

Oranga Mahi -

Realising Employment through Active Co-ordinated Healthcare (REACH)

Key evaluation findings

June 2023

Evaluation of the Realising Employment through Active Co-ordinated Healthcare (REACH) service will inform future programmes supporting disabled people and those with health conditions towards employment. This paper summarises the key findings from evaluation, found [here](#).

Background

Disabled people and people with health conditions have lower rates of employment, lower median income and are more likely to be in precarious work. In the June 2022 quarter, the unemployment rate for those aged 15–64 years was 7.9% for disabled people¹ compared to 3.3% for non-disabled people. Returning to work after illness or injury is associated with improved health and wellbeing outcomes. Many people with health conditions would like to work and see employment as a central part of their recovery.



Initiative

Oranga Mahi is a programme of cross agency trials and services delivered in partnership with the Ministry of Social Development (MSD) and the health sector to support disabled people and those with health conditions to improve their wellbeing and enter sustainable employment. REACH was the first service trialed within Oranga Mahi.

REACH was a joint MSD and Waikato District Health Board (DHB) trial programme delivering integrated health and employment supports from May 2016 to June 2021, when the initiative ceased. The initiative aimed to assist people in the Waikato area on a main benefit with a medical deferral, to improve their wellbeing and return to sustainable work.

It offered a 20-week programme to support clients to set and achieve goals using cognitive behaviour techniques with the help of a Key Worker and daily contact with a Living Well Coach.

Scope of evaluation

Evaluation of REACH was carried out in 2020-2021.

This included:

- analysis of monitoring data from 18 November 2019 to the end of June 2021, supplemented with MSD administrative data
- qualitative evaluation was completed by Litmus Ltd, including interviews with 30 clients (whānau) and 27 interviews with REACH and MSD staff.

The evaluation assessed the initiative's design, implementation and short-term outcomes.

The key evaluation questions were:

- How well has REACH been implemented to achieve the intended activities and immediate outcomes?
- How can the implementation of REACH be improved?
- How well have MSD and health agencies enabled and influenced the implementation of REACH?
- How is REACH supporting the achievement of the desired short-term and medium-term outcomes?

The dedicated team and how they work

Key worker –

met weekly with the client to build strategies to manage health and mental wellbeing issues, especially anxiety, using Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT).

Living Well Coach –

available for daily contact, was a listening ear, and worked to establish healthy routines, goals and actions plans, and connected clients to other services, others from the REACH team and an MSD case manager.

General Practitioner (GP) –

clients visited their GPs with the Key Worker to review their action plans and check health needs.

Employment Coach –

supported clients to work towards employment once their health and wellbeing had stabilised. Following review in 2017, Waikato DHB introduced this role in 2018 but the role was vacant at the time of qualitative interviews.

Wellbeing Star –

a tool the REACH team used with clients to identify their goals, develop action plans, guide the support provided and track progress together. The Wellbeing Star tool was developed in the United Kingdom and has a solid evidential base.

Programme fund –

an MSD fund was available to enable clients to access support and services not covered by other MSD funding.

Key findings



More than half of those referred to REACH by MSD did not enrol

Clients were referred to REACH by MSD case managers. The referral process was easy for MSD case managers to use, and referrals increased in 2019 following targeted awareness raising for managers, and broadening eligibility criteria. However, more than half (53%) of those referred did not enrol in the programme; a third of these could not be contacted by the REACH team. The remainder of those who did not participate either declined to do so or were declined by the REACH service for various reasons.

Despite this the initiative was largely implemented as intended, with some pivots due to COVID-19

During the evaluation timeframe, nearly half of those referred, 171 clients, were enrolled into REACH and began receiving the service. REACH participants were mostly under 34 years old, non-Māori and lived with a mental health condition.

Establishment of dedicated support teams went well, with almost all clients having a dedicated team quickly established.

Referrals during the COVID-19 lockdowns decreased. The team shifted delivery of REACH during this time, supporting clients through phone check-ins and if needed, delivering supplies. Staff also supported other high-needs populations during lockdown periods.

Nearly two-thirds of participants completed the service, but we do not know if they achieved their goals

99 clients (65% of those exiting) 'successfully completed' the service - either by completing their maximum service duration, or achieving their desired outcomes (such as getting into sustainable employment, improving their health and wellbeing, or enrolling in study). However monitoring data does not appear to have accurately recorded whether clients met their goals or not. We do not know if those clients had met their goals or had reached the end of the service duration.

A third of those who left the service (51 clients) left early, without achieving goals. Monitoring data does not tell us much about why, except that 21 were dismissed by the provider and 12 withdrew. The qualitative evaluation found that some clients had exited early for health or family crises, but they appreciated being able to pause their participation in REACH and resume when ready.

Fewer Māori participants completed the REACH service than expected

Just under 43 percent of Māori participants successfully completed the service, compared to 65 percent overall. It is unclear in the data why this might be. The qualitative evaluation found that while Māori clients reported positive experiences with the service there was only one Māori REACH staff member and Māori cultural references are absent in REACH.

Clients valued regular contact and the relationships formed with the REACH team

They described REACH staff as relatable, good listeners and knowledgeable, and that relationships were built on trust and mutual respect. Daily contact helped build these relationships. Staff were encouraging, met clients face to face, made follow-up calls, provided options and advocated small steps towards achieving their goals.

Clients gained useful tools and strategies and valued the holistic, staircase approach

Daily contact and activities with Living Well Coaches also built structure into clients' days. Clients reported feeling less isolated and growing in confidence and self-belief. Most appreciated that the therapies used (CBT and ADT) were tailored to their own needs and ability to make changes, and identified their strengths and steps needed to progress towards their goals. The Wellbeing Star allowed clients to understand their goals, see their progress and identify areas to work on after leaving REACH.

Clients found the stepped approach more feasible than immediately aiming for employment goals. REACH enabled clients to work at their own pace to address health, wellbeing and other needs required to progress to employment or training.

Small, small really, really small steps. But it put everything out clearer for me on 'What do I do from here?' instead of just seeing it as a huge picture...

Clients reported improvements to health and self-confidence

Analysis of Wellbeing Star scores shows that most participants' scores improved in several of the 8 domains of wellbeing during their time in REACH. While there are some limitations to using this tool to measure change, the qualitative evaluation confirmed positive wellbeing outcomes from REACH. Interviewed clients reported:

- increased confidence
- positive lifestyle changes and skills to self-manage their health
- improved health and wellbeing, especially anxiety and depression
- greater links to support services as well as confidence engaging with them
- more engagement with their communities.

The REACH service addresses gaps for clients with mental health issues and created positive pathways towards work

Clients enrolled in REACH with substantial needs. Many interviewees reported significant mental health and wellbeing needs, poor confidence and skills to engage with others.

REACH staff and MSD case managers reflected that increased confidence and improvements in health are necessary for clients to be ready to seek work. In some cases they felt the programme had changed long-held beliefs about not being able to work, and in others it had provided a daily structure that changed how clients spent their time, focusing them on achieving goals, which may subsequently enable them to work towards employment.

REACH clients reported significant gains considering their level of their needs on entry to the programme; for many it appeared a stepped process may over time lead to employment. Most of the 30 clients interviewed reported improving their work readiness, such as applying for jobs, confidence about job interviews, starting in education or voluntary work.

Movement into employment on completion of the service was less evident

Only a few of those interviewed had entered employment at the time of the evaluation. Future work using the Integrated Data Infrastructure (IDI) will assess the impact of the REACH service on detailed employment, income, education, and health outcomes.

While employment outcomes are less evident at this time, the qualitative evaluation found that clients had progressed on the pathway to work readiness, with the expectation that some will gain employment after leaving the service. Most clients suggested this would not have happened without the support of the REACH programme.

**It's different from any other programme....
It's just an amazing programme for clients
just to be able to reach out and find that
support that they just can't get from
anywhere else.**

(MSD case manager)

**The confidence they gain from that
interaction sets them up. We often get
exits into work eventually.**

(MSD case manager)

Shared governance, commitment and adequate resources enabled effective collaboration between health and employment services

Structures supporting MSD and Waikato DHB's effective partnership included:

- Governance structures at national level, with the Oranga Mahi Board, Waikato DHB and MSD Service Design project team
- A shared vision of strengthening clients' health and wellbeing and enabling them to achieve their aspirations
- A co-design and adaptive learning approach which facilitated stakeholders to work effectively to strengthen delivery
- Efforts by REACH and MSD staff in Waikato to connect, share information and understand each other's complementary roles
- Time allocated at different levels in both organisations to support the programme and address any challenges, such as data sharing
- The role of the programme coordinator/regional health adviser who liaised and problem-solved across agencies.

More awareness and use of external service referrals and programme fund payments is needed

Only 12 percent of participants had accessed external services, while 21 percent of participants had accessed goods or services, such as GP visits, through a programme fund payment. This suggests limited use of these facilities, which aimed to support clients to make progress towards their agreed wellbeing and employment goals.

Clients' transition to exit could be improved

At exit, clients are linked back to their GPs and MSD case managers. Exit from the intensive REACH service can be unsettling for some clients, so the ongoing support for up to 20 weeks was valued. However the transition could be improved by a greater involvement from GPs and other services to provide a level of ongoing support for clients to continue to work on goals. There is no pathway back to the service for those who face new challenges.

Training is needed to increase MSD case managers' understanding of roles and responsibilities

MSD case managers have positive relationships with REACH staff, and their awareness of the service has increased over time. However, the evaluation indicated case managers in urban centres may have been less engaged with the service, perhaps reflecting time pressures or less close relationships with their clients. Training should aim to increase their understanding of roles and responsibilities, improve referrals, the exit process and consistency in engagement with the service in different locations.

GPs need greater awareness of the service and resources available

GPs wanted more information to better understand the support available for disabled clients and those with health conditions. GPs' greater awareness may also help them to better support clients once they leave REACH. The service should also allow referrals into REACH from GPs, as had been planned but deferred in 2020 given the impacts of COVID-19.

The Employment Coach role should be better used to progress towards employment outcomes where possible

An Employment Coach role was created in 2017 to provide greater employment-related support to clients. No data is available on the implementation nor impact of this provision; the Employment Coach role had been vacant for some time when qualitative fieldwork took place, and few interviewed clients knew of it. Provider feedback indicated the role was under-used. This may reflect lack of awareness, vacancy or that clients were not at the stage to look for employment. Many clients interviewed described health and mental health issues which meant they were not ready to seek employment.

The service should strengthen access for Māori, and align service design with te ao Māori

While Māori clients had been involved in the design of REACH, a lower proportion of Māori clients successfully exited REACH than expected. The evaluation recommended access for Māori is strengthened through recruitment of more Māori staff, aligning service design with te ao Māori, strengthening whānau-centred approaches and providing access to cultural training for REACH staff.



Limitations of the evaluation

The evaluation findings reflect the experience of those interviewed. More research is needed to explore how the service was experienced by those who left early, or those who left the service without achieving their goals, and what else (if anything) could have been provided to support them. Monitoring data did not record whether clients had achieved their goals when they exited the programme.

This evaluation did not assess long-term outcomes such as sustained employment, income, education, or health outcomes as part of this analysis. Work is underway to analyse the long-term impacts of REACH using data in the IDI.

Alignment with Te Pae Tata and Pacific Prosperity

MSD has an obligation to improve outcomes for Māori through Te Tiriti o Waitangi and Te Pae Tata – Our Future (MSD’s Māori Strategy and Action Plan). Te Pae Tata provides a clear direction on the importance of meaningful relationships with Māori to achieve better outcomes for Māori. MSD’s Pacific Prosperity strategy similarly guides work with and for Pacific people.

Pacific people make up 3 percent of recipients of health condition or disability related main benefits in the Waikato region. However, because very low numbers of Pacific people enrolled in REACH, we were not able to carry out sub-group analysis for this group. This means that we are unable to comment on how effective REACH was for Pacific peoples.

MSD acknowledges more work may be needed to ensure Māori and Pacific clients receive culturally appropriate services and are enabled by providers to reach their goals. While REACH staff had access to cultural advice from Waikato DHB kaumātua, and worked closely with the Māori needs assessment service coordinator, there was only one Māori REACH team member. The evaluation found Māori clients valued the use of te reo Māori by REACH staff and some Māori clients were supported to connect with te aō Māori. While designed as a person-centred approach, REACH staff did occasionally adopt a whānau-centred approach when this was identified as helpful for clients’ wellbeing.

The evaluation recommends more Māori staff, cultural training, strengthening whānau-centred approaches and ensuring Māori cultural references in REACH.

How MSD is responding to the REACH evaluation findings

The findings in this evaluation provide an opportunity for MSD to improve the programmes offered in Oranga Mahi, to better support disabled people and those with health conditions towards improved health and wellbeing and sustainable employment. The findings will inform future iterations of Oranga Mahi services. For example MSD will:

- ensure Māori and Pacific People cultural competency is strengthened across all Oranga Mahi trials and services
- consider how short intensive support services (REACH) compare with longer term less intensive programmes (Here Toitū), using planned impact analysis when this is available.
- strengthen the employment supports available
- consider how to increase visibility of services with General Practice teams, utilising MSD’s GP networks
- reassess eligibility and enrolment criteria, and referral pathways to improve the referral to enrolment rates
- consider best approaches to monitoring early in the design of programmes, and review current reporting requirements, to ensure good quality data is captured.

Lessons from the REACH trial will inform services

REACH ceased operation in 2021, but evaluation shows it was a promising service which led to improved health and wellbeing for clients who face multiple challenges. There is less evidence of employment outcomes. Learning from the evaluation will inform discussions with Health partners about the future of the REACH service. It will also inform other Oranga Mahi programmes supporting disabled people and those with health conditions to improve their wellbeing and enter sustainable employment.

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