefits to the individual, the Local Authority and to the government and focuses on figures for learning disability.

An 55% average increase in weekly income as follows:

Unemployed total gross income: £112.84 per week

Employed total gross income: £175.14 per week

A 28% reduced dependency on welfare benefits as follows:

Unemployed Welfare Benefits: £112.78 per week

Employed Welfare Benefits: £ 80.93 per week

Cost saving to adult social care as follows (actual cost not purchase cost):

Day service cost per person: £11,200 per annum

KSE cost per person: £ 9,910 per annum*

*Also important to note that the Day Service places are static whereas the supported employment model works to principles of reablement and so over time an individual's dependence on the service decreases allowing the service to work with more individual's and thus making further cost savings per person

Comprehensive calculations considering Access to Work payments and flowback to government (reduced welfare benefits and tax/NI etc) suggest that from a taxpayer perspective KSE has a net saving of £3,564 per person per annum compared to a day centre alternative (detailed in the table on P19).

10 of the 57 learning disabled people had used day services prior to employment. Once employed 7 of these stopped using services – this represents a 70% reduction in day service take-up once individuals achieve paid employment.

There are high savings to the taxpayer as the numbers of learning disabled people working 16 hours and above increases because of high and long-term unemployment rates for this group and their high dependency on welfare benefits and local social services – relates well to Work Choice.

The conclusion identifies other areas that may enhance the savings further:

- Obtaining more full time jobs for those not in receipt of day services and/or are unknown to social services
- A greater focus on those who are dependant on local day services prior to obtaining a job
- An increase in resource allocated to support people with mental health problems

6. Discussion

There is some evidence of effectiveness for interventions to support people with disabilities or long term conditions into employment, or back into employment after a period of absence, although there is a need for more high quality research. It can be challenging to assess the impact of interventions, as organisational change can take up to seven years. In addition, budget reforms and cuts in services will have an impact on organisations that need to be taken into account. One study 'Dying of the light', for example, which looked at 33 local authorities, found that, whilst disability employment adjustments (such as making an office more wheelchair accessible or adjusting work duties) have benefited individuals and organisations, adjustments-related practice was deteriorating under the impact of spending cuts. This has put disabled employees at increased risk of being among the thousands of public-sector workers being made redundant. Other employment protections, such as under unfair dismissal law, are also being weakened or abolished (Harwood et al, 2014).

It is also important to recognise that returning to work is only a partial indication of success; it is important to examine if work enhances quality of life, is compatible with managing chronic or complex health conditions, and if it can be sustained (Reagon, 2015).

The recent green paper that was published by the DWP (2016) recommends that the 'business case' for employers should be strengthened. The report recommended that further research is needed on how work coaches can play a more active role for disabled people and people with health conditions. More research is also needed on the best way to build a system where financial support received does not negatively impact access to support to find a job, and how to offer a better user experience and improve system efficiency in sharing data (DWP, 2016).

Other areas that the DWP report recommended further examination were better occupational health support across the health and work journey, and improvement in the way that fit notes work. The research discussed in the report demonstrates the importance of prevention, with consideration of physical and mental health.

Keeping up to date with local projects and available funding streams can be a challenge, as these are constantly fluctuating. A computerised database may enable practitioners to keep up to date with this information.

Evidence from this research has shown a great deal of variation in the type of outcomes data collected when interventions are implemented; the case studies included in this report collect a variety of outcomes with different levels of rigour. It is important that all projects and interventions collect robust outcomes data and that evaluation is considered from the beginning of a project. Wherever possible, longitudinal data are required to provide robust evidence of impact and it is important these reflect wider health, wellbeing and social outcomes.

The case studies collected for this report demonstrate the range of initiatives being implemented to support people into employment across Cheshire and Merseyside. It is important that work is not undertaken in silo, and that good practice and learning is shared across relevant stakeholders.

It is also important to consider the role of primary care, regarding the role/responsibilities of GP and primary health care services within this setting. This research found that local

examples of interventions tended to relate to sickness absence rather than people who were not currently part of the workforce.

In conclusion, there is evidence that work is good for health, and the 'worklessness' has a detrimental impact on health. However, returning to work or starting to work after a period of mental ill-health has to be the right work, in the right place, with support from colleagues, carers and health professionals.

7. Recommendations/Top Tips

7.2 Top Tips for central government

- Provide financial incentives for job seekers and employers, ensuring that financial support received does not negatively impact access to support to find a job
- Provide supported employment schemes for people with severe mental health conditions, people with learning disabilities or young people lacking work experience
- Explore the possibility of using HMRC data to evidence impact within all projects could be explored
- Ensure that good practice is shared, at local, regional and national levels

- Ensure that those who are carers have the support that they need to access training and employment
- Improve system efficiency in sharing data – for example, by using a shared database of local projects and available funding streams. Explore the possibility of using HMRC data to evidence impact within all projects.

- Improve the way that fit notes work – for example, GPs could make more use of the ‘may be fit for work subject to the following advice’ option, and take opportunities to help patients access the right support to gain employment that is suits their needs

- Prioritise prevention and early intervention – for example, early intervention to prevent mental health and physical health problems from developing, early intervention in terms of support to find employment, support from GPs from the first consultation, as described above

7.3 Top Tips for local government

- Ensure that good channels of communication between health care professionals, employers and employees are maintained
- Strengthen the ‘business case’ for employers, in terms of employing people with disabilities and long term health problems
- Strengthen links between employers and schools/colleges

- Establish a computerised database to enable practitioners to keep up to date with local projects and funding streams

- Public health professionals public health continue to monitor the impact of employment related welfare reform on health

7.3 Top Tips for employers

- Provide adaptations to the workplace and working conditions as appropriate
- Engage early with workers who experiencing difficulties, to minimise absence
- Provide initiatives focused on in-work retention and flexibility in the workplace
- Improve occupational health support across the health and work journey

7.4 Top Tips for commissioners

- Identify types of intervention that are most relevant for specific impairments
- Consider how the services they are going to buy, or the procurement process they are going to use to buy them, could secure the most valuable benefits for their area. Similar prioritisation could be placed within investment strategies for housing, environment and community inclusion.
- Commission further research on how work coaches can play a more active role for disabled people and people with health conditions
- Ensure that evaluation, including the collection of robust outcomes data, is considered at the planning stage of each intervention
- Commission further research on the role of primary care in providing interventions to tackle worklessness

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Appendix 1: Source of case studies included in this report

Name of case study	Area covered	Source of case study
Cheshire and Merseyside initiatives		
Get on Track, Dame Kelly Holmes Trust	Across LCR	Talent Match (LJMU previous contact)
Access Supported Employment, Northwest Community Services	North West	Steering group
Youth Employment Gateway Programme	Across Liverpool City Region	Internet search
Liverpool Mutual in Work	Liverpool	Steering group
Children and Enterprise Team, Halton Borough Council	Halton	Steering group
Liverpool Adult Learning Service	Liverpool	Racheal Gosling
Community Learning mental health project	Liverpool	
Knowsley Works	Knowsley	Steering group
Venus Park to Parent Volunteer Support Project	Halton	Talent Match 'local authority contact'
The Foundation for Social Entrepreneurs	Halton	
Training Attention CiC	Halton	Talent Match 'local authority contact'
Inclusion Matters	Across Liverpool City Region	Steering group
Recovery College	Across Liverpool City Region	Steering group
Across Liverpool City Region	Across Liverpool City Region	Steering group
Turning Point Merseyside	Across Liverpool City Region	Steering group
Cheshire initiatives		
Fit for Work, Cheshire and Cheshire West Council	Cheshire West and Chester	Steering group
Work Zones	Cheshire West and Chester	Steering group
National initiatives		
Action for Blind People	National	IPH staff
Healthy Manchester	Manchester	Internet search
Northern Ireland Conditions Management Programme	Ireland	Internet search

Kent Supported Employment Programme	Kent	Steering group
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*Projects across the Liverpool City Region cover Halton, Knowsley, Liverpool, Sefton, St. Helens and Wirral, unless otherwise stated

Appendix 2: Internet search for examples of good practice to include as case studies

Internet search

Google search

Used these search terms to check on google for local examples:

- Supported employment programmes
- Sheltered employment programmes
- Supported internships
- Supported employment providers
- Reasonable adjustments
- Access to work
- Fit for work
- Workplace accommodation
- NEET strategies

1st search didn't produce anything, so added '+ 'case study' to each

Supervised Jobsearch Pilots (SJP) in improving claimants' job-search activity were piloted in Surrey and Sussex, the Black Country, Mercia and West Yorkshire (2016)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539337/rr928-supervised-jobsearch-pilots-trial-evaluation.pdf

'Is welfare to work, working well? Improving employment rates for people with disabilities and long-term conditions'. Several case studies here, but nothing local to C&M:

http://base-uk.org/sites/base-uk.org/files/news/16-06/405_work_programmes.pdf

Intensive Activity Programme (IAP) trial which aimed to help new benefit claimants move into work sooner was piloted in North London (2016)

<https://www.gov.uk/government/publications/intensive-activity-programme-trial-evaluation>

Improving access to psychological therapies programme (<http://www.iapt.nhs.uk/>)

From Sept 2015 – govt. Specialist Employability Support (SES)

<https://www.gov.uk/specialist-employability-support/overview>

Employment Support Charities

Action for Blind People

<https://actionforblindpeople.org.uk/support-and-information-page/local-action-teams/liverpool/>

CTP

Support for people who have been in the armed forces

<https://www.ctp.org.uk/employment-support>

Disability Rights UK

<http://www.disabilityrightsuk.org/>

Enham Trust

https://www.enhamtrust.org.uk/our-services/employment-and-skills/specialist-employability-support/?gclid=CKyC9SL4s8CFYEV0wod_cGzg

Specialist employment support

Help for Heroes

<http://www.helpforheroes.org.uk/how-we-help/other-charities/charities-for-veterans/>

LCVS

<http://www.lcvs.org.uk/>

LCVS might be able to give us more info about available charities

Remploy

<http://www.rempoy.co.uk/>

http://information.rempoy.co.uk/acton/media/12273/mental-health-support-and-awareness-at-work?matchtype=b&device=c&keyword=%2Bemployee%20%2Bmental%20%2Bhealth&creative=124453776016&campaignid=472865656&adgroupid=25330082656&loc_interest_ms=&loc_physical_ms=9046552&feeditemid=&adposition=1t1&gclid=CIPNys744c8CFcW4GwodSfIEXg

Remploy exists to improve the lives of disabled people and those with complex needs through the power of work. On 7 April 2015, 70 years after it was formed, Remploy left government ownership in a joint venture between MAXIMUS, an international company providing health and employment services on three continents, and Remploy's employees who have a 30% stake in the new business.

Scope UK Employment Service supports disabled people to gain and sustain meaningful work in large companies, the public sector and with local employers- works with individuals and with employers

<http://www.scope.org.uk/>

Sorted

<https://www.sorted.org.uk/>

Support for people who have been in the armed forces

The Brain Charity

Offers emotional support, practical help, and social activities to anyone with a neurological condition and to their family, friends and carers. Based in Liverpool

<http://www.thebraincharity.org.uk/about/about-us>

The Prince's Trust

<https://www.princes-trust.org.uk/about-the-trust>

Supports young people, including those who have a mental health problem

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49779/sayce-report.pdf)

The Shaw Trust, with offices in Birkenhead, Bootle, Kirkby, Liverpool, Warrington, Widnes, helps to assist people with disabilities etc. to find and keep employment <https://www.shaw-trust.org.uk/>

The Youth Federation

<http://www.youthfed.org.uk/>

Works with 5,000 young people aged 8-25 in Cheshire, Halton Warrington and the Wirral

Appendix 3 – Supplementary Report for the Liverpool City Region

3.1 Introduction

Previous reports in this series on work and health have looked at sickness absence among people with disabilities and long term health problems, as well as the links between worklessness and health. This supplementary report looks more specifically at 'in work' poverty, and presents long term unemployment statistics.

3.2 In work poverty

3.2.1 Overview of in-work poverty

There are now more people in working families living below the poverty line (6.7 million) than in workless and retired families in poverty combined (6.3 million), according to the latest annual survey of poverty trends from the Joseph Rowntree Foundation (Tinson et al, 2016). The foundation describe absolute poverty as households that have an income of less than 60% of the average household income, and those in in-work poverty are those in employment income of less than 60% of the average household income. According to the Joseph Rowntree Foundation (Tinson et al, 2016), in 2014/15, there were 13.5 million people living in low-income households, 21% of the UK population. The Child Poverty Action Group's recent report 'Cost of a child' report ((Hirsch, 2016) showed that two parents working full-time on the minimum wage were 12% short of the cost of raising their family. 1.4 million children live in long-term workless households (Tinson et al, 2016).

3.2.2 In-work poverty and disability

Half of all people in poverty are either disabled, or in a household with a disabled person (Tinson et al, 2016).

3.2.2 In-work poverty and health

The Child Poverty Action Group found that low paid jobs were more likely to be short term, and parents, particularly single parents, were more likely to move in and out of work, leading to financial instability. Insecure jobs may mean that many parents may work full-time one week but have no work the following week. Many also find it hard to work enough hours because of caring commitments and other barriers to employment. Lack of progression is commonplace in the low-pay sector -fewer low-paid jobs offer scope for training and advancement, so the chance to increase incomes is highly unlikely. People in poverty face often have less financial resilience; 69% of the poorest fifth have no savings, an increase from 58% in 2005/06.

3.2.2 Interventions to address in work poverty

A 2009 systematic review (Tripney et al) looked at in-work poverty. All 18 studies included evaluated financial interventions, which suggests that there is a lack of other types of interventions for working couple families with dependent children, or a lack of empirical research evaluating those that do exist. All the interventions were post-employment initiatives available only to those who were engaged in paid employment.

Universal credit was expected to address the issues families have experienced with tax credits to date, combining in-work and out of work benefits. However, it has been argued that cuts to Universal Credit, such as limiting child tax credits to a maximum of two children, and cuts to the work allowance, have limited the potential of Universal Credit to address these issues (Hirsch, 2016).

3.3 Long term unemployment statistics

Table 1: Long-term unemployment statistics – claimants of jobseekers allowance by duration – December 2016

Table 1 below shows the duration of time for which claimants in the Liverpool City Region claim jobseekers allowance. The highest proportion of people claiming jobseekers allowance for more than 260 weeks was in Liverpool (22.6%), whilst the lowest proportion was in Wirral (7.3%). The tables show the number of people that fall into each category, with percentages in brackets.

	One week or less	Over one and less than 2 weeks	Over 2 and up to 4 weeks	Over 4 and up to 6 weeks	Over 6 and up to 8 weeks	Over 8 and up to 13 weeks	Over 13 and up to 26 weeks	Over 26 and up to 39 weeks
Halton	5 (1.2)	10 (1.9)	5 (0.9)	5 (1.2)	6 (1.2)	5 (1.7)	40 (9.0)	40 (9.0)
Knowsley	45 (3.8)	40 (3.3)	80 (6.6)	75 (6.3)	65 (5.4)	125 (10.4)	135 (11.4)	90 (7.6)
Liverpool	160 (3.30)	160 (3.3)	350 (7.3)	275 (5.7)	205 (4.2)	460 (9.6)	695 (14.5)	370 (7.6)
Sefton	85 (4.7)	90 (5.0)	110 (6.1)	110 (6.1)	80 (4.3)	150 (8.5)	205 (11.5)	100 (5.7)
St. Helens	50 (4.2)	50 (4.1)	70 (6.2)	80 (6.8)	55 (4.8)	105 (9.2)	120 (10.5)	90 (7.8)
Wirral	65 (4.1)	60 (4.0)	105 (6.7)	120 (7.7)	80 (5.1)	185 (12.0)	130 (15.0)	120 (7.7)

	Over 39 and up to 52 weeks	Over 52 and up to 65 weeks	Over 65 and up to 78 weeks	Over 78 and up to 104 weeks	Over 104 and up to 156 weeks	Over 156 and up to 208 weeks	Over 208 and up to 260 weeks	Over 260 weeks	Total
Halton	30 (6.8)	25 (6.1)	25 (5.4)	25 (6.4)	60 (13.9)	30 (6.6)	25 (6.1)	95 (22.6)	425 (100)
Knowsley	75 (6.2)	55 (4.5)	35 (2.8)	60 (5.9)	50 (4.4)	50 (4.4)	50 (4.3)	145 (12.4)	1,190 (100)
Liverpool	310 (6.4)	230 (4.8)	160 (3.3)	195 (4.1)	360 (7.5)	205 (4.3)	125 (2.6)	545 (11.4)	4,810 (100)
Sefton	100 (5.7)	80 (4.6)	75 (4.2)	90 (5.0)	130 (7.1)	85 (4.8)	55 (3.0)	254 (13.7)	1,795 (100)
St. Helens	50 (4.2)	40 (3.5)	35 (3.0)	50 (4.1)	85 (7.3)	65 (5.8)	70 (5.8)	145 (12.6)	1,165 (100)
Wirral	65 (4.4)	60 (4.0)	55 (3.7)	60 (3.9)	110 (7.2)	60 (3.9)	50 (3.3)	110 (7.3)	1,535 (100)

Source: NOMIS – 13th Feb 20-17 data: <https://www.nomisweb.co.uk/articles/926.aspx>

3.2.3 Conclusion

In a policy paper that was released by the coalition government and updated in July 2015, the government reiterated its commitment to helping people change the course of their lives, by dealing with problems that cause people to end up living in poverty (DWP, 2015). This included 'making work pay' and helping people to find and stay in work. This now needs to be implemented by central and local government, as well as commissioners.

3.4 References

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3.5 Search strategy

- PsychInfo – 57 articles with in-work poverty in the title. 1 relevant; <http://journals.sagepub.com/doi/full/10.1177/0261018313481564>
- PubMedHealth – hits not relevant
- Google search

