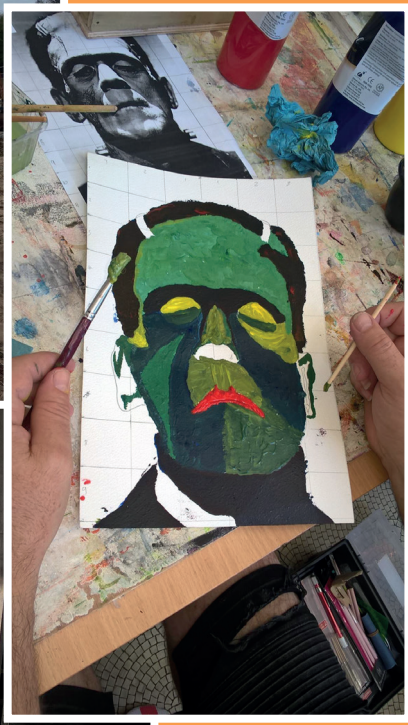


An Evaluation of the Wirral Health-Related Worklessness Programme

Executive Summary

Timpson, H., Wallis, S., McCoy, E., Harrison, R. & Blickem, C. (2019). Public Health Institute, LJMU

Executive Summary

The relationship between health and productivity is a key public health priority in the UK, with evidence showing the positive benefits of employment on individual, communities and the wider society. Unemployment due to health is a priority issue in Wirral. In January 2019, more people claimed out-of-work benefits, Employment Support Allowance and Incapacity Benefit in Wirral compared to the national average. In 2016, 1 in 10 working age residents in Wirral were out of work due to health conditions compared to a national rate of 1 in 17 and 1 in every 7 working age residents in Birkenhead (41% of Wirral total) were out of work due to sickness.

Wirral Council have a number of employment strategies to support people into work. However, local insight found that many people were long-term unemployed and experiencing high levels of isolation, loneliness and hopelessness. Many residents were living in a grey area, being too ill to work but not ill enough to access treatment. An intervention was developed to support those people not in employment and hardest to reach. The intervention used an asset-based approach to deliver upstream solutions to support people to address the challenges that characterised their lives. This approach supported Wirral's strategic direction by ensuring labour market equality and ultimately developing an inclusive local economy.

The Wirral Health-Related Worklessness Programme

In 2017, Wirral Council implemented a Health-Related Worklessness programme, jointly commissioned by the Public Health and Investment teams. In order to take a more upstream approach to tackle socioeconomic inequities, the programme used an asset based community development approach and had three main workstreams:

1. **Driving Change** (leadership and training and key professionals)
2. **Community Connectors** (1-1 support for individuals to encourage access to existing services, groups and networks)
3. **Non-Medical Therapeutic Recovery Service** (interventions to people with low level mental health conditions).

Models of Delivery

Community Connectors (delivered by Involve North West)

Provided door knocking or received referrals from another organisation (housing services, schools, children's centres, GP surgeries, benefits teams, employment services, substance use services, police). Provided signposting and referrals on to community support and organisations, and worked with people to provide tailored one-to-one support for individuals.

Non-Medical Therapeutic Recovery Service (delivered by Move On Up, The Spider Project)

Provided arts-based mental health support. Used personal mentors to tailor support to the needs of the individual. Received self-referrals or referrals from Community Connectors, housing, mental health services, substance use services and employment services.

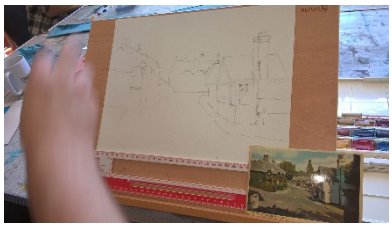
Evaluation

Quantitative and qualitative methods were used in triangulation to explore if and how the Health-Related Worklessness Programme was successful and make recommendations for future delivery:

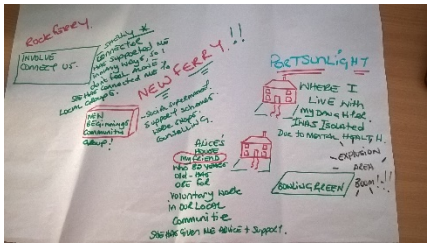
Area Insights and Observations

Researchers shadowed Community Connectors (CCs) from the start of the evaluation; this involved observing CCs in each of the Wirral wards, building relationships and developing understandings of the role of the CC and the local communities.

Qualitative Research



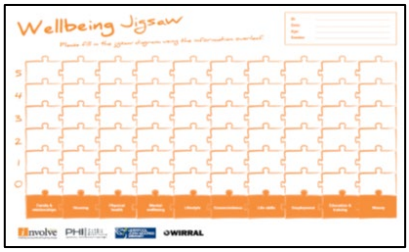
Participatory Action Research (PAR) gathered qualitative evidence for the evaluation. This involved partnering with community members as co-researchers, allowing the evaluation to tap into existing informal, hidden social networks which may have been otherwise difficult to engage.



Social Network Maps

Social Network Maps explored community structures, organisations and social groups amongst people who had engaged with the Health-Related Worklessness Programme. Twelve maps were developed which mapped the physical and geographic features that people felt were important to their health and wellbeing.

Development of a Wellbeing Jigsaw



An outcomes tool was developed with the CCs to capture individual changes and measure a range of outcomes. The Wellbeing Jigsaw was designed to be used as part of a routine monitoring tool for use with, or on behalf of individuals accessing the CCs. The jigsaw allows individuals to set their own goals, which could then be quantified to evidence any outcomes and changes experienced.

Analysis of Secondary Data

Data collected by the CCs and Move On Up was routinely collected and provided to Wirral Local Authority on a monthly basis[A]. Datasets included information about the number of individuals referred and engaging with the programme, including demographics. Wellbeing outcomes were captured using the validated Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS).

Engagement with the Programme

This evaluation showed that prior to engaging with the Health-Related Worklessness Programme, many people in Wirral were socially isolated, mentally unwell and desperate, and in a perpetual cycle of being too ill to work but not ill enough to access services and support. Many people who engaged with the programme described the circumstances which had led to them becoming extremely vulnerable and isolated. In many cases, these people had not shared their life stories with anyone prior to engaging with the CCs. Some stakeholders recognised the challenges faced by people living in these circumstances.

[A] Please note that the where possible data analysis and calculations are based on the data available (excluding missing data) and therefore may not total 100%. Please see the full report and appendix for methodological notes on missing data.

Was sexually abused as a child and felt mentally abused by his family, but nobody was prepared to give him any help unless he gave up cannabis.

"You try and deal with being alone all week; not even a milkman to talk to or nothing like that…smoking cannabis takes the frustration away and makes life a bit more bearable". (Leasowe, SU21-M)

There are people with very complex issues and barriers that need support (Department for Work and Pensions)

There's a huge mistrust to the administration of the welfare system and that's a barrier to doing anything positive within communities. The media portrays a lot of these people from the community in a negative light and that is having an impact. (Social Landlord)

Started to get bullied at work. Thought she had dementia, was being sick, had bowel problems. Felt she didn't want to be here anymore. Had medication from doctor for depression said this wasn't enough. Had to live on £74 a week benefits, wasn't enough and as a result she got into debt and had to borrow money from her mum. (Eastham, SU12-F1)

Evidence from routinely collected data show the characteristics of those people who engaged with the Health-Related Worklessness Programme between March 2017 and December 2018.

Community Connectors

CCs engaged with 2,177 individuals	55.4% female 44.4% male Mean age 44 years	95.9% White British
59.9% lived in the most deprived quintile	64.8% had no dependent children	84.3% had a disability
65.2% were unemployed or long-term sick	6.8% were in full-time or part-time employment	85.9% were in receipt of benefits
75.4% had low mental wellbeing	22.2% had moderate mental wellbeing	2.4% had high mental wellbeing

Of the 2,177 individuals referred to the CCs, 71.4% (n=1,555) self-referred. Door knocking was one of the most effective methods that the CCs used to engage with the community, particularly with those people who were very isolated, vulnerable and wary of statutory organisations. Many were not aware of the CCs prior to the door knocking, suggesting they would be unlikely to access this service without this method of engagement. Other CC referral sources included housing services, schools, children's centres, GP surgeries, benefits teams,

Department for Work and Pensions (DWP), employment services and substance use services. Referral type did not vary by month or significantly by ward.

The majority of individuals resided in either the Birkenhead (51.1%, n=1,104) or Wallasey (25.8%, n=558) constituencies. Individuals resided in 22 wards in Wirral, with higher proportions living in Birkenhead and Tranmere (15.6%, n=336), Bidston and St James (12.8%, n=277) and Upton (10.5%, n=226).

She hadn't been out of the house for about 2 years. The Connectors came and knocked on her door. (Claughton, SU18-F)

The Connectors knocked on his door. He thought they were the bank at first. His mum answered the door, he wouldn't have answered otherwise. (Leasowe, SU24-1F/1M)

Non-Therapeutic Recovery Service (Move On Up)

Move On Up engaged with 221 individuals	35.0% female 65.0% male Mean age 44 years	96.8% White British
47.5% lived in the most deprived quintile	81.4% had no dependent children	91.0% had a disability
95.5% had a mental health diagnosis	0.9% were in full-time or part-time employment	80.5% were in receipt of ESA benefit
68.9% had low mental wellbeing	29.2% had moderate mental wellbeing	1.8% had high mental wellbeing

Of the 221 individuals referred to Move On Up, 165 were new Spider Project members. Two-fifths (n=92, 41.6%) of the individuals self-referred to the Move On Up project. Other referrals included housing, mental health services, substance use services and employment services.

Most individuals who attended Move On Up resided in Birkenhead (45.7%, n=101) and Wallasey (33.0%, n=73) constituencies; this was made up of 22 different wards with higher proportions living in Birkenhead and Tranmere (14.0%, n=31), Liscard (10.9%, n=24) and New Brighton (9.0%, n=20).

He found out about this through his parole officer. The CAB also referred him. He would have come earlier if he had known about it. (SU64-M)

Has been coming to Spider for about 10 months. He was a bit apprehensive about coming, because he hadn't been out of the house properly for about 2 years. He had a high powered job and feels that the stress caused him to have a breakdown. He was sectioned and spent time in hospital. (SU66-M)

Programme Impact

People experienced a wide range of outcomes as a result of engaging with the CCs and Move On Up. Stakeholders all described their experiences of working in partnership with CCs to bring about positive community action and support. Here, views were positive, with stakeholders acknowledging that the CCs provided a service that was needed within the local community. Many spoke of the importance of local partnerships and networks between people and organisations.

> I've learnt new skills, help with getting into a counselling role. Met new people and made new friends, a reason to stay abstinent. Better understanding of my mental health. S-NA

> I wouldn't leave the house if I didn't come here- I come at least three days a week. S-NA.

> The Connectors are more likely to get over the doorstep than the police, and other statutory services, so they are able to go in and identify vulnerability very quickly. (Safer Wirral Hub)

Building Community Capacity and Social Capital

The PAR activities and other qualitative data provided evidence of how the Health-Related Worklessness Programme supports people to make positive steps towards sustainable employment. In particular, findings demonstrated how CCs helped to build communities, improve capacity within communities, and have a positive impact on the local environment.

> The community has changed; trust has been built up, whereas before everyone was seen as a 'grass'. (Birkenhead, SU28-F)

Supporting Mental Health and Wellbeing

> Spent most of last year at home. Suffers from anxiety and depression. "I find it easy to get into isolation, gets me out of the house and doing something". (Leasowe, SU15-F)

Evidence from the PAR, the interviews and the secondary data all showed the positive impact that the Health-Related Worklessness Programme had on people's mental health and wellbeing. Everyone we spoke to described the positive impact that the programme had on their lives and described that? this had an impact on isolation, stress, depression, anxiety; changes which had occurred as a result of them tackling issues including housing and debt.

Supporting and Developing Community Assets

Our analysis demonstrates that the programme successfully embedded an ABCD approach within its delivery model. The intervention utilised, developed and sustained a wide range of personal, physical and community assets.

Quantifying Change

The Wellbeing Jigsaw provided further evidence and clarity regarding the specific outcomes achieved as a result of engaging with the CCs. Mental health needs and isolation were the most identified needs amongst individuals completing the Jigsaw. Figure 1 shows an increase in mean scores across all ten outcome measures over a series of jigsaw assessments with individuals identifying a need, setting a goal and taking positive action towards achieving and maintaining their target.

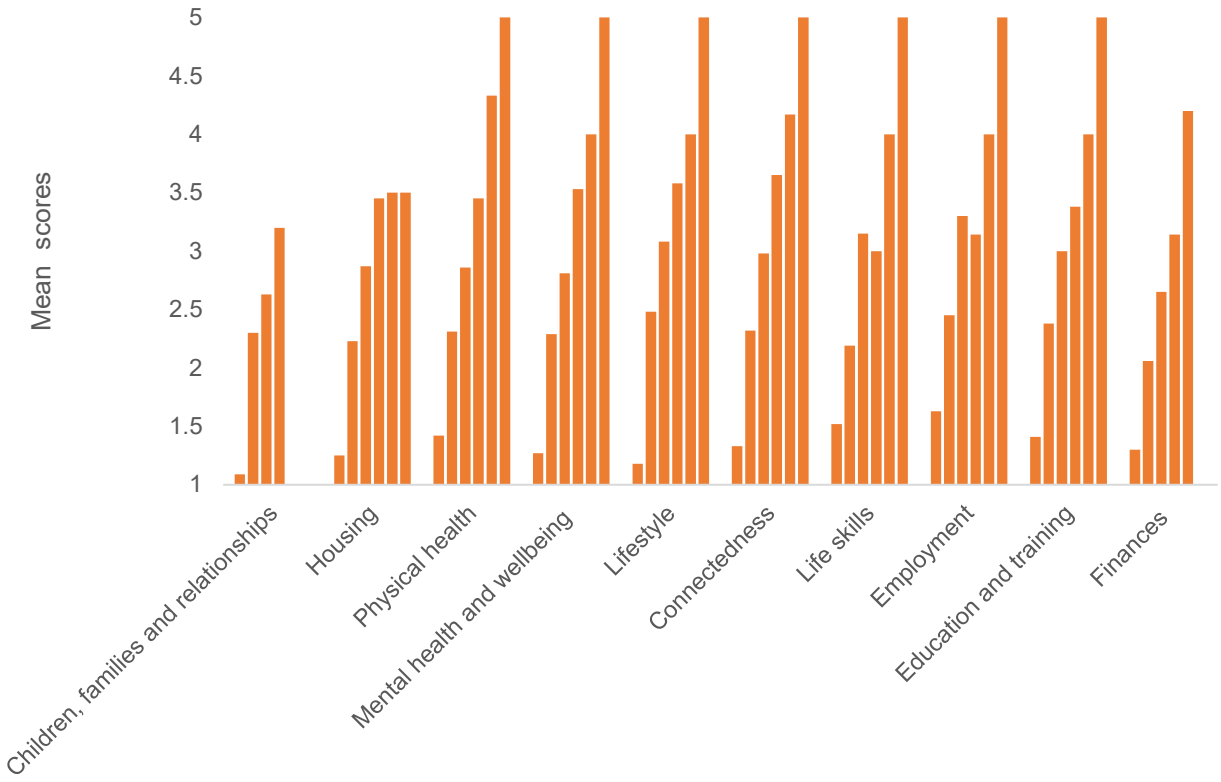


Figure 1. Wellbeing Jigsaw mean scores

Pathways to impact

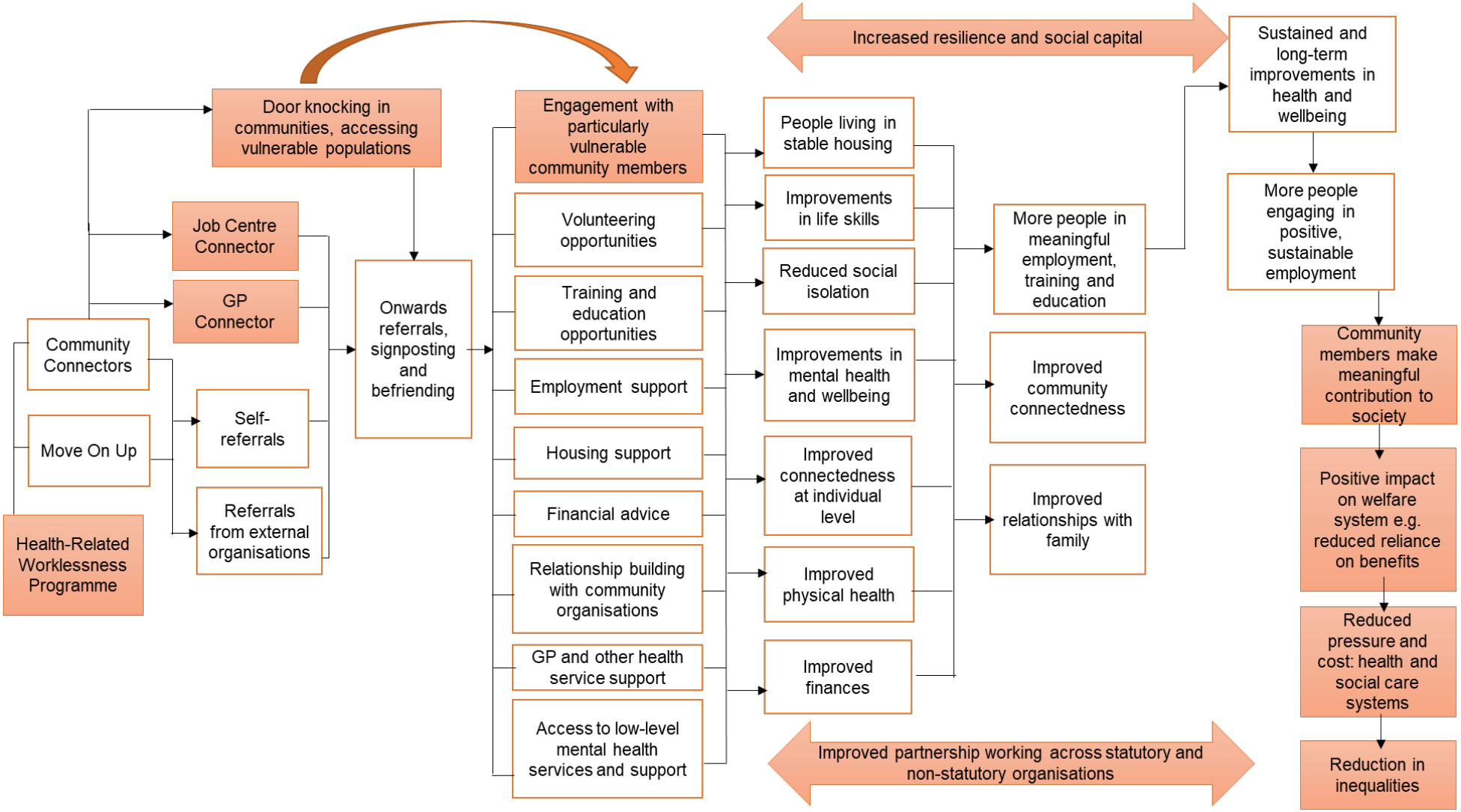
Our findings show that an asset based approach creates impact; using local resources and engaging local people as CCs had a positive impact in Wirral. Our evaluation shows that CCs are well placed to access and support those people who are furthest away from employment and those for whom employment had not previously been an option. Time taken to build trust and respect are key to the success of this intervention. A clear partnership model must underpin the approach, with clear channels of responsibility, communication and purpose defined with local partners. Local productivity strategies need to ensure that interventions reach those most in need in order to address, *and not exacerbate*, health inequalities. The biggest impact will be made by targeting those people who are *most in need* of support. This is hard work and resource intensive, but worthwhile.

What were the crucial mechanisms that enabled success?

ealth-Related Worklessness Programme was developed with a view to supporting communities to build capacity and resilience to take responsibility for their own health and wellbeing. The person-centred asset based approach was central to the success of this and enabled people to engage with services on their own terms, with no pressure and no judgement. The CCs and Move On Up used a strong partnership model of mutual support and collective action to ensure that interventions provided individualised support which considered needs and aspirations. CCs were able to provide specialist support or, in some cases, could outsource this where required. Whilst this was effective, it was resource intensive and challenging for Connectors to offer tailored support to everyone they engage with. This intensive support often led to very small, but very positive, changes for people.

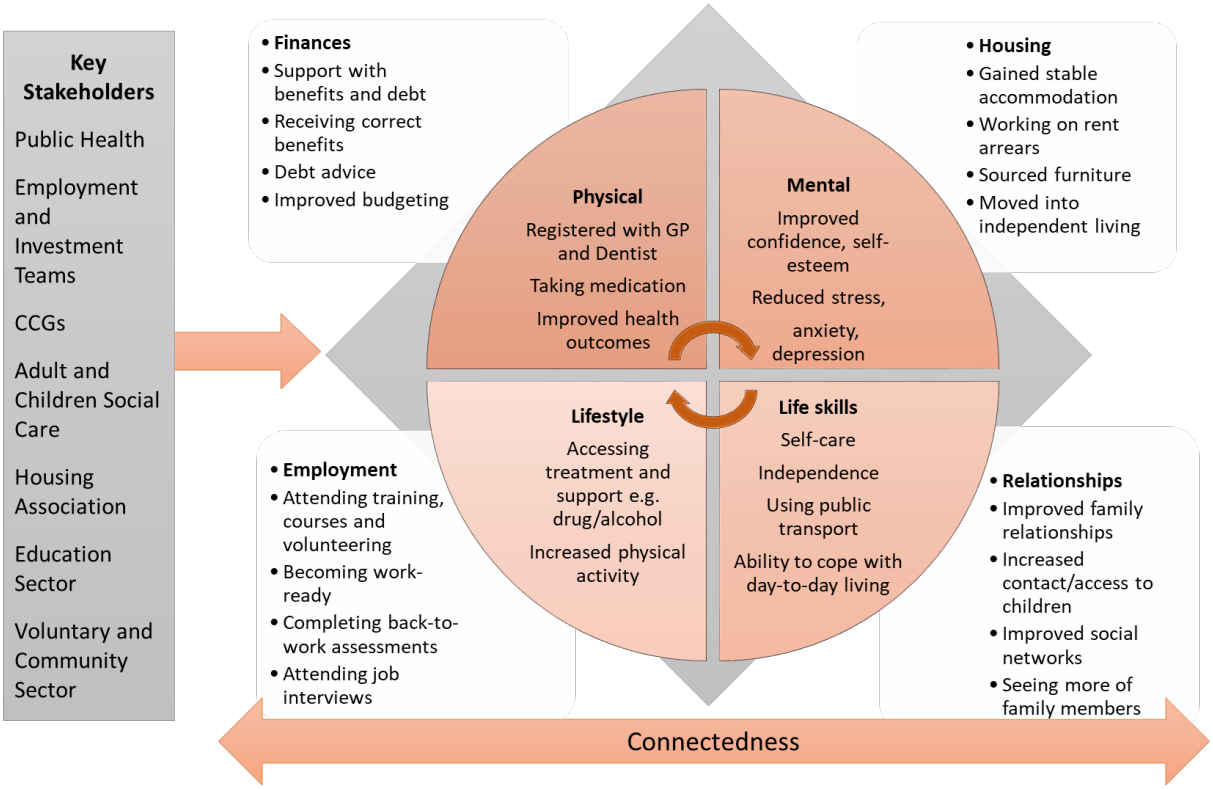
The Theory of Change shows the support offered by the programme and the associated short, medium and longer-term outcomes.

Theory of Change



How does the programme inform system level change?

The Health-Related Worklessness Programme contributes to the outcomes of other services, including supporting people to gain secure and stable housing, improving relationships with family members and providing debt and benefits advice.



These findings have implications for the commissioning, delivery and monitoring of statutory and non-statutory services and are of relevance to stakeholders involved in delivering health and social care outcomes. The evidence can also inform the development of key strategic local objectives and contributes to the work of the Centre for Local Economic Strategies in highlighting the potential of anchor institutions to support local economic growth.

Recommendations

Maximise impact: Ensure that CCs are available within local communities in Wirral. Continue to link in the Job Centre with CCs in order to maximise the impact of the intervention with those who are most vulnerable. **Use segmentation and/or profiling to identify the communities who are most in need** of support (and potentially less receptive to intervention) to inform where the Connectors are needed the most.

Redefine the role of the GP Connector: Engage the GP Connector with other CCs within their ward to **understand the needs and assets within the local community** and support an integrated approach.

Integrate social prescribing activities: **Social Prescribing Link Workers should be part of the care pathway**, referring patients directly to a CC who will visit them at their home the following day. Further evaluation should consider whether the Social Prescribing Link Worker duplicates the role of the GP Connector.

Continue to drive an upstream approach: Work-related support should be locally driven. **CCs are best placed to identify local need and subsequently mobilise action** with individuals and/or communities, engage with key partners and organisations to facilitate support where required. Partners from DWP, Merseyside Police and local housing organisations all provided examples of where they had developed and sustained partnerships with the CCs and the outcomes associated with this.

Provide wrap around support for CCs: **Work with the Primary Care Network** to ensure partners and organisations are aware of the remit of CCs. Whilst CCs can reduce the demand on more intensive services, the complexities of the CC client group needs to be made clear to partners. Wrap around support from wider services in Wirral is required so that CCs are not relied upon to provide the longer-term, specialist support that they are not trained to provide.

Consider the impact of disinvestment: Review the impact of disinvestment in local mental health services to provide evidence of **who the threshold gap most affects** and the potential impacts of this.

Inform system-level change: Use local networks (e.g. Primary Care Networks) to support an integrated approach to health and wellbeing. Consider how social prescribing link workers can form part of the CC care pathway. Embed strategic recommendations to support system-level change such as ensuring all local anchor institutions have policies in place to support community and social businesses.

Develop a shared narrative: Ensure that small but meaningful changes in physical, social, environmental and economic outcomes are valued. Collect data to evidence steps towards meaningful employment. **Collect softer outcomes using the Wellbeing Jigsaw alongside routinely collected data**. Continue to gather case studies to evidence journeys to impact to inform future commissioning.

Understand impact of future work programmes on health inequalities: Collect evidence to understand the reach and impact of continued local employment and productivity strategies. Closely monitor activities to ensure that opportunities are presented to those members of Wirral communities who are most in need; *if not, there is the risk that an activity such as this will shift poverty to other areas of Wirral and ultimately widen inequalities*.

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