BACK ON TRACK

The aim of the Back on Track pilot was to establish if unemployed clients, particularly those on the Work Programme suffering with mental health issues, have improved health and employment outcomes as a result of additional CBT therapy alongside one-to-one employment support.

21 **COMPLETED** A PROGRAMME OF EITHER **1-2-1** OR **GROUP BASED CBT** ALONGSIDE **EMPLOYMENT SUPPORT**

70% HAVE **'RELIABLY RECOVERED'**

> "More open in discussions about feelings (with customers) discussed things not previously mentioned. Some customers have committed to CBT even when DNAing adviser appointments."
>
> ***Adviser***

> "Understanding me and my problems and getting solutions and tools to change in a positive way."
>
> ***Participant***

> "Gave me more confidence which can be seen by family, friends and others."
>
> ***Participant***

n|compass northwest
looking towards a brighter future

BACK ON TRACK

Katie was referred for CBT from Blackpool Council's Healthy Futures work Programme Team. She had been out of work for 12 months. She reported feeling high levels of anxiety which was affecting both her confidence and mood.

She had also been isolating herself from friendship groups and further detaching herself from other support networks.

Despite recently qualifying as a teaching assistant she was avoiding applying for any employment opportunities due to her high anxiety levels.

Katie engaged fully in a 12 week course of Cognitive Behaviour Therapy focusing primarily on strategies to address avoiding applying for work, understand and improve anxiety and increasing her self-esteem.

She successfully completed the programme and reported improved anxiety and wellbeing and has since successfully secured employment at a local school, which has further improved her self-esteem and mood.

CASE STUDY

75% REPORTED **IMPROVED MOTIVATION** TO WORK

35% OF THOSE COMPLETING A PROGRAMME OF SUPPORT **SECURED EMPLOYMENT**

> "Thank you for reminding me that life is not about waiting for the storm to pass, it's about learning to dance in the rain."
>
> ***Participant***

Back on Track

n|compass northwest
looking towards a brighter future

n|compass

looking towards a brighter future

Back on Track Evaluation Report

2017

Contents

Background

The number of people living in Blackpool who claim either Employment and Support Allowance (ESA) or Incapacity Benefit (IB) is greater than the national average. Statistics published in 2015 revealed that out of the 18,990 working age benefit claimants residing in Blackpool, 1,830 were claiming an active benefit i.e. Job Seekers Allowance compared to 11,140 who were claiming either ESA or IB. 12.9% of Blackpool's working age benefit claimants are in receipt of either ESA or IB, compared to the national average of 6.2%.

Nationally, a total of 150,000 ESA claimants with a recognised mental health issue have been placed on the Department of Work and Pensions (DWP) Work Programme, yet only 5% of this specific group of people have been helped into work, compared to the Programme's overall success rate of over 24%.

The relationship between mental health, self-esteem and unemployment is widely acknowledged. Emerging research suggests that interventions such as Cognitive Behavioural Therapy (CBT) not only reduces the negative effects of unemployment on an individual but also, in many cases, improves their chances of successfully regaining employment. Furthermore, research studies have concluded that group CBT training could improve mental health and produce tangible benefits in job-finding (Proudfoot et al, 1997).

N-compass Northwest delivers a range of both holistic and therapeutic services to disadvantaged individuals. Members of the n-compass senior management team have a wealth of experience with regard to successfully co-locating CBT Therapists within regional DWP Work Programmes. The results of such initiatives demonstrate improved health and employment outcomes for individuals who are offered CBT therapy alongside one-to-one employment support.

N-compass approached Blackpool Council in 2016 to ascertain whether they would consider jointly funding the Back on Track pilot. This scheme would co-locate a CBT Therapist with Blackpool Councils Work Programme thus ensuring the appropriate support for those individuals on the programme who also have a mental health concern. Blackpool Council delivers the governments mandatory Work Programme locally and aims to assist long term unemployed individuals into sustainable jobs by increasing their prospects of securing employment. In brief, the programme provides support with CV writing, job searching, improving basic skills such as ICT, literacy and numeracy and interview techniques

Aims of Back on Track

The aim of the Back on Track pilot was to establish whether unemployed clients; particularly those on the Work Programme with recognised mental health issues, have improved health and employment outcomes as a result of accessing CBT alongside one-to-one employment support.

The 'Back on Track' pilot aimed to demonstrate and provide evidence in three key areas:

1) resolving mental health needs at the first point of contact, even when this isn't in a healthcare setting, allows long term unemployed people on sickness related benefits (ESA) with mental health conditions to recover sufficiently that work becomes a realistic choice;
2) that this pilot does bridge the existing gap between mainstream welfare to work services (DWP) and current NHS services (DoH)

3) local not-for-profit services aligned with mainstream health/employment services can achieve sustainable employment for individuals that are engaged on this programme.

Anticipated Outputs & Outcomes

N-compass recruited and co-located a CBT Therapist within the Work Programme. The aim of this approach was to overcome some of the issues within the current DWP Work Programme delivery model by:

i. Working with a minimum of 40 long-term unemployed people, referred by the Work Programme team, who were claiming ESA and experiencing mental health problems.
ii. Providing each eligible participant with up to twelve sessions of either 1-2-1 or group based CBT
iii. Monitoring improvements in emotional health and wellbeing and motivation for work through the use of validated tools at both the beginning and end of treatment;
   - WEMWBS; measuring improvements to mental well-being
   - PHQ-9; clinical tool for assessing and monitoring depression severity
   - GAD-7; screening and severity measure for generalised anxiety disorder
   - WSAS; Work and Social Adjustment Scale
   - IAPT Phobia scale
   - Work Star & ENQ; measuring motivation to work
iv. Helping 13 participants to enter sustained employment.

Delivery Model

The intervention pathway and eligibility criteria for support was agreed and communicated to both the Work Programme and Healthy Futures Advisers as possible referral agents at the outset of the pilot. Blackpool's Healthy Futures programme offers similar employment support to the Work Programme but to specific groups of individuals such as those recovering from substance abuse.

Furthermore, the CBT Therapist also delivered a presentation to all Advisers which explained; what CBT is, who can benefit from it, the types of issues it can address and how to identify suitable participants. In addition, the CBT Therapist facilitated conversations between potential participants and their Advisers in order to help identify eligible individuals.

Once referred, the CBT Therapist undertook a comprehensive assessment with each participant. The assessment covered a range of areas including; reason for referral, how the participants current emotional wellbeing impacted on their daily life (including their ability to work), identification of goals and completion of a range of validated tools aimed at monitoring not only improvements in each participants emotional health and wellbeing but also their motivation to engage in employment. The assessment was followed by up to 12 sessions of either 1-2-1 or group based CBT.

Commonly referred to as Talking Therapy, CBT is effective in treating a wide range of emotional/mental health and wellbeing issues. Primarily, it examines how an individual thinks about a situation, how these thoughts affect the way the individual feels, which in turn affects the way they behave. A CBT Therapist works with an individual to help them make links between what they do, think and feel and can be instrumental in providing support to enable them to make positive changes in the way they think ("Cognitive") and the way they act

("Behaviour"). Behavioral techniques such as gradual exposure to difficult situations are often used within CBT to support this change.

For example; Anne has been out of work for 18 months following a period of ill health. As a result, her self-esteem has been impacted and she lacks confidence when applying for jobs. She wakes each morning thinking "What is the point in applying for any of these jobs? I'm never going to get one." These thoughts (cognition) in turn impact some more on her self-worth (feelings) and prompt her to pull the covers over her head and stay in bed (behaviour). This behaviour is likely to compound her negative thoughts, which in turn will increase her feelings of low self-worth and make her feel even less likely to get out of bed. A vicious cycle is the result - continuing to think and act the same way creating a learned helplessness.

CBT can be delivered on a 1-2-1 or group basis. 1-2-1 CBT offers individuals a more personal exchange than group therapy. It focuses on specific issues presented by the individual. The Therapist responds and listens to concerns, as appropriate, endeavouring to create an active therapeutic environment. This therapeutic environment and relationship is the "corner stone" to successful individual therapy.

Group CBT regularly involves simultaneous interactions with group members in a more open situation. This open interaction with other group members can dissolve the alienation individuals can sometimes feel when experiencing emotional/mental health and wellbeing issues. Belonging, acceptance and approval are among the most important and universal of human needs. Many people with emotional issues have often not experienced success as group members. Group CBT can help individuals feel more accepted and valued for the first time. This can often be a powerful healing factor as individuals replace their feelings of isolation and separateness with a sense of belonging. Another advantage of group CBT is that members are encouraged to listen, provide reassurance, give feedback, challenge and offer support to others. Many of these skills are required in the workplace

Outputs

Throughout the pilot, the following outputs have been realised;

***1-2-1 CBT**:*

- ✓ 57 individuals were referred for 1-2-1 CBT
- ✓ 26 individuals were referred from the Work Programme and 31 individuals from Healthy Futures
- ✓ 32 participants were male and 25 participants were female
- 7 participants were aged 18-24 years old, 16 were aged 25-34, 8 were aged 35-44, 21 participants were 45-54 and 5 participants were aged between 55-64 years old.
- ✓ Of those referred, each individual was unemployed for an average of 3.5 years. (This ranged from participants who had never worked to those that had been out of work for between 1 month and 25 years)
- ✓ 44 participants met the CBT Therapist for an initial assessment
- ✓ Of the 44 that met with the CBT Therapist, 20 were from the Work Programme and 24 belonged to the Healthy Futures.
- 37 individuals were taken onto the caseload; 14 were from the Work Programme and 23 belonged to the Healthy Futures.
- ✓ 7 participants were deemed inappropriate for reasons such as; severe and enduring mental health issues, lack of motivation to engage in CBT and intoxication. These resulted in referrals into more appropriate services

- ✓ 17 participants (39%) came to a planned ending i.e. the CBT Therapist was able to collect baseline and end outcome data utilising monitoring tools. Of which 5 were Work Programme participants and 12 belonged to Healthy Futures
- ✓ Of those that dropped out of treatment, 9 were Work Programme participants and 11 belonged to Healthy Futures.
- ✓ 72% of all 1-2-1 sessions offered were attended. (A total of 281 1-2-1 sessions were offered throughout the duration of the pilot and a total of 201 were attended)

***Group Based CBT**:*

- ✓ 5 individuals were referred for group based CBT
- ✓ 3 individuals were referred from the Work Programme and 2 individuals were referred from Healthy Futures
- ✓ 2 participants were male and 3 participants were female
- 0 participants were aged 18-24 years old, 3 aged between 25-34 years old and 2 participant was aged 55-64 years old.
- ✓ Of those referred, each individual was unemployed for an average of 2 years. (This ranged from participants who had never worked to those that had been out of work for between 2 to 6 years)
- ✓ 5 participants met the CBT Therapist for an initial assessment
- ✓ 5 participants were enrolled on the programme however, 1 participant terminated their involvement following the first group based CBT session
- ✓ 4 participants (80%) came to a planned ending, completing group based CBT
- ✓ 10 individual group sessions were offered across the duration of the pilot to this group of individuals. Of the 10 sessions, 2 individuals attended all 10, 1 individual attended 9 of the 10 (missed 1 session due to personal circumstances), and 1 failed to complete the group, dropping out at session 8.
- ✓ The participant that dropped out belonged to the Work Programme

Outcomes

Throughout the pilot, the following outcomes have been realised;

1-2-1 CBT

17 individuals (38%) came to a planned ending i.e. the CBT Therapist was able to collect baseline and end data using validated outcome monitoring tools.

- ✓ Of those that came to a planned ending 6 (35%) secured paid employment
- ✓ Of the 6 that secured employment 5 were from the Work Programme and 1 belonged to Healthy Futures.
- ✓ Of the 6 participants that secured employment, 1 has sustained employment for 6 months, 1 has sustained employment for 4 months, one individual has sustained employment for 2 months, one for 1 month and 1 participant has been in employment for 1 week. At the time of writing this report all 6 participants remain in employment
- ✓ A further 5 participants who commenced but did not complete a full course of CBT have successfully secured employment. Of these, 3 were Work Programme customers and 2 belonged to Healthy Futures
- ✓ Both baseline and end Work Star/ENQ scores were available for 15 out of 17 participants. This data confirmed a marked improvement with regard to motivation for

employment in 83% of individuals. Using Work Social Functioning Scales 100% reported improvement in this area

- ✓ 94% reported improved mental wellbeing (using SWEMWEBS)
- ✓ 88% reported reduced depression
- ✓ 94% reported reduced anxiety
- ✓ 88% reported reduced phobia symptoms

Group based CBT:

Of those that came to a planned ending;

- ✓ Of the 4 that engaged in group therapy, 1 secured employment; the individual that dropped out at session 8. This participant was a Work Programme participant.
- ✓ Of the 4 that engaged in group therapy, 3 individuals came to a planned ending (75%)
- ✓ 67% of participants showed improved motivation for work (using Work Star or ENQ scores) however through the use of Work Social Functioning scales 100% of participants reported improvement in this area
- ✓ 67% reported improved mental wellbeing however there is disparity between this score and improved mood and anxiety scores;
- ✓ 100% reported reduced depression
- ✓ 100% reported reduced anxiety
- ✓ 100% reported reduced phobia symptoms

The % improvements reported above includes all those individuals that declared a difference between their first and last scores on questionnaires tailored to address their specific condition i.e. PHQ-9, GAD-7, IAPT Phobia scales.

The Improving Access to Psychological Therapies (IAPT) for people with depression and anxiety disorders states an individual needs to meet a clinical threshold on depression and/or anxiety scales to meet 'caseness'. For example, a score of 10 or more on the PHQ-9 and 8 or more on GAD 7 would meet caseness;

- ➢ Of the 49 participants that began 1-2-1 or group based CBT, 98% met 'caseness'

IAPT also measures moving to recovery in terms of the number of individuals completing treatment that move from above to below the caseness threshold i.e. to be recovered, an individual must have a score of less than 10 on the PHQ 9 and less than 8 on the GAD 7 at the end of their treatment;

- ➢ Of those that completed CBT treatment, 70% moved to below the caseness threshold. IAPT data for May 2017 records that 50% of participants moved to recovery.

In addition to moving to recovery, IAPT measures reliable improvement. An individual is deemed to have shown reliable improvement if there is a significant improvement in their condition following a course of treatment irrespective of caseness. This is measured by the difference between their first and last scores on the questionnaires, for example if they move at least 6 points on the PHQ-9 and 4 points on the GAD-;

- ➢ Of those participants that completed treatment 80% reported reliable improvement

An individual has reliably recovered if they meet the criteria for both the recovery and reliable improvement measures. That is, they have moved from being a clinical case at the start of

treatment to not being a clinical case at the end, and there has been a significant improvement in their condition; for example moved at least 6 points on the PHQ-9 and also have a score of under 10 / moved at least 4 points on the GAD-7 and have a score of under 8 at the end of treatment;

- 70% of those individuals who completed treatment moved from being a clinical case to below the threshold and showed significant improvement in their condition. IAPT data for May 2017 confirms that 66% of individuals who finish a course of treatment showed reliable improvement.

A higher proportion of participants have shown reliable improvement opposed to those that have moved to recovery; this is because reliable improvement only looks at the scale of change in isolation and does not consider whether the individual has moved below the clinical caseness threshold. This is also reflected in IAPT datasets. An individual can notice considerable improvements yet does not meet the IAPT definition of being 'reliably recovered'.

Feedback

Throughout our work with participants, we have actively sought feedback through the use of anonymous feedback forms. From the 21 feedback forms received we can report that;

60% felt that the CBT had moved them closer to securing employment

81% felt the CBT Therapist knew how to help them

94% said they would recommend CBT to a friend

In addition to this feedback we encouraged individuals to comment on the service they had received. Some did this by submitting their comments on our feedback form, whilst some chose to pass on their thoughts verbally;

'Thank you for reminding me that life is not about waiting for the storm to pass, it's about learning to dance in the rain' Customer

'This service needs to be more readily available to others' Customer

'Chris was really helpful. I was reluctant to start CBT as I had previously had CBT sessions with a lady, but it was not as effective. I have learnt more with Chris and gained more confidence and techniques to calm me down. I didn't think I needed it at first, but I did. Massive THANK YOU!' Customer

'Gave me more confidence which can be seen by family, friends and others' Customer

'Understanding me and my problems and getting solutions and tools to change in a positive way' Customer

Survey

In order to further investigate the benefits of offering CBT alongside a work programme we compiled responses from a questionnaire presented to both individual participants and Work Programme/Healthy Futures staff.

Five staff members from either the Work Programme/Healthy Futures were asked the following questions;

1. *Did you fully understand the eligibility criteria for CBT?*

   Most respondents reported a good understanding of the eligibility criteria for CBT whilst one seemed unsure.

2. *Was it easy to arrange CBT for your customers?*

   The majority of respondents felt that it was easy to arrange CBT, referring to the benefits of having the Therapist at hand to discuss a possible referral whilst one respondent cited the length of the referral form as a barrier. One respondent was unclear on how many appointments an individual can miss before being discharged referring to inconsistency in approach.

3. *Was the referral picked up in a reasonable time frame?*

   All respondents felt that the referrals were picked up in a reasonable time frame.

4. *What difference do you think the CBT therapy has made to the customers you referred?*

   Most respondents reported that they could not see any significant difference in their customers following CBT. One respondent said they had received good feedback and their customer/s were more positive within their interactions.

5. *Do you think the CBT intervention has increased your customer's motivation to work? If so, how do you know/how can you tell?*

   Most respondents reported that they could not see any significant difference in terms of motivation to work whilst one stated that CBT has helped their customer/s look at other issues which in turn has ensured work remains a possibility.

6. *Do you think the CBT intervention has improved your customer's health and wellbeing? If so, how do you know/how can you tell?*

   50% of respondents stated that their customers had not been in receipt of CBT long enough for them to realise the benefits. The other 50% stated that their customers were more open about their feelings, disclosing things they had not done previously and that it had helped customers to utilise coping strategies. One respondent referred to customers maintaining appointments with the Therapist yet failing to make Work Programme Adviser appointments.

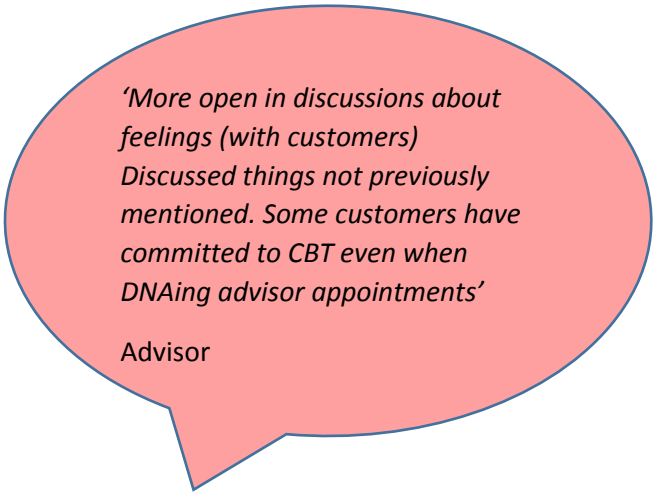
7. *What benefit do you see in this provision being available to your customers from within the same building?*

   All respondents felt it was a great benefit having a CBT Therapist in the same building citing familiarity and ease in respect of liaising and communicating with the Therapist with regard to customer attendance and progress. One respondent referred to being able to ensure both the Adviser and Therapist was 'singing from the same hymn sheet.'

8. *Any other comments about the Back on Track pilot?*

   Several suggestions were made in response to this question;

   - CBT Therapist whom is familiar with working with other types of client groups to be aware of the nature of the work with unemployed customers and the level of support and coaching required to help them attend appointments and increase their motivation.
   - Some clarity regarding when an individual that has failed to attend would be discharged.
   - Some clarity regarding whether therapy is or isn't suitable for individuals that have been out of work for long periods of time.
   - It may not be appropriate to ask Work Programme Advisers to support with the collation of baseline clinical scores prior to therapy as Advisers have limited knowledge of the service and this could contradict their own objective regarding fitness for work.



Questionnaires were returned from three participants that had received 1-2-1 support from the CBT Therapist; one was completed by a participant that completed a full course of CBT and went on to secure employment, one was completed by a participant who completed a full course of CBT but did not secure employment and one was completed by a participant that did not complete CBT and did not secure employment. All were asked the same questions;

1. *How many sessions of CBT did you have?*

   One respondent could remember how many sessions they had (10 sessions) whilst the other two stated they had many sessions over a number of weeks.

2. *Did your Adviser explain CBT to you?*

   All respondents felt that their Adviser explained CBT to them

3. *How quickly were you seen by the CBT Therapist?*

   All respondents stated that they were seen quickly

4. *Did the frequency of appointments with the CBT Therapist meet your needs?*

All respondents felt the frequency of appointments met their needs. One mentioned that the reduction to fortnightly appointments were not as effective as weekly sessions.

5. *Was the room suitable?*

   All respondents stated that the room was suitable. One stated the building move was a challenge but they did get used to it.

6. *Did you understand that you were being referred for CBT to help you get closer to securing employment?*

   All respondents understood why they were being referred for CBT. One added that whilst they are not in paid employment they had moved onto volunteering 4 days per week.

7. *Do you feel that CBT has moved you closer to securing employment? If so, how so?*

   All respondents felt that CBT had moved them closer to securing employment. One said *'I am more confident which has helped me with the volunteering and I have got strategies which help me to cope. I used to be isolated and now I feel more confident to go out'* whilst another said '*yes, I have now secured a part time job as a lunchtime supervisor at a primary school. The CBT support helped me to prepare for the interview'.*

8. *Do you feel that CBT has improved your health and wellbeing? If so, how so?*

   Two respondents felt CBT had improved their health and wellbeing. One stated they felt more confident. The other respondent felt that whilst it had improved their wellbeing and as a result they had successfully secured part time employment, they did however feel that they may need to return to CBT in the future to address other issues.

9. *How else do you feel the CBT has helped you, if it did help you?*

   One respondent didn't really know and the others cited learning coping strategies and techniques to calm anxiety prior to an interview/work place meeting.

10. Did it help that the CBT Therapist was based in the same building as your Adviser?

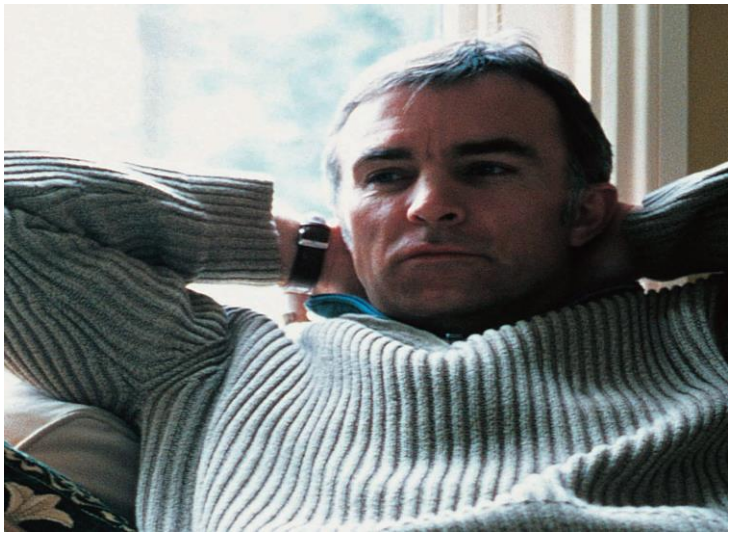
    All respondents felt that this was beneficial. One stated *'It was nice to see my Adviser because he sometimes saw me when I came out of the session and he asked me how I was going on'*

11. Would you access CBT in the future if you felt you needed this kind of support?

    All respondents said they would access CBT in the future. One stated *'I feel more men should access CBT as it may stop them going down the wrong road'.*

Case Studies

Case Study One



A male attended for a CBT assessment following a referral from the Work Programme. He had been out of work for over 12 months. He explained that his anxiety and low mood had become problematic and was affecting other areas of his life. He also stated that he had recently lost a close family member and had recently been made unemployed. He scored 12 on the GAD test indicating moderate levels of anxiety. He presented with moderate levels of depression and anxiety. He successfully completed a course of CBT and reported that his anxiety and mood had greatly improved. This was also evidenced by both GAD and PHQ tests scoring zero. He has since secured voluntary work and has full time employment pending.

Case Study Two

A young woman was referred for CBT from the Healthy Futures programme. She had been out of work for 12 months and reported feeling high levels of anxiety which was affecting both her confidence and mood. She had also been isolating herself from friendship groups and further detaching herself from support networks. Also, despite recently qualifying as a teaching assistant, she was avoiding applying for any employment opportunities due to her high levels of anxiety.

She engaged fully in a course of CBT focusing primarily on strategies to address avoiding applying for work, understand and improve anxiety and increasing self-esteem. She successfully completed treatment reporting improved anxiety and wellbeing and has since successfully secured employment at a local school further improving self-esteem and mood.

Conclusions

The overall aim of the Back on Track pilot was to establish whether unemployed individuals, particularly those on the Work Programme who had a recognised mental health issue, benefited from improved health and employment outcomes as a result of additional CBT alongside one-to-one employment support. We can now report that;

The majority of those who engaged in CBT and completed a programme of either 1-2-1 or group based support have experienced improved health outcomes;

- 97% reported reduced symptoms of anxiety (GAD-7)
- 90% reported reduced symptoms of depression (PHQ-9)
- 94% reported reduced phobia symptoms (IAPT Phobia Scales)
- 80% reported overall improved wellbeing (SWEMWEBS)
- 70% have 'reliably recovered' using IAPT's definition.

Where individuals did not show improvement, this was due to reasons such as experiencing a long term health condition that continued to impact on their mental health, recent changes in circumstance, new issues emerging such as bullying in the workplace, loss of accommodation and the involvement in child protection issues.

Furthermore, the majority of individuals who engaged in CBT and completed a programme of either 1-2-1 or group based support have shown increased motivation for work;

- Utilising the ENQ or Work star, where baseline and end data are available, 75% have shown improved motivation.
- Utilising the Work & Social Adjustment Scale which measures a participants perception of how their condition affects their ability to do day to day tasks including being at work, 100% reported that their ability to work was less impaired on completion of treatment.

Of those that completed treatment 6 participants (35%) went onto secure employment. They have each been in employment for various lengths of time and all remain in employment at the time of writing this report. This outcome is particularly notable given the national picture regarding individuals who have a recognised mental health condition and are on the DWP Work Programme. Nationally, 5% of this marginalised group of individuals have been helped into work, compared to the 24% overall success rate for participants of the DWP Work Programme.

A further 6 participants who started CBT but did not complete a programme of support went onto secure employment however it is hard to quantify how much of an influence CBT had in these cases.

Although it is difficult to demonstrate whether or not those individuals who successfully secured employment did so because CBT was introduced to their return to work journey, there is a growing awareness regarding the relationship between mental health and work; people with mental health issues are much less likely to be in paid employment (Marwaha & Johnson, 2004; Rinaldi *et al.*, 2011) and those who have been unemployed for at least six months are more likely to develop depression or other mental health conditions (Paul & Moser, 2009; Diette *et al.*, 2012). Furthermore, emerging research suggests that interventions such as Cognitive Behavioural Therapy (CBT) not only reduces the negative effects of unemployment on an individual but also, in many cases, improves their chances of successfully regaining employment.

The Back on Track pilot supported both Work Programme and Heathy Futures participants. Comparing the two cohorts, 52% of the Healthy Futures participants completed CBT with 48% dropping out. 36% of Work Programme participants came to a planned ending with 64% dropping out. The dropout rate is 28% higher in the Work Programme participants. We have determined this may be as a result of those on the Work Programme being mandated. Whilst CBT therapy is not part of the Work Programme mandate, participants may be persuaded to engage in order to demonstrate their commitment to finding employment. This is further reflected in the therapy sessions; the CBT Therapist has identified that Heathy Futures participants were often more ready to engage in personal development and change. This could be explained by this cohort of individuals being previously involved in various behaviour change programmes i.e. drug and alcohol services and CBT workshops.

Given the data produced within in this report, it is reasonable to conclude that the Back on Track Pilot has been successful in demonstrating that CBT alongside employment support improves mental wellbeing and work and social functioning. As a consequence of this, individuals that have been supported have, by their own acknowledgement, moved closer to securing employment.

Lessons Learned

Whilst Back on Track has been a success and achieved the anticipated aims and objectives, there have been many valuable lesson learnt along the way.

Pre-therapy Workshops

Some of the individuals referred to CBT initially presented as ambivalent or unsure of how talking therapies could help them. Initial assessment sessions therefore became focused on engaging clients into treatment rather than the presenting problem and how this impacts on work. This subsequently affected dropout rates as those not ready for treatment remained ambivalent.

A future option maybe to offer a pre-therapy workshop designed to inform, support and engage those individuals that are ambivalent and in pre-contemplation regarding change. This would hopefully support them to move towards active contemplation in readiness for treatment.

CBT Practice

Although it is not usual to introduce employment goals into standard CBT practice, the CBT on offer as part of this pilot did address work issues at an early stage i.e. considered how the individual's symptoms were a barrier to work. However, user experience questionnaires, particularly those completed following group CBT sessions highlighted that whilst individuals felt better post therapy some were unsure as to whether this increased their chances of finding work. For future reference, securing work ought to be more explicit in the therapeutic process i.e. consistent reminders with regard to how work can be beneficial to recovery, can offer structure and enhance an individual's self-esteem. The action plan used to record goals identified by the participant could be more detailed with a greater focus on returning to work i.e. gradual exposure to work related tasks and activities.

Collaboration with Work Programme Advisers

Through the use of validated outcome tools, user experience questionnaires and the survey which was specifically devised to support this evaluation, participants reported improved mental health. However, these improvements have not been recognised by the Work Programme/Healthy Futures staff who also took part in the survey. The majority of staff reported little improvement in terms of participant's mental wellbeing

Furthermore, whilst those completing treatment reported increased motivation to find work, Advisers felt that CBT had not markedly improved participants motivation to find work. This is in stark contrast to the work and social functioning improvement data.

To address this disparity, it would be useful to introduce more formal multi disciplinary case reviews involving the Therapist. Progress including wellbeing data and any concerns could be shared. This may help to 'bridge the gap' by sharing appropriate information therefore supporting Therapist and Adviser collaboration whilst improving team dynamics.

Relapse Prevention Support

Upon completion of CBT and on entry to work, follow up CBT could be offered focused on relapse prevention approaches. Entering employment for the first time or following a period of unemployment can present many new challenges with the risk of old thinking patterns and behaviours resurfacing. This may help those that secure employment to sustain it.

Recommendations

This pilot has demonstrated the need for talking therapies such as CBT to be offered alongside employment support. Of those that were referred 98% met the clinical threshold on depression and/or anxiety scales. Further, it has demonstrated that this type of support has reliably improved mental wellbeing (in 70% of cases) whilst supporting often vulnerable individuals to return to work.

We therefore recommend that Blackpool Council seek to embed a therapeutic element to any future welfare to work programmes in the borough. The evidence of impact is clear. Whilst this may not fall within scope of the Health and Work Programme to go live early 2018, it is our recommendation that Blackpool Council consider additional resource to support those that are unlikely to benefit from a more traditional employability response.

We recognise that it may not be viable to continue the co-location of a full time CBT Therapist. An alternative solution would be to provide CBT workshops and 1-2-1 therapy incorporating all learning from the pilot on a needs basis. If these were required costs could be provided for workshops, 1-2-1 CBT per individual engaged and relapse prevention support.

Chris Berry & Joanna Solanki