WORK.LIVE.
LEICESTERSHIRE

Summary Report
2019

DE MONTFORT UNIVERSITY LEICESTER

COMMUNITY FUND

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Introduction:

The Work. Live. Leicestershire Programme

The **Work.Live.Leicestershire (WiLL)** programme is providing help for at least 541 economically inactive or unemployed people in Leicestershire to move into job search, training, or employment. The programme seeks to reach people living in many of the smallest rural communities, and in 2019 was open to any resident without work for four weeks or more. **43%** of participants who were unemployed on entry to the programme had been out of work for **12 months or more**[i].

The programme aims to help people into work or learning by improving wellbeing, social engagement, skills and work experience, and supporting people to job search or start a business.

Participants are offered a range of support that can include:

- vouchers to encourage increased physical activity
- courses on work-related skills and knowledge, including soft skills
- support and advice on job searching
- training on starting a business
- help to volunteer
- one-to-one coaching, information and advice.

The programme opened to the public in early 2019. De Montfort University has prepared this briefing to highlight emerging findings from its ongoing evaluation.
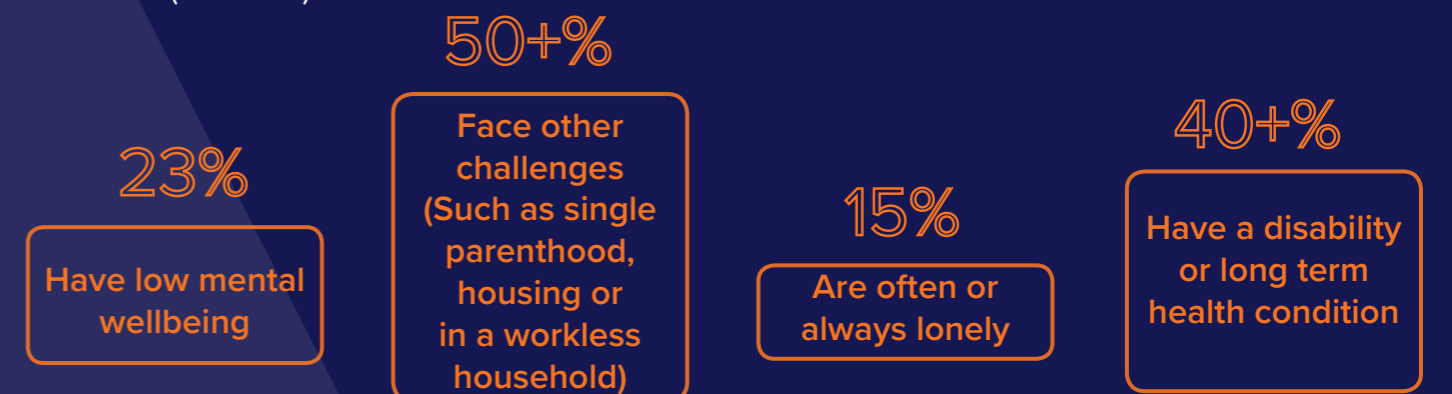
> 66
> *I think the interaction, I think just having somebody to support you and talk to you. I mean, my key worker, she's been . . . really good. We've done this journey together.* 99

- Participant

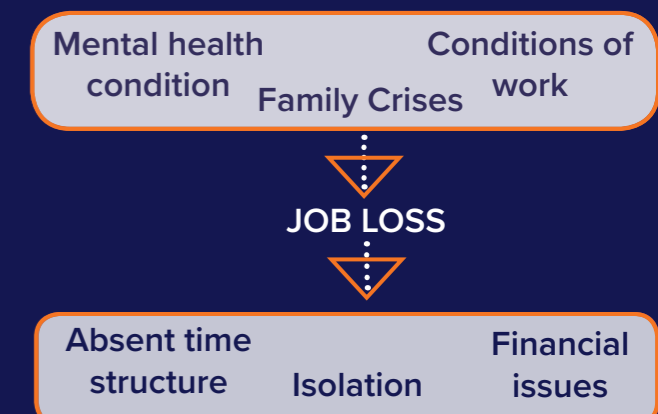# Barriers to work:

What do people need help with?

Many participants had **multiple barriers to work**. Programme workers sometimes found what one called 'layers and layers of issues' (Model 1) – these included lacking qualifications or work experience, but underneath this, additional problems such as learning disabilities or autism (diagnosed or suspected), family problems, social isolation, problems with benefits, and homelessness. Others described long careers when a **crisis** such as a decline in mental health, a family problem, or redundancy triggered a downward spiral. One participant called this 'sinking at the start' (Model 2)

23%
Have low mental wellbeing

50+%
Face other challenges (Such as single parenthood, housing or in a workless household)

15%
Are often or always lonely

40+%
Have a disability or long term health condition

Model 1:

Low work experience

UNDERLYING ISSUES

Benefits sanction / eviction

Undiagnosed learning disability

Troubled relationships / social isolation

Model 2:

Mental health condition   Conditions of work
Family Crises

JOB LOSS

Absent time structure   Financial issues
Isolation

Mental health needs were a barrier to both entering or re-entering work and getting help to enter work. At a practical level, mental health conditions prevented some participants from travelling or leaving their home, and from functioning in settings with other people, including being able to speak with other people. Participants also described their mental health condition as being responsible for their inability to take action and lack of self-belief.

Lack of social networks and social support could result in less opportunity to identify jobs or support services. For example, one participant explained that as they weren't leaving their house, they would not have seen any information about the WiLL programme if a WiLL worker had not contacted them after speaking to their partner.

> " *The worst thing [about] being unemployed is isolation.* "
>
> - Participant

Participants also described **not knowing where to start** in moving towards work or learning. This included people with extensive work experience and qualifications; as one programme worker commented, just as with young people, older workers can need careers advice: 'at college you get a careers advisor.'

> " *And I think at my age as well you feel a bit like you've kind of, been in the workforce for so long and you've got, I certainly feel like I'm too specialised. And it's difficult to know how to …and it's difficult to relate it to other jobs that are less specific…* "
>
> - Participant

Living in a rural area affected people differently. Some participants had supportive social networks that helped them identify job leads, and could drive to work. But when living rurally was combined with anxiety about travelling, or **dependence on public transport** due to health or financial circumstances, rurality became a barrier to accessing job opportunities and support services; as one participant with alcoholism pointed out. Others noted that the time and costs of commuting made some low-paid jobs unfeasible:

> " *a lot of people with a drink problem can't drive.'* "
>
> - Participant

> " *I was paying out more in childcare costs and travel than I actually was earning, so I was losing money.* "
>
> - Participant

Participant progress:
Facts and Figures

77% of participants who had left the programme had entered employment at the end of 2019.[ii]

As well as entering paid work, participants reported changes in their wellbeing, their skills, and their wider circumstances.[iii]

48% reported experiencing an improvement in the areas of **motivation, confidence and aspiration.** People described both improved social confidence and greater self-esteem and self-belief. Participants also said WiLL helped them to understand their options and what they wanted to do.

Learning from other projects suggests that gains in confidence help participants go on to achieve other, further changes.[iv]

> " *When you've been out of work for a while you do lose your confidence and you don't recognise your own skills… you don't see it yourself sometimes, you need somebody else to point it out to you* "
>
> - Participant

33% reported improvements in **managing their health and wellbeing.** By wellbeing we mean how well people 'cope with the normal stresses of life, [and] can work productively and fruitfully'.[v] In addition to increased confidence, people also described broader changes in wellbeing e.g. feeling less stressed or feeling optimistic about the future.

40% reported improvements in **job search skills**. WiLL workers provided support for job searching in a way that built participants' skills.

35% reported improvements in **workplace and social skills** (e.g. behaving appropriately, getting along with people). Participants also described having more social support and interaction, either from meeting new people via the programme, or from their relationship with their keyworker.

31% reported improvements in **stability** (e.g. finances, housing, relationships, drug or alcohol misuse). Programme workers said addressing these problems would enable people to make changes in other areas, and were important to people sustaining work.

26% reported improvements in **basic skills** (e.g. literacy, numeracy and computing.

41% reported improvements in **job skills and experience.**

> *"...really, getting those jobs was definitely down to [the worker]. He showed me different websites, different ways of looking and different ways of writing, specifically for the tailored jobs. So, after I came here, I did start to get a string of interviews ..."*

— Participant

There is some evidence that those who started the programme with higher levels of overall need – who tended to have lower education or a disability or health condition – saw lower levels of progress. The programme is working to understand more about these participants.

Participant experience:
Was the programme what people wanted and needed?

Participants engaged for a wide range of reasons; in some cases, people were attracted by a specific activity or offer of help, e.g. help with their CV or to volunteer, but had wider needs or goals, including improving health, moving into different work, starting a business, or tackling loneliness.

Participants' goals, including how much these focussed on paid work, could change as they participated in the programme, reflecting changing circumstances such as forming clearer goals or experiencing changes in health.

What people valued

When asked about their experience of joining the programme, interviewees valued having **detailed discussions of their needs;** getting **help with clarifying their goals; receiving timely (or prompt) support** and the Work Outcomes Star, which enabled them **to see their progress.**

Participants valued several aspects of how services were delivered: delivery was in **familiar, easily accessible places,** where **'one-stop shops'** enabled participants to directly speak with different services. People also valued **flexibility in their support**, for example, being able to learn at their own pace on courses, and workers being flexible when offering one-to-one support.

Participants **valued their relationships with programme keyworkers**, with interviewees highlighting the value of having a worker who was trusted and supportive, who took the time to understand their circumstances, and who provided extra help when they needed it:

> *"...a lot of people might say, "Here's some numbers, give them a call." What she's done is call the person and go, "Right, it's Friday, it's six o'clock and turn up at that place and speak to that guy." ... That's the bit I wouldn't have done."*

— Participant

Unmet needs

At the same time, participants and workers identified several aspects of the programme's delivery that could meet people's needs better. These included a lengthy sign-up process and paperwork, and some participants not having a clear idea of how to contact the programme or of the programme offer.

Some participants also needed support services that are not part of the core programme offer (that is, not available or offered on a limited basis) including:

- benefits advice
- mental health support
- job specific training
- careers advice
- life skills support
- more help to meet people.

Some people in work wanted support from WiLL but could not join the programme because of its eligibility criteria; for example, people with only a few hours of work a week also wanted support.

Ensuring equal access to help for people with mental health needs or autism disorders also presented challenges. Busy group drop-in settings and having to travel to support were obstacles for some participants. At the same time, interviewees valued when workers travelled to participants, and were flexible in how they supported participants, including accompanying them to activities.

The average time on the programme was 13.5 weeks, but the duration and intensity of support each person needed varied greatly. Workers and participants also told us that support following entry into work was crucial for some people: currently WiLL can only offer this on a very limited basis.

Getting people into work:
What works?

Reaching people

Workers and participants described how **relationships and trust helped to reach and recruit participants.** Some participants were recruited via an existing trusted contact, or were directly approached by a programme worker. In some cases, the programme needed to overcome past negative experiences of services.

> *"Because you get their keyworkers or their support workers on board, build that trust up. The participants then trust you."*
>
> **- Keyworker**

To recruit participants, the programme used a combination of media, referrals from other services and community outreach at local events and in public places. Observation of WiLL workers conducting outreach highlighted the extent to which this required **very local knowledge.**

Understanding need and getting people into the right help

The programme used a number of different approaches to assess people's needs and link them to support:

- offering a menu of services via the work clubs, which operated as a 'one-stop shop'

- following an assessment, a support worker linking participants to services within the programme as needed;

- providing all support via one specific service within the programme.

> **"** *The more you know about someone, the more you can help them...* **"**
>
> **- Participant**

There is evidence that strong assessments can help uncover underlying needs more serious than those things the participant initially wanted help with. There is also a need for ongoing assessment, as participants and workers described goals changing during people's time on the programme.

> **"** *I kind of expected, well from previous experience with [DWP contractor], I kind of expected it was going to be quite rushed. "Sign this, do that," you know, "Passport, driving licence, ID, go," you know. Um, but we talked and we talked and we talked...* **"**
>
> **- Participant**

Enabling changes for participants

One-to-one support played a central role in enabling change for participants, both by providing advice and support directly, but also by helping people to engage in new activities.

Gains in confidence were supported both by the quality of the keyworker/participant relationships and empowerment of participants to engage in new activities and social situations. Some participants described programme activities as leading to greater confidence by providing the opportunity to achieve or contribute or help others.

> **"** *How do you mean, in what way has it … what did the course do that built your confidence do you think? Just being there with people* or …? **"**
>
> **- Interviewer**

> **"** *Yeah. Being there with people, being able to do things with people and being... taken out of my comfort zone. And doings things I couldn't do before.* **"**
>
> **- Participant**

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Keyworkers contributed to **improving participant wellbeing** both by directly supporting participants, but also by supporting their involvement in learning opportunities or volunteering. Some evidence suggests that what mattered in improving wellbeing was not the activity type e.g. short courses, business support, etc. but rather, whether an activity provided a participant with time structure, positive social interaction, or a sense of purpose or achievement.

> **"** *But I get the buzz as well when people have done courses... And you can really see a growth from them completing a programme which has required them to be there, you know, Monday to Friday. And how good their routine's got and everything... you see such an improvement.* **"**
>
> **- Keyworker**

> **"** *You just feel more useful, and a bit more part of society again. 'Cause I, for me personally, I feel like I've been in isolation for two years, and it's like I'm just having to rehabilitate myself back into society, and the work I'm doing now, I'm working with people, and it took me a long time to get there, but I absolutely love it.* **"**
>
> **- Participant**

Similar activities provided different benefits to different participants e.g. volunteering provided different participants with a better understanding of their options, work experience, or increased social support.

Beyond identifying effective activities and practices, there is more to be learned from the WiLL programme about what works, for whom, and in what circumstances.

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Footnotes:

i.) This figure does not include those participants classed as economically inactive when they joined the programme.

 ii.) Based on programme monitoring data for 70 exited participants at the end of 2019.

iii.) Changes for participants were identified via participant and worker interviews, and analysis of data collected via the Work Star, a collaborative casework-based tool used to assess participants' progress at three-monthly intervals. The figures reported are for 89 participants for whom change data was available in late 2019, including both those exiting and those continuing on the programme. The amount of change reported varied from participant to participant; figures are for numbers of people reporting a change of two points or more on a multi-domain 10-point scale. A difference of 2 points on the scale indicates clear changes in what people can do: for example, a change from someone only sometimes accepting help for their health issues, but not really believing things can change, to someone actively taking steps to improve their health, such as attending a support group.

iv.) Ecorys. (2018) Building Better Opportunities Evaluation. Annual Report June 2018. National Lottery Community Fund.

v.) World Health Organisation (2001) The world health report – mental health: New understanding new hope. Geneva: World Health Organisation.

For a copy of the full interim evaluation report, contact Krista Blair, Research Fellow for the Work.Live.Leicestershire evaluation, De Montfort University: Krista.blair@dmu.ac.uk

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