

Annex 1: Best Practice

Example 1: Family Nurse Partnership Programme

Name of Measure	Member State
Family Nurse Partnership programme	United Kingdom
End Purpose of the Measure	
<p>The Family Nurse Partnership (FNP) is a licenced model of intensive, nurse-led home visiting for vulnerable, first time, young parents. Family Nurses visit parents from early pregnancy until the child is two years old, building a therapeutic relationship with the mother-to be and guiding parents to change their health behaviours, improve care given to the infant and become economically self-sufficient.</p> <p>The programme focuses on improved outcomes across three areas:</p> <ul style="list-style-type: none">• improving outcomes in pregnancy and birth• enhancing child health and development• improving parent’s life course and economic self sufficiency <p>The FNP is currently being tested in 10 areas in England, and will be extended to 20 further pilot sites in 08-09.</p>	
Main Results in summary	
<p>Our early learning suggests that the FNP has high take up, that it is welcomed by practitioners, and that it can lead to positive changes in behaviour, relationships and well being. An independent evaluation will be published shortly.</p> <p>FNP is a licensed programme developed over 27 years in the US by Professor David Olds. In the US the programme¹ has been subject to three large scale randomised control trials to evaluate the impact of FNP on both short and long-term outcomes.</p> <p>Results suggest that the FNP programme is highly cost-effective. Outcomes include improved quality of mothers’ prenatal diets, reduced smoking, heavier babies (among mothers aged 14-16), home environments more conducive to emotional and cognitive development, fewer cases of child abuse and neglect, fewer subsequent pregnancies and longer intervals between births of first and second children. At long term follow-up at age 15, children whose mothers had been enrolled on FNP showed fewer arrests and convictions/violations of</p>	

¹ In the US the FNP is known as the Nurse Family Partnership.

probation, fewer cigarettes smoked, and fewer behavioural problems linked to use of drugs and alcohol.

Targeted Beneficiaries	Policy Focus
General Population <input type="checkbox"/>	Social Exclusion <input checked="" type="checkbox"/>
Children <input checked="" type="checkbox"/>	Healthcare <input checked="" type="checkbox"/>
Single-parent Families <input checked="" type="checkbox"/>	Long-term Care <input type="checkbox"/>
Unemployed <input type="checkbox"/>	Governance <input type="checkbox"/>
Older People <input type="checkbox"/>	
Young People <input type="checkbox"/>	Geographical Scope
Disabled People <input type="checkbox"/>	National <input checked="" type="checkbox"/>
Immigrants / Refugees <input type="checkbox"/>	Regional <input type="checkbox"/>
Ethnic Minorities <input type="checkbox"/>	
Homeless <input type="checkbox"/>	Implementing Body
Specific Illness/disease <input type="checkbox"/>	UK Government –
Other [Please specify:] <input checked="" type="checkbox"/>	<i>Department for Schools, Children and Families and Department of Health</i>
First-time young mothers <input type="checkbox"/>	

Context/Background to the Initiative

There had been several important reviews both in the UK and overseas examining evidence on the effectiveness of home visiting interventions during pregnancy and the first 3 years².

None of the programmes reviewed had demonstrated the level of short and longer term impacts as the Nurse Family Partnership model developed by David Olds in the US. Pilots and demonstration projects based on, or drawing from, the NFP approach are already being developed in several different countries including Australia, the Netherlands and Germany.

Selecting the NFP programme was shown to provide the best possible chance of that the health-led parenting support demonstration projects achieve positive outcomes. The piloting of the FNP programme in the UK was announced as part of the Social Exclusion Action Plan in September 2006.

² See for example: Bull, J et al (2004) Ante- and post-natal home visiting programmes: a review of reviews. Health Development Agency; Sutton, C. et al (2004) Support from the Start. DfES RR524; Olds, D et al (2006) Programmes for Parents of Infants and Toddlers: Recent Evidence from Randomized Trials.

Details of the Initiative	
1.	<p>What is/was the timescale for implementing the initiative?</p> <p>The piloting of the FNP programme in England was announced as part of the Social Exclusion Action Plan in September 2006. The programme is being piloted at ten sites and, after a promising start, a further £30 million has been allocated to extend the programme over the next 3 years. A further 20 sites were announced in March 2008, of which 10 will be research sites testing the impact of FNP in the UK through a randomised control trial.</p> <p>The evaluation of the programme is expected to report in 2009. The Department of Health is currently tendering for an RCT due to start in Spring 2009.</p>
2.	<p>Specific Objectives</p> <p>The programme focuses on improved outcomes across three areas:</p> <ul style="list-style-type: none"> • improving outcomes in pregnancy and birth • enhancing child health and development • improving parent’s life course and economic self sufficiency
3.	<p>How did the initiative address these objectives?</p> <p>FNP is a positive, strengths-based intervention. Family Nurses work with a toolkit that facilitates their interactions with young mothers and their families, including exercises such as “my special qualities”, “beliefs about parenting” and “My Dream Sheet”.</p> <p>Home visits focus on three major activities:</p> <ul style="list-style-type: none"> • Promoting improvements in women’s (and other family members’) behaviour thought to affect pregnancy outcomes, the health and development of the child (including attachment and competent care of the child), and the parents’ life course (including family planning, educational attainment and opportunities to gain employment) • Helping women build supportive relationships with family members and friends • Linking women and their family members with other services they need. <p>FNP is delivered by specially trained Family Nurses – nurses, usually from a</p>

midwifery or health visiting background who have taken additional training in the FNP model. Each practitioner has a caseload of approximately 25 mothers. The Pilot project focuses on first-time mothers under the age of 20, though some areas have additionally trialled FNP with mothers up the age of 24.

In the UK, FNP is a core element of the Child Health Promotion Programme, and forms a key part of delivering a progressive universal service, offering intensive and structured home visits to the young mothers that need them most. Participation in the programme is entirely voluntary. There has been significant interest in the FNP programme from local areas in the UK.

Monitoring and Evaluation

How is/was the measure monitored/evaluated?

In the UK, the delivery of the FNP programme is being evaluated by Birkbeck College, London. The evaluation will focus on implementation, deliverability, take-up and costs, while looking at the short-term impact on mothers' and children's health. The evaluation is expected to report in 2009.

The Department of Health is currently tendering for an RCT due to start in Spring 2009.

Outcomes

1. To what extent have the specific objectives been met?

It is too early to draw conclusions on FNP's impact on outcomes, but early signs are promising. Our early learning suggests that the FNP has high take up, that it is welcomed by practitioners, and that it can lead to positive changes in behaviour, relationships and well being. An independent evaluation will be published shortly.

2. What obstacles/risks were faced in implementing the initiative?

As the UK starts to deliver a second wave of pilot sites, it will be important to:

- Continue to recruit the right people (especially the local supervisor)
- Allow sufficient time for set up
- Establish clear systems for recruiting clients early
- Ensure clear communications with other services

	<ul style="list-style-type: none">• Streamline information collection
3.	How were these obstacles and risks addressed?
	Our early learning from implementing the first ten sites has informed the preparation for the next 20 test sites.
4.	Were there any unexpected benefits or weaknesses?

Example 2: Provider led Pathways to Work

Name of Measure		Member State	
Provider led Pathways to Work		United Kingdom	
End Purpose of the Measure			
Reducing the number of customers claiming Incapacity Benefits (IB) by one million over the ten years up to 2015/16, by moving people into sustained employment, and supporting the Government's aim of achieving an employment rate of 80%.			
Main Results in summary			
<p>Central to the welfare reform agenda is to build on the success of the Pathways to Work service by rolling it out nationally by April 2008, primarily through the private and voluntary sectors. The project implemented Provider-led Pathway to Work in 31 districts between December 07 and April 08 providing additional help and support for many on a mandatory basis and on a voluntary basis for the most severely ill or disabled IB customers. In summary, Pathways to Work will provide additional help through:</p> <ul style="list-style-type: none"> · five additional mandatory monthly Work Focussed Interviews in the first eight months of the benefit claim; · tailored, job-focused support, including help to manage mild to moderate health conditions, especially in relation to work; · supporting voluntary customers to find and keep work that is provided currently by New Deal for Disabled People (NDDP); and · a Return to Work Credit. 			
Targeted Beneficiaries		Policy Focus	
General Population	<input type="checkbox"/>	Social Exclusion	<input checked="" type="checkbox"/>
Children	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>
Single-parent Families	<input type="checkbox"/>	Long-term Care	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Governance	<input type="checkbox"/>
Older People	<input type="checkbox"/>	Geographical Scope	
Young People	<input type="checkbox"/>	National	<input checked="" type="checkbox"/>
Disabled People	<input checked="" type="checkbox"/>	Regional	<input type="checkbox"/>
Immigrants / Refugees	<input type="checkbox"/>	Implementing Body	
Ethnic Minorities	<input type="checkbox"/>	Partnership involving Work Welfare Employment Group (WWEG), Jobcentre Plus and private and voluntary sector	
Homeless	<input type="checkbox"/>		
Specific Illness/disease	<input type="checkbox"/>		
Other people of working age who are claiming Incapacity Benefit	<input checked="" type="checkbox"/>		

Context/Background to the Initiative

The welfare reform Green Paper, *A new deal for welfare: empowering people to work*, published in January 2006, outlined a fundamental reform of the welfare system and proposed a wide range of measures to:

- create a climate of proactive support to assist customers back to work;
- promote a positive customer experience; and
- remove some of the complexities around benefit administration.

Central to the welfare reform agenda is to build on the success of the Pathways to Work service by rolling it out nationally by April 2008, future provision being delivered primarily through the private and voluntary sectors.

Pathways to Work combines a balanced package of rights and responsibilities, which aims to target a number of the health-related, personal and external barriers a customer may have to overcome in order to return to work. It is an important contributor to the Government's objectives to:

- **Help a million people move off IB over ten years;**
- Reduce the gap between the percentage of disabled and non-disabled people in work;
- Half the number of children in relative low-income households between 1998-99 and 2010-11, on the way to eradicating child poverty by 2020; and
- Increase the proportion of all working aged people in work to 80 per cent.

It is also the foundation for the introduction of Employment Support Allowance (ESA) that will replace IB for new customers in 2008.

Details of the Initiative

1. What is/was the timescale for implementing the initiative?

- The initiative was introduced in a phased start-up:**
- **Phase 1 on 3 December 2007 in 15 districts**
 - **Phase 2 on 28 April 2008 in the remaining 16 Districts.**

2. Specific Objectives

The project's objectives were to:

- implement Provider-led Pathways to Work in 31 Jobcentre Plus

districts by April 2008 including testing customer choice and supporting City Strategy consortia, supported by robust contractual arrangements in line with normal procurement timescales and standards;

- identify necessary products, agree them with stakeholders and ensure that they are delivered to a set of defined quality standards within agreed timescales and cost parameters;
- **enable business benefits to be realised through delivery of efficient, effective business processes;**
- **ensure Jobcentre Plus engages effectively with Department for Work (DWP) strategy to influence and contribute to design decisions;**
- **ensure that the project is co-ordinated effectively with other interrelated projects, activities and systems; and**
- **develop performance business information systems that will assist in the evaluation of programme outcomes, and to improve the communication of best practices.**

3. How did the initiative address these objectives?

Managed change using Prince2 Methodology.

Provider-led Pathways built on the Pathways to Work service for IB customers delivered in 18 Jobcentre Plus Districts, by procuring the major part of the service from private and voluntary sector providers in the remaining 31 Jobcentre Plus districts. A phased start-up was adopted:

- **Phase 1 – 3 December 2007 in 15 districts**
- **Phase 2 - 28 April 2008 in the remaining 16 Districts,**
- **Customer choice where two contracts have been awarded in each of three Phase 2 districts.**

This included contracting Providers to:

- **deliver five mandatory Work Focused Interviews in the first eight months of a customer's claim:**
- **provide tailored, job-focused support for new and repeat Incapacity Benefit customers covered by the mandatory regime, including help for customers to better manage their health condition, making them more job-ready**
- **provide help and support to voluntary customers to find and keep work; and**
- **manage and monitor compliance with the mandatory regime and assist Jobcentre Plus with the sanctions process.**

Strong stakeholder support and involvement particularly from Finance, Corporate and Estates Directorate and Operations. Products, deliverables and services are approved by key stakeholders. More specifically:

- **All products went through a review process to ensure it meets quality standards and signed off by stakeholders**
- **Senior stakeholder engagement with Providers, including attendance by Ministers at Provider launch events.**
- **Strong support from Department of Health (DoH) to ensure that Provider CMP arrangements meet required standards.**
- **Project Board chaired by senior Operations Director.**
- **Project attended User Assurance Group chaired by a senior Operations Manager, this ensured operational issues were addressed.**
- **Strong links established with ESA Programme at working and management levels**
- **Strong links established with the Transformation Community and with IT Providers to ensure that systems were in place.**
- **On-going operations/responsibilities migrated to WWEG Contracted Provision Delivery Team and Jobcentre Plus Products Division.**

Ensured that Project Dependencies were identified, managed and reviewed through strand leader liaison, Checkpoint Meetings and Project Board.

- **Internal Dependencies – Jobcentre Plus Finance and Operations to manage and pay RTWC awards and Providers; Procurement to manage and monitor Provider operations; HR to manage headcount requirements and L&D products; IT system owners to incorporate required IT changes (Specific systems are Customer Management Service, Labour Market System, Contracting Funding System, Incapacity Benefit Screening Tool, Decision Making System/Business Information System and the Provider Allocation Tool); Transformation Managers through whom Project is managing implementation and ESA to ensure their design fits.**
- **External Dependencies – ORC International for the Screening Tool; Atos Healthcare to deliver fastpath Personal Capability Assessments and Capability Reports; Providers to deliver expected outcomes; EDS to deliver system changes and DoH for assurance that providers' Condition Management Programme (CMP) arrangements meet clinical governance standards. The**

introduction of ESA and recent announcements around moving towards capability will increase the demand on Healthcare Professionals. However Providers are committed to providing this service and Contract Managers are working with providers to ensure that they deliver to contract.

Monitoring and Evaluation

How is/was the measure monitored/evaluated?

Evaluation will follow the model used for Jobcentre Plus Pathways, which will:

- focus on quantitatively measuring the impact on exits from benefits, employment and earnings
- include a process evaluation to learn about how providers are using new flexibilities and their effect on outcomes; and
- involve research with all key stakeholders including Pathways participants to explore their understanding and experience of the programme.

The overarching objective of the evaluation reflects the Critical Success Factors which have been proposed for Provider-Led (PL) Pathways:

- to help more customers into work more quickly; and
- to ensure that once in work, customers have the best chance of not returning to income-related benefits

The main focus of the evaluation will be to assess the effectiveness of the package of interventions as a whole, although the evaluation will also explore the operation of different elements of the provision.

Within this, primary objectives for the evaluation will be to:

- assess the overall impact of PL Pathways
- examine the effectiveness of PL Pathways relative to Jobcentre Plus-led Pathways
- examine how the processes work, for example, the hand-off from the first WFI in Jobcentre Plus
- examine what PL provision actually is and what kinds of interventions work and for whom
- assess the impact of PL Pathways on different groups, in particular identifying whether there is any evidence that the 'harder to help' are not being adequately supported
- assess the cost effectiveness of PL Pathways

	Robust evaluation data will not be available until late 2009/early 2010 which will enable benefits realisation to be assessed.
Outcomes	
1.	To what extent have the specific objectives been met?
	All the objectives have been achieved. PL Pathways service for IB customers has gone live in all 31 Jobcentre Plus districts on time, on quality and with an increased Net Present Value.
2.	What obstacles/risks were faced in implementing the initiative?
	<p>Risks were managed using DWP methodology throughout the life of the project. The top 5 risks are listed below:</p> <ul style="list-style-type: none"> • That there is adverse publicity of the Department's performance and/or policies in the media and in Parliament. • Providers may not have the capability or capacity to deliver Provider-led Pathways service for go-live. • Insufficient capacity from key Procurement, Finance, HR and IAD Expert Domains to complete activities to support project's planned go-live. • The project will not have sufficient skilled staff with relevant skills to deliver Provider led Pathways • Proportion of new and repeat IB customers referred to providers, and or quality of referrals falls below expected levels. <p>One major obstacle was that two of the providers who between them cover the three districts where customers will have a choice went into administration. CED colleagues worked with replacement Providers to ensure customer choice was not affected. In one of the Choices Districts customer choice was not be fully functioning from go-live in April 2008 but was available from the time that customers are mandated to the intensive WFI regime with providers.</p>
3.	How were these obstacles and risks addressed?
	<p>A strict governance regime was put in place. This included:</p> <ul style="list-style-type: none"> • A jointly resourced project, between Jobcentre Plus and DWP. • Monthly formal Checkpoints which, together with strand lead telekits and assurance certificates from both Jobcentre Plus and Providers provided, via the Project Manager, an escalation route through to Project Board. • Reporting arrangements were in place to report progress.

	<ul style="list-style-type: none"> • Escalation routes were provided by Project Board and Portfolio Governance Board.
4.	<p>Were there any unexpected benefits or weaknesses?</p> <p>The Project has captured lessons on an ongoing basis and following Operational Readiness Review phase 1 conducted a thorough review to identify the main lessons that could be learned. Some examples;</p> <p><u>What went well:</u></p> <p>The OGC Gateway Review 4: Readiness for Service Review also noted a number of key areas where the project demonstrated examples of best practice, specifically:</p> <ul style="list-style-type: none"> • Close working relationships between the Senior Responsible Officer, Programme Director, Programme Manager and Jobcentre Plus Programme Manager; • Collaborative working, achieving early buy-in from the operational business; • Early provider engagement, mitigating the risks arising from the short time period between contract award and go-live. <p><u>What to do differently next time;</u></p> <p>It would have been useful to Providers in their understanding and planning if the Implementation Plans which were sent to District Managers were also discussed and shared with Providers. The simplified “Customer Journey” would have been useful for external groups ensuring consistent messages and understanding of a common vision for customers.</p> <p><u>Action Taken</u></p> <p>Lessons learned from Phase 1 were used to inform the design and arrangements for Phase 2 throughout Phase 2 development and implementation. The network of business areas put in place continues to help in identify issues for quick resolution, learn from past successes and focus on areas for special attention. Contract management Memos were communicated to both Providers and CM simultaneously which helped to improved communications and receipt of same knowledge between the two groups.</p> <p>Between 18 and 22 February OGC undertook an independent assessment of PL Pathways readiness to go live with Phase 2 on 28 April 2008. They made the following positive comment:</p>

	<p><i>“A number of stakeholders suggested that this programme is a model of Welfare Reform Change Implementation. The Review Team shares this view. This programme should be cited as an exemplar for how policy is taken forward and delivered into the business within Jobcentre Plus. This is a significant achievement and we suggest that the Senior Management and Programme Team consider how best to celebrate this success in due course.”</i></p>
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Example 3: Money Matters Financial Learning Project (Inverclyde)

Name of Measure		Member State	
Money Matters Financial Learning Project, Inverclyde		Scotland	
End Purpose of the Measure			
Promoting financial learning and capability through a range of approaches.			
Main Results in summary			
<p>Partnership working across a local authority area has been successful in engaging and delivering financial learning to over 359 individuals in groups. Almost 300 individuals have been supported to reclaim bank charges through the project.</p> <p>The project has been most successful in engaging people via existing organisations. It discovered quickly that “people don’t sign up to money courses out of the blue”. In other words, posters and advertising do not work to encourage people to access financial learning. (Sufficient time should be allowed to establish and develop relationships with organisations.)</p> <p>By working with community groups whose members already know one other or who share similar concerns, the project has been able to give advice informally, which in turn leads to groups engaging further in the subject and being more responsive.</p> <p>Clients have been most responsive when they felt comfortable. The tutors have therefore taken a flexible approach both to course content and delivery and opened up issues for discussion in a friendly manner</p>			
Targeted Beneficiaries		Policy Focus	
General Population	X	Social Exclusion	X
Children	X	Healthcare	<input type="checkbox"/>
Single-parent Families	X	Long-term Care	<input type="checkbox"/>
Unemployed	X	Governance	<input type="checkbox"/>
Older People	X	Geographical Scope	
Young People	X	National	<input type="checkbox"/>
Disabled People	X	Regional	X
Immigrants / Refugees	X	Implementing Body	
Ethnic Minorities	X	A partnership including: Inverclyde Council, Citizens Advice Scotland, Department for Work and Pensions	
Homeless	X		
Specific Illness/disease	Not yet		
Other [Please specify:]	<input type="checkbox"/>		
Context/Background to the Initiative			
Inverclyde is an area of high deprivation.			
Money Matters Inverclyde was established in March 2006 by the Inverclyde Financial Inclusion			

Partnership, with funding and resources from the Scottish Government's Financial Inclusion Fund.

Details of the Initiative

1. What is/was the timescale for implementing the initiative?

The project began in March 2006.

It is ongoing until end of August 2008, subject to funding review.

2. Specific Objectives

The services are aimed at vulnerable groups within the most deprived local areas, and are delivered both in schools and the local community with adults and young people.

The overall objective of the project is to improve service users' financial capability and management of their finances. Staff at Money Matters note that people using their money advice service may not use any type of bank account, nor possess any financial product such as insurance and may have problems with high levels of debt, particularly from "sub-prime" sources such as doorstep money lenders.

The project specifically offers:

- **impartial money and debt advice;**
- **financial learning; and**
- **advice on pensions, benefits and the Child Trust Fund.**

3. How did the initiative address these objectives?

At the beginning of the course, tutors explore with individuals what they need and want to learn and then tailor the learning around this. Activities are designed around practical case studies.

Topics covered in the courses include budgeting skills, cost of credit, credit unions, banking, benefits, consumer rights and money handling skills. Courses available during 2007 included:

- **Maintaining a Tenancy**
- **Dealing with your Bills**
- **The Cost of Credit**
- **Managing your Money**
- **Employment and Money and**
- **Online Banking**

Money Matters Inverclyde has piloted a course that gave learners accreditation in the core skill, communication, under the Scottish Credit and Qualification Framework. Staff noted that accreditation added to learners' confidence and sense of achievement and contributed to their motivation to access more learning.

Recruitment of learners

Money Matters Inverclyde works with a range of organisations in the area, delivering learning to existing groups belonging to those organisations. (Relationships with these organisations have led to increased referrals for one-to-one support.)

Resources used

Money Matters Inverclyde has developed a wide range of resources including worksheets, activities and case studies. It also uses existing online resources such as money advice websites. These help to make learning interesting and non-threatening for learners, as well as offering practical advice and support that can be applied to individuals' own situations.

Partnership working

The Inverclyde Financial Inclusion Partnership is a key partnership initiative established in 2005/06 to promote financial inclusion throughout the Inverclyde area. Partners include Inverclyde Council, Citizens Advice Scotland and the Department for Work and Pensions. Citizens Advice Scotland and the local authority's adult literacy and numeracy partnership employ trained staff to work as part of Money Matters Inverclyde and deliver financial learning.

Money Matters Inverclyde has established links with a wide range of organisations in the local area, including existing education providers, such as Adult Learning and Literacies and Community Learning and Development teams, support services for recovering drug users, Social Services and their own debt advice and support service team.

In addition to this, the project is building links with local credit unions, in order to encourage local people to open up a credit union account. Though staff note that it is taking time to build this relationship, they feel that opening a credit union account will complement financial learning well, by encouraging learners to save.

Monitoring and Evaluation

How is/was the measure monitored/evaluated?

Attendance records are kept.

Project details (including attendance figures and details of the clients) are entered into spreadsheets for overall analysis.

Participants fill in feedback forms which provide qualitative and quantitative data to support quarterly and annual reporting to the Council. This evaluative feedback also supports further development of the service.

Outcomes

1. To what extent have the specific objectives been met?

Monitoring and evaluation show that the service is having an impact on learners in several areas including:

- Increased awareness of financial issues and responsibilities, for example the steps involved in maintaining a tenancy
- Signposting of learners to other services, including Money Matters' money advice service
- Increased awareness and understanding of alternative financial products, such as credit union accounts, with some learners subsequently opening accounts

	<p>Learners spoke of feeling more motivated and confident after engaging in courses and said they felt more in control of their finances.</p> <p><i>“I learnt to say no to buying things all the time. I’ve learnt how to make my money last longer.”</i></p> <p>29 people have received one-on-one financial education</p> <p>241 people have attended group workshops (groups included: Financial Education Bingo (aimed at pensioners), Teen Cash Class (for schools), Online Banking (in libraries), and workshops for staff)</p> <p>295 individuals received assistance in reclaiming in bank charges (almost £100,000 between them)</p> <p>118 people have attended longer courses lasting between 3 and 12 weeks including budgeting skills, handling money, banking, cost of credit, consumer rights and benefits awareness.</p>
2.	<p>What obstacles/risks were faced in implementing the initiative?</p> <p>As this was the first project of its kind in the area, it was initially difficult to communicate to potential clients what the service offered. Many people had never heard of financial education.</p> <p>Putting up posters and advertising courses on local radio and in the press did not work. Even offers of free taxis and crèche places for clients did not work.</p>
3.	<p>How were these obstacles and risks addressed?</p> <p>The service found success by organising meetings with existing groups and delivering awareness-raising to the clients and staff of other organisations. This led to increased interest and take-up of offers of service.</p> <p>Tailoring courses and resources for existing groups, for example a group of people with learning disabilities, was very successful in achieving the service’s and the group’s objectives.</p>
4.	<p>Were there any unexpected benefits or weaknesses?</p> <p>Through the financial education program in schools, staff at Money Matters Inverclyde have also been able to reach parents who may otherwise be difficult to reach. For example, they have encouraged schools to participate in Money Week and been able to engage with parents at open days.³</p>

³ In 2006, the Scottish Centre for Financial Education (SCFE) at Learning and Teaching Scotland (LTS) launched 'Money Week', a resource for financial education in Scottish primary schools.

It is based on a themed week where every class does some work on issues related to money. This involves a whole school approach to planning, preparation and delivery, and enables the school to link all aspects of the curriculum to the Week's central theme of developing financial capability. It is also an opportunity to include visits to the local community and visitors coming into school, including parents, business people and others.

Example 4: Social Firms

Name of Measure		Member State	
Social Firms		United Kingdom	
End Purpose of the Measure			
Paid employment for people at most disadvantage in the labour market			
Main Results in summary			
<p>Social Firms, whose values are enterprise, employment and empowerment, are social enterprises committed to employing people who have the greatest difficulty getting a job in mainstream labour market. This includes people with learning difficulties or mental health problems, people who are homeless or who have prison records. As market-led enterprises, Social Firms trade for profit, and then recycle the profit to create more jobs. People are paid at market rates. The number of Social Firms is constantly increasing and in 2007 there were over 150 Social Firms providing some 1600 full time equivalent jobs, over half of which were held by people at most disadvantage in the labour market.</p>			
Targeted Beneficiaries		Policy Focus	
General Population	<input type="checkbox"/>	Social Exclusion	<input checked="" type="checkbox"/>
Children	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>
Single-parent Families	<input type="checkbox"/>	Long-term Care	<input type="checkbox"/>
Unemployed	<input checked="" type="checkbox"/>	Governance	<input type="checkbox"/>
Older People	<input type="checkbox"/>	Geographical Scope	
Young People	<input type="checkbox"/>	National	<input checked="" type="checkbox"/>
Disabled People	<input checked="" type="checkbox"/>	Regional	<input type="checkbox"/>
Immigrants / Refugees	<input type="checkbox"/>	Implementing Body	
Ethnic Minorities	<input checked="" type="checkbox"/>	Each Social Firm is an independent organisation. Social Firms UK is the national support agency for Social Firms.	
Homeless	<input checked="" type="checkbox"/>	www.socialfirms.co.uk	
Specific Illness/disease	<input type="checkbox"/>		
Other [Please specify:]	<input checked="" type="checkbox"/>		
Anyone at particular disadvantage in the labour market. This could include people with prison records or addiction problems.			
Context/Background to the Initiative			
The Social Firms concept developed in Italy in the 1970s and has gradually developed throughout Europe since then. In 1999 there were only 5 Social Firms in the UK, and			

supporter of the Social Firm business model set up Social Firms UK to facilitate the growth of the Social Firms sector in the UK. A Social Firm in the UK is defined as an organisation that ensures over 50% of its income is generated through trade and at least 25% of its employees would otherwise face severe disadvantage in the mainstream labour market.

Social Firms are now operating throughout the UK in a wide range of sectors, including hotel and catering, horticulture, recycling, retail, market research, travel, printing and packaging and manufacturing. Some have “externalised” from the public sector, usually the National Health Service or local government. Others have been developed by social entrepreneurs. Some are co-operatives, but more usually Social Firms are limited companies, community interest companies. Many are small but others have over 100 employees and a turnover of £1million.

Details of the Initiative

1. What is/was the timescale for implementing the initiative?

The development of the Social Firms sector is ongoing.

2. Specific Objectives

To create employment for people at most disadvantage in the labour market through the growth of successful, supportive enterprises.

3. How did the initiative address these objectives?

Social Firms generate income through trade and reinvest profits to create more jobs.

Monitoring and Evaluation

How is/was the measure monitored/evaluated?

Social Firms UK undertakes periodic mapping exercises of the sector, collecting data on the size and nature of individual Social Firms and the employment they create. Also, it has carried out research into the costs of supporting a disadvantaged person in a Social Firm, and the savings in public expenditure that occur when someone with mental health problems is employed by a Social Firm. Increasingly, Social Return on Investment methodology is being used to gather data on the wider impact of Social Firms.

Outcomes

1. To what extent have the specific objectives been met?

The number of Social Firms in the UK and the jobs they create, is growing. In 2007 there were over 150 Social Firms providing some 1600 full time equivalent jobs, over half of which were held by people at most disadvantage in the labour market .

There is some evidence to show that Social Firms are less prone to business failure than other small businesses. Social Firms UK has developed a “Values Based Checklist” that sets out the all Social Firms should meet⁴. In

⁴ See <http://resources.socialfirms.co.uk/files/resources/Values-Based%20Checklist%20for%20Social%20Firms.pdf>

	<p>early 2008 Social Firms UK launched its quality standard the “Star Social Firm”⁵. This externally accredited standard can be used by the Social Firms that meet it to market their products and services and increase their business. It also provides a sign to potential employees that “this is a good place to work”.</p>
2.	<p>What obstacles/risks were faced in implementing the initiative?</p>
	<p>Social Firms face many of the same obstacles and risks as any other small business. However, due to the very nature of Social Firms and their social mission, they must also have expertise in effective ways of supporting people at most disadvantage in the labour market, in addition to having entrepreneurial impetus and business skills.</p>
3.	<p>How were these obstacles and risks addressed?</p>
	<p>As the support agency for the sector, Social Firms UK has published a range of business tools and technical support documents on its website. It also offers advice and consultancy support.</p>
4.	<p>Were there any unexpected benefits or weaknesses?</p>
	<p>A study of a Social Firm in Scotland that employs and provides placements from people with enduring mental health problems has calculated that around £21,000 is saved by the National Health Service each year for every worker as a result of reduction in the need for counselling, therapies and hospitalisation. There has also been an estimate that the current level of employment sustained by the Social Firms sector as a whole results in a saving to the Exchequer of £6.4 million in benefits payments alone. This is of course in addition to the increase in confidence, independence, skills and experience and a work record that people working in Social Firms gain through employment that they might not otherwise have had.</p>

⁵ See <http://www.starsocialfirms.co.uk/>

Example 5: Improving Access to training & Employment for Homeless People

Name of Measure	Member State
<p>Off the Streets and into Work & St Mungos</p> <p>IMPROVING ACCESS TO TRAINING AND EMPLOYMENT FOR HOMELESS PEOPLE</p>	<p>UK</p>
<p>End Purpose of the Measure</p>	
<p>To influence how Government policies and practices need to change to effectively support people with multiple disadvantages, including those who are homeless, move towards suitable, sustainable and progressive employment.</p>	
<p>Main Results in summary</p>	
<p>There have been numerous research studies over the years from the UK, Europe and beyond, highlighting the main causes of homelessness, and what effectively needs to be done to address the issue. Research into employment and employment related training for homeless individuals has shown that:</p> <ul style="list-style-type: none"> • Most homeless people have multiple labour market disadvantages. Almost all have extremely low employability with around 10% of homeless individuals working.⁶ This compares against 75% of the overall population.⁷ • In 1986 St Mungo's conducted a survey of homeless people, and revealed that 83% had some form of paid employment. In September 2005, it was revealed that less than 5% have paid employment.⁸ • Those people with six disadvantages or more have a 90% plus risk of non-employment; and, those people with between three and four disadvantages have a 70% chance of being out of work.⁹ • Long-term unemployment is a much greater problem for homeless people with health conditions than it is for other homeless people. Of those people surveyed, 43% of homeless people with a disability, and 40% with a mental health condition, had been unemployed for more than 36 months.¹⁰ • Only one fifth (19 per cent) of homeless people are currently taking part in training or educational activity. This compares to nearly half (48 per cent) of people of working age currently participating in taught learning.¹¹ 	

⁶ Crisis website (2007) **Wider Policies, Work-related overview**

⁷ Crisis (October 2007) *In work, better off: next steps to full employment* Crisis, *Crisis' Response to the DWP consultation on the Welfare Reform Green Paper*

⁸ **St Mungo's (2006) Hard Work for Homeless People**

⁹ Institute for Social and Economic Research, (2004) *Taking the long view: the ISER Report 2003/4*

¹⁰ Inclusion (June 2006) *Employment success factors for homeless people with health conditions, Off the Streets and into Work*

¹¹ Department for Education and Skills (2005) 2004/05, *English local labour force survey*

<ul style="list-style-type: none"> • Six in ten homeless people have qualifications below Level Two or no qualifications. This is almost twice that of the adult population (32 per cent).¹² 	
Targeted Beneficiaries	Policy Focus
General Population <input type="checkbox"/> Children <input type="checkbox"/> Single-parent Families <input type="checkbox"/> Unemployed <input type="checkbox"/> Older People <input type="checkbox"/> Young People <input type="checkbox"/> Disabled People <input type="checkbox"/> Immigrants / Refugees <input type="checkbox"/> Ethnic Minorities <input type="checkbox"/> Homeless <input checked="" type="checkbox"/> Specific Illness/disease <input type="checkbox"/> Other [Please specify:] <input type="checkbox"/>	Social Exclusion <input checked="" type="checkbox"/> Healthcare <input type="checkbox"/> Long-term Care <input type="checkbox"/> Governance <input type="checkbox"/> <hr/> Geographical Scope National <input checked="" type="checkbox"/> Regional <input checked="" type="checkbox"/> <hr/> Implementing Body OSW and St Mungo's
Context/Background to the Initiative	
<p>Evidence gathered over the years consistently demonstrates how people with multiple disadvantages, including those who are homeless or at risk, have worse outcomes in relation to employment and employment related training, than the rest of the population as a whole. Although people who are homeless are recognised as an excluded group, Government does not reflect this in their identification of which priority groups need targeted specialised support. Consequently there are no specific national employment targets for people who are homeless and employment programmes are not being developed to address their specific needs.</p> <p><i>'What is needed still is a coordinated, cross-departmental Government policy/programme across England that fully addresses the well-known barriers in a flexible but effective manner, allowing access to the right support wherever someone is.'</i>¹³ Linda Butcher, CEO, OSW</p> <p>The need for more intensive support for people who are homeless and multiply disadvantaged is well documented. Services need to join up more effectively to support people with multiple barriers to employment. Listed below are two examples of good practice; one showing a single agency approach, and one demonstrating what a multi-agency approach should look like.</p>	
Details of the Initiative	

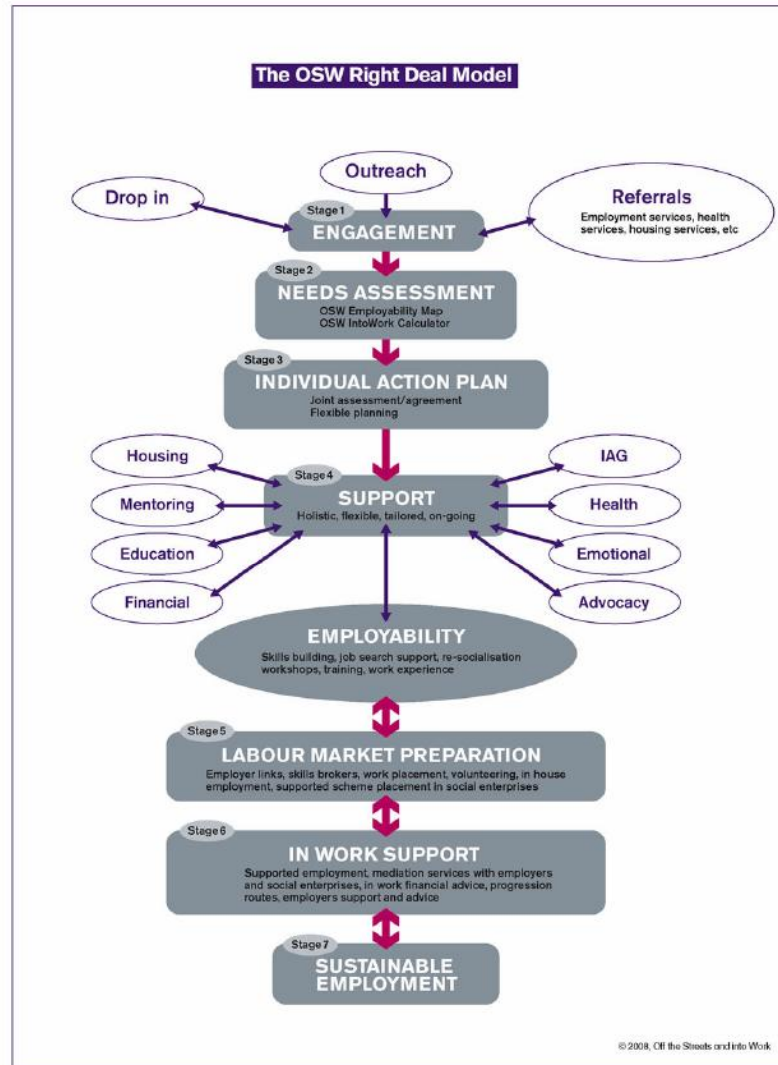
¹² Opinion Leader Research (July 2006) *Homeless people and learning and skills, participation, barriers and progression*, a report for Crisis

¹³ Fothergill M. (April 2008) *The Right Deal for Homeless People: Working towards suitable, sustainable and progressive employment*, OSW

1.	What is/was the timescale for implementing the initiative?
	<p>The Right Deal for Homeless People is the legacy from OSW's Equal funded TMD London programme. The timescale for launching this innovative piece of research was May 2008.</p> <p>The Pathways to Employment programme is being piloted from January 2008 at St Mungo's Cedars Road and Cromwell Road hostels. It will then be rolled out to three other projects between 2008 - 2009.</p>
2.	<p>Specific Objectives</p> <p>St Mungos - Pathways to Employment</p> <p>Pathways to Employment, is an ambitious new programme to help residents of supported housing on their journey towards realising their vocational aspirations. The programme delivers advice, training and daily activities directly within St Mungo's hostels. Residents write their own Pathways to Employment plan with their key worker and receive regular support from a vocational guidance and coaching specialist. They help to break down the plan into manageable stages and provide encouragement and advice along the way. The Pathway includes:</p> <ul style="list-style-type: none"> • An occupational health check. • An activities programme to provide people with meaningful occupation and helps them structure their time. • Basic skills training including numeracy, literacy and ESOL. • Key skills training - This includes helping people gains key skills employers require such as ICT skills and specific qualifications that many employers require such as Food Hygiene Certificates or Health and Safety training. • Life skills and personal development training. • Job Search, work experience and in-work support. • Referral to other skills and employment programmes. <p>Crucially the programme is integrated around housing and health interventions, which, mean that a holistic programme is tailored around each individual ensuring maximum impact and maximum value for money.</p> <p>Further information can be accessed at http://www.mungos.org/press_office/152_st-mungo-s-launch-pathway-to-employment-for-london-s-homeless-men-and-women</p> <p>Off the Streets and into Work - The Right Deal for Homeless People</p> <p>The Right Deal for Homeless People is intended to be a tailored, personalised programme for people with multiple barriers to employment, combined with holistic wrap-around support from front line delivery agencies. It will be an important tool in influencing what</p>

future services need to do to support those furthest away from the labour market into suitable and sustainable employment.

The Right Deal model featured here maps the different stages of employability for homeless people and the support provided to assist individuals to move away from homelessness and towards sustainable activity and employment. The analysis leads to the classification of seven stages of employability where support is holistically provided in different areas at the same time.



3. How did the initiative address these objectives?

Both of these initiatives have recently been developed, and the impact they will have on policy, practice and positive outcomes for homeless individuals will be measured over the coming 12 to 18 months.

St Mungo's

By providing new on site, in depth work and learning services in newly refurbished hostels, more activities will be more accessible to more people. We hope that 18 months into the programme:

- 50% of residents will have clear vocational direction and aspiration
- 30% of residents will be actively looking for work
- 10% of residents will be in paid employment.

OSW

The Right Deal for Homeless People was launched at a high profile event on 8th May 2008. The research will now support an ongoing, targeted policy campaign to pilot the recommendations in the report, and prove to Government that if services are funded and delivered in the right way, more homeless people will achieve sustainable, progressive work.

Monitoring and Evaluation

How is/was the measure monitored/evaluated?

St Mungo's are recruiting an evaluator to help assess the progress of the Pathways to Employment programme, and to plan its development, over the current year, and measure outcomes against targets.

OSW's Right Deal for Homeless People will in the first instance acquire funding to pilot the proposals, and then invest in a contemporaneous evaluation process, to report ongoing project delivery findings.

Outcomes

1. To what extent have the specific objectives been met?

N/A

2. What obstacles/risks were faced in implementing the initiative?

N/A

3. How were these obstacles and risks addressed?

N/A

4. Were there any unexpected benefits or weaknesses?

N/A