

COMPASS Evaluation

Final Report for

NHS Greater Glasgow

Executive Summary

In the Autumn 2003, NHS Greater Glasgow commissioned the Wise Group to develop a research project to explore whether primary care offers a meaningful intermediary in supporting people into employment. The emerging service 'COMPASS' works with primary care staff in Greater Pollok to enable 15 GP practices and other community health staff to refer patients for employment support.

Frontline Consultants were commissioned to evaluate COMPASS, in terms of the outcomes for individuals and the project processes.

The pilot took around six months to recruit the necessary staff and establish the processes and systems to support the project. Therefore the pilot was only fully operational for nine months.

Outcomes

117 clients registered with COMPASS during the pilot period. The employability index score demonstrated that 80% of clients were considerably distant from the labour market, with 43% having been out of work for more than 3 years, and 37% indicating a 'health problem' as their key barrier to employment. Of those with a health problem, the highest proportion (43%) experienced mental illness..

COMPASS has delivered some impressive outcomes for individuals, in terms of health and employment.

- 57 full-time paid jobs (all but one sustained for three months or longer)
- 4 clients in voluntary work
- 4 clients in further education
- 78% of clients improved significantly their employability index score
- 43% indicating their health is 'good' compared to 28% at the start of their engagement with COMPASS, similar self-reported improvements in quality of life measures
- 23% reduction in the number of clients attending their GP on a frequent basis (weekly or monthly)
- 22% have reduced medication (principally anti-depressants but also other medication including methadone)
- improved healthy lifestyle choices; 17% have reduced alcohol consumption, 29% have reduced unhealthy snacking, 32% have increased the amount of exercise they undertake, 17% have increased consumption of fruit and vegetables

These healthy lifestyle indicators are effective predictors of increased life years, working lifetime and reduced uptake of acute and long term care services in the future.

Wider impacts

In addition to the profound impact COMPASS has made on the client group, the project has delivered substantial joined-up benefits to Glasgow and Scotland.

Health system

In the immediate and short term COMPASS has reduced uptake of primary care services and medication in the client group. Though the sample size is small, the results seen so far are substantial.

In the longer term, the healthy lifestyle choices made by the client group will:

- Increase life years (and working lifetime)
- Reduce uptake of acute and long term care services

Benefit reductions

The reduction in benefits (JSA, IB and IS) achieved by COMPASS amounts to £313,224 in year one. Taking into account additionality effects, this reduces to £187,934. This does not include housing benefit, tax credits or other benefits reduced as a result of COMPASS, nor does it include lifetime value of benefits reduction.

Economic output

Based on data presented at the State of the City Economy conference 2004, we estimate that COMPASS' impact on economic output is approximately £25,700 per job per year. This amounts to £1,465,698 in year one (£879,418 including additionality effects)

Cost benefit

The cost of the COMPASS pilot was £110,000. Considering benefits reduction alone, COMPASS has delivered a net benefit to the public purse of almost £78,000 and can be estimated to have delivered at least double its running costs between benefits and the NHS. This does not include the value of impacts to the health system and economic output.

Given the complex and multiple barriers faced by the client group, we conclude that COMPASS has not skimmed the cream to achieve these results. Likewise we do not believe that a 'Hawthorne effect' has led to such impressive performance. A detailed analysis of the process and systems which support COMPASS reveals the reasons for success.

Critical Success Factors

The evaluation has revealed four critical factors for replicating the success of COMPASS. It is important to note that these success factors militate against scaling-up to volume delivery in any one location. They indicate that successful replication will depend on cloning or planting the small-scale model into a number of locations at a similar scale.

Primary care setting

The involvement of the primary health care team was critical to COMPASS. Clients believed that the team's knowledge of their medical history led to a realistic assessment of whether COMPASS could help them get a job. If the GP thought they could do it, the client thought COMPASS was worth a try. However, it is important to note that clients did not feel less trust towards their GP if they did not succeed.

The surgery was seen as a safe and friendly environment, which was essential for this client group. They demonstrate very low self-esteem and have had difficult experiences in the past with some of the agencies involved in employability.

One client told the evaluation team, "having something like this in the GP surgery has been great. It stopped me digging a hole – gave me a purpose. The whole project changed the way you think about your ability to get a job"

GPs and other members of the team found COMPASS a useful part of their toolkit for helping this client group.

Team competencies and qualities

The COMPASS team demonstrated a range of qualities which contributed to the success of their clients. Importantly, they were flexible, empathic and accessible. Clients reported feeling respected and encouraged by the team, and that the team 'spoke their language'. This was in contrast to previous experiences of employability support.

One client told the evaluation team that the team "gave me the confidence back to look for a job", whilst another reported "they [COMPASS team] have all been tremendous. They try as best as they can to help you get a job. I would recommend them to anyone"

Nature of partnership

The partnership behind COMPASS included a range of public agencies involved in health, employability, economic development. Some partners contributed staff and resource to the project. However, partner organisations were 'invisible' to the client, with all support and personnel branded as

COMPASS. This eliminated the potential barriers to engaging clients who were unwilling to re-engage with certain agencies or 'the system' at large.

Funding was not dictated by programme participation or completion, enabling the COMPASS team to be driven by client need rather than numbers to secure funding.

To achieve this partnership required a willingness on the part of each partner to remain invisible to the client group, and to pool resources and expertise.

Packaging

COMPASS was seen by clients as a personalised package of interventions which respected their pace and ability. In reality this package of support was largely drawn from a wide range of existing programmes delivered by Wise Group and other agencies; in essence a model of mass customisation. However the client perception of personalisation, and especially the respect for their pace, was critical to enabling the client to engage confidently with the support.

To achieve this model requires:

- a critical mass of mainstream support to draw from
- thoughtful selection of appropriate support by the employment consultant
- appropriate presentation of the package of support to the client, so that it appears 'safe' and respectful of pace and ability

Summary

COMPASS has delivered impressive results in its pilot year, albeit on a small scale. Replication of COMPASS across a larger client group presents an opportunity to:

- Radically improve the life chances, prosperity and well-being of the client group
- Release resource in the health system
- Reduce the benefits burden substantially
- Support the growth of the regional and national economy

Further evaluation will be required, to track the pilot cohort for a further year and increase the sample size by measuring the impact of the project on the next year's cohorts in Pollok and Govan. This will provide further evidence against which to consider wider roll-out of COMPASS.

1 Introduction

Economic inactivity is one of the major challenges to Glasgow's continuing economic growth and the personal prosperity of those affected. It is estimated that over 100,000 people in the Glasgow Metropolitan area are in receipt of Incapacity Benefit (IB), of which around 30% would be keen and able to work should a suitable opportunity arise. Given the right support, there is the potential to release substantial numbers of people into the labour market, enabling their personal growth and supporting the continued growth of the city's economy. Scottish Enterprise and Glasgow City Council predict that failure to release more people into the labour market will impede progress of the city's economic development. At the 'State of the City Economy' conference 2004, this was highlighted as one of the top priorities for economic development in the future.

Glasgow is not unique in this respect. In the second half of 2004 and into early 2005, the Westminster government also turned its attention to this challenge at a national level. The need to reduce benefit payments, balanced against driving economic growth and creating individual opportunity, became a common theme. The white paper Pathways to Employment, published early in 2004, highlighted a range of approaches to this challenge. In December 2004, the Chancellor's Pre-Budget report outlined the major expansion plans for Pathways to Work, including:

- rollout to additional areas across the UK
- additional New Deal for Disabled People funding
- introduction of specialist incapacity advisors
- recommendations on tackling the "sick note culture", through Jobcentre Plus advisor presence in local Health Centres

In July 2003, NHS Greater Glasgow decided to undertake an action research project, providing employability support via the GP practice. Three GPs from the Pollok Health Centre agreed to be the initial pilot site, and the Wise Group was commissioned to design and deliver the action research project in September 2003. Frontline Consultants were commissioned to undertake independent evaluation of the project throughout the life of the pilot.

The project, which was branded COMPASS, was designed with the following key features:

- in-depth support from an employment consultant based within the GP practice
- referral to COMPASS by either:
 - GP
 - practice nurse
 - self-referral via reception staff
- detailed benefits calculations, to ensure that the client was in receipt of all eligible benefits and to establish the level of salary required to enable them to move into employment ("better-off calculations")
- access to occupational therapy and stress centre support, focused on improving employability, as necessary

- assessment of an individual's current level of employability, and design of a package of support to improve their employability level
- support package created from a range of mainstream support programmes offered by the Wise Group and other providers, combined with work experience and voluntary opportunities facilitated by a dedicated employment consultant

Patients of the health centre who signed up for COMPASS received a customised package of employability support based on their current level of employability, the physical and psychological challenges they faced and their aspirations for work. There was a clear recognition by the COMPASS team that the journey to employability is different for every client and is often not a linear one; some clients would make progress into jobs relatively quickly, while others would require a longer period of time and a number of different interventions to enable them to make progress. Throughout the project, clients 'employability index'¹ was measured, so that progress towards employability could be captured as well as the cruder measurement of individuals into jobs.

The purpose of COMPASS, as an action research project, was to investigate the potential benefits of involving the primary health care team (PHCT) in encouraging their patients to access employability support. These included:

- improvement in uptake of employability support
- progress towards employment
- achievement of employment
- improvements in physical and psychological health and wellbeing

NHS Greater Glasgow brought together a steering group to oversee the project. Membership was drawn from organisations with a specific interest in employability and economic development and health, including:

- NHS Greater Glasgow
- Scottish Enterprise Glasgow
- Healthy Cities Partnership
- Glasgow City Council
- Jobcentre Plus
- Greater Pollok Development Company
- Glasgow Employer Coalition

Partners contributed expertise and contacts and, in some cases, practical resource for COMPASS, such as Jobcentre Plus staff and NHS Greater Glasgow staff. Although these staff remained in the employment of their own organisation, for the purposes of COMPASS, they were 'badged' as a member of the COMPASS team. Clients did not know that they were from another organisation.

¹ Wise Group's model for rating employability level, based on a number of criteria.

Throughout the life of the COMPASS pilot, Frontline Consultants have undertaken continuous evaluation of both:

- project results
- project processes

This approach enabled an objective assessment of the outcomes and impacts for individuals and the process by which these outcomes and impacts were delivered. This is crucial to enable an understanding not only of what was delivered, but how it was delivered, and the critical factors that contributed to the success or otherwise of the programme.

The following report presents our findings at the end of the pilot, drawing from evaluation evidence gathered at the beginning of the project, at intervals during the project and at the end. It should be noted that although the pilot was nominally one year in length, the lead time to set up the project team and processes was such that the project had only been fully operational for six months at the end of the pilot.

2 Methodology

Frontline's evaluation methodology was designed to investigate two aspects:

1. Outcomes – impacts on individual clients and the cohort as a whole
2. Process – effectiveness of the process and procedures used to deliver the project

To assess outcomes, we established a baseline of clients' current status across a range of health and employability indicators. We measured changes at three-monthly intervals to the end of the pilot in January 2005. Our initial intention had been to collect this information using self-completion questionnaires. However, it rapidly became apparent that this method would not give the response rates or depth of information necessary for meaningful evaluation of the project. Therefore, we used a mix of telephone and face-to-face interviews, supplemented by focus groups. Responses were analysed using SNAP survey software. Baseline findings were captured through face-to-face discussions with a COMPASS employment consultant and interval findings were captured by Frontline via an in-depth telephone discussion. Focus groups with participants were used to drill further into the findings of from the interviews.

We triangulated clients' self-reported outcomes with feedback from the COMPASS team on individual's progress. The COMPASS team completed baseline and three month questionnaires on each client. We also met regularly with the COMPASS team, to explore wider impacts of the project and to discuss the project process and how it was evolving.

To assess the process we interviewed a range of practice staff, including GPs, practice managers and nurses and conducted a focus groups and one to one discussions with the COMPASS team. We also met with the steering group regularly.

Evaluation findings were presented on a quarterly basis to the steering group.

The remainder of this report presents the key findings under the following headings:

- Findings
- Case studies
- Conclusions

Detailed findings covering baseline, three month, six months and focus group outputs are appended, as are sample questionnaires.

3 Findings

At the end of January 2005, 117 GP patients had registered with COMPASS plus an additional 16 non-eligible Pollok residents. From these, 65 patients had achieved a positive outcome: 57 securing full time paid employment, 4 in voluntary work experience and 4 moved into further education. The majority of registrations (73%) have come directly from primary care followed by 25% through word of mouth.

To date 90 completed baseline questionnaires, 30 three-month interval and 20 six-month interval questionnaires have been processed. 15 clients have completed a questionnaire at each stage.

As the project took around six months to recruit the team and establish the processes required to get up and running, the pilot has only been operational for six months. COMPASS is also a roll-on roll-off project, rather than one with fixed intake and completion dates. Hence the relatively small numbers of clients who have reached the three and six month stage of the project so far.

The following section presents a summary of findings to date.

3.1 Baseline overview

The majority of registrations were male (62%) between the ages of 30-39 (23%) and 40-49 (30%). Although respondents presented a range of health conditions, nervous disability (43%) was the most commonly cited. Clients were in receipt of a number of unemployment benefits, most of which relate to poor health. Health was cited as the main reason for respondents' lack of employment (37%), followed by redundancy (19%). When they registered with COMPASS, the majority of respondents rated their health from poor to fair (55%), with many visiting the surgery once a month (42%). The main reason for this frequency of attendance was repeat prescriptions (59%). The majority of respondents were conducting regular exercise, i.e. 3 or more times per week (63%), not consuming too many snacks, i.e. 2 or less per day (69%) and drinking lower than the recommended healthy amount of alcohol (74% for men and 75% for women).

The majority of clients became aware of COMPASS through their GP surgery, and were very complimentary of the process. Clients stated that they hoped that getting a job would be the main outcome (90%), and the majority were confident (80%) in COMPASS helping them achieve this.

3.2 Outcomes

3.2.1 Summary progress and results

Since joining COMPASS 47% of respondents have participated on training courses designed to improve their job prospects. The majority of these have been directly employment related. Of those clients who had participated in previous employability support, the majority stated that COMPASS was more helpful; they preferred the personalised approach which recognised their

needs, and stated that the team were more proactive in their relationship with clients.

Some of their comments included:

“[COMPASS is] a lot more helpful than any other [initiative], very responsive”

“less formal, personalised approach”

“one-to-one, personal support – this is what I needed”

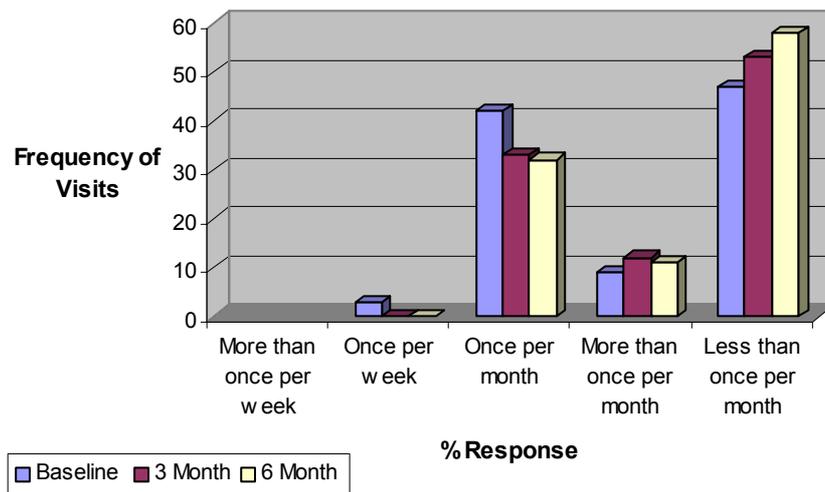
“they keep in touch with you on a regular basis”

Three months into the project, a positive shift had occurred with the highest proportion (43%) describing their health as fair compared to 28% at baseline. By six months this trend had continued with the highest proportion (43%) describing their health as good (28% at baseline).

COMPASS had led to a positive impact on primary health care services, with respondents citing less frequent of visits to their GP practice. By six months 58% have stated they now visit less than once per month (previously this was 41% at baseline and 53% at three months) and 32% visit once per month (previously 42% at baseline and 33% at three months). Figure 3.1 presents the change over three and six months.

Comparison of visit frequency – Baseline, 3 months and 6 months

Figure 3.1



Alongside the decrease in visits, clients have improved the healthiness of their lifestyles. Although samples are small, trends are becoming apparent; the figures in brackets relate to three month interval findings.

- 22% (15%) have reduced medication
- 24% (21%) have reduced the number of cigarettes smoked
- 17% (14%) have reduced alcohol consumption
- 29% (14%) have reduced crisps and sweets
- 32% (17%) have increased the amount of exercise they undertook
- 17% (17%) have increased the amount of fruit and vegetables consumed

At the three month interval stage, the majority of respondents were still convinced that they would find a job (68%) and 80% believed that COMPASS would help them. At the six month stage, respondents confidence had decrease with only 38% convinced in their ability to find a job. Although client confidence has reduced, they continued to cite the COMPASS team as motivational and the majority still believe that COMPASS will help them achieve employment. This is borne out by assessment of the employability index, which monitors clients' improvement in a range of criteria which contribute to their employability. The majority (78%) have increased their employability index throughout the project. Therefore, although some clients feel less confident in their ability to find a job, they have been assessed as moving closer to the job market.

At the start of the programme the highest proportion of clients rated their overall quality of life as okay (39%) and 23% stated it was bad/very bad. At six months, clients have indicated an improvement with 53% citing okay, 38% citing good and only 6% citing bad; nobody reported their quality of life as very bad. There has also been improvement in both general physical wellbeing and emotional and mental wellbeing, with 38% citing their general physical wellbeing a okay (36% in the baseline). Although 32% cited their general mental or emotional wellbeing as okay (41% in the baseline), there has been an increase in those citing it as good, ie 42% compared to 30% in the baseline.

The findings from the three and six month interval responses have been encouraging. Clients have been very positive about the impacts that COMPASS – both the programme and the team – are having on their general health and wellbeing as well as their ability to find suitable employment. The location of COMPASS in the GP practice was seen as a good idea, with 89% feeling positive about COMPASS being based in the surgery, which is viewed as a safe, non-threatening environment.

Clients overall health status is showing signs of improvement, they are visiting their GP less often and some have reduced their medication. In general, their attitude to life, work, health and wellbeing is improving.

Specifically, in reviewing the key health indicators, the following trends have become apparent over the last six months. COMPASS clients are:

- smoking less
- drinking less
- reducing crisps and snacks
- increasing exercise
- increasing fruit and vegetables
- reducing their medication
- visiting their GP less often

For each health indicator, respondents cited COMPASS a key reason for the change.

3.2.2 Participant feedback

Overall, the feedback regarding COMPASS has been extremely positive, with clients being unable to cite areas for improvement. The following section summarises clients' views on the:

- team
- process
- branding
- environment

Team

With the exception of one respondent, meetings with the COMPASS team were described as helpful and easy to get to. 96% of respondents stated that their employment consultant was always accessible and their support was invaluable. Overall the team was described as motivational, providing respondents with more confidence and helping increase their self-esteem. Comments included:

“they [COMPASS team] have all been tremendous. They try as best as they can to help you get a job. I would recommend them to anyone”

“their attitudes are great”

“gave me the confidence back to look for a job”

“gave me a kick up the backside that I needed”

“more motivational than other employment services”

The addition of the occupational therapist (OT) was viewed favourably by the two respondents who had found this support helpful:

“the one-to-one support from the OT has been brilliant. I started to feel that I wasn’t getting anywhere. This support has definitely helped me”

“I didn’t know what an OT was before this. They have definitely made a difference”

Process

COMPASS was viewed as a better route to employment than what was currently available. The fact that benefits were unaffected was continually cited as favourable. Clients perceived that they were not being pushed into work and were able to go at their own pace. Some specific feedback includes:

“before joining COMPASS, I wasn’t even interested in finding a job. I didn’t think I could because I thought I would lose my benefits”

“COMPASS has given me more confidence, I now actively look in newspapers and on the Internet”

“COMPASS has given me the opportunity to move closer to employment. The process has been very helpful, a better route to getting back into employment”

“COMPASS is a good programme, it works well through the GP practice”

“COMPASS has given me a reason to get out of bed”

“I was able to start in voluntary employment and this has given me more confidence”

“the whole project changes your way of thinking”

Branding

COMPASS piloted a model which required partner organisations to be ‘invisible’ to the client; all support would be branded as COMPASS, regardless of the ‘sponsoring’ organisation. For example, when working within the COMPASS team, staff from partner organisations such as Jobcentre Plus present themselves to clients as part of COMPASS rather than working for Jobcentre Plus. This consisted of not only removing badges and corporate identifiers, but also training team members to reflect the core competences and qualities that are needed to operate effectively within the COMPASS environment.

The invisibility of organisational branding is extremely important, as clients expressed very strong views on their negative experiences of other employment initiatives and their negative perceptions of some of the agencies involved in employability. Most people have had difficult relationships with one or other of the agencies involved in employment and benefits services

over the years. They were therefore suspicious of programmes run by or involving the agency with which they had had bad experiences in the past. Given the health problems of the client group, respondents perceived their GP as being well placed to judge their suitability for employment or employability support. Clients perceive other agencies such as Jobcentre Plus as not having the right level of knowledge or empathy in relation to health issues. Overall, respondents believed that the primary health care team understood that people do want to work, that they do not necessarily want to be medically retired but that they cannot do what they used to do; traditional employment services were cited as not necessarily understanding this.

Overall the partnership approach is working well; in all discussions, respondents did not perceive COMPASS or the team as involving any agencies of which they were suspicious. For instance, they were not aware that a Jobcentre Plus advisor was part of the core team. COMPASS was not viewed as being part of 'the system' in the same way as the partner agencies are often viewed. Clients continually cited the benefits of having COMPASS operate within the GP practice, perceiving the primary health care team as being the last to get involved in this type of project.

Environment

The environment in which the COMPASS project operated was viewed favourably by over 90% of respondents, who cited the supportive and familiar environment as critical. Three quarters were happy with the referral process, with a high proportion stating it was a "great idea", as their doctor knew them best and knew what they were capable of (and their limitations). The ability to meet people in a safe and friendly environment was consistently cited as important. Feedback included:

"great to have this in the GP surgery"

"my GP and the practice staff knows my medical history, they are aware of what I can/can't do. This is a great thing"

"having something like this in the GP surgery has been great. It stopped me digging a hole – gave me a purpose. The whole project changed the way you think about your ability to get a job"

Throughout our discussions with clients, the positive impact of the GP suggesting COMPASS to the client (as opposed to someone else suggesting it) was repeatedly mentioned. Clients stated that if the GP believed that they were capable of succeeding with COMPASS it gave them the confidence to give it a try.

3.2.3 Additionality

In order to assess the relative impact and effectiveness of COMPASS, it is important to identify the degree of additionality it offers; the extent to which clients would not have secured a similar outcome without the COMPASS intervention.

Many clients had tried numerous support programmes in the past without success. 43% of clients had been out of work for longer than 3 years, a number of whom had never worked. The COMPASS team assessed clients' distance from the labour market using their employability index. Of the client group, the team estimated around 20% were close enough to the labour market to achieve employment with minimal support. However, according to the clients, their progress was accelerated by participation in COMPASS. The COMPASS team estimated that the remaining 80% of clients were unlikely to have improved their employability had they not registered with COMPASS; this resulted from low confidence and mental health issues preventing them from taking up alternative offers of support. To these clients, the involvement of the GP practice was crucial.

This evaluation did not include scientific economic analysis, therefore any estimate of additionality is just that – an estimate. However, based on our analysis of the data, interviews with clients and discussions with the COMPASS team, we make a conservative estimate of additionality of 60%.

3.2.4 Wider impact

It became clear during the pilot that COMPASS' impact reached beyond the improvement in individuals' health and employment status. These improvements alone are significant but, when taken in the context of total benefit to the public purse, COMPASS has been delivering substantial value.

Although a high proportion of the funding for COMPASS came from the health service and the employer coalition, the impacts can be tracked across the health system, the benefits system and the wider Glasgow and Scottish economy. In today's climate of partnership and joined-up government, it is appropriate to consider the benefits to the public purse and Scottish economy in their totality. In the following sections we provide an overview of the benefits and impacts across the system.

Health system

COMPASS has led to a directly measurable reduction in uptake of primary care services amongst the client group. Clients report a reduction in frequency of consultation, which is confirmed by our consultations with the primary health care team. This releases GP and nurse time to deal with other patients. Given the workload in primary care, even large scale success of COMPASS would be highly unlikely to reduce the human resource requirement in primary care. However, the release of staff time to concentrate on other patients and priorities is a significant improvement for the primary health care team and will enable greater effectiveness and efficiency.

A number of clients also reported reductions in their medication as a result of COMPASS. This will have a positive impact on prescribing budgets. However, we did not collect data on the types and costs of medications for the client group, so cannot comment on the absolute cost reduction to the prescribing budget.

Finally, a proportion of clients reported improvements in the healthiness of their lifestyle as a result of participating in COMPASS. Reductions in smoking and alcohol consumption, combined with increases in exercise and healthy diet will contribute to improved health status in the longer term; this will reduce the uptake of acute services and long term care for the clients in question. We were unable to find suitable proxy data to allow us to calculate accurate impact on life years and uptake of health services. However, the literature we reviewed confirmed that these improvements in healthy lifestyle factors would:

- increase life years
- reduce uptake of acute and long term care services

Increased life years are likely to increase the potential working lifetime of clients, with concomitant increases in contribution to the economy. Reductions in uptake of care services represent a cost saving to the NHS and local authorities.

We would advocate a further academic study to quantify the value of COMPASS to the health system.

Benefit reductions

The majority of COMPASS clients were in receipt of benefits including Incapacity Benefit, Income Support, Job Seekers Allowance and a small proportion were non-claimants. The 57 clients who have secured employment are no longer receiving certain benefits (note some benefits are protected eg DLA). This reduction in benefits amounts to £336,800 of savings to the exchequer for one year. Given the high levels of sustainability of employment (93% after a period of six months) among the clients who have secured work so far, we estimate that this benefit reduction will amount to £313,224 for one year, excluding additionality effects and lifetime value of benefits reduction. This figures do not include the reductions in tax credits, housing benefits and other benefits related to low income in the family of the client.

Of the 57 clients that have secured employment, 25 were claiming incapacity benefit, and the majority (18) have been claiming for more than two years. Research conducted by University of Cambridge for the DWP stated that if an individual has been claiming incapacity benefit for one year they are likely to claim for eight years and if claiming for two years, they are likely to claim for the rest of their life. Whilst it is difficult for us to predict length of life, it is safe to say that, based on the above research, the cost savings resulting from COMPASS are substantial.

Economic output

In addition to reducing the burden of benefit payments, COMPASS clients who have secured employment will contribute to wider economic prosperity in terms of economic output and tax contributions.

We were unable to calculate potential tax contributions from the available data. However, recent data cited at Glasgow's State of the City Economy 2004 conference enabled us to calculate an approximate impact on economic output. Scottish Enterprise Glasgow presented the impact on economic output of moving 35,000 people into work in Glasgow. We have extrapolated from this data to provide an approximate estimate of impact of COMPASS on economic output of £25,714 per job for one year. This amounts to £1,465,698 for one year excluding additionality effects.

These figures do not take into account the potential lifetime value of employment for clients.

Cost benefit analysis

Assuming additionality of 60%, COMPASS contributed benefit reductions amounting to £187,934 for one year. The estimated 'unsubsidised' cost of delivering this COMPASS model was £110,000. Therefore notwithstanding the wider economic and health system impacts, COMPASS will deliver a net benefit to the public purse.

It is important to note that the short term quantifiable financial benefits of COMPASS have materialised in a different part of the public sector (benefits) to that which funds the project (health). However, the longer term benefits will impact on a number of parts of the public sector, including health, benefits, economic development and Inland Revenue.

3.3 Process

3.3.1 Partnership

The COMPASS steering group was formed in January 2004, and membership has changed over this time, with new members joining. The steering group met regularly throughout the pilot project with the following purposes:

- providing support to the pilot, for instance resolving partnership working issues and to act as a sounding board for the project team
- learning from findings of the pilot to enable wider implementation
- testing the COMPASS model
- developing a new model of partnership working
- providing expertise and intelligence that could influence or impact on the project

A facilitated workshop with steering group members in January 2005 reviewed progress to date and the effectiveness or otherwise of the steering group. Both the steering group partners and the COMPASS team reported that the steering group had worked effectively throughout the life of the project and had had a positive impact on enabling a partnership approach to COMPASS. Members were committed to collaborating closely and presenting COMPASS as a partnership, non-branded product, to enable the removal of barriers associated with any individual agency in the eyes of clients. Given the pilot nature of the project, partners had been willing to cut through bureaucracy and contribute their resources and talents on a non-branded basis. Feedback from clients suggests that this has been one of the critical success factors for the project.

Steering group members consistently reported that the effectiveness of the steering group and partnership working was largely down to the individuals around the table and their passion for the project. We are unable to test this assertion, given the lack of a control group of different individuals from the same organisations, but our observations at the steering group meetings revealed a degree of openness and willingness to work together that we believe has been critical to the effective running and contribution of the steering group.

We note that some members do not attend the steering group regularly and we are unable to comment on whether they share the steering group's vision for this project, or their opinion of its effectiveness. Amongst those that do attend regularly, we saw a high degree of commitment to the project, which we believe is one of the major factors in the group working effectively across organisational boundaries.

3.3.2 GP surgery

Throughout the evaluation COMPASS was discussed with a range of staff from GP practices involved in the project. The key people interviewed included GPs, practice managers and practice nurses.

A concern raised by the steering group was the extent to which the trust between patient and GP could be diminished if a patient did not succeed on COMPASS. Our findings to date suggest that this has not been the case, as patients view the decision to join COMPASS as their own responsibility. They generally welcomed the suggestion by the GP, and gained self-confidence from it, but did not 'blame' the GP if they did not succeed.

The GPs, although initially sceptical about their role in employability, had quickly observed benefits to the practice and the patient arising from COMPASS. They now perceive COMPASS as another tool to support their patients.

Overall practice staff were complimentary about the process and were keen to point out how easy it was for them to refer clients and the lack time and effort associated with this.

“the fact that it was unobtrusive was crucial to it being accepted in the practice”

“the team [COMPASS] has been viewed as an extension of the services offered by the practice”

Practice staff stated that the key difference between COMPASS and traditional employment initiatives was that COMPASS took into account the primary health care team's knowledge of a patient's health/medical history prior to referral. Some specific comments included:

“ideally suited – we know the health status and are able to take this into consideration from the start”

“understand the root of the problem – in most cases”

“real place for this as it takes health care into consideration – about time somebody encouraged this group of people to work”

Practice staff indicated a number of improvements which they believed would enhance the delivery as well as encourage increased referrals. These were:

- improved/updated marketing material – presenting the benefits, possibly showing case studies of previous participants and the number of people that have secured employment; bigger posters
- using GPs as champions/advocates – during roll out it was highlighted that current practice staff, especially GPs should be used to sell the benefits to other practices
- emphasise the continued support offered to clients once a job outcome is achieved

3.3.3 Team

The COMPASS team described the process favourably, highlighting a variety of reasons including the:

- expansion across Greater Pollok during the pilot
- high level of buy-in from a wide range of practice staff ie wider that just the GP
- good relationship with practice managers resulting in less impact on GPs
- minimal impact on workload for the practice overall
- range additional services that the practice could provide
- ability to spend an unrestricted time with each client – enabling the team to meet their need unlike mainstream initiatives/agencies, where advisor client meetings are time-bound
- mix of roles and qualities within the team

The Team highlighted that the positive health related benefits that patients/clients presented, e.g. less visits to the GP, reduction in medication, more positive attitude to life, could be used in the future to improve levels of engagement with GPs. Over the last few months, interaction with GPs has improved to the extent that those who were first to join have started to present the wider benefits to other practices, acting as champions. Other improvements made during the period included:

- developing a quarterly newsletter to highlight the positive impacts – particularly important to provide GPs evidence of impact and benefit
- employability index enhanced to better reflect the nature of the journey that clients are going through ie needs to be more scientific
- reduced repetitive nature of form filling – although COMPASS was cited as better than some programmes eg New Deal paperwork
- COMPASS display board in each practice, presenting good news stories and case studies, and as a means to inform both patient (future clients) and practice staff.

3.4 Collateral benefits

COMPASS was originally set up to provide another possible route to encourage the economically inactive back into the work place. The primary health care team were at the centre of this and the referral process. Throughout the pilot, additional referrals have come from a range of sources outwith the healthcare team, including self referral and word of mouth. Due to the range of referral sources and this project being at the pilot stage a number of referrals have not been eligible (19 clients). These people have not been lost to the system. Due to the Wise Group's extensive network of support, non-eligible clients have been signposted to other opportunities and to date nine have secured employment. Without COMPASS, it was felt that the majority of these individuals would have taken longer to get back on the employment ladder.

4 Case Studies

Among those who completed a three and six month interval questionnaire, 15 clients had completed both. We have produced a selection of case studies to illustrate how COMPASS has influenced their lives, and to highlight key areas of change over the six month period.

The following section examines four clients: two male and two female. All case studies include a summary table highlighting baseline, 3-month, and 6-month findings. The 3-month findings are compared with the baseline findings, and the 6-month are compared with the 3-month findings.

4.1 Case Study 1: Client A

Client A is male, and was aged 37 when he joined COMPASS in June 2004. Baseline information indicates that he is on incapacity benefit, suffers from a nervous disability, and has been out of paid employment for over five years due to a lack of motivation and a drug addiction, which is presently being controlled by methadone.

Despite being unemployed for more than five years, he had participated in a training programme through the Glasgow Council for Voluntary Services. Although he did not find this experience useful, this suggests that he had an interest to re-enter the workforce. His last job was as a catering assistant.

He was referred to COMPASS from a practice nurse in his doctors' surgery. At baseline, he stated that he was quite confident and very convinced that COMPASS could help him find a job. His objectives are to achieve a better way of life, new routine and gain employment. Having a job would have a positive impact on his family through added financial gain, and would improve his personal relationships.

As a result of participating in COMPASS, Client A is now in job training and feels he is closer to getting a job, confidence which he feels is directly as a result of his involvement with the programme. Although his health status has remained 'fair' over the last year, there have been some clear improvements in his health and well-being, the key outcomes of which are indicated below:

- reduction in visits to doctor surgery
- reduction in medication due to participating in training programmes and feeling better
- eating more healthily
- overall quality of life has changed from bad to good
- general physical well being has changed from OK to good
- general mental or emotional well being has changed from OK to good

Table 4.1 illustrates a detailed profile of Client A allowing for comparison between baseline, 3-month and 6-month interval findings.

Profile of Client A

Table 4.1

Description	Baseline	3-Month interval	6-Month Interval
Health status	Fair	Fair	Fair
Visits to doctor surgery	More than once per month, but not once per week	No change	Reduced: once a month
Medication	Yes – methadone	Reduced: due to training programme	Reduced: feeling better
Smoking habits	20, everyday	No change	No change
Alcohol consumption	Less than once per month	No change	Reduced: never
Exercise	6 or 7 days per week	No change	No change
Healthy eating	3 or 4 fruit/veg per day	No change	Increased: 5 or more per day
Snacking	Less than one per day	No change	No change
Overall quality of life	Bad	Improved: OK	Improved: Good
General physical well being	OK	Improved: OK	Improved: Good
General mental or emotional well being	OK	Improved: Good	Improved: Good

Client A believed that being referred to COMPASS through a GP or practice staff was ideal. He commented that “your doctor knows you better than anyone”.

Before joining COMPASS, he stated that he was not interested in looking for a job. Since joining COMPASS, he is much more confident, and is actively looking in newspapers and on the internet (which he learned to use through COMPASS) for employment.

When comparing COMPASS to other employment initiatives, he cited that there was “no red tape at COMPASS”, and that their support has had a direct influence on his lifestyle improvements and newfound positive attitude to employment.

Areas for improvement that he suggested involved the advertising and promotion of COMPASS. He said that he had seen the poster for COMPASS in the surgery for months, then one day he approached the doctor, who instead of telling him first-hand what the programme involved, referred him to a nurse who explained its purpose. He added that frontline staff (receptionists etc) and the doctors should have a basic knowledge of what COMPASS is about in order to get more referrals.

4.2 Case Study 2: Client B

Client B is male, and was aged 46 when he joined COMPASS in October 2004. Baseline information indicates that he is on incapacity benefit, suffers from epilepsy, and has been out of paid employment for over five years due to health reasons.

Baseline information stated that he had not participated in any employment or training initiatives before joining COMPASS. His last job was as a machine operator in 1995, nearly a decade ago. Since joining COMPASS, he is now on a nine-month programme with the Govan Initiative. This suggests that time out of employment is not necessarily a deterrent to employment, and with the appropriate support and encouragement, even those who have been out of work for ten years can rejoin the workforce.

He had heard of COMPASS through word of mouth, and was subsequently referred by his GP. At baseline, he stated that he was quite confident that COMPASS could help him find a job, and not sure in his own ability to get a job. After involvement in the programme, his confidence dramatically improved, and when asked again, he stated that he was very confident and very convinced. His key aim to joining COMPASS was to seek employment.

As a result of participating in COMPASS, Client B is now in employment, which he feels is directly as a result of his involvement with the programme. Although his health status has remained 'fair' over the last year, there have been some clear improvements in his health and well-being, the key outcomes of which are indicated below:

- reduction in visits to doctor surgery
- reduction in medication due to training programmes and feeling better
- exercising more
- not snacking as much
- overall quality of life has changed from OK to good
- general physical well being has changed from OK to good
- general mental or emotional well being has remained good

Table 4.2 illustrates a detailed profile of Client B.

Profile of Client B

Table 4.2

Description	Baseline	3-Month interval	6-Month Interval
Health status	Fair	Fair	Fair
Visits to doctor surgery	Less than once per month	No change	Reduced
Medication	Yes: pain relief and epilepsy	No change	No change
Smoking habits	Given up	No change	Smoking again due to a hospital visit and the stress from it
Alcohol consumption	1-2 days/ week	No change	No change
Exercise	6 or 7 days/ week	Increased	Increased
Healthy eating	1 or 2 fruit/veg per day	Increased	No change
Snacking	1 or 2 per day	No change	Reduced
Overall quality of life	OK	Improved: OK	Improved: Good
General physical well being	OK	Improved: OK	Improved: Good
General mental or emotional well being	Good	Improved: Good	Improved: Good

Client B was very happy with his involvement in the programme. He had been out of work for a long period of time, and believed that COMPASS represented a good opportunity. He attributes a lot of the improvements in his lifestyle and health to COMPASS and linking him to the Govan Initiative.

4.3 Case Study 3: Client C

Client C is female, and was aged 55 when she joined COMPASS in the first month of the pilot, February 2004. Baseline information indicates that she is not on any benefits, but receives money from her partner's pension. She suffers from a nervous disability, for which she is taking anti-depressants, and has been out of paid employment for three to four years due to a lack of a lack of confidence, particularly in the interview stage.

Despite being unemployed for a period of time, she had participated in a training programme through Reid in Partnership, which may suggest that despite her nervous disability, there is an underlying desire to seek employment. Her last job was in data correction for Centrepoin in Hillington.

She was referred to COMPASS through her GP. At baseline, she stated that she was quite confident that COMPASS would help her get a job, and was not convinced in her own ability to secure a job. This changed during her time with COMPASS. After some months, her confidence with COMPASS and in herself improved. Her objectives are to regain confidence and to get a job.

As a result of participating in COMPASS, Client C completed a 13-week work preparation course with Momentum, and a 4-day ‘Steps to Excellence’ course. She is currently seeking employment in the voluntary sector. She feels that she is far closer to getting a job now, than at time of baseline, and believes this is entirely as a result of COMPASS. She added that she would have given up looking for a job as a lost cause if it were not for her experience with COMPASS. Her health status has been good over the last year, with a small dip during the 3-month interval. Some key outcomes in her health and well-being are represented below:

- reduction in visits to doctor surgery
- reduction in medication due to not feeling so down anymore
- exercising more
- not snacking as much
- overall quality of life has remained good
- general physical well being has remained good
- general mental or emotional well being has changed from OK to good

Table 4.3 illustrates a detailed profile of Client C.

Profile of Client C

Table 4.3

Description	Baseline	3-Month interval	6-Month Interval
Health status	Good	Fair	Improved: Good
Visits to doctor surgery	Once a month	Reduced	Reduced
Medication	Yes: anti-depressants	No change	Reduced
Smoking habits	Never smoked	No change	No change
Alcohol consumption	1-2 days/ week	No change	No change
Exercise	3 or 5 days/ week	No change	Increased
Healthy eating	5 or more fruit /veg per day	No change	No change
Snacking	1 or 2 per day	No change	Reduced
Overall quality of life	Good	Improved: Good	Improved: Good
General physical well being	Good	Improved: Good	Improved: Good
General mental or emotional well being	OK	Improved: OK	Improved: Good

4.4 Case Study 4: Client D

Client D is female, and was aged 50 when she joined COMPASS in July 2004. Baseline information indicates that she is on income support, suffers from depression, for which she is taking anti-depressants, and has been out of paid employment for less than a year. She cited lack of childcare as stopping her getting a job in the past.

She has participated in work experience programmes, and her last job was as an administrative assistant, which she left when the contract came to an end.

She was referred to COMPASS through her GP. At baseline, she stated that she was very confident that COMPASS would help her get a job, and unsure

in her own ability to secure a job. This changed during her time with COMPASS. After some months, her confidence with COMPASS and in herself improved. Her objectives are to regain confidence and to get a job.

As a result of participating in COMPASS, Client D completed an NHS course, and took part in four job interviews. She is currently in employment, on an Intermediate Labour Market placement through the Govan Initiative. She attributes her newfound employment completely to COMPASS, and specifically to Scott (the employment consultant), who she praises highly.

Her health status has dramatically improved over the last year, from poor at baseline to good. Some key outcomes in her health and well-being, are represented below:

- reduction in visits to doctor surgery
- reduction in medication
- exercising more
- not snacking as much
- overall quality of life has changed from bad to very good
- general physical well being has changed from OK to good
- general mental or emotional well being has changed from bad to good

Although her alcohol intake has increased, this is because she is now actively socialising more, and goes out one or two times a week, which she views as a positive impact.

Table 4.4 illustrates a detailed profile of Client D.

Profile of Client D

Table 4.4

Description	Baseline	3-Month interval	6-Month Interval
Health status	Poor	Poor	Improved: Good
Visits to doctor surgery	Once a month	Reduced	No change
Medication	Yes: anti-depressants	No change	Reduced
Smoking habits	Tried smoking once	No change	No change
Alcohol consumption	Less than once/ month	No change	Increased
Exercise	1 or 2 days/ week	Reduced	Increased
Healthy eating	Less than one per day	No change	No change
Snacking	1 or 2 per day	Reduced	Reduced
Overall quality of life	Bad	Improved: OK	Improved: Very good
General physical well being	OK	Improved: OK	Improved: Good
General mental or emotional well being	Bad	Improved: OK	Improved: Good

Client D had very positive views of the COMPASS team. She felt that it was the “best thing” and described her experience as “really good”. She believed that COMPASS was very different to other employment initiatives, as they

“keep in touch with you”. She added that she felt she could contact Scott at any time, and that the whole team would be there for you. The programme has had a significant impact on her life, specifically getting her back into employment, building up her confidence, and helping her mental well being, which she described as her mind no longer “being so tight”.

5 Conclusions

5.1 Overview

COMPASS has delivered impressive results during its pilot phase. 48.7% of clients have secured employment and a further 3.4% have moved into further education. This amounts to 52.1% of clients achieving positive outcomes (in the generally accepted sense of the term). In addition, all but 2 of the clients who have not yet achieved employment have made positive progress towards employability (increases in employability index). This exceeds original targets for the pilot (20 clients into work and a further 20 making significant progress from 100 registrations) and is a strong performance for a programme aimed at people with multiple and complex barriers to entering the labour market. For example:

- COMPASS outperforms the Work Based Learning for Adults (WBLA) prevocational programme (PVP) in England, which achieved 30% positive outcomes
- In Scotland, the national outcome target for Training for Work is 40%. Whilst this target is exceeded in some parts of Scotland, the majority of training providers just meet the target. Clients for this programme are likely to face fewer barriers to entering the labour market than COMPASS clients

Since COMPASS was a pilot project, there was the possibility that early results indicated that the project was 'skimming the cream'; reaching those potential clients who were closest to the labour market first. If this were the case, the high success rates could not expect to be replicated year on year. However, the nature of the client group suggests that COMPASS has not been skimming the cream. All the clients in the pilot project faced a number of health barriers to securing employment and 68% had been away from the labour market for more than a year (many for significantly longer).

The COMPASS team estimated that around 20% of their clients were close to the labour market, although even their progress towards employment was accelerated by their participation in the project. The remaining 80% were unlikely to have made progress towards employment without the COMPASS project.

We also considered the possibility that the success rates were attributable to a 'Hawthorne effect', where clients behaved differently (and achieved improved confidence and employment) simply as a result of being the subjects of a new study. Indeed, the backing of the GP was reported as improving confidence. However, again given the multiple and complex barriers to employment faced by the client group, we do not believe that a Hawthorne effect would be strong enough to account for COMPASS' dramatic results.

On this basis, we conclude that the success rates demonstrated by COMPASS could be sustainable, should the project be continued and/or rolled-out. However this would depend on replicating the critical success factors observed in the evaluation of COMPASS.

The market of potential COMPASS clients continues to be substantial. In Glasgow, over 100,000 people are economically inactive, of which it is estimated that around 30% want to work. COMPASS has so far proved an effective way to address the needs of this group, albeit on a small scale. Further evaluation will be required to:

- track the pilot cohort for a further year
- increase the sample size, by measuring the impact of the project on the next year's cohorts in Pollok and Govan

This will provide further evidence against which to consider wider roll-out of COMPASS.

5.2 Critical success factors

So far COMPASS has operated in one locale on a small scale, although it has expanded during the pilot from one GP practice (3GPs) to service Greater Pollok (three health centre, six practices and 21 GPs). If the current success is to be replicated in future, it is essential to understand the reasons behind the results achieved so far. Our evaluation has identified four critical success factors, that differentiate COMPASS from other programme support. These are:

- basing support in the primary care setting
- competencies and qualities of the COMPASS team
- nature of the partnership behind COMPASS, enabling a non-branded approach
- packaging of support to meet individual needs

Our discussions with clients and the COMPASS team confirm these critical success factors.

It is important to note that these success factors militate against scaling-up to volume delivery in any one location. They indicate that successful replication will depend on cloning or planting the small-scale model into a number of locations at a similar scale.

5.2.1 Primary care setting

Locating COMPASS in a primary care setting, with referrals from the primary health care team, has been a crucial element of its success. Clients found the approach from the primary health care team less threatening than one from other agencies such as Jobcentre Plus, in fact they reported it as a positive advantage. Clients perceived that the GP and/or nurse understood their limitations and abilities; therefore if the GP or nurse thought they were capable of participating and succeeding in COMPASS, this gave the client the confidence to believe it was possible.

It appears that the bond of trust between patient and healthcare professional is not adversely affected if the client doesn't succeed in COMPASS.

However, where the client does succeed, that trust is enhanced. GPs reported that their opinion of their role in employability has changed since being involved in COMPASS. They recognise the benefits to their patients and perceive COMPASS as a valuable part of their toolbox of interventions for a patient group with multiple and complex problems.

In summary, involving the primary health care team in employability support presents a low risk and a significant opportunity to re-engage a difficult-to-reach group in the labour market.

5.2.2 Team competencies and qualities

A great deal of the success of COMPASS can be attributed to the competencies and qualities of the project team. The feedback from clients, partners and the primary health care team about the team was consistently positive, with many comments about the way they undertake their work with clients. This softer side of COMPASS is harder to define: it relates not to **what** interventions COMPASS delivers but **how** COMPASS is delivered. Although hard to define, the team competencies and qualities are pivotal to the success of COMPASS and any future iterations of the project. We recommend the creation of competency frameworks for COMPASS team roles. However, from our findings, the critical qualities and competencies we identified were:

- Empathy – ability to really understand the client’s perspective
- Communication – ability to communicate with the client in their own language and from a common frame of reference
- Respect for pace – willingness to respect and work within the individual’s pace and confidence levels
- Positivity – conviction that progress and success is possible for the client (this is particularly important given the low self-esteem of many clients)
- Lateral thinking – ability to identify alternative opportunities and options for the client, based on their experience, interests and abilities
- Flexibility – willingness to take unconventional approaches to supporting the client where necessary
- Accessibility – making themselves available to clients (and positively encouraging clients to access their support) whenever required

The qualities above are essential for the client facing team. There is also a need within the wider team for real strength in:

- Strategic Management – knowledge and understanding of political arena surrounding health and employment

5.2.3 Nature of partnership

The partnership behind COMPASS included agencies who are involved in mainstream support for the client group, such as Jobcentre Plus. However, the model of partnership piloted by COMPASS required partners’ organisations to be ‘invisible’ to the client; all support was branded as COMPASS, rather being associated with any particular organisation. For example, Jobcentre Plus staff were involved in providing some of the COMPASS interventions but were not identified as Jobcentre Plus during their involvement.

This model eliminated potential barriers to client involvement. The majority reported a bad experience in the past with one or other agency involved in COMPASS and an unwillingness to re-engage with the agency in question. They perceived COMPASS as being different from ‘the system’;

consequently, clients were willing to engage with COMPASS where they would not have been if they had known that certain agencies were involved.

It will be essential that future iterations of COMPASS continue this model of partnership, where individual partner agencies are not branded and all are aligned behind the COMPASS brand.

5.2.4 Packaging

Many clients reported the importance of COMPASS providing them with a tailored package of support and respected their pace and ability. This was enabled by the COMPASS team having a critical mass of mainstream and programme support initiatives to draw from. Many of the interventions that clients undertook were mainstream programmes offered by Wise Group or other partners, but were perceived as personally tailored. Likewise the perceived respect for personal pace resulted largely from the way the support was packaged by the COMPASS team. Clients were funnelled into appropriate support interventions, based on the employment consultant's assessment of ability and suitable pace. Once in the intervention, the client generally worked at the same pace as other participants would; however, they felt comfortable with the pace because the intervention had been correctly selected by the employment consultant from a wide portfolio of options.

In essence, this is a model of mass customisation. The package of client interventions is selected from a broad portfolio of existing programme support, using the skill of the employment consultant to assess the right package for each individual.

Client Feedback

1 Client Results

1.1 Baseline summary

The majority of registrations were male (62%) between the ages of 30-39 (23%) and 40-49 (30%). Although clients presented a range of health conditions, nervous disability (43%) was the most commonly cited. Clients were in receipt of a number of unemployment benefits, most of which relate to poor health. Health was cited as the main reason for clients' lack of employment (37%), followed by redundancy (19%). If clients secured work through COMPASS, only five indicated a requirement for childcare. Based on their assessment, the majority of clients rated their health from poor to fair (55%), with the majority visiting the surgery once a month (42%). The main reason cited for frequency of visit was repeat prescriptions (59%). The majority of clients were conducting regular exercise, i.e. 3 or more times per week (63%), not consuming too many snacks, i.e. 2 or less per day (69%) and drinking lower than the recommended healthy amount of alcohol (74% for men, and 75% for women). The medically recommended units of alcohol per week are 14 for women and 21 for men.

The majority of clients became aware of COMPASS through their GP surgery, and they were very complimentary of the process. Clients stated that they hoped that getting a job would be the key outcome (90%), and the majority were confident (80%) in COMPASS helping them achieve this.

1.2 Overview

Based on information provided by the Wise Group, as of end of January 2005, 117 GP patients had registered with COMPASS. 65 patients have made significant progress which includes 57 securing full time employment, 4 in voluntary work experience and 4 have moved into further education. The majority of referrals (55%) have come directly from Primary Care followed by 23% through word of mouth.

To date 90 completed baseline questionnaires, 30 three-month interval and 20 six-month interval questionnaires have been processed. The remainder of this section is based on the 90 completed baseline questionnaires unless otherwise stated.

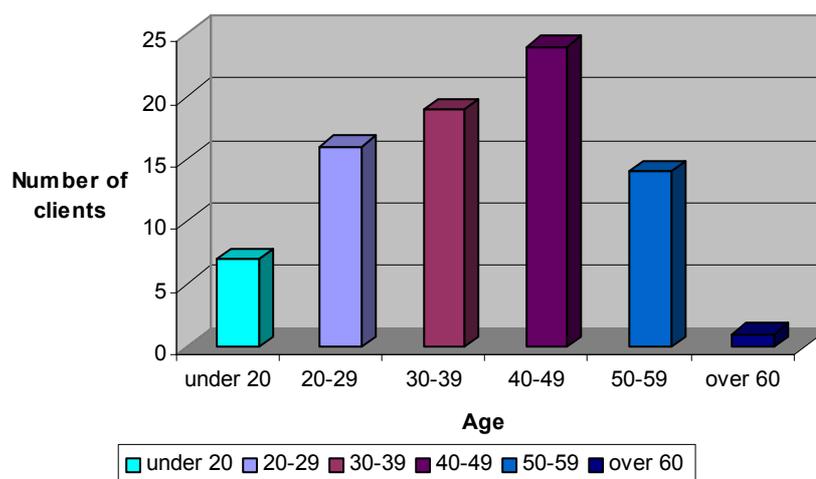
1.3 Client profile

1.3.1 Overview

Of the 90 clients surveyed, 100% were Caucasian, and the majority (62%) were male. The majority of clients were between 30-49 years old (53%), with 30% aged 40-49 years. The overall age split is shown below.

COMPASS clients' age profile

Figure 1.1



1.3.2 Current health status

Clients presented a range of health conditions, with nervous disability (43%) the most commonly cited. This was followed by physical disability (17%), heart/blood problems (9%) and chest and/or breathing difficulties (10%). Other health conditions included: back problems, epilepsy, diabetes, skin condition, mental health, depression and bowel related disorders.

Although these conditions will have an impact on client employability, the majority of clients (62%) indicated that they were on medication for their illness and 73% described their health as fair, good or excellent over the last year.

1.4 Unemployment profile

1.4.1 Current unemployment benefits profile

Based on COMPASS team assessment of clients registered to the programme, 70% were in receipt of health related benefits including Incapacity Benefit and Disability Living Allowance. In addition, over 70% of clients have housing and or council tax while others either living with parents or mortgage relief.

1.4.2 Length of unemployment

With the exception of eight people, all clients have previously worked. Length of unemployment ranged from less than 1 year to over 5 years, with the majority (56%) unemployed for 2 years or less (Table 1.1). With the exception of 1-2 years where the majority of unemployed are males, a similar profile is produced across the genders.

Length of time being unemployed

Table 1.1

Time unemployed (Years)	Number of clients	Male	Female
Less than one year	29	15	14
1-2 years	21	19	2
3-4 years	16	9	7
5 years or over	15	7	8

Since joining COMPASS, a total of 48 eligible clients have moved into employment, and a further nine non-patients. Four eligible clients have moved further education and four into voluntary work.

The most common job profiles of clients is indicated below:

- manufacturing (17%) – 100% male
- retail (13%) – 80% female
- administrative (13%) – 64% female
- catering and barwork (11%) – 60% female
- cleaner/housekeeper (9%) – 63% female

1.4.3 Reason for unemployment

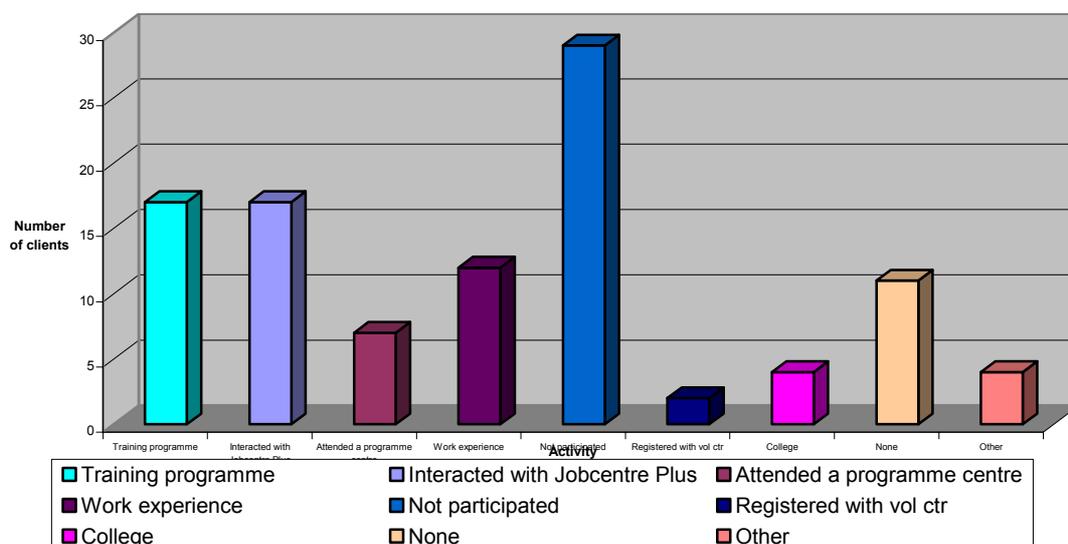
The highest proportion of clients cited their health (43%) as the main reason that had prevented them gaining suitable employment. This was followed by family issues (12%) and disability/learning difficulties (7%). Some other reasons included lack of experience, lack of confidence and childcare. Seven clients (9%) were recently unemployed.

A key element of COMPASS is health improvement, through providing access to a wider range of additional health care services. For some clients, this and the supported environment should help them start to redress some of the reasons cited for unemployment. To date, 28% have accessed additional health care services through for example physiotherapy, counselling, dentist and increased visits to the practice nurse. In addition, The COMPASS OT has a case load of 20 clients who are furthest away from the job market.

1.4.4 Commitment to getting a job

The majority (52%) of clients had participated in programmes designed to help them get back to work. Figure 1.3 presents the range of activities to date, with the highest number interacting with Jobcentre Plus (20%) and through national programmes such as New Deal and Training for Work (20%), followed by work experience programmes (14%). Of those that indicated other programmes, these included general training courses, e.g. ECDL and attending groups in their areas, e.g. Reed In Partnership.

Range of employment activities in which COMPASS clients have participated
Figure 1.2



Of those clients that had participated, 37% found them quite useful and 34% stated they were not useful. Five respondents cited the training as very useful.

Over 40% clients stated that if they had not been referred to COMPASS, they would have approached their local job centre to get training and employment advice, 34% would have attended other training initiatives and 13% were uncertain. The majority of COMPASS clients had therefore previously tried to improve the likelihood of increasing their chance of employment, despite health problems, which is a good indication that they want to work.

1.5 COMPASS referral process

1.5.1 Awareness

The highest proportion of clients became aware of COMPASS through the referral process advertisement in their GP practice. 26% became aware through a local employment initiative/agency and 17% became aware through word of mouth, which included from member of their family who were already on COMPASS.

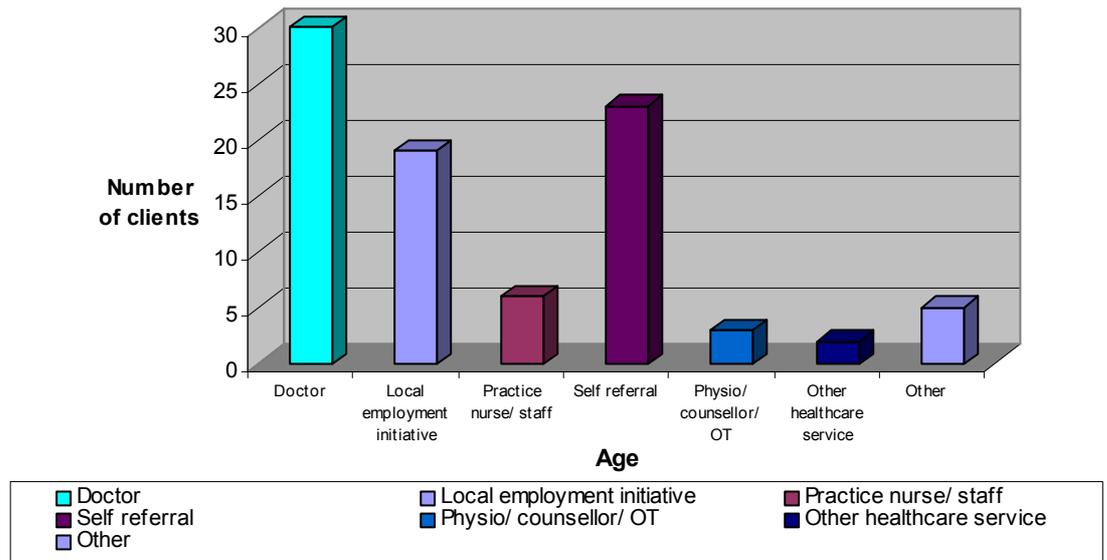
This continues to highlight the active role that the GP practice is taking in the referral process as well as the extent to which it has spread across this community, i.e. the number hearing through 'word of mouth'. The high number of referrals through local employment initiatives is another good sign that COMPASS is becoming more pervasive.

1.5.2 Who refers?

The majority of clients cited their GP practice as who referred them to COMPASS. This was followed by 26% who cited self-referrals. Of those who cited self referral, a number felt that their doctor/practice staff were not active in promoting COMPASS. Other referral sources include: physiotherapist, occupational therapist and their counsellor. Figure 1.3 presents the range of referees in more detail.

Who refers clients to COMPASS?

Figure 1.3



1.5.3 What clients thought about the process

Overall, clients were complimentary of the process; 75% stated that it was a good process and a further 4% stated that it was excellent/very good. 9% highlighted that it was straightforward and a further 4% indicated that it was a good opportunity for them and that they were finding it useful.

“something extra, another route to employment”

“COMPASS are providing the opportunity for me to get closer to employment”

“having this in the doctors surgery is great, they know your medical history and wouldn't refer me if it was something they didn't believe I could do”

1.6 Route to work

1.6.1 Achievement

To 'get a job' is the key achievement that the majority of clients (90%) hoped would be the outcome of COMPASS, followed by regaining confidence (13%). Confidence in COMPASS helping them to achieve employment was high, with 80% of clients either quite or very confident.

This is very promising as a high proportion of COMPASS clients fall into the category of long-term unemployed.

1.6.2 Confidence in finding employment

At the time of the baseline, the majority of clients (68%) were either quite or very convinced that they would be able to find a job, with a further 23% unsure. Eight clients were not convinced of their ability to find work. This could be in direct relationship to the length of time that they have not been employment rather than the ability of COMPASS, as six out of eight of these clients had been out of work for more than a year.

1.6.3 Consequence of achieving secured employment

If work was secured, 5 clients indicated that they would require childcare provision; however, 52% indicated that it would have an effect on their family life. These effects were predominantly positive, and included:

- improved financial status/stability (45%)
- more confidence (6%)
- improve family relationships/life (42%)
- more freedom (12%)

(Note: these figures are calculated from base = 45)

Only two clients cited that it would 'disrupt their routine'.

1.7 Health status

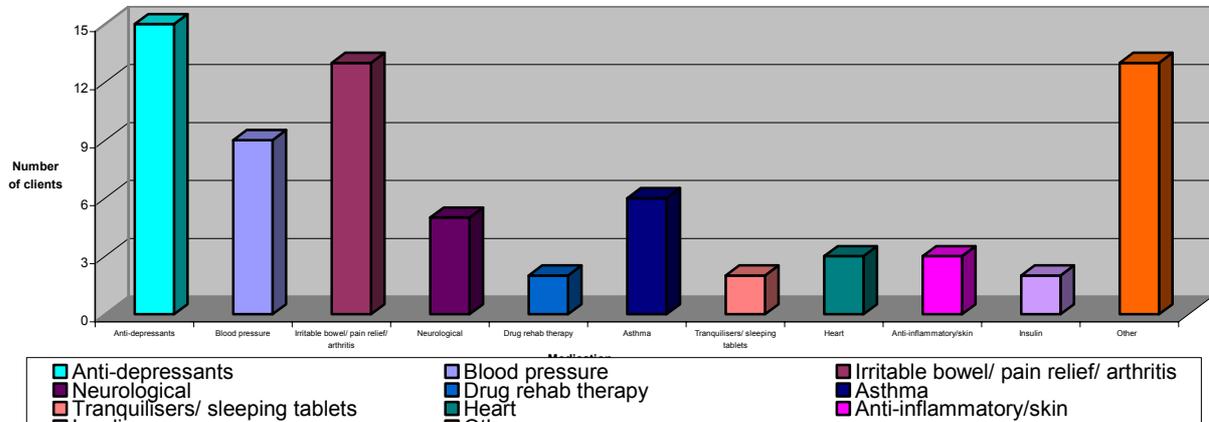
1.7.1 Overview

Over the past year, the health status of clients is divided more or less into three main categories: poor (27%), fair (28%) and good (28%). 17% described their health status as excellent. This profile of health status aligns with the frequency of visits where 42% of clients visit once per month and a further 8% visit more frequently. Of those who visit less than once per month, 68% of respondents visit every 2-4 months. To obtain a repeat prescription was cited as the main reason for the frequency of visit (59%) followed by the need to have a blood pressure or medication health check (15% and 20% respectively).

62% of clients were currently on medication, with the highest number (29%) on anti-depressants, followed by 19% on general pain relief and 17% on blood pressure tablets. Figure 1.4 presents the medication profile.

Medication profile

Figure 1.4



28% indicated that they are currently using other health care services, the most frequent include:

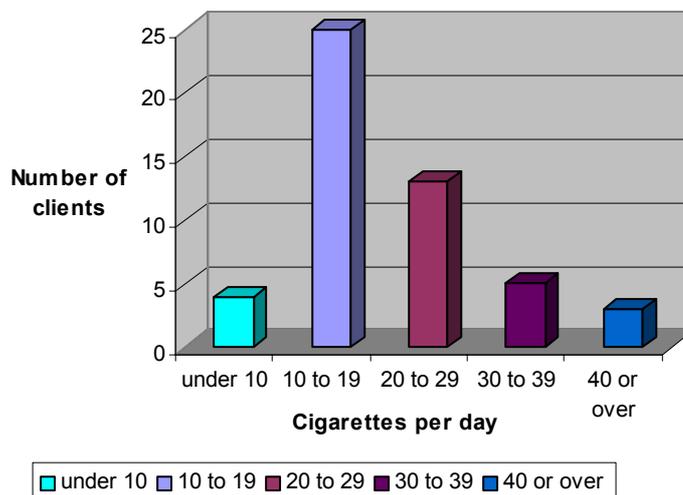
- counselling, e.g. Rossdale Centre (5 clients)
- physiotherapy (3 clients)
- practice nurse (2 clients)
- well women clinic (2 clients)
- dentist (2 clients)

1.7.2 Smoking habits

The majority (57%) of clients smoke every day, and 24% have never smoked. 11% have recently given up. Of those that smoke every day, the majority (50%) smoke between 10-19 and 25% smoke between 20-29. Figure 1.5 presents clients' smoking habits.

Smoking habits

Figure 1.5



1.7.3 Alcohol consumption

Although the majority of clients drink alcohol (76%), 22% drink less than once per month. In an average week, the majority of clients (79%) drink less than 20 units of alcohol; however, 9% drink over 40 units in an average week.

1.7.4 Eating habits

Only 8 clients stated they eat 5 or more portions of fruit and vegetables per day, with the highest proportion (36%) stating between 1-2 per day. 25% eat less than 1 portion per day and 8% said they fruit and vegetables do not form a part of their daily diet.

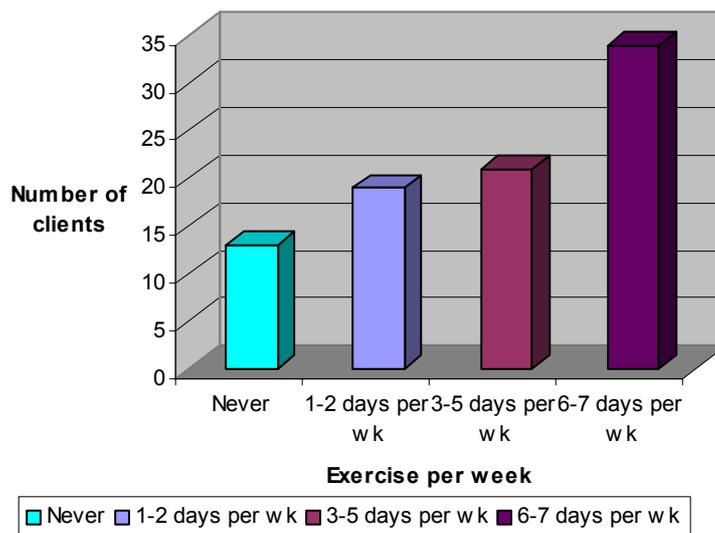
On a healthier note, 35% eat less than 1 snack item per day, e.g. chocolate or crisps, and a further 52%, eat 1 to 4.

1.7.5 Exercise

The majority of clients (85%) stated that they undertake regular exercise, with 63% exercising 3 or more times per week. Figure 1.6 presents an overview.

Frequency of exercise

Figure 1.6



Overall, the current client group's health status ranges from poor to fair, with room for improvement. Most clients are conducting regular exercise, not consuming too many snacks and drinking lower than the recommended healthy amount of alcohol. However, clients' consumption of fruit and vegetables is low and a large number of clients smoke.

1.8 Overall wellbeing

The highest proportion of clients rated their overall quality of life as okay (39%), 34% stated it was good and 23% stated it was bad/very bad. 4 cited their overall quality of life as very good. A very similar profile was presented for general mental and emotional wellbeing. There was a more positive picture for general physical well being, with 34% describing it as okay, 36% as good and 10% (9) as very good.

2 Three Month Interval Findings

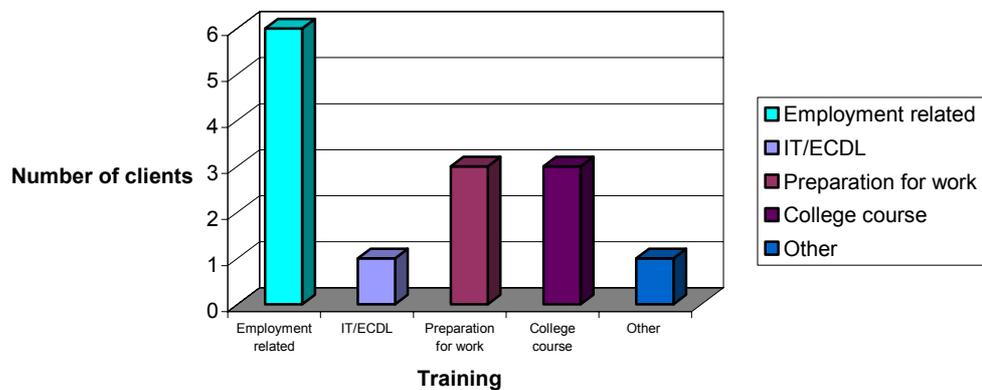
A total of 72 clients (calculations based on date of registration) have been on the programme for over 3 months. The following findings are based on a sample of 30 clients (42% sample) who have been interviewed over the telephone up to 31 January 2005.

2.1 Route to work

Since joining COMPASS, 47% of clients have participated on training course or work experience designed to improve their job prospects. The majority have been directly employment related; however, 3 clients have attended courses at college and 1 is conducting ECDL. 100% stated that they had found courses useful. Figure 2.1 below illustrates these findings.

Types of training

Figure 2.1



The majority of clients are convinced that they will find a job (68%) with 85% stating that COMPASS will help them achieve this. This is a slight increase from the baseline, where 68% were convinced they would find a job, and 80% indicated COMPASS as helping them to achieve this.

Of those clients who had participated in previous employment services, the majority stated that COMPASS was more helpful and that they preferred the personalised approach, which recognised their needs. Furthermore, some clients described COMPASS as being more proactive in their relationship with their clients and believed that the COMPASS team had more concern for them in comparison to other similar initiatives. Some of their comments included:

“[COMPASS is] a lot more helpful than any other [initiative]”

“less formal, personalised approach”

“one-to-one, personal support”

“they keep in touch with you, regular contact”

82% of clients said that their perceptions on their ability to find employment had improved, of which 58% cited 'improved a lot'. Nobody felt that their ability to get a job had got worse. This is a significant interim finding based on the general emotional and physical wellbeing of these clients prior to joining COMPASS.

2.2 Process overview

89% liked having COMPASS in the surgery, highlighting that the GP and practice staff had been supportive (83%) and interested (65%). The majority of clients (74%) indicated that they were happy with the overall referral process, with 27% stating it was a great idea. Most clients thought that referral through their GP was a good idea as their doctor knew them best. One client indicated however, that neither their doctor nor the general GP staff were well informed on COMPASS and he had to find details on COMPASS himself.

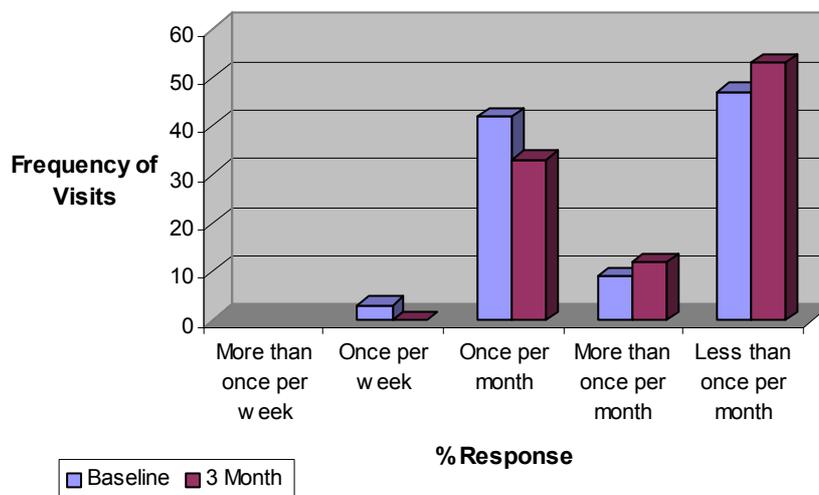
96% stated that meeting with the COMPASS team had been helpful and only one client was unsure. Only one client also found it difficult to get to COMPASS meetings. The Employment consultant was always easily accessible with 96% agreeing that they were easy to get in touch with and 96% citing the support as useful, with 1 client unsure.

Six respondents had attended the occupational therapist, citing the support as helpful, with 3 clients citing 'very helpful', 2 citing 'quite helpful' and 1 client felt that it was too early to tell.

2.3 Health status

In the baseline, the majority of respondents rated their health over three categories – poor (27%), fair (28%) and good (28%). Three months into the programme this has changed, with the highest proportion (43%) citing fair as the best description of their health status. This has already shown an impact on visits to the surgery, where 53% stated they now visit less than once per month (previously this was 47%) and 32% visit once per month (previously 42%). Figure 2.2 presents the overall shift in frequency of GP visits.

Comparison of visit frequency – Baseline and at 3 month interval Figure 2.2



The main reasons cited for the reduction in visits included:

- working – less likely to see doctor
- having a repeat prescription
- feeling better
- attending COMPASS – therefore less time

2.3.1 Health indicator overview

Since joining COMPASS positive trends in smoking, drinking and eating habits have been displayed. The key changes are:

- 21% (6) have reduced the number of cigarettes smoked
- 14% (4) have reduced alcohol consumption
- 14% (4) have reduced crisps and sweets
- 17% (5) have increased the amount of exercise they undertook
- 17% (5) have increased the amount of fruit and vegetables consumed

2.3.2 Impact of COMPASS on health status

Two thirds of clients stated that their overall quality of life had improved over the last 3 months, of which 21% stated it had improved a lot, and 61% stating, this was a direct result of COMPASS to some extent. Three respondents cited COMPASS as the only reason for their improvement.

At the start of the programme the highest proportion of clients rated their overall quality of life as okay (39%) and 23% stated it was bad/very bad. At three months, clients have indicated an improvement with 54% citing okay and only 13% citing bad. One respondent indicated very bad. For both general physical wellbeing and emotional and mental wellbeing there has also been some improvement, with 55% citing their general physical wellbeing as okay (34% in the baseline), and 50% citing their general mental or emotional wellbeing as okay (41% in the baseline).

2.4 Summary

The findings from the 3-month interval responses have been encouraging. Clients have been very positive about the impact that COMPASS, both the programme and the team, are having on their general health and wellbeing as well as their ability to find suitable employment. The fact that it is in a GP practice was seen as a good idea, with 89% enjoying having COMPASS in the surgery, viewing it as a safe, non-threatening environment.

Although clients are not more convinced that they will find work (ie remained same), a higher proportion view COMPASS as the route to helping them achieve employment. Their overall health status is showing signs of improvement, and they are visiting their GP less often. In general, their attitude to life, work, health and wellbeing is improving.

In a few areas, medication has reduced. However, the key finding was the change in the key health indicators, for example, respondents are:

- less visits to the GP
- smoking less
- drinking less
- reducing crisps and snacks
- increasing exercise
- increasing fruit and vegetables

3 Six Month Interval Findings

A total of 43 clients (calculations based on date of registration) have been on the programme for over 6 months. The following findings are based on a sample of 20 clients (47% sample) who have been interviewed up to 31 January 2005. Of those interviewed, 15 (75%) had been interviewed at the 3 month interval to help with consistency.

3.1 Route to work

Over the last 3 months, the proportion of clients that have participated in training courses or work experience designed to improve their job prospects has increased. 100% stated that they had found courses useful.

73% of clients said that their perceptions on their ability to find employment had improved, of which 81% cited 'improved a lot'. Of the two respondents who stated their perceptions had got slightly worse, both cited health deterioration as the key reason.

The highest proportion of clients are still convinced that they will find a job (38%) with 61% stating that COMPASS will help them achieve this. Although this is a decrease on the baseline, where 68% were convinced they would find a job, and 80% indicated COMPASS as helping them to achieve this, the sample size was small (13) and therefore this trend may become less marked. On a more positive note, of those respondents who were not convinced about finding work, 6 stated it was nothing to do with COMPASS.

3.2 Process overview

82% stated that meeting with the COMPASS team had been helpful and 2 were unsure. The employment consultant was always easily accessible with 100% agreeing that they were easy to get in touch with and 100% citing the support as useful, with 1 client unsure.

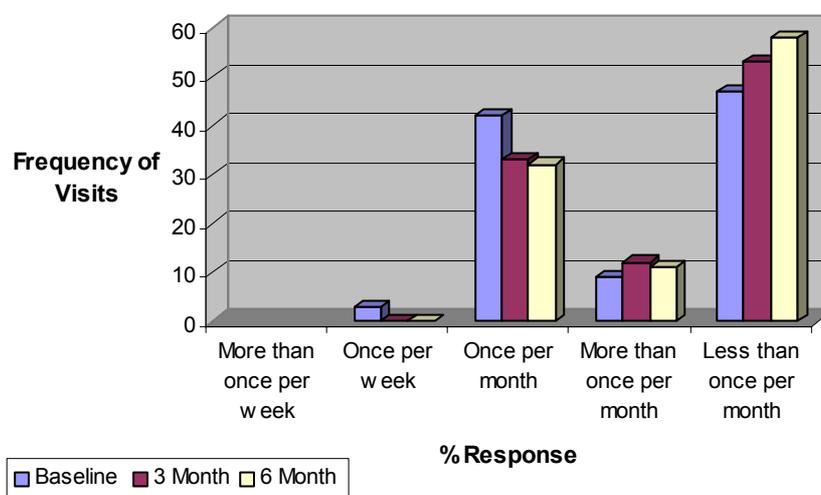
6 respondents had attended the occupational therapist, of which 100% cited the support as very helpful. This is a positive change from the 3 months findings.

3.3 Health status

In the baseline, the majority of respondents rated their health over three categories – poor (27%), fair (28%) and good (28%) over the last year. Six months into the programme this has changed, with the highest proportion (43%) citing good as the best description of their health status. This has already shown an impact on visits to the surgery, where 58% stated they now visit less than once per month (previously this was 41% at baseline and 53% at three months) and 32% visit once per month (previously 42% at baseline and 33% at three months). Figure 3.1 presents the overall shift in frequency of GP visits.

Comparison of visit frequency – Baseline, 3 month and 6 month interval

Figure 3.1



The main reasons cited for the continued reduction in visits included:

- working – less likely to see doctor
- having a repeat prescription
- feeling better

3.3.1 [Health indicator overview](#)

Since joining COMPASS positive trends in smoking, drinking and eating habits are continuing. In comparison with the baseline, the key changes are:

- 24% (4) have reduced the number of cigarettes smoked
- 17% (3) have reduced alcohol consumption
- 29% (5) have reduced crisps and sweets
- 32% (6) have increased the amount of exercise they undertook
- 17% (3) have increased the amount of fruit and vegetables consumed

In a minority of cases, some negative trends were also displayed. Clients cited this as not related to COMPASS, but due to boredom and finding it difficult to be healthy.

3.3.2 [Impact of COMPASS on health status](#)

49% of clients stated that their overall quality of life had improved over the last 3 months, of which 17% stated it had improved a lot, and 59% stating, this was a direct result of COMPASS to some extent. For those who got slightly worse, deterioration in health was cited as the main reason.

At the start of the programme the highest proportion of clients rated their overall quality of life as okay (39%) and 23% stated it was bad/very bad. At six months, clients have indicated an improvement with 53% citing okay, 38% citing good and only 6% citing bad. Nobody indicated very bad. For both general physical wellbeing and emotional and mental wellbeing there has also been some improvement, with 38% citing their general physical wellbeing a okay (36% in the baseline). Although 32% cited their general mental or emotional wellbeing as okay (41% in the baseline), an increase occurred in those who cited good, ie 42% compared to 30% in the baseline.

3.4 Summary

As for the 3-months review, findings from the 6-month interval responses have continued to be encouraging. Clients have been very positive about the impact that COMPASS, both the programme and the team, are having on their general health and wellbeing as well as their ability to find suitable employment.

Clients are more convinced that they will find work, and see COMPASS as the route to achieving this. Their overall health status is showing signs of improvement, and they are visiting their GP less often. In general, their attitude to life, work, health and wellbeing is improving.

4 Client Focus Group

4.1 Overview

The majority of clients participating in COMPASS have multiple barriers to employment, and the focus group participants reflected this. Their barriers ranged from lack of confidence, through long term sick to registered disabled.

All participants were impressed that COMPASS had not tried to enforce employment or told them they were not eligible to work, but had looked for opportunities that fitted their circumstance. For example, feedback at the workshop included:

“I have been on sickness benefit for 12 years and was not aware of the opportunities available. I am now about to start a training course. The team/my employment consultant was brilliant and I feel excited about the future. I’ve never felt like this before. I am now completely off my psychiatric medication, and have been for three months (I had been on it for 12 years).”

“since joining COMPASS I have recently completed a work preparation course which included IT, relaxation and advice on stress. Prior to this my confidence in finding a job was rock bottom. Although I still don’t feel completely ready to work in paid employment, I do feel that I want to work. COMPASS is helping me to find volunteer work.”

“due to a muscle wasting disease I can no longer do physical work which I loved so much. Since joining COMPASS I have found volunteer work for Well Being. It’s brilliant because my boss looks at me like a person, not a disabled person. I never thought I would end up working in an office, but I like it. Since I joined COMPASS my medication for depression has halved.”

4.2 COMPASS’ value add

Everyone agreed that, without COMPASS, they would still have been at square one and probably would not have done anything else. Participants highlighted that COMPASS had made them look for opportunities which they would have previously never considered, giving them a new focus and more confidence in their ability to find future employment:

“it would never have occurred to me to look at computing.”

“without COMPASS I would be sitting in the house with my face tripping me doing nothing. I am now being exposed to a lot of variety though volunteer work.”

“when you admit you have a health problem, employers just stop seeing you – it is almost like they see a big label in front of you, instead of the person.”

Everyone felt that they were making progress, and everyone agreed that they were keen to work. Participants were realistic of their ability to move into employment, such that one person felt that they were not ready to take on 'paid employment' and was actively looking for volunteer work with the support from COMPASS to build confidence.

"it would be very good to be able to work, I am keen to get employment."

"I need to build up my confidence beforehand but I definitely feel closer to employment. I still have my ups and downs, but that's just me."

The employment consultant is a critical role in COMPASS, as with any employment initiative. When asked about this, all feedback was very positive and people said the following:

"David was 'brand new'. He is always interested and tries to find practical solutions and advise that will work for me. For instance, he found me information on how to get into health and safety as a career, including how I might be able to get exemptions from some of the academic requirements."

"the whole team have bent over backwards for me and done everything they possibly could. Everything that they have done for me has been good, I have no complaints. Importantly, they do not look down their nose at me."

"both David and Andrew are great. They went out of their way to help me, including taking me places where I did not have the confidence to go by myself. They went at my pace and did not push me to go faster."

"the whole team are 'brand new'. They keep in constant contact and they made time for you, they respected your pace and that allowed me not panic about all the new experiences that are ahead of me."

4.3 The role of the GP Practice

Everyone agreed that this was a really good thing, especially if it is detached from the Job Centre and 'the DSS'. Most people have had fraught relationships with the Job Centre and feel suspicious of programmes that are run through the Benefits Agency, DSS and Job Centre.

The GP is right at the source, they know you and they know your limits. Job Centre staff do not have that level of knowledge or empathy. The GP understands that people do want to work, they do not necessarily want to be medically retired but that they cannot do what they used to do (job centres do not necessarily understand this).

4.4 Summary

In summary, COMPASS was meeting the needs of all focus group participants. Clients were impressed with the level of personalised support and the fact that the team would go out of its way to help them move closer to employment. Clients were very supportive of the role of the GP practice and the added value it brought to the initiative. Some comments which reflect participant overall feeling include:

“COMPASS is a godsend to people with disabilities.”

“you could not meet nicer people.”

“everyone is really approachable.”

“the employment consultant sees a wider perspective which then broadens your horizons.”

“my confidence has definitely improved.”

“it is a pity it is not spread wider so that more people could benefit.”

“before COMPASS, I sat in the pub all week, now I have got a purpose.”

“COMPASS creates routine, improves contact with other people and consequently people’s skills.”

“it is the best thing that has ever happened to me in my life.”

COMPASS Team Feedback

COMPASS Team Feedback

Throughout the process the COMPASS Team (the Team) has recorded baseline and interval assessments (three months only) of client progress using the questionnaires presented in Appendix 4. The following section presents a summary of the feedback to date, concluding with the outputs of a focus group with the core team and follow up discussion and a separate discussion with the OT.

Client baseline

As of 31 January 2005, the Team had completed 114 client assessments from 117 registrations. The feedback below is based on the 114 responses. The following summary presents the baseline assessment:

- the highest proportion of clients – 43% (47) – presented a confident/very confident nature when engaging with the team, while only 29% (32) lacked confidence
- 41% (46) were assessed as having the ability to undertake training and 33% (37) had previously had a high level of engagement with training or other interventions
- 41% (45) presented minimal previous engagement in training or other interventions, with 35% (39) showing minimal ability to undertake training to gain work related skills
- 33% (37) had high/very high levels of self confidence and belief in their ability to get a job, however a high proportion – 46% (51) – were low or very low
- 41% (46) presented a positive attitude; of those 8 clients were very positive, while 28% (31) presented negative attitudes with 8 being very negative
- the highest proportion of clients – 49% (54) – had quite realistic aspirations, with a further 14% (15) having very realistic aspirations

Overall, the Team's assessment of clients when they started the programme reflects the mixed views that clients had when they started. Some areas were slightly less positive than clients' own perceptions. For example, clients had a tendency to be more confident in their ability to get a job as a result of COMPASS. This is probably as a result of the COMPASS Team not building up expectations of achievement at the early stage of the pilot, and reviewing client capability based on the range of presenting factors, e.g. length of unemployment, confidence, training need, employability index score.

Client interval

As of 31 January 2005, the Team had completed 66 client interval assessments. The following summarises client progress:

- confidence when engaging with the Team had improved with 63% (35) rated high/very high and only 2 individuals demonstrating very low confidence
- belief in ability to get a job had increased (39% compared to 35%); with only 8% (3) demonstrated very low compared to 6% (6)
- ability to undertake training had improved with the majority – 58% (38) – rated as high/very high compared to 47% (43) at baseline
- level of engagement with training and other interventions had also improved with 55% (36) rated as high/very high compared to 34% at the start of the programme
- clients attitudes had improved with 49% (33) described as quite or very positive compared to 39% (30); however an increased proportion had presented a negative attitude, i.e. 11% (7) compared to 8% (6)
- as for the baseline, the majority of clients continued to present realistic aspirations regarding the possible outcomes from participation, however, at interval this has increased to 65% (43) from 50% (48)
- 76% (50) had attended over 60% of their review meeting, with only 2 individuals attending less than 20%
- attendance at training/work experience was extremely high, with the majority – 50% (33) – attending >80%. A further 24% (16) had attended >60% of sessions. Only 2 individuals had turned up to less than 20%.

To date the Team's assessment had shown an overall improvement in all aspects related to moving closer to/or achieving employment. This assessment fits well with clients' own views on progression, and the fact that 61 clients are already in work (4 voluntary) and a further 23 have progressed to FE or further training, is a good sign of progression to date.

4.5 COMPASS Team focus group

4.5.1 Overview

Although referrals were slow to come through from the GPs initially, the Team stated that COMPASS has now surpassed its targets. The Team described the range of client registrations as wider than they originally envisaged, with a wider range of health issues being presented. The main working relationship has developed through the practice manager and not the GP as was originally envisaged. To date, this has not presented many problems but the team felt that they would possibly have had more registrations if they could educate GPs in the range of benefits that may occur as a result of participation. To date, the Team described the best practice relationship with Doctors Treadgold, Boyle and Duffy, highlighting the fact that they were volunteers to the pilot as the main reason. The amount of paperwork, described as time consuming and repetitive, was seen as the main pitfall.

The Team felt that roll-out was definitely an option. They highlighted the current model, which had changed from the original, as working well. The Team stated that improvements could be made in relation to the usage of the employability index ie it should be 'more scientific' and better reflect the journey towards employment.

The Team described the programme as a success, highlighting the following reasons:

- familiarity of surroundings
- flexible ambience
- informal/relaxed nature
- high level of client/broker contact
- consistency of interaction
- caring/supportive environment

4.5.2 Process and improvements

The Team described the process favourably, highlighting a variety of reasons including the:

- expansion across Greater Pollock
- high level of buy-in from practice staff
- good relationship with practice managers
- minimal impact on workload for the practice
- range additional services
- additional services that the practice can provide

Although working well, the Team noted some areas for improvement, especially around the relationship with GPs. They had always worked extremely well with Doctors Treadgold, Boyle and Duffy as a direct result of volunteering for the pilot. The Team felt that if they had more face-to-face contact with GPs, the process would further improve. Increased GP involvement would be a continued aim for the programme. The Team highlighted that the positive health related benefits that patients/clients were presented, e.g. less visits to the GP, reduction in medication, more positive attitude to life, could be used in the future to improve levels of engagement with GPs.

Since the focus group, further discussions with the team state that GP involvement has improved considerably, to the extent that GPs are acting as champions for the project.

Other cited improvements included:

- developing a quarterly newsletter to highlight the positive impacts – particularly important to provide GPs evidence of impact and benefit
- employability index to better reflect the nature of the journey that clients are going through
- reduce repetitive nature of form filling – although COMPASS was cited as better than some programmes
- COMPASS display board in each practice, presenting good news stories and case studies, and as a means to inform both patient (future clients) and practice staff

When compared to other initiatives, the Team stated that COMPASS was great. The case load was manageable and the model was now working well. The main guidelines for any roll-out would be the balance of the team, ie you need to be the 'right type of individual' to be able to mix with this client group.

4.5.3 Stakeholder relationships

All stakeholder relationships had improved and exceeded expectations since COMPASS started. In summary:

- practice staff – good sources of referrals, and the majority have bought into the programme. Best relationships were those that were pick up referrals on a face-to-face basis and where the Team have a physical presence at the practice
- GPs – minimal relationships at the beginning of the project, seemed to lack conviction. They do not see the benefits/big picture as yet – just another pilot. As the pilot has developed and expanded to cover the greater Pollock area and included more practices ie over the last six months there has been a higher level of GP involvement and advocacy for the project
- third parties – primarily dealt with GPDC and Reed In Partnership. Relationships described as improving since COMPASS started. Reed has recently become more actively involved because their client base has changed, and they now have targets related to health or incapacity benefits
- clients – excellent relationships to date. The Team described this as the most important aspect of the programme. The relationship with the client was built on trust and having it based at the GP surgery added to this. The voluntary nature of the programme, not losing employment benefit and having trust were seen as crucial elements in attracting and retaining COMPASS clients

4.6 Occupational therapist feedback

As of end January 2005, the occupational therapist had a 20 client caseload. Two clients had recently moved into employment and the remaining were at varying stages of the employment continuum.

The delay in finding a part time OT during the pilot has had minimal impact. Our discussion suggested that, although late, the post was filled at the right time for the pilot, as initially the number of clients requiring OT support would be insufficient to justify specialised support. At rollout, the OT could be required at the beginning of the project, this would ensure completeness of team and would provide sufficient time for training. It would also be possible for the OTs to work together across areas, sharing case loads to help provide a more widely available service.

COMPASS was described as “extremely different”, even in the future. The OT role was described as essential to bring the health care focus – which, without this, would be missing.

Although only in pilot stage, the team was described as well integrated and rounded, as it was easy for the OT to ‘fit in’.

The team currently operates a ‘joint approach’ to clients in that, although one employment consultant is the key contact, each client is introduced to all team members. This also ensures shared knowledge of the included across the team and helps to build confidence in the client in relation to their interaction with people.

At the time, the team identified the need to reduce the paperwork. This has now been addressed.

The changes to the team during the pilot were described as a challenge (ie one person from Jobcentre Plus replaced by 2 people). This was described as a challenging time for the team to ensure that clients continued to feel comfortable with the process and maintain the trust that had been established.

Another issue with the team related to the part time nature of the Jobcentre Plus posts, which was described as resulting in difficulties for the whole team to ‘get together’. For example, the new Jobcentre Plus consultants were only working one day per week and on different days.

In developing the team, it will be important in future to ensure ‘team training’ – and time is set aside for the team to meet and discuss clients. Since this was raised it has now been addressed.

4.6.1 OT client improvement

The most noticeable client improvement relates to confidence. The OT's group were described as "able to cope with a wider variety of issues". All clients who were categorised as the furthest away from the job market were described as having improved overall.

The OT felt they all had employment as an aim, which was described as a new phenomenon.

GP Surgery Feedback

5 GP Surgery Feedback

Currently three health centre and six GP practices are involved in the project, accounting for 21 GPs of which 16 have been active in referring patients. To assess the process and outcomes we interviewed (mix of face to face and telephone) a range of GPs and practice staff (managers and nurses) who were responsible for the highest frequency of referrals. The feedback below presents the aggregate views of 8 individuals.

5.1 Benefits

- GPs are very busy and self-referral is an advantage
 - The limited amount of paperwork is definitely a good thing, ie if lots of paperwork, it wouldn't happen
 - Nurses are very keen to get involved – lots of potential
 - Catches patients who are not going to the job centre – widens access
 - Catch those who don't have confidence to look for a job due to health care reasons – possibly catch longer term unemployed
- Wider client base, advantage of GP/nurse have direct knowledge of the patient and understand the underlying issues, eg medical problems, this may not always be the case within the job centre
- No impact on the surgery or the staff
 - Initial problems with rooms were sorted out and there is limited intrusion within the surgery from COMPASS team
 - Nurses have already referred a few patients
 - Catch those with other health issues
 - It's so easy/unobtrusive
 - Understand the root of the problem – take cognisance of the health issues
 - Provided us with access to additional services, eg stress centre, counselling
 - Long term – saves GP time – the majority of these patients would be “high dependents” – using GP and practice for more than just visits, taken up lots of time – more of a counselling services – the impact the project could have is very powerful
 - Viewed more positively (more trusted, less mandatory) than other employment
 - Don't lose benefits/benefits not affected
 - Lots of patient choice, not just seen as another job centre initiative

5.2 Process

- Works well, no problems
- No pressure on patient, if they want to get involved, they can – not mandatory
- Unobtrusive
- Not time consuming
- Easy to use/refer/fill out forms
- Good to have team coming into practice – need that hands-on approach
- The team make-up is important – they are the key connection – they have gained GP trust and this is important
- Majority of failure down to patient – some show high levels of interest initially
- Good platform for rollout:

“the fact that it was unobtrusive was crucial to it being accepted in the practice”

“the team [COMPASS] has been viewed as an extension of the services offered by the practice”

5.3 Improvements

- There needs to be further explanation – need to talk to patients and let them understand what the important aspects are
- Patients tend to be more chatty with the nurse and she could actually provide good information about COMPASS – they also have a longer appointment
- Need to highlight the quick turnaround – number in secured employment
- Letting people know can open the patient’s eyes and, since word of mouth is a key element of patients finding out about this, this area needs to be promoted
- Knowing benefits are secured also needs to be promoted
- The continued support aspect that a client receives in the job is an essential element and it would be beneficial for patients to know this happens
- Must emphasise
- More awareness raising
- Using current GPs as advocates/champions of the project. They all believe in it, that is very important – help engender more GP involvement
- Better, bigger posters
- Leaflets need updating – needs to promote outcomes, sell the benefits
- Case studies
- More feedback of good news stories
- Need to really promote that you don’t lose your benefits – this is a big thing for a lot of people on DLA/incapacity benefits

5.4 COMPASS team

- Very approachable
- Easy to work with
- Unobtrusive
- Extension to practice offering
- Information provision – keep people informed
- Trust team
- Don’t know that they come from different backgrounds, ie employment services
- Productive
- Additional resource
- Professional
- Very impressed

5.5 Environment

- Very important
- It's non-threatening
- Familiarity of surroundings
- Not 'forced into work'
- Important to have something in the surgery
- Proximity to 'programme centre' – clients feel they can just pop in
- No complaints

**Questionnaires and focus groups prompts
(Attached in hard copy only)**

- **Baseline**
- **Three months**
- **Six months**
- **Team base line**
- **Team interval**
- **Client focus group prompts**
- **Primary care prompts**