

Draft

Review of the Hodge Hill Pilot

Summary of Findings and Lessons Learnt

Purpose

The purpose of this report is to provide a summary of the findings and lessons learnt from the Hodge Hill Pilot. It draws on both the Review report written in December 2007 and progress reports to the Steering Group during the course of the project.

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- The Employment Strategy Group, the Executive of the Birmingham Health and Wellbeing Partnership and the Hodge Hill Constituency Strategic Partnership
- The Improving Health Increasing Employment Project Board to inform the Implementation plan 2008 / 2009 and further work in assisting people on Incapacity Benefit return to work.

Background

The Hodge Hill Pilot was a joint project of Birmingham East and North Primary Care Trust, Birmingham City Council, other stakeholders including the Learning and Skills Council and other partners.

The project was located within the north east of Birmingham within the Hodge Hill constituency based at the Partners in Health Centre in Bordesley Green. The pilot timescale ran from September 2006 to the end of March 2008.

The need for the project was identified at a meeting between the Chief Executives of the Birmingham East and North Primary Care Trust, the Learning and Skills Council, and from Birmingham City Council a Senior Assistant Director and the local Constituency Director for the Hodge Hill Constituency with the local MP Liam Byrne.

The project came about because of collective concerns over the high levels of worklessness across the constituency, the high numbers of people receiving incapacity benefit and the length of time in receipt of benefits. There were also concerns about health related issues such as male life expectancy, obesity rates and the prevalence of chronic health conditions.

Aims of the Project

A main aim was the desire to explore how effective the Expert Patients Programme could be in assisting people back to work and to test if practical links could be made with employment services to follow on from completion of an Expert Patient Programme.

As a joint health and employment initiative the project sought to explore innovative ways of assisting the long-term unemployed clients also with a health condition or a disability and in receipt of incapacity benefit return to work.

The project provided an employment and skills advice and support service to residents of Hodge Hill who were long term unemployed with a health condition and in receipt of incapacity benefit.

This service was based from Partners in Health a local health centre and an interdisciplinary primary health care setting.

The pilot project undertook to explore the following issues

- What kind of employment and skills advice, assistance and support would be the best type of intervention to assist clients on incapacity benefit and long term unemployed, get back to work
- To assess if linkages with health services for health condition management input in particular from the expert patient programme could assist long term unemployed clients in receipt of incapacity benefit on their route back to work
- To explore issues and factors associated with the provision of health and employment services for a more integrated and seamless service in assisting incapacity benefit clients get back to work.
- To assess if the employment and skills support service could be more accessible to incapacity benefit clients if based in a health setting

Steering the Project and Partnership Working

A Steering group was established to oversee the running of the project and to support its implementation. It's membership was drawn from representatives of the sponsoring organisations the Birmingham East and North Primary Care Trust, Birmingham City Council, the Learning and Skills Council, Job Centre Plus, local Disability Employment Advisers a health representative overseeing the expert patients programme with project workers involved in delivery of the service.

Two Employment Development Officers were seconded to the project one from a third sector organisation BITA Pathways and one from Birmingham City Council's Disability Employment Services, local day centres and mental health resource centres made referrals for the service.

Project Delivery

The Steering group was established in September 2006 and met on a monthly basis, to monitor and steer the project activity and to receive reports on progress.

Two members of staff one from health and one from employment were identified to oversee the day to day running of the project, to recruit the two employment development officers and to support the project steering group.

A project task group was also established to review and monitor implementation and prepare reports on activity and outcomes for the Steering group.

The Employment Development Officer Role

The two Employment Development Officers began work in January 2007 together they saw 89 clients for employment skills advice and assistance with other work related barriers, in the project period January 2007 to the end of March 2008.

Marketing

At the beginning of the project some marketing was undertaken to raise awareness about the pilot and the employment skills service. Leaflets and posters were designed for use at presentations and events to inform employment and health colleagues about the service on offer. Local links were made with other services and visits from other areas to view the work of the project were hosted. Dame Carol Black the National Director for Health and Work made a visit to the project in June 2007 to learn about its activities.

Client Group Analysis

An early task was to understand the potential client group. Job Centre Plus undertook an analysis of its records, which confirmed the perception of the numbers and the high proportion of cases where mental health was identified as the primary reason for being in receipt of incapacity benefit.

Direct Recruitment - Contacting Incapacity Benefit Customers

A letter inviting participation in both an expert patient programme and employment advice sessions was sent out to incapacity benefit customers identified by Job Centre Plus on headed paper from the PCT. This invitation encouraged participation in the project and in particular the expert patient programme. A total figure of 459 invitations led to 8 responses of which 2 attended.

Later a further invitation on this occasion from Job Centre Plus received only a slightly higher response. Our conclusion as participation was voluntary and benefits would not be affected interest in getting back to work was low. So the direct recruitment from incapacity benefit customers through a mail out from both the PCT and Job Centre Plus proved to be unsuccessful.

Linking with the Expert Patient Programme

One of the original aims was to receive referrals from expert patient programmes from throughout the constituency. As programmes were running at Partners in Health and at the Hart Centre in Shard End and employment advice sessions were also being held at Partners in Health it was thought employment advice could follow on at the end of an expert patient programme.

It was originally thought that the pilot might add to the expert patient programme in two ways

- Firstly by giving employment support to existing and future participants to inform job seekers with health conditions about the journey back to work
- Secondly it might be possible to hold additional expert patient programme's with a employment and work focus

Subsequently neither of these approaches proved to be effective.

The conclusion reached was contacting incapacity benefit customers either through an existing expert patients programme or by direct letter of invitation was ineffective. This suggested that benefits might be dependent on a response and as benefits were unaffected there was little interest in this type of service in getting back to work.

Linking with other Service Providers

So a change in direction was required the Employment Advisers then made links with local service providers offering services to people with long term disabilities and health needs (both health and employment) to build up a referrals based from within the Hodge Hill area and the wider constituency.

The referrals then began to flow as knowledge about the project became known amongst other colleagues and as presentations and information exchanging meetings were held between the two disciplines of health and employment.

Access to Health Services - Linking with the Gateway Workers

For the majority of the caseload a mental health issue was one of the reasons given for being in receipt of incapacity benefit. The earlier invitation letter from Job Centre Plus targeted those with milder forms of mental health issues however analysis of the caseload showed the referrals received were from those working with people who had more severe conditions.

(A summary of mental conditions of caseload to be included)

Developing Pathways and Cross Referrals

During the project a need was identified for an interface with professional mental health services. A proposal was made to research and possibly fund expertise on psychological therapies to be based at Partners Health either an occupational or assertive nurse however it then became known there was already in existence a 'Gateway' service based in primary care to enable access to mental health services.

Attempts were then made to link with the Gateway workers based in GP surgeries. These links are still being explored to see how an interface with the Gateway workers could be developed for both receiving referrals for psychological therapies support and referring to employment support services.

Employment Advice and Skills Service based in a Health Centre

A key element of the project was having the Employment Development Officers operating from at a health setting and being based at the Partners in Health Centre. Whilst only a small number of referrals were received from health services interest in the project was high and some of these linkages are now being developed. Some links were established with local GP's and at least one GP made a referral as a result of contact made.

The conclusion being it takes time to develop a new way of working in a collaborative way across services.

Individual Person Centred Approach

The two Employment Development Officers worked with clients who were experiencing a wide range of barriers and problems this required working with each client in an individual way.

What resulted was a person centred approach that encompassed a mix of advocacy, mentoring, coaching, skills assessment and job seeking assistance depending upon the needs of the client. Other approaches used included interview techniques and on going support and advice, to built on the growing confidence of the client / adviser relationship and to reinforce successes and achievements, which for 10% of the users resulted in successfully acquiring employment.

Barriers Identified

Many barriers were identified

Whilst for many of the caseload health was clearly a factor for all clients it was not the only and often not the main obstacle in finding work. Other presented problems were homelessness, family pressures, and inadequate support for those with learning difficulties and benefit dependency or fear of losing benefits, especially housing benefit.

For the clients numerous social, environment and situational barriers were identified as obstacles and challenges in returning to work these can be summarised as follows

Employment

- *A lack of job opportunities*
- *A lack of training facilities and apprenticeships for these groups*
- *Fears of future employers discovering mental health issues or previous situations where there occurred errors of judgement*
- *A lack of specialist services and training facilities*

Health

- *Some medical circumstances that needed treatment and resolution prior to any employment input*

Personal Support

- *Benefits and the fear of losing them*
- *Family pressures and fear of lose of benefits by family*
- *A lack of assistance with childcare*

Social and Environmental

- *Housing and homelessness*
- *Lack of support for ongoing challenges*
- *A lack of confidence for when travelling*

Responding to individual clients in this way led the employment advisers to engage with a wide range of local services in their quest to assist clients in removing the barriers to employment. This approach facilitated a slow and steady movement forward as barriers were identified and resolved. Whilst there were many successes in securing employment, skills training or voluntary work however for some due to the severity and permanency of the health condition employment was not an option, in these situations an improvement in the quality of their circumstances did ensue.

Findings and Lessons Learnt

Findings

The findings of the project showed firstly a very low uptake of employment services from participants of the expert patients programme, this was mainly because the participants were older age groups and of retirement age.

Also there was little interest shown in attending an expert patient programme when incapacity benefit claimants were invited to take up a course by letter from either the PCT or Job Centre Plus. It was found that, as the invitation to attend a programme was voluntary not compulsory and didn't affect payment of benefits invitees didn't wish to attend. This showed a low motivation level amongst this group.

Comparing this outcome to that of a local Work Directions programme where the condition management element was well attended what was distinctive about this group was they were actively seeking work so more job ready.

Benefits

The benefits for recipients of the employment advice and support service have been as follows;

Employment

- *A number of clients have gained and sustained employment*
- *A number of clients are undergoing academic training which will assist them to achieve sustainable employment*
- *A client has gained a University place*
- *A number of clients now engaged in voluntary work where they were previously confined to the house*

Health

- *Patients are now able to access a range of services previously not available to them and more appropriate health services*
- *A number of clients have received psychological therapies which will aid their long term recovery*

Personal Support

- *Clients not able to represent their interests have been provided with advocacy to gain services*
- *Clients who have undertaken travel training to assist them to leave the home and take up opportunities*
- *Clients low in confidence have undertaken confidence building courses*

- *A client who experienced severe and enduring mental ill health who was previously found fit for work has had the decision over ruled and is now engaging in voluntary work*

Social and Environment

- *A client who was previously homeless now has suitable accommodation*

Final Outcomes Achieved

Total clients advised - 89

Total clients in employment – 13, 5 full time, 8 part time

Total clients in voluntary work - 17

Total clients in training – 22

Confidence building – many clients

Travel training – a few clients

Dealing with health conditions – many clients

Conclusions

The recipients of the Hodge Hill Pilot were clearly a disadvantaged client group where gaining and sustaining employment would be an ongoing challenge. However with advice and training clients with complex issues can be supported back into employment.

The project has made a real difference to the lives and circumstances of those who have received assistance. Of the 89 people who have received employment advice and assistance 10% have succeeded in finding employment and back at work, 10% are in training, 10% are in voluntary work, which may lead to employment in the future.

Varying outcomes were achieved a milestone for one person is an achievement in it self if it means that the person can still have an active part in society whilst managing ill health.

Many valuable lessons have been learned and several clients have been engaged who would not have been otherwise. The road into employability is a lot longer than the pilot could reasonably explore and the client group need to overcome barriers that take time to resolve.

Voluntary work is an option that is attractive to this caseload allowing time to 'practice' working and to understand how their condition might be managed in the world of work

The pilot was a worthwhile experiment in exploring relationships and issues in operating a combined approach of health and employment sectors. This approach proved to be resource and time intensive.

Contribution to the Improving Health Increasing Employment Implementation Plan

Over 60,000 people in Birmingham and Solihull are out of work because of ill health and claiming incapacity benefit. Many would like to work, but find it difficult to get

back into the labour market, especially if they have been out of work for some time before of ill health.

Improving Health, Increasing Employment is a partnership initiative involving a wide range of agencies in Birmingham and Solihull to address this situation. A project board has been formed and a plan with a programme of activities is being developed.

Five elements for a new approach is being developed these are;

- Retention – how to prevent ill-health leading to people leaving work in the first place
- Recovery – how those who have left work because of ill-health and begun to claim incapacity benefit can be helped to return to work
- Rehabilitation – what can be done to help those who have been out of work because of ill-health begin to move back towards the labour market
- Return - how to encourage employers to recruit those who have been out of work because of ill-health
- Role of primary care staff – in particular GP's – in supporting these processes.

Given this new approach and framework the lessons and learning from the Hodge Hill pilot could contribute towards the strands of rehabilitation, the role of primary care staff and perhaps recovery.

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