



Let's Get Working: 2017 – 2020 Evaluation report

October 2020

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Foreword: Employment Support in the time of Covid 19

The results we present in this report come from the time before Covid 19 turned the world upside down. They paint a clear picture of a successful project that reached many different people who were disabled or ill and helped a large proportion of them make real progress towards finding their place in the world of work. At the same time, Let's Get Working improved many people's sense of wellbeing, social and community connections and their everyday lives.

Over the three years covered by the report (March 2017 to March 2020) Let's Get Working provided a service highly rated by both those who took part, and by its staff and partners, offering an unusually high level of personal support and flexibility tailored to the needs and aspirations of users. The project's belief in the importance of building the capacity, confidence and connections of users has been vindicated by its success in moving 40% of leavers into employment, 26% into learning or training and leaving more than two thirds with improved mental health.

Let's Get Working entered its second phase in April 2020 at the point Covid 19 began to affect the whole of society, not least the world of work. At the time of publishing this report, the full impact remains to be seen but, it is abundantly clear that unemployment and job insecurity will be on an upward path for some time to come, competition for job vacancies is becoming intense and employment openings for people taking tentative steps into the labour market are diminishing. What is the role for employment support in the most difficult labour market for a generation? What place is there for the sort of work LGW does, and how can we avoid the progress made in supporting people who are ill or disabled from going backwards? In the six months since the pandemic took hold in the UK Let's Get Working, like so many other areas of life, has moved largely online in its provision. A highly personalised service with a high level of one to one contact, LGW has lent itself well to remote contact by building on its inherent flexibility to use different methods with different people:

'Many participants have risen to the challenge of using Zoom and Skype. Those who have difficulties have shown resilience and faced phobias of using the phone to talk and in many cases have been able to open up and be more expressive.'

Staff survey respondents

Staff have reported that some people have seen lockdown as a window to wider society of the restrictions they live under on a daily basis, and have welcomed the possibilities arising from services being delivered into homes and more locally. The types of support given to participants has evolved with the fluid LGW model able to adapt to different needs:

'Many participants have veered away from employability concerns at this time. Many are experiencing issues of isolation, and it is important we acknowledge and try to help in this area even if by means of a regular phonecall.'

'...people have time on their hand to focus on themselves without usual life distractions and are using this time to make good progress'

Staff survey respondents

Participants are in some cases also adapting:

'It has been easier to get in touch with participants as many have difficulties in going out and through all the Zoom activities we have been creating, they are indirectly learning a new skill. They are becoming more comfortable with technology, therefore, more able to have an online interview or phone interview. They are learning the skill of maybe working from home and being able to study from home in a much more relaxed way.'

Staff survey respondents

And for some it has proved easier to make progress with the need for organised face to face contact being removed:

'A number of people who are regular 'no shows' to face to face meetings, have responded well to telephone support and we have engaged and progressed them more than we would otherwise have done.'

Staff survey respondents

We should, however, understand that many other people have been much more negatively affected; the greater threat being to those with compromised health status.

'I worry a bit about dependency and that we may be perceived more like counsellors when participants are feeling worried and anxious about Covid-19.'

Staff survey respondents

Maintaining contact has also proved difficult, particularly with people without IT facilities or skills and those who have the facilities & skills but are unwilling to use them:

'Not having a computer or tablet and only having a phone has been a difficulty for participants.'

'A limitation has been participants' lack of technology, Wi-Fi, ability to use technology even if they do have access. This is something we spend a lot of time training people on, which we are unable to do over the phone. Some (not all) of our participants with autism are also not keen on phone meetings, which seriously limits engagement and progress.'

Staff survey respondents

And where the discipline of attending meetings has disappeared:

'We have had trouble with staying connected to some of our participants as they relied heavily on a structure and going to places on a certain date etc. This is not universal and some participants especially those who were suffering from poor mental health have actually been engaging more.'

Staff survey respondents

As well as moving one to one support online LGW responded to the Covid challenge by adapting existing activities such as training and group contact sessions to online environments. New ways to foster and preserve social contacts have been introduced such as quizzes, craft and wellbeing sessions and virtual 'coffee mornings'. Participants have also been encouraged to review their goals and look at how they can attain them. This new, virtual world has also given staff the chance to meet participants they would not necessarily have had the chance to come into contact with prior to the pandemic.

'We started thinking immediately about how we can DELIVER the project and it gave us opportunity to go back to the initial Health and Wellbeing message and build a curriculum of on-line activities that covers social connectivity, some learning (both H&W and vocational sessions) and we are building on that as we move forward. Some participants have been reluctant to join in and we have maintained telephone intervention for them but some have really embraced this "new normal" and we are pushing our caseloads to interact more. So previously advisors would look solely after their own participants but this unprecedented time gives us the option to introduce the whole team to everyone and make sure that the right person is supporting the right participant.'

Staff survey respondents

It is too early to say what effect both the pandemic and the LGW response to it will have on outcomes for participants and whether impacts will vary between different types of people. However, drawing on learning from both the original project and response to Covid, we are able to point to a number of key issues and conclusions related to provision of employment and wellbeing support to people with long term health conditions and disabilities in uncertain and unfavourable times:

Learning from Let's Get Working for the times of Covid

- **Great staff are key.** Reinforce the mandate for front line staff to be flexible and imaginative, share ideas and effective practice, support their decision making but also recognise the pressures on them. *Remote and on-line provision is challenging but gives opportunities to do things differently. Great, empowered staff are best placed to cope with change, and carry the best new ideas forward into an uncertain future.*
- **Motivation is essential. As is realism.** Be led by the individual aspirations, interests and capabilities of participants, but set them in context and be clear how different steps will advance them in prevailing conditions. *As with all aspects of life, individuals are reacting to the pandemic in their own ways. Serving them well includes being sensitive to changing motivations and pressures.*
- **Seek to improve lives.** Encourage and provide actions to build personal confidence, capabilities and resilience across different aspects of life, not limited to those directly focused on work. *Current circumstances are worsening many aspects of life already difficult for the people LGW tries to help. Finding ways to help cope with new difficulties is an important long term investment.*
- **Concentrate on those who can benefit, help others find alternatives.** Recognise the service will not be for everyone. Retain flexibility and open-ness, but use different stages of the service process to route people where necessary to alternative sources of support (taking referrals, initial contact, induction and

action planning, reviews etc). *The importance of social and community connections has if anything grown as a result of the pandemic, matched by new, often informal collective efforts. LGW is part of the local 'ecology' and well placed to help not only by working with its target groups but also as a network player*

- **Kindness is a significant differentiator.** The processes and attitudes of other services are often seen as narrowly goal focused, unsympathetic to circumstances, inflexible or tied to sanctions. Kindness is a reinforcer of motivation. *At a time when people are scared and isolated, a supportive reputation is invaluable – and effective in delivering good outcomes*

Supporting the most vulnerable

The economic and employment impact of Covid 19 and the responses to it will not be evenly distributed. People who are already vulnerable and disadvantaged invariably experience the most negative consequences of economic downturns and social shocks and those Let's Get Working was established to help – the ill or disabled and out of work – are often amongst those most at risk. People are not of course one 'thing' and, for many, combinations of factors such as health status, gender, ethnicity and age, all combine to reinforce disadvantage. Drawing on work from the Learning and Work Institute¹ and our experience, we highlight throughout this report the achievements of LGW in relation to particular types of people, and the implications for supporting labour market participation in the post pandemic future.

For more on Let's Get Working and different types of people see:

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Acknowledgements

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John Bell

Senior Partner, CurvedThinking

October 2020

¹ <https://learningandwork.org.uk/resources/research-and-reports/1913/>

Executive Summary

Let's Get Working has been as deeply affected by the Covid 19 pandemic as any other area of life but has succeeded in moving its service on line, adapting and retaining its inherent flexibility and supportive ethos. This report focuses on the three year period up to the end of March 2020 and so, in the main, deals with the pre pandemic world. Its lessons, however, are transferable into the current situation and into the future and include:

- The vital importance of great staff.
- The central place of motivation, recognised and cultivated, in moving participants forward.
- The ability of a project of this nature to improve people's lives alongside progress towards the labour market and for this itself to reinforce the prospects for, ultimately, gaining employment.
- Recognition that even a project as flexible and agile as this cannot help everyone, and some are best served by referring them to other agencies for support.
- The elusive quality of kindness lies at the heart of what makes the Let's Get Working approach special.

By the end of March 2020 558 people had completed a course of support with LGW and formally left the project, 196 had parted company with LGW before their course was completed, and 418 were continuing.

Taking Part

People who joined LGW were a long way from the labour market; eight out of ten were not even looking for work, or had been unemployed for more than two years.

Let's Get Working has been successful in finding willing participants from diverse sources. At least 175 different organisations have referred people to LGW. For many this was the first time they had offered employment support to their clients. Half of all referrals came from the Health and Care sector, around a quarter of them via the 'Social Prescribing' route, pioneering the inclusion of employment support for this new approach to non-clinical healthcare and wellbeing. The reputation of the project has led to ever more informal and self-referrals.

LGW has met most of its recruitment targets, exceeding the overall numbers sought, proportion of over 50 year olds and people with disabilities; and meeting its expectations for BME participation. It has fallen somewhat short in the proportion of women hoped for and should continue to try to improve its accessibility to women given its particularly strong outcomes for those it has recruited.

The project's focus on people with long term health conditions and disabilities has been very successful. It has supported people with a very wide range of conditions, large proportions of whom have multiple and serious health and disability issues, as well as other forms of disadvantage and exclusion. Its strategy of seeking people through unconventional routes, particularly as part of health care provision, has succeeded in finding people a long way from the labour market who have been failed or missed by conventional provision. Many had not been contemplating joining the labour market and have gone on to employment or made concrete steps towards it.

Moving on

Four out of ten people leaving the project at the end of a course of support went into employment, across a wide range of job types and sectors. Of those contacted six months after leaving, three quarters were still in work. People with dependents in their households, from BME communities and with depression as their main condition were particularly likely to leave the project for paid work.

A quarter left the project for a recognised form of education or training, with young people referred by Adult Social Care (many with autism or similar conditions) particularly likely to leave for learning, along with people lacking key skills and those with five or more health conditions.

Most people leaving the project whether to employment, learning, or without a formally recognised outcome, nevertheless reported a substantive increase in their engagement with the world of work and belief that it might have a place for them.

People leaving without a recognised outcome still frequently reported improvements in their sense of wellbeing, as well as aspects of everyday life and social connections. Let's Get Working succeeded in improving people's lives in many different ways – a benefit in its own right, as well as often being essential in providing the conditions to help people towards the labour market.

The Let's Get Working model

The project set out to be different both in its ways of finding people and the flexibility and supportive nature of the work it wanted to do with people taking part. The model proved to be successful in reaching the right people, and in offering support to which they responded positively. Key features cited by both participants and the staff working with them include:

- The importance of motivation, optimism and confidence as qualities to seek, nurture and consciously direct.
- The huge diversity of support people need, want and all too often could not find elsewhere.
- The need for staff on the project to embrace the overall ethos and apply it with imagination and humanity.
- The understanding that the approach will work well with some people but is not suitable for all, and alternatives need to be sought actively.

1 Introduction

Let's Get Working aims to help people with long term health conditions or disabilities to:

- Get into work.
- Improve their education and learning.
- Be better able to find work and be ready for working.
- Improve their mental health.
- Manage their everyday lives more easily.
- Be more socially connected.

The project came from the opportunity given by Building Better Opportunities (BBO)² in the South East to try new ways of supporting people with persistent illnesses or disabilities to become part of the world of work.

The distinctive features of Let's Get Working are:

- *Actively looking for people who might benefit from the project in a wide range of different places, notably where they come into contact with health and social care services. A particular emphasis is on offering employment support as part of Social Prescribing.*
- *A very high degree of personalisation and flexibility in the support available.*
- *A focus on building individual confidence, capacity and motivation to enable participants to forge their own pathway towards employment and self-development.*
- *An interest in the development of the individual.*

This report looks at the experiences of 1172 people who were enrolled onto the Let's Get Working programme from its inception in March 2017 to the end of its first phase³, March 2020.

By the end of March 2020:

- 558 people had completed a course of support and formally left the project.
- 196 had parted company with LGW before their course was completed.
- 418 were continuing with their course

As a result of extra funding the project is continuing work with participants until the end of 2021 and aims to enrol an extra 549 over this period.

This report looks at people who had joined Let's Get Working (LGW) by the end of March 2020, what they were helped to achieve, and the sort of work the project did with them. It aims to show what we know so far about how effective LGW has been in meeting its aims, and what can be learned as a result about how to support people with long term health conditions or disabilities.

² Funded by the European Social Fund and Big Lottery Community Fund

³ Originally funded to the end of 2019, the project was given a three month extension to the end of March 2020 following BBO recycling of underspends. Subsequent to that, a longer extension, possibly to the end of 2022, is expected.

Sources of information

This report is based on the following key sources of data:

- The detailed monitoring data required by the Building Better Opportunities Programme, collected and reported on a quarterly basis by the project.
- Additional monitoring data gathered by the project for itself, particularly in relation to its engagement with referrals and the health and care system.
- Detailed participant records including details of assessment, work undertaken and outcomes
- Use of the 'SWEMWBS' wellbeing tracking tool, along with three similar tools related to labour market engagement, everyday living and social connections completed by participants at the start and end of their time with the project (see section 3.6)
- A survey of participants conducted online six months after leaving the project.
- Forum discussions and individual interviews with participants.
- A survey of all staff.
- Forum discussion and individual interviews with members of staff in all positions.

2 Who takes part in Let's Get Working?

2.1 Who was the project set up to help?

Let's Get Working was designed to find people who were not in paid work, had been ill for a long time and/or were disabled. There was no hard and fast rule as to who was allowed to take part in the project based on their state of health but they did have to be out of work.

People who joined LGW were a long way from the labour market; eight out of ten were not even looking for work or had been unemployed for more than two years.

People were classified into two groups:

- People who were 'economically inactive' – meaning they were not in paid work, nor actively seeking paid work. **738 people (63%) were economically inactive** on joining LGW.
- People who were unemployed – meaning they were not in paid work AND were actively looking for a job on joining LGW. **434 (37%) were unemployed**, half having been out of work for more than two years.

LGW has a substantially higher proportion of economically inactive participants than the BBO programme as a whole which reports only 45%

The project was set up to look for people who might benefit from its support in a wide variety of places. In particular it tried to link in to GP 'Social Prescribing' schemes which were starting to become more common when the project began and expanded considerably up to March 2020 as the NHS began to promote the idea and provide direct funding.

'Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.'

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.'

The King's Fund

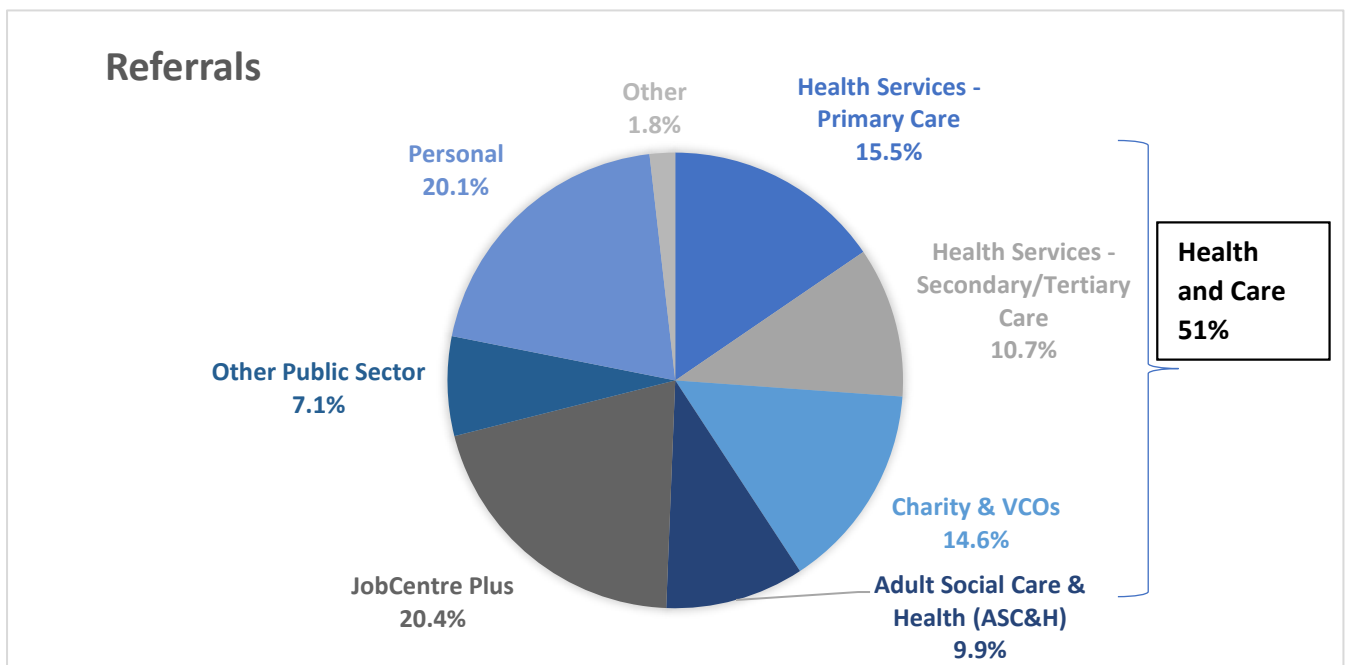
LGW was also open to people referred from other NHS services, not just primary care, to people from Local Authority Social Care services, Job Centre Plus (in particular via disability employment advisors), educational bodies, voluntary organisations and those who found the project for themselves or were recommended by friends or family.

The idea of the project was to offer help with moving towards employment to people who were open to the idea as a way to improve their own lives and those of their families despite having a long

term health condition or disability. LGW tried to find people who were not already part of 'mainstream' employment support such as the Work Programme, Work and Health programme or were passing through the work related benefits process where looking for a job was a condition. By looking for referrals from Health and Care as opposed to the benefits system it was hoped LGW would reach people who had not accessed or been helped by the usual services. It was also hoped its support would not only make work a more realistic option but would also have wider psychological, health and social benefits for them.

2.2 How did people come to the project?

Let's Get Working has been successful in finding willing participants from diverse sources. At least 175 different organisations have referred people to LGW. For many this was the first time they had offered employment support to their clients.



Half of all referrals came from the health and care sector

'Let's Get working provision is almost unique in its delivery because of its flexible and open nature but also it has influenced and to an extent driven the social prescribing movement across delivery areas - allowing medical professionals and local authorities to have a "track record" of this type of support for individuals and making it less of a "risk"'

Staff survey respondents

- 171 came from NHS Primary Care, 145 of them direct from GPs, the rest from other clinicians or practice funded Social Prescribers.
- 162 from the VCO sector, 30 of these from VCO providing Social Prescribing services.

- 118 from other NHS services, including community and hospital based services and mental health teams.
- 109 from Adult Social Care, including by Social Workers, Resource Officers and a range of Support Workers.

'I think we need to be promoted much more through social prescribing and both statutory health organisations and voluntary ones'

Staff survey respondents

20% (222) people joined the project through personal contact – the great majority (192) self-referred, the rest being recommended by family or, occasionally, friends. Word of mouth was an important source of recruitment with most self-referrals having heard from others about the work of the project.

Only 20% (226) came from Job Centre Plus, despite it usually being the primary initiator of employment support for long term ill or disabled people. The project worked with JC+ to emphasise the nature of its model, including participation being voluntary, and the very flexible approach being adopted to not pressure people to go into work come what may.

Other parts of the public sector contributed 7% (78.) This included referrals from the National Careers Service, Housing Associations, Probation, and the East Sussex Syrian Vulnerable Persons Resettlement Scheme.

In the main, referrals made to LGW were suitable for the service it was able to offer. There was some evidence of hard pressed services, in particular from the public sector, seeking to refer people who were unlikely to benefit. This might be for example where the nature of their condition was too severe for employment to be realistic or where there was little motivation. This was not, however, significant.

Staff views shed some light on issues in relation to different sources of referrals

Referrals appropriate to the LGW model of support – or not

'The ideal referrer is someone who understands the nature etc. of LGW but a lot of the time referrers have no one else to refer their clients to so try to put square pegs in round holes.'

'Personally I have had a couple of negative experiences with social workers who have seen us as an agency to find the participant a job and have got impatient when we have not been able to. I think the confusion may be in the name'

'ASC - many misunderstand the nature of our support - they are just desperate to get people off their (enormous) caseloads'

'I think all referral partners send the odd "not for us" kind of person but generally speaking this is because they desperately WANT to help that person and have tried all the other avenues. I couldn't single out any one partner.'

Motivation

'I work closely with Disability Employment Advisors at Job Centres who support their work coaches to make appropriate referrals. However, I would say the referrals that come through from these are a mix of those who want to work and are motivated, those who really shouldn't be job searching due to their health conditions, and those who are completely unmotivated, able to work but just don't want to.'

'Depends on individual not referrer - if the individual wants to do it works well if the referrer is doing it for them and they are not motivated does not work very well.'

Making the link between health and employment support

'GP's seem to be reluctant to refer to the project in my opinion, whether this is because they do not have the time or they don't realise how useful it can be in tackling the underlying mental health issues arising from unemployment is something that perhaps can be explored further.'

Staff survey respondents

And in relation to particular routes:

Self-referral

'More motivated if self-referred. Word of mouth from someone already on project is good as they come with knowledge of the Project and what to expect.'

'Referrals from family members can go either way-sometimes the parents want them to move forward but those referred don't'

'I find that self-referrals are often slightly less disabled, more willing and motivated than other people referred by a third party. However, my experience of people who have been referred by family members is often the opposite of this, they are harder to engage and less willing.'

'I think anyone self-referring is ready to look at options available to them, they vary in terms of success because their situation changes and also they might not have all the other support in place but I think generally a person who self-refers is keen to make positive changes, has a more open mind than someone who has been "sent"'

JC+ and disability employment advisors

'Disability advisors and work coaches at job centre plus locally have been the most useful and helpful as well as successful in the local area'

'The referral process that seems to work best in my opinion is the job coach one. Having a referrer that not only refers but asks for feedback holds both the staff and the participants to high standards. The participants are generally better motivated not to just please their work coaches but to focus on what goals they ultimately want to achieve from working with the project.'

From the health and care sector

'GP and ASC [Adult Social Care] referrals can work really well if the referred person is interested in developing skills and moving towards job market. Most referrers do not follow up on the referrals, although feedback can be given if/when appropriate.'

'We get very few referrals directly from GP surgeries, whilst GPs understand and very often value the project, they don't usually have time to refer people directly. These people often come through as self-referrals which are usually positive as people have chosen to come on to the project'

'We have found good referrals from clinics such as stroke clinics etc and the referrals there are always steady and the right type of client. the benefit with this as well is that over time if we have worked with say 20 people with similar conditions we know the best way to support them and what other services are available to them.'

'GP's love the idea of social prescribing but in my experience very rarely refer. We get a lot of specialist health professional referrals (stroke rehabilitation, autism team etc) but there is no perfect referral partner - lots of the participants that come to us through word of mouth or because they have met us in the community either promoting or delivering the project are actually very motivated and ready to accept support and help.'

'We get some great referrals from the local Autism Team'

Staff survey respondents

2.3 What are the people who joined LGW like?

BBO Targets

Let's Get Working exceeded the target set by the BBO programme for participation by people from ethnic minority backgrounds, older people, and people with disabilities. It fell short, however, in relation to women joining the project.

This table compares the people who joined LGW with the targets set by the BBO programme as a whole.

LGW	BBO Project Target	BBO programme overall⁴
Men 60% : 40% Women	50%:50%	51%:48%
From an ethnic minority: 7.5%	6.5%	23%
Over 50: 25%	12%	16%
With disabilities: 88%	63%	49%

⁴ ECORYS 2020 evaluation

Let's Get Working recruited more men than women (60%:40%), notwithstanding its target of 50:50 – a contrast with the performance of BBO as a whole.

In the wider population more women than men are disabled in all age groups, whilst more men, and more disabled men, are in work than women. The ratio of men to women in LGW therefore mirrors the overall nature of the labour market. It arises from the patterns of referrals made to the project which, as we have seen, came from a wide variety of sources and itself reflects the clients those organisations serve. The target set by BBO can be seen as an attempt to address disabled women's lesser participation in the labour market. Unfortunately it is not possible to say that LGW's recruitment pattern was able to improve on this situation – but it is the case that the evidence suggests the project has delivered strong outcomes for many of the women that have taken part:

Focus: Let's Get Working and Women

The Let's Get Working model appears particularly beneficial for women

- LGW was only able to recruit a **minority** (40%) of women participants, mainly as a result of the referral patterns. *Finding people to take part via a health or disability route may depress the number of women likely to be put forward.*
- Women were **more likely to be economically inactive** – 67% vs 60%.
- They were more likely to cite **depression and anxiety** as their main health condition – 18% vs 14% and more likely to cite **musculoskeletal** conditions 25% vs 18%.
- They were much **more likely to have multiple conditions** - 30% just one or two compared to 40% of men; 37% with five or more vs 22%.
- But women were **more likely to go into work or education** when leaving LGW (70% vs 63% of men) and less likely to leave with no formal outcome (20% vs 27%)– even more so when they were solely responsible for dependents in their household.
- Women rated themselves lower in relation to labour market engagement, wellbeing and everyday living than men at the start of their programme of support (and the same in relation to social connections) – but **reported greater overall improvement** than men in every category.

The 6.5% target for participation by people from ethnic minority communities was set at a rate lower than the South East population as a whole of 9.3%⁵. LGW recruited 7.5% which therefore is above the target but a little lower than the region. There is a striking contrast to the wider BBO programme which reports 23% participation by BAME groups across the whole country. This may be accounted for by the concentration of projects in large cities with greater ethnic diversity than the South East.

People with an Asian background were notably less represented on the project at just 1% as opposed to their 5% presence in the South East population as a whole. Almost all people from Asian backgrounds were referred by primary or secondary health services.

⁵ ONS Regional Ethnic Diversity 2018

People over 50 were particularly well represented in LGW with twice as many taking part than the 12% programme target. The great majority of people, 88%, reported themselves to be disabled, which is not surprising given the nature of LGW's remit – the other 12%, whilst having a long term health conditions, did not see themselves as disabled.

What else do we know about the people LGW supported?

'extremely vulnerable people have been supported'

Staff survey respondents

Age

In addition to the 25% aged over 50, 28% were aged under 25. Taken together with the older age group this means the project was particularly concentrated on the younger and older age groups, both of which are more likely to be out of the labour market in both the general population and amongst people with long term health conditions or disability. However, the over 50s were more likely to be unemployed rather than economically inactive (50%) as opposed to those aged below 50.

Young men with autism or similar conditions were particularly likely to be part of LGW in East Sussex with a substantial number of referrals from the County Council.

Focus: Let's Get Working and Young People

Let's Get Working provided support, not available elsewhere, to young people, particularly with autism or learning difficulties, and delivered a high proportion of positive outcomes.

- LGW recruited a **higher proportion** of under 25 year olds, 28%, more than this group's representation in the labour market. They were much more likely to be referred by Adult Social Care – 16% vs 7% of over 25s.
- Young people in the programme were **more likely to be male**, 70% vs 30%, **more likely to be economically inactive**, 71% vs 59% and coming from **existing education provision** 12% vs 4%
- They were overwhelmingly **more likely to report autism** or similar conditions as their main health condition, 32% compared to just 8% of over 25s, and more likely to cite depression, 22% vs 13%, and learning difficulties 16% vs 7%
- They **also reported fewer conditions**, with nearly half only citing one or two.
- Under 25s were somewhat more likely to go **into work or education** than older people when leaving LGW (71% vs 64%), and less likely to have leave with no formal outcome (17% vs 27%).
- Young people's rating of their wellbeing and labour market engagement was higher than for older people at the start of their engagement with the project. Both age bands increasing their rating by similar amounts by the time of their exit from LGW, therefore young people maintained their overall higher rating. In contrast, their everyday living rating was little different from older people's at the start of their course, and increased very little by the time of exit.

Skills and qualifications

Participants in LGW were relatively less well qualified than in the population as a whole:

27% did not have entry level English (33% of over 50s)
31% did not have entry level Maths (36% of over 50s)
33% lack basic skills (38% of over 50s)

Home circumstances

More than half lived in households where no one was working. Around one in ten lived in households without work where dependent children lived .8% were lone adults with dependents:

55% live in a jobless household
10% in a jobless household with dependents
8% as a lone adult with dependents, 2:1 women

Illness and disability

A very wide diversity of health conditions and disabilities were reported by people taking part in the project

Given the approach to its work, LGW recorded the health and disability conditions of its participants in more detail than most other employment projects. The people who came to LGW were, without doubt, experiencing substantial difficulty taking part in the labour market. People were asked to say what conditions or disabilities they were experiencing and then which of these was their main condition, the one most problematic for them.

For the main conditions the largest category, 21%, cited musculoskeletal conditions of arms, legs, back, neck etc, including arthritis and rheumatism. It should, however, also be noted 79% of all participants listed one or more of these physical conditions amongst those they were experiencing.

More than half reported the main condition they experienced limited their everyday life a lot.

Just 6% said it didn't limit their life at all.

The next largest group, 16%, reported depression, bad nerves or anxiety, with 61% saying this was one of the conditions they were experiencing. A further 4% cited mental illness, phobias or panics as their main condition.

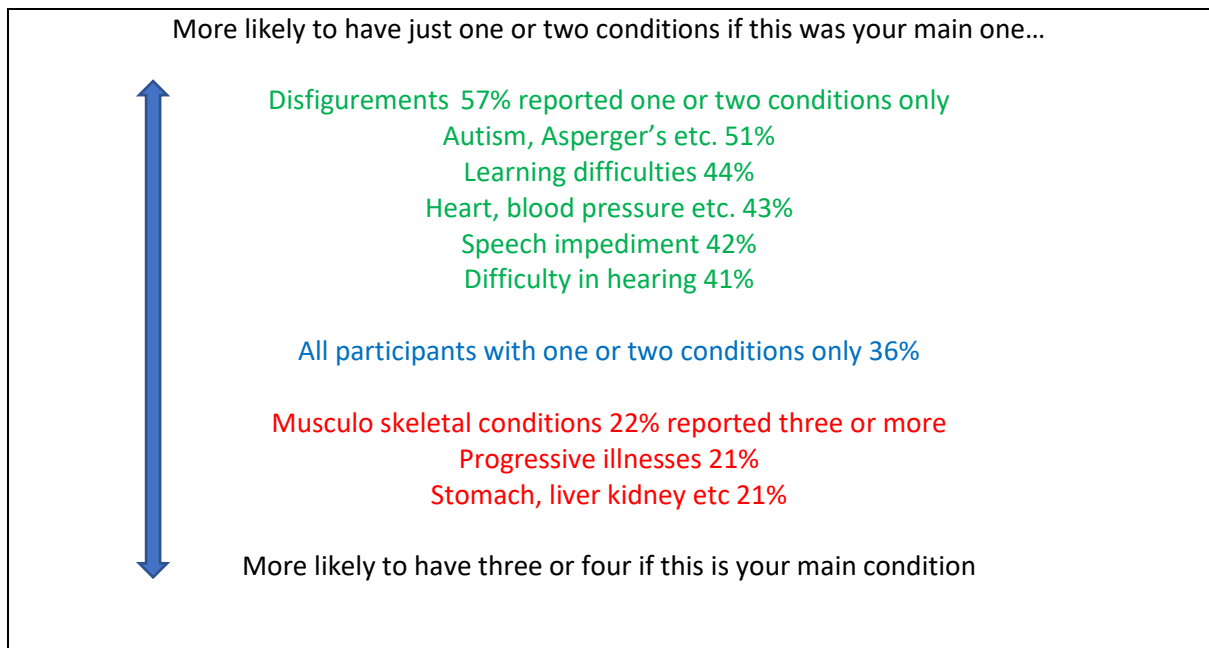
15% reported autism or similar conditions as their main condition and 10% severe or specific learning difficulties. Epilepsy, progressive conditions like cancer, diabetes and heart conditions were also cited in dozens of cases.

People in LGW were not just ill or disabled, many were significantly so.

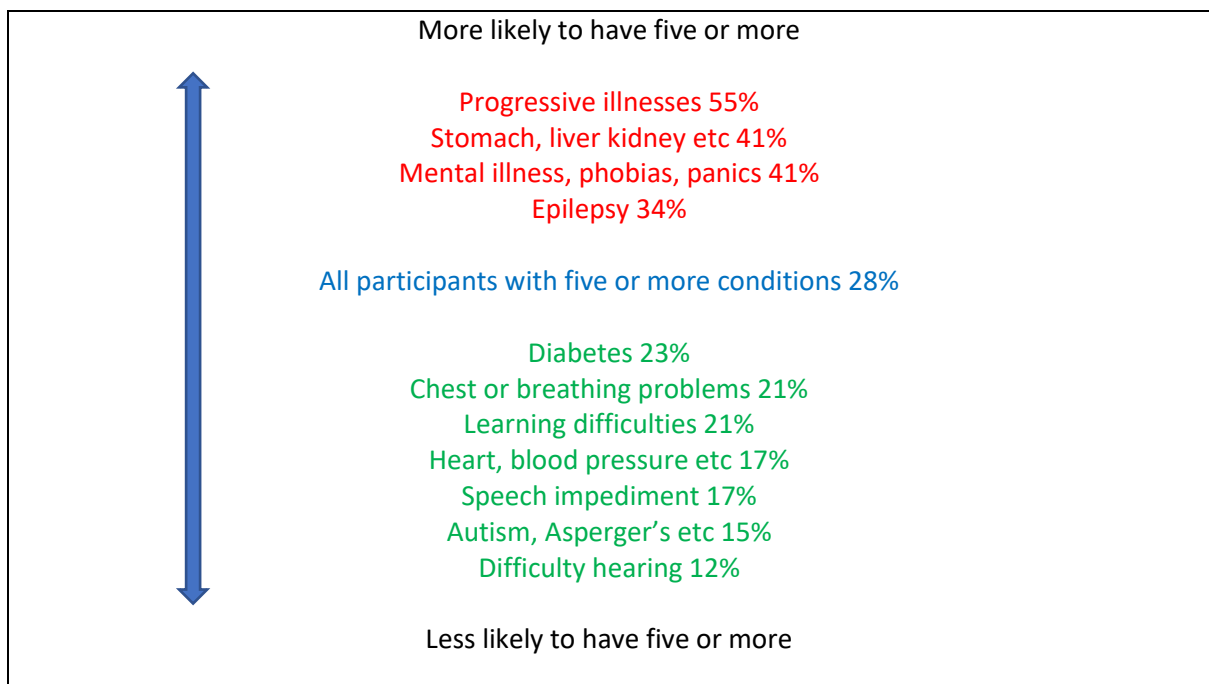
Half of all those taking part in the programme reported four or more different conditions

Twenty eight participants reported ten or more different illnesses or disabilities

What main conditions were associated with having others as well?



Other conditions were much more likely to be associated with five or more...



Focus: Let's Get Working and people from ethnic minorities

Let's Get Working was notably successful in employment outcomes for people from BME communities, less so in relation to improving self-rating of different aspects of life

- LGW recruited a relatively **small number** of people from ethnic minority backgrounds – 7.5%, although nearly proportionate to their representation in the South East. The largest referrer was a specific local authority refugee resettlement project, followed by VCOs. *Given the higher incidence of disadvantage amongst BAME communities this result does suggest the referral routes used by the project may not have reached as many people as they should have. People from South Asian background were particularly under-represented*
- BAME people were **more likely to be in the middle age range** 25-49 (59% vs 45%), and more likely to be unemployed rather than inactive – 47% vs 36%.
- There was **relatively little difference** between BME people and others taking part in LGW in relation to the type, number and severity of health conditions.
- **Half of people from BME backgrounds went into employment** compared to 39% of others and fewer left with no overall result.
- Rating of wellbeing, labour market engagement, everyday living and social connections was broadly similar at the start for both BME and other people but, although it **increased for BAME people in all cases, this was to a lesser extent than for other participants.**

3 What have participants achieved?

This section looks at the changes in people who passed through LGW, concentrating on those who had left the project by the end of March 2020. We look at those who went into some form of employment or learning, whether people moved closer to the world of work, and also at the project's impact on other aspects of their lives.

We know 558 people passed through the full LGW course of support. This included a formal enrolment process; provision of tailored, personalised support (see section 4); an 'exit' process reviewing what had happened from the point of view of participants and those working with them; and confirmation of where they were now in relation to the world of work. Most of this section takes their perspective, but also looks at the 196 who left the project before completing the full course of support. In some cases this was after just a few days, in others rather longer.

3.1 Going into work

40% of people who completed a support programme with LGW went into work on exiting the project

By the end of March 2020 223 of the 558 people who completed a course of support with LGW left for some form of employment⁶. Across the BBO programme as a whole the comparable figure for employment outcomes is 35%⁷. BBO had set LGW a numerical employment target of 190.

LGW does not find jobs for people. The project's approach is to work with people to make them ready for work and to encourage and support them to identify and go for employment opportunities using their newfound confidence and skills. In parallel, the project also attempts to, as one member of staff puts it, to 'sort out people's lives', identifying and so far as possible helping to solve the complex tangle of issues that makes up real human experience. The types of work people went into are very diverse with at least 143 different employers from 30 sectors identified.


Most popular employment sectors:

- Retail and sales 23
- Education 12
- Hospitality 11
- Care and support 11
- Healthcare 10
- Leisure sport and tourism 9
- Food and drink 8
- Engineering and manufacturing 7
- Charity and voluntary sector (paid) 6
- Security and law enforcement 6
- Property and construction 5
- Recruitment and HR 5

⁶ Employment includes part time, casual and self employment

⁷ ECORYS (2020) Building Better Opportunities Evaluation Annual Report 2020

Some groups of people were more likely to go into work:

- 
- lone parents with dependents 59%*
 - in jobless households with dependents 56%*
 - BME people 50%
 - with depression as their main condition 49%
 - with 'internal' issues as their main condition 48%
 - referred themselves to the project 48%
 - whose condition was less likely to be limiting for them 47%
 - unemployed before joining LGW 47%
 - referred by GPs 45%
 - under 25 year olds 43%
 - women 43%
 - with entry level Maths or above 43%
 - with entry level English or above 42%
 - with fewer than three health conditions or disabilities 42%

 - **All participants 40%**
 - men 38%
 - Over 50 year olds 37%
 - referred by NHS Secondary care 36%
 - referred by JC+ 36%
 - lacking entry level English 35%
 - economically inactive before joining LGW 35%
 - whose condition was more likely to be limiting for them 33%
 - lacking entry level Maths 33%*
 - lacking basic skills 32%*
 - with mental illness as their main condition 24%
 - with epilepsy as their main condition 22%
 - referred by Adult Social Care 20%*
 -
- Other groups were less likely

**indicates reaches chi square t test statistical significance at 95%*

74% of those reached by follow up were still in employment six months after leaving the project

The evaluators followed up people six months after they had left the project, managing to reach 135 in total. Of the 66 who went into employment, 49 (74%) were still in work, 40 still doing the same job as when they left and 9 having moved on to another employer. All but three people credited LGW as having a role in the fact they continue to be in work six months later, 11 saying it was 'pretty much all down to LGW' and 29 ascribing it a significant role.

Focus: Let's Get Working and older people

Let's Get Working did particularly well in finding older participants to join the programme, particularly from NHS Primary Care, and succeeded in moving many into employment as well as improving their sense of wellbeing

- **A quarter of participants in LGW were over 50**, well beyond the project target and overall BBO programme performance. They were much more likely to be unemployed rather than economically inactive – 50% of 50+ vs 32% of under 50s, and **nearly three quarters had been unemployed for more than two years.**
- The over 50s were more likely to experience physical health problems or disabilities, less likely to report depression as their main condition **and much more likely to have multiple conditions** – 40% having five or more compared to 24% of under 50s.
- Older people were the **most likely to be referred from Primary Care** and least likely from Adult Social Care
- They were **less likely to go into employment or education** – 61% vs 67%, and were more likely to leave without a formal result (29% vs 23%)
- Older people rated their wellbeing somewhat lower than younger people at the start of their programme and reported a little less overall improvement, but **wellbeing on average still improved substantively** over their time with the project.
- Their labour market engagement and social connection ratings were similar to younger people at the start and end but there was **a greater improvement of self-rating in relation to everyday living.**

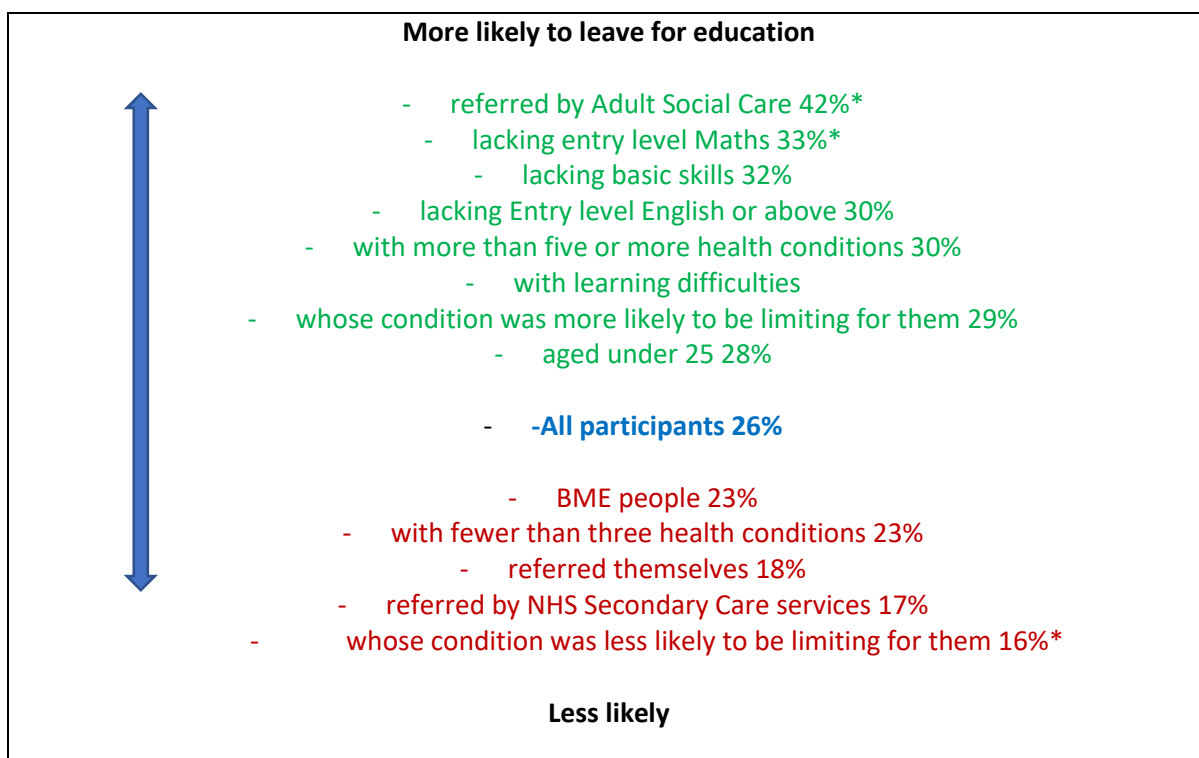
3.2 Improving education and learning

26% of completers went on to some form of learning or training when they left the project

144 (26%) people left the project for some form of learning, defined by the project as being 'meaningful' and representing a progression for the participant, in other words enhancing any skills or qualifications they already held. The BBO programme equivalent is 28%⁸.

As with employment there are notable differences in the likelihood of different types of people leaving for education:

⁸ Ecorys 2020



In the six month follow up survey 29 respondents had left the project for education, 13 had completed their programme of study within six months of leaving, one of whom was now in employment, 16 were continuing with studies, with one also being employed. Twelve respondents, who left for learning, were actively seeking work six months after leaving the project.

3.3 Looking for work

The BBO programme, as a whole, monitors whether people who were ‘economically inactive’ when entering the programme were actively looking for work on leaving – this being seen as evidence of ‘progression’ towards employment from their previous status. People who were unemployed, by contrast, are not seen as having made progress if they simply return to looking for work.

Bearing this in mind, we see that 55 people who were inactive on joining the project were able to show they were actively looking for work when they left, 16% of the 336 who were in this position when they joined. 55 is too few to look in any detail at whether particular groups of previously inactive people were more or less likely to leave the project to active job search, but the proportion does seem to be similar for all groups.

3.4 Being ready for work

Another perspective on work readiness comes from looking at changes in people’s feelings about their work and skills between them joining and leaving the project. All people joining the project were asked to rate themselves on a five point scale in relation to a number of questions:

- Questions about work and skills*
- 1 I understand the sort of jobs that exist locally
 - 2 I know where to find support to help me find a job

- 3 I am gaining new skills and experience needed to be in work
- 4 No major personal issues would stop me from working
- 5 I do practical things that can help with work, like volunteering, training courses or work placements
- 6 I currently have skills or experience that make me employable
- 7 I think I am, or would be, a good employee

All types of people completing a course with LGW reported being closer to the world of work

We can compare between people’s scores at the start and finish, to see how their views have changed in the interim:

Attitudes to work and skills	Average score out of 35 at start	Score at end	Change	Proportion reporting an increase ⁹
People who went into work	22.9	29.8	+6.9	80%
Into education	21.7	27.5	+5.8	76%
Into job searching	22.5	28.9	+6.5	75%
Left without a recorded result	22.4	25.3	+3.0	51%
Total	22.4	28.1	+5.7	72%

People starting on a programme with LGW gave more or less the same rating of their engagement with the labour market, around 22.4 out of 35. By the time they left, on average, all groups reported increases, and for those who left with a defined outcome (work, education or job searching) the great majority reported increases.

3.5 ‘No Result’?

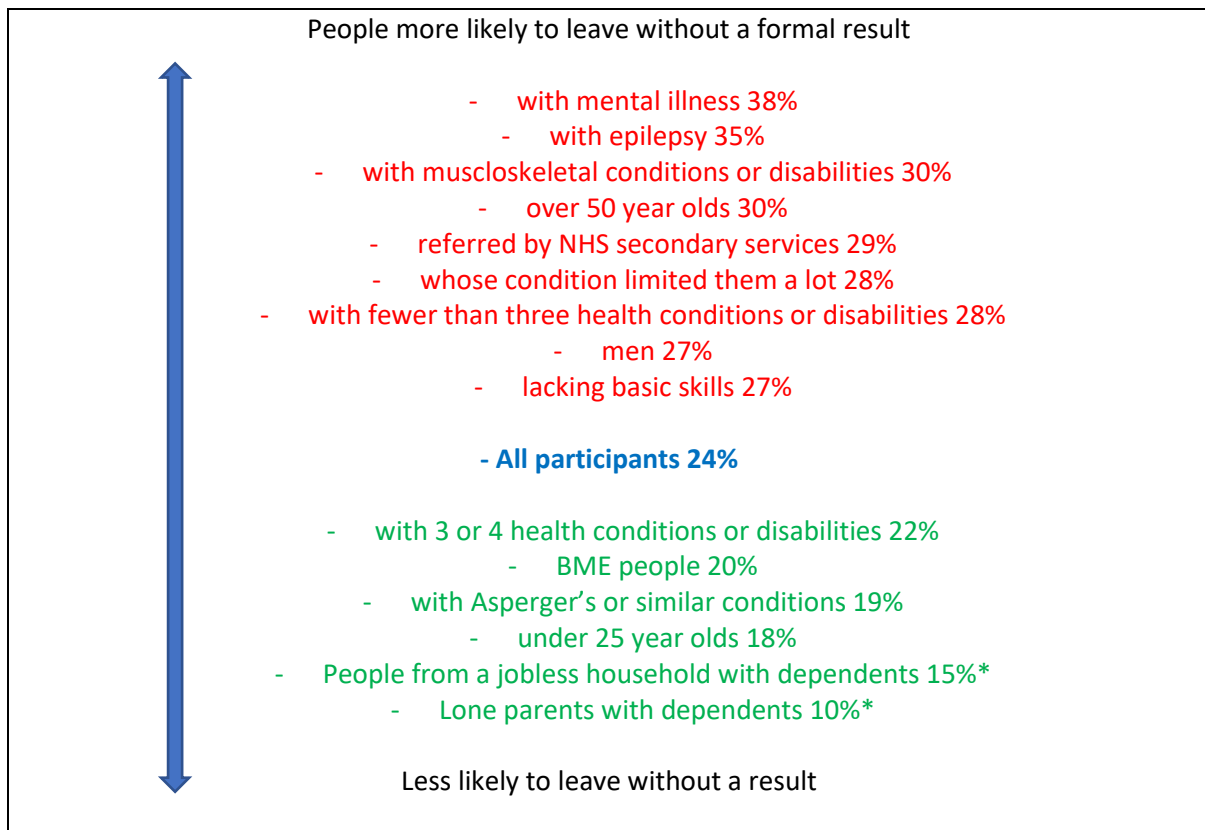
Not all people who completed a course of support with LGW left with evidence of distinct labour market progression - employment, learning or (if they were previously out of the labour market altogether) actively look for work. At the end of March 2020, 136 (25%) were in this position.

More than half of people who left without a formal ‘result’ still reported increased engagement with the labour market

51% of the ‘no result’ group reported a significant (2+) increase in their engagement with the labour market and a quarter remained stable – the mean score for all those leaving without a ‘result’ increasing by 15% from 22.4 to 25.3.

⁹ In this analysis, an increase is defined as an increase of two or more points on the scale, eg from 22 to 24 or more.

This does, however, still leave half of those leaving without a recorded result reporting the same or less confidence in their interaction with the world of work. Can we see any patterns amongst the 24% who left the project without a formal result?



3.6 Other impacts on people's lives

LGW's underlying philosophy of seeing an intrinsic link between health, wellbeing and movement towards the labour market was tested by asking people about three aspects of their lives in addition to labour market orientation at the beginning and end of their course of support. Structured around a five point scale, as for employment, we looked at:

- Wellbeing, using the established 'SWEMWBS'¹⁰ questionnaire
- Everyday living
- Community and social connections

Wellbeing

People's self perception of their wellbeing on the whole increased during the time they were with Let's Get Working

¹⁰ SWEMWBS: 'Short Warwick / Edinburgh Mental Wellbeing Scale'
<https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

‘SWEMWBS’ is used in many different health and social care contexts to assess people’s state of mind at a particular point. By repeating the scale at the beginning and end of their time with LGW, we were able to look at whether their state of mind had changed in the meantime. Looking at the results across the participants having left the project some encouraging results can be observed.

Questions about mental health and wellbeing

- 1 I've been feeling optimistic about the future
- 2 I've been feeling useful
- 3 I've been feeling relaxed
- 4 I've been dealing with problems well
- 5 I've been thinking clearly
- 6 I've been feeling close to other people
- 7 I've been able to make up my own mind about things

Attitudes to mental health and wellbeing	Average score out of 35 at start	Score at end	Change	Proportion reporting an increase ¹¹
People who went into work	21.3	27.8	+6.5	81%
Into education	22.7	26.9	+4.2	66%
Into job searching	22.4	25.6	+3.2	60%
Left without a recorded result	22.7	25.3	+3.0	51%
Total	22.1	26.6	+4.5	68%

Interestingly those who went into work started with slightly lower ratings of their own mental health and wellbeing compared to the other groups – this may be no more than a random result and is not statistically significant. It may, however, have something to do with those who went on to find employment being more unhappy at being out of a job from the beginning and therefore more motivated to find employment. It is certainly the case that this group showed both the highest overall score at the point of departure from the project and the biggest net increase, with more than eight in ten reporting an improvement of two or more.

People leaving to other destinations also reported positive average increases in wellbeing, with around two thirds of those going into education or job searching reporting improved mental health, as did just over half of those who left without a recorded outcome.

Everyday living

People who left Let’s Get Working for work or to look for a job tended to rate their personal living circumstances more highly

¹¹ Of two or more points on the scale

We also asked people about aspects of their everyday living, areas where we anticipated the experience of being part of LGW might be expected to have had a positive influence:

Questions about everyday living

- 1 I don't have any money worries
- 2 I can do things myself to help my medical condition / disability
- 3 I don't have any caring responsibilities that get in the way
- 4 I don't have any worries about leaving my home and going out and about
- 5 I can travel locally without difficulties
- 6 I can communicate with people I don't know
- 7 Dealing with my medical condition / disability is not dependent just on the doctor / health service

The results here are rather more mixed. All groups began with a higher average score than for the other areas of life tested, so we might suppose there was less scope for improvement. Those who went into work or job search both record discernible improvements, with some six in ten showing progress, whilst for those in education there was little change. Those leaving the project without a recorded result, understandably, showed a slight decrease in the average score with only one in three reporting an improvement.

Attitudes to everyday living	Average score out of 35 at start	Score at end	Change	Proportion reporting an increase ¹²
People who went into work	24.7	27.3	+2.7	58%
Into education	24.6	25.6	+1	48%
Into job searching	23.7	26.9	+2.7	60%
Left without a recorded result	24.7	24.3	-0.4	35%
Total	24.5	26.1	+1.6	50%

Interpreting this is tricky, but we might speculate that the higher starting point lessened the scope for improvement, or that the assumption that the aspects of life covered were susceptible to influence by participation in the programme was incorrect' or, perhaps, participation in the project had a detrimental effect on some aspects of people's lives. This, however, seems a less likely explanation given the more positive results for the other areas discussed.

Community and connections

People leaving the project with a positive employability outcome also tended to be more socially connected

The final area where we expected to see influence from taking part in LGW related to social and community connections. The assumption here was the emphasis the project placed on personal, face to face contacts between participants and the staff working with them, the provision of group

¹² Of two or more points on the scale

support sessions of many sorts, organisation of volunteering placements and support for higher levels of personal independence etc.

Questions about community and connections

- 1 I can live an independent life without being reliant on other people
- 2 I contribute to local community life, such as through volunteering or taking part in local activities
- 3 I have regular, friendly contact with family, friends or neighbours
- 4 I can help other people locally if I want to
- 5 I can find out the things I need to know about where I live
- 6 I do not feel isolated or lonely
- 7 I feel part of the local community

The results here do appear to bear out the proposition that LGW would have a positive influence in these areas:

Attitudes to community and connections	Average score out of 35 at start	Score at end	Change	Proportion reporting an increase ¹³
People who went into work	23.4	27.9	+4.6	70%
Into education	23.4	26.5	+3.1	64%
Into job searching	24.1	27.2	+3.1	56%
Left without a recorded result	23.2	24.0	+0.8	37%
Total	24.5	26.1	+3.2	50%

All groups reported an increase in average scores, although for those without a recorded result this was small, and only around a third showed a distinct increase (the same proportion as showed a decrease). The other groups were clearly more positive and these results suggest LGW was successful in improving the feeling of social and community connectedness amongst its participants.

¹³ Of two or more points on the scale

4 What sort of work does Let's Get Working do with participants?

The Let's Get Working model is both simple and complicated.

The simple part is that it treats participants as people, individuals with their own unique personalities, histories, hopes, fears and circumstances. This approach is at the heart of the work done with people. Staff in the project know this is expected of them and are managed and supported to enable them to do it in practice. When talking with staff it is immediately apparent how well they know the people they are working with, their strengths, weaknesses and needs. This does not mean they are not challenging when they need to be – the depth of the relationship with participants is what enables navigators and connectors to make real the cliché of holistic, personalised support.

'The staff helped see what skills i had'

'helped to talk to people, understand your situation'

'They were all lovely people so much nicer than the job centre'

'helped me prepare myself better'

Follow up survey respondents

'I seen it help a lot of vulnerable people and...help them see themselves in a different light and achieve things both them and their loved ones didn't realise was possible or unaware of the opportunities available to them'

Staff survey respondents

The complicated part arises from the personalised approach since the project gives scope for a wide range of different types of support. The BBO programme imposes some limits on what can be done – money spent needs to be 'eligible', in other words justifiable in relation to the end goal of moving towards the labour market, and the project was restricted to mainly helping people only up to the point of 'exit', in other words unable to provide support once someone had moved into employment or learning.

'What we do is sort out people's lives for them first, that puts them in a position to think about employment'

'What makes LGW unique is that we work with such a varied group of participants and we tailor the service to their needs'

Staff survey respondents

Beyond this, however, navigators and connectors were given a largely free rein to agree programmes of support with people they both felt would move them forward. Although all providers made standardised support such as CV workshops available, no one participant followed the same path as any other. The model can be seen as taking a strategic approach, beginning with-in depth discussion of the individual's aspirations, experiences, assets and challenges, followed by agreement

of a plan of action towards an agreed goal. Goals were required to be clearly pointing towards taking part in the labour market but were made specific and appropriate for the person concerned, meaning it was not necessarily a job (though of course for many it was exactly that) but could be to gain qualifications, learn skills, or become involved in community or voluntary activities. Support went beyond this too – as one member of staff put it *'we sort people's lives out for them, then they have a chance of getting into work'*. Help was given in relation to many different issues: health related; money and debts; housing; social and family relationships amongst others.

'Our 1:1 Working, motivational techniques and flexibility have had successful outcomes for all participants who engage with us.'

Staff survey respondents

Aspects of the model

Mood enhancement

As we saw above there is good evidence to show a substantial proportion of participants in LGW felt better after their time with the project, and this was not only those who went into work or learning. People's testimony reflecting on their experiences enriches our understanding here:

'Thankyou for your help! You've made me much happier'

'i found myself alone and confused after a head injury and they gave me hope and someone to talk to and helped me piece my life back together'

'My advisor was very sympathetic to my situation and worked around me. She made job seeking easier to cope with.'

'without what these people did for me, I'd be in a much worse place'

'I found that the support given was very helpful (and considerate and understanding)'

Follow up survey respondents

Confidence building

A common theme was around the building of confidence in participants. Note that none of the provision was explicitly put forward as 'confidence building' but was intended to give people experiences and insights that would steer them closer to a belief in their own potential and thence to positive outcomes. Comments from participants show that many realised this for themselves. (It should be borne in mind that much conventional employment support provision overtly positions itself as about building confidence)

'Let's get working gave me the confidence to start working'

'Let's Get Working really helped me find the confidence to apply for jobs that I didn't think I stood a chance in getting.'

'Having a project designed to support you in finding new ways to move forward and not focus on the negatives is life changing.'

Follow up survey respondents

'We have managed to help many people get back into work, studies and most of all, gain their confidence back. Making a positive difference in their lives.'

Staff survey respondents

Other positive comments were offered as well

'A very good, stable - worthwhile service all round.'

'Please continue with this great work, being out of work due to ill health or disability has a massive impact on mental health'

'It made me more proactive'

'I found, the staff there, came up with ideas that would not have thought of'

Follow up survey respondents

Specific types of support

People who had left LGW highlighted the value of many of the specific types of support they had received:

'I earned a bus pass through let's get working which has been very helpful to me when traveling on buses.'

'The Let's Get Working course helped me prepare for job interviews'

'Interview techniques very helpful'

'gave me the push I needed. paid for [work clothes] and all sorts of things.'

'Being able to go to a local venue by bus/foot easily. Use of computer and help of staff'

'Creating an effective CV.'

Follow up survey respondents

One of the successful experiments in Let's Get Working involved the use of Occupation Therapy with participants. Using a partnership with the University of Brighton, two OT students were able to conduct one of their required placement periods with the project in East Sussex, designing and delivering a model tailored to the interests and needs of selected participants. Although OT is well established as a clinically based service its integration into an employment support model is relatively unusual. The pilot programme undertaken was well received by both participants and LGW staff and provides the basis for further development of this joint approach to moving people towards the labour market.

Bursaries

An unusual feature of LGW was the use of ‘bursaries’ to pay for items where a clear ‘business case’ could be made for their potential to help people make progress. To the end of March 2020 353 individual purchases had been made, allocating over £52,000 with an average spend of £148, and more than half being for less than £100. As with so many aspects of the project bursaries were used for very diverse purposes:

Nature of bursary	N	%	Mean £
<i>Additional learning/courses</i>	91	25.8	276
<i>Documentation & Licensing</i>	64	18.1	60
<i>Mobility support</i>	61	17.6	125
<i>Work tools & equipment</i>	40	11.3	126
<i>Personal appearance</i>	35	9.9	65
<i>Other</i>	29	8.2	109
<i>Well-being support</i>	18	5.1	126
<i>Communication support</i>	14	4.0	184
<i>Grand Total</i>	353	100	148

‘[The most valuable parts of Let’s Get Working are] the individual approach, working on a one to one basis without a time limit and access to bursaries’

Staff survey respondents

Finding work and other good outcomes

Particular comments were made by LGW participants following their time on the project.

‘I will be able to get paid work when my training is completed. I would not have been able to take this training without LGW help’

‘I couldn’t have done it without them. Self-employed painter now. Was all about confidence, and helping to pick myself up’

‘I also have back up volunteer charity work which I am doing during the week.’

‘They encouraged me, helped me to believe in myself, found me a course that will help me to get into University when completed, and I also made new friends because of this.’

Follow up survey respondents

Areas for improvement

Comments on the work of LGW were, however, not universally positive. Comments made identified a number of areas where participants and staff felt things could be better:

Recruitment to the programme

‘I have found that on occasions participants have been accepted onto the project who clearly have severe mental health issues and are out of our remit. The initial interview for suitability could be a little more stringent in this area.’ Staff survey respondents

Timetabling and convenience

'I was only able to use the service for a while as some meetings could not take place due to conflicting meetings with the DWP.'

'Enjoyed the project at first and found it useful, but after a while was too tiring, particularly when moved from Hastings office to Eastbourne'

'You are extremely useful but whenever I pop into the Chatham office I never see the same people'

Follow up survey respondents

Duration of support

'Need more support for anxiety - job lasted 3 months but got too much'

'Overall i feel the service could do with extending a little by maybe 4 weeks to allow for advisor to be flexible with meetings'

Follow up survey respondents

'I feel that our participants really do benefit from the support we are able to offer. I think it would be good to find people opportunities and work in more specialised fields at times, and also feel that initially, in work support could be useful for some of our participants.'

Staff survey respondents

Not always able to help

As we know LGW was not able to help everyone achieve a definably positive outcome and around one in ten who joined did not complete the course of support open to them. Comments from people looking back at their time with the project shed some light on possible reasons, as well as putting the project experience in a wider context:

They may not have been ready for the change the project was designed to encourage

For some it left little impression

'I do not remember anything what I did'

For others it gave some respite, but the effects did not last

'fell back into old way. Getting help again for addiction but not looking for work as part of it'

Some saw a worsening in their health conditions

'Had blood clot on brain so had to give up. may be useful experience later when better.'

'The project is truly fantastic, the only reason I withdrew myself was because of a sudden decline in health that I was struggling to manage. Everybody I dealt with there were great and understanding and truly wanted to help.'

Or personal circumstances

'I was so grateful to receive your help, sadly everything has pretty much gone on hold as I'm carer to my Mum, she's been in hospital this year (again) with Pneumonia and sepsis. so everything has gone on hold'

Others concluded they were not ready

'I wasn't ready for work, knocked me back. I'd like some more support'

'I went into full time education and even though I enjoyed the course I was overwhelmed by it all . On reflection I set myself up for failure in this as I still hadn't healed from escaping a long term marriage and I tried to do too much and I couldn't cope.'

'I appreciate all the time and effort that your organisation gave me at this time. I am very grateful and am regretful that I wasn't ready for the change'

'I found the project very helpful although I didn't manage to get into employment due too being ill'

Or did not feel they had benefitted at all

'Just became another thing that I've failed at.'

Follow up survey respondents

Some staff also had views about the suitability of the programme for particular groups, drawing on their experience of providing support as well as comparing with other provision.

Groups where LGW may be particularly suitable**The motivated**

'Most suitable for those who really want to engage, rather than those who are pushed into it.'

'I think we probably need to look at how we sign up prospects- possibly be more choosy and more specific with referrers. Participants need to really want to be involved and to move forward into work, learning or job searching and possibly we have to look at their capability and motivation to do any of these 3 things'

'In order to benefit from the project, I think the most important thing is that participants WANT to be involved in the project. These are the participants who really benefit, and seem to move on more quickly. I always try to explain to participants that their involvement with us, may mean they have to take certain calculated 'risks', and that they may well need to move out of their comfort zone. When they take this on board it really helps. It always helps when participant have ideas and a direction in which they would like to move towards.'

And already qualified – although benefitting in a different way

'Those with a lot of academic experience are less reliant on LGW and i think we provide a very different space for them to use as they tend to not need any upskilling etc, just a bit of direction.'

Women with dependents

'female participants with children who are economically inactive would benefit from the project as a lot of them have been caring about their children for a few or many years and have lost confidence to get back to work, even to apply for jobs'

Although not all agree

'I have found that single parents with young children find it particularly challenging to get good results from LGW as they have a primary duty to their children.'

People with autism or similar conditions

'People with learning difficulties like ASD have done really well with the LGW program, as they almost have us to help them understand the world, and pick up on those things they may not be able to grasp themselves.'

Or needing a confidence boost

'Participants with a lack of confidence or self esteem some really do change their lives around'

Staff survey respondents

Some groups of people where some staff think LGW is less suitable**Mental health**

'I think it is difficult for us to work with people who have very chaotic lifestyles and serious mental health issues because our work relies on regular appointments and trying to work through an agreed action plan'

'In regards to mental health conditions, it depends very much on the severity of these conditions. The project supports people well who have mild MH conditions but not anything more severe.'

'Mental health conditions are very difficult to work around. I have found that if someone has a physical condition they more or less understand the implications of that issue. However i have found with people with Mental Health conditions, often they don't understand it well themselves and we are no experts. Also the spectrum that each participant displays, with physical health the peaks and trough are no where near as different as those with mental health conditions. If there was more structure and training around mental health conditions the program could be more efficient, but overall I believe the success of a participant to be down to how well it is received, not how well it is delivered.'

Multiple issues

'People with multiple difficulties find it very difficult to remain engaged and involved due to their ongoing problems'

Learning disabilities

'[Not suitable for] Those with significant learning disabilities. No alternatives - that's the problem!'

'I think we have in the past received inappropriate referrals, so this has affected what we are able to achieve with participants. We have had referrals for people with quite severe learning difficulties, which appeared to be a way of social services reducing the cost of their care packages.'

'Learning disabilities i feel sometimes need support along side our service.'

Refugees and migrants

'if we look at refugees referrals to our service are made too early before they have enough grasp of the language; perhaps our discussions with referrers need to be more specific.'

'Some ESOL clients it has been difficult with communication but can be suitable for those whose English is a good level.'

Younger people

'The only reason I am not as hyped for young people is that there is a LOT of specialist provision out there for that age group that is more targeted for them it seems a shame to reinvent any wheels when the provision is all out there already'

'Really I believe we are not suitable for those under the age of 18.'

Older people

'I think for older participants who are not thinking about work it is not suitable for. The project can work for a variety of people but their expectations need to be set at start.'

Staff survey respondents

As a final comment on the work of the project we should note that peers also rate it highly, with Let's Get Working being Highly Commended by the Employment Related Services Association (ERSA) in their Employability Awards 2020, in the category of Disability and Health Provider.

5 Let's Get Working and Social Prescribing

The Social Prescribing movement that began during the mid-twenty teens was a significant inspiration behind the LGW model, providing a possible means to provide employment support to people with long term illnesses or disabilities which would not otherwise have occurred. Social Prescribing seeks non-clinical answers to health, wellbeing and social difficulties as an alternative or complement to 'conventional' treatment. Its exponents embrace the holistic, person centred approach to providing support which SCDA, as an organisation, has brought to its many services, including those employment related. It seemed to offer the potential to achieve dual policy goals, both improved access to the labour market for those systematically marginalised from it, *and* improved patient outcomes and reduced demand on clinical health provision, particularly at primary care level.

Over the time LGW has been operational Social Prescribing has evolved and expanded UK wide at a rapid rate, being wholeheartedly embraced by the NHS nationally and supported by significant investment in the deployment of 'social prescribers' by primary care. Originally LGW had expected to work directly with GPs and other primary care clinicians to identify and then take into the project participants known to be open to the idea of employment support as part of the organised response to their health and wellbeing issues. In its design and early stages the project worked with a number of Social Prescribing 'enthusiasts' in Primary Care, clinicians who were 'early adopters' of the philosophy and willing to change their normal practice.

In practice, however, LGW fairly quickly established that its idea of direct contact with clinicians, particularly GPs, in relation to individual participants was unrealistic beyond the relatively small number of Social Prescribing enthusiasts. These (mainly) GPs did refer people to the project and continue to do so, but it proved very difficult to expand beyond the early adopters to the wider Primary Care community. GPs are inherently very busy with limited time allocated for each individual consultation and little scope or motivation to take an interest in the details of non-clinical provision. The establishment and roll out of national Social Prescribing throughout England is founded not on equipping GPs to make social prescriptions, but on the creation of a new role in Primary Care, that of social prescribers who take on responsibility for patients referred to them by the GP. Funds have been provided to create these posts throughout the country and it is now the case that those projects with something to offer, such as LGW's employment support, are expected to work with this new body of social prescribers and not directly with clinicians.

From LGW's point of view this means referrals from Primary Care are now provided almost entirely via the various social prescription services created throughout Kent and East Sussex and there is little or no direct contact with GPs. The implications of this are as follows:

- LGW is now part of the Social Prescription provider base. NHS investment in social prescribing has focused almost entirely on boosting demand, with an expectation that the supply of SP services will simply be there, to be provided mostly by voluntary and community organisations. LGW, given its independent funding, is therefore part of the supply network and welcomed as such. However, the long term viability of the SP model nationally, and LGW's potential beyond its funding period, is currently very uncertain until something happens to resource the provider base in the long term.

- LGW responded to the evolution of SP both by nurturing relationships with the new social prescribers, and by venturing further afield. In particular LGW reached out to other parts of the NHS such as secondary and community services, to other bodies who deal with people from a health and wellbeing point of view such as VCOs and Local Authority provision such as social care, youth and mental health services. This has preserved the model of reaching people away from the conventional employment focus, without being limited to the Social Prescribing model itself.
- Originally the project model of working with GPs had led LGW to expect to be able to provide a perspective on the outcomes of the project from the clinician's point of view but the changes in social prescription have rendered this impractical. We therefore rely on the perspective of participants themselves and are able to use SWEMWBS and other participant tracking questionnaires to report on wellbeing outcomes which, as we have seen, are largely positive.

The experience of Let's Get Working gives a valuable perspective on the evolution of Social Prescribing, in particular the somewhat monolithic and inwardly focused nature of the NHS. The imposition of a national Social Prescribing model and creation of a new role at arm's length from clinicians serves to distance the experience of patients/participants from their clinicians and can be argued to undermine somewhat the underlying holistic approach of which LGW had hoped to be part. However, the success of the project in finding people who were able to benefit from its approach from sources other than direct Primary Care provides good evidence that ill and disabled people can be reached and supported via a health and wellbeing route, and that employment support can and should be a Social Prescribing option.



Employability

