WORKING WELL

2017

GMCA GREATER MANCHESTER COMBINED AUTHORITY

CONTENTS

EXECUTIVE SUMMARY

1 SQW was commissioned in 2014 to undertake a longitudinal evaluation of Working Well. This has involved monthly, quarterly, and annual reports. This is the third annual report.

The Working Well programme

2 Working Well began in March 2014. It started as a Pilot programme, intended to provide support to 5,000 Employment and Support Allowance (ESA) Work-Related Activity Group (WRAG) benefit claimants who had completed Work Programme. In April 2016 the programme grew to offer support to a further 15,000 people across a more varied client group. The Expansion to the Working Well programme is for ESA clients, but also for claimants of Job Seekers Allowance, Income Support and, lately, Universal Credit. Both programmes aim to improve the work readiness of the whole client base, achieving 20% of clients into work, and with 75% of those starting work sustaining employment long term.

3 At the heart of both Working Well programmes is the notion of providing intensive, personalised support, fully integrated into Greater Manchester's public services. There are various key elements to this: 'Key workers' for clients; Local authority based 'local leads', Integration Boards, and Local Delivery Meetings; and a Programme Office oversees the performance and strategic management of the programmes.

4 Some additional support services have been developed and targeted at Working Well clients since the start of the Expansion: a Talking Therapies Service (TTS), and Skills for Employment (SfE). These are now open to both Pilot and Expansion clients, although TTS has only recently become available for Pilot clients.

The Working Well Pilot

5 The client cohort is a complex one, with many clients having multiple severe barriers to work. Chief amongst these barriers are health issues, both mental and/or physical. It is not surprising then, that amongst the cohort of clients that were attached before the end of March 2015 (and therefore have all had the opportunity to have received the full two years of support), the vast majority have received some form of health support (90%). Over half of clients received skills and qualification-related support and/or employment support.

6 Related to this support, over half of clients saw improvements in relation to barriers around qualifications/skills (58%), work experience (57%) and bereavement (54%). The lowest level of improvement was for physical health, although almost 40% saw an improvement even here. Those areas where integration is generally felt to be strongest across those we consulted have mainly achieved higher proportions of clients reporting improvements to their barriers to work. The key workers thought that these shifts had been greater than on other programmes, which they attributed to:

- The personalised approach to delivery
- Promoting to clients how their mental health, wellbeing and social life would improve through resolving their barriers to work
- Being able to provide 'better off' calculations.

7 Some risks are emerging which could impact the programme:

- Although currently below the industry standard, a potential churn/high attrition of key workers, as the programme nears an end (naturally reducing in scale) but also for other (different, more secure or better paid) jobs, will threaten well developed relationships which take time to build
- A sense from some consultees that client to key worker ratios are nudging up, meaning less time being invested in each client
- In some areas the level of engagement between providers and local leads/integration boards was reported to have fallen back or was not as good as in other areas.

Job entry

8 By the end of March 2017, **527 clients had started a job**, with many in elementary or sales occupations (25% and 20%, respectively). Job starts can be split into three distinct phases over time:

- the programme built up to a peak in late 2015, just ahead of commissioning for the Expansion programme
- there was then a steady period thereafter, where job starts fluctuated between 15 and just below 30 per month for around 12 months
- since then, there has been a noticeable drop-off in job starts, with three of the four most recent months recording the lowest job starts since early on in the programme.

That the older caseload is apparently proving difficult to move in to work has implications for future design. It appears that many in this group require different or additional support to that offered so far. This need for different or additional support is being considered and developed by the providers and the Programme Office.

For those clients that joined the programme prior to April 2015, and so have received the maximum of two years of support to start a job, 13% (265) have entered work. This is somewhat behind the target of 20% for this

9 In part, the shortfall against the 20% target can be explained by a high number of clients that left the programme before receiving two years of support. The original estimates did not account for any early leavers. Almost 30% of those in Q1 to Q4 left early. If all early leavers are discounted from the target for job starts, then 18% of the remaining attached clients achieved a job start.

10 The emphasis for Working Well is for clients to sustain employment, whether in one job or across multiple jobs: 62% of those who started a job more than 12 months ago were reported as not having left their job in the 50 weeks thereafter[1]. This is below the 75% target.

11 Where a period of employment ends, this tends to be within six months of starting (83 of 109 people who left a job did so in the first six months, 76%), and especially the first three months (46%).

12 Statistical analysis indicates a range of factors that determine if people enter employment, namely:

- On characteristics:

➔ age – younger people are more likely to start work

➔ disability – those self-identifying as disabled are less likely to start work

➔ highest level of qualification – clients with higher qualifications are more likely to start work

➔ work experience – those that have never worked are less likely to start work than those that have.

- On presenting issues: access **to public transport, convictions, mental health, physical health and substance misuse.** In each case, the more severe these barriers were reported to be, the less likely clients were to start work.

13

The Working Well Expansion

The Expansion started recruiting clients in April 2016. To the end of March 2017 there had been 14,599 referrals to the Expansion, almost in line with the forecast for this point. Almost all referrals, 14,389 (98%), come through JCP, with work coaches referring clients to the programme. There have also been 203 referrals from GPs.

The overall level of referrals has varied substantially by month. This uneven profile was attributed to differing methods of communication between the providers and JCP as to the expectations for referrals over time and the types of clients that should be referred. There was some impact on the delivery of the programme. More recently, communications between the providers and JCP has been more consistently streamlined.

14 It is not surprising, given the process challenges set out above, that attachments to the programme have been difficult to achieve. By the end of March 2017, 7,552 people had attached to the programme, with an attachment rate of 58% for clients referred by the end of February (against a target of 70%). In addition, unlike the Pilot programme, the Expansion is entirely voluntary after the first meeting with the key worker, which makes the first impression of the programme and the way the programme is 'sold' to clients by JCP work coaches, all the more important. It is still early days for many of the clients on the Expansion. Nevertheless, there has been notable progress against the key barriers to work for clients attached for at least six months, particularly in relation to lack of work experience, lack of qualificaitons/skills and general confidence and self-esteem as severe barriers on attachment. Over 80% of clients have seen improvement in relation to these.

15

16

Talking Therapies Service

The number of clients that have completed support on TTS is still relatively low. As such, it is not possible to read into these figures any sense of the difference that the service makes in terms of achieving positive outcomes in moving into work; this will be a key consideration when more completions have occurred.

Many of the clients going to

17 TTS from Working Well have not received any support for many years and so are not used to working with support agencies, and the fact that they have multiple presenting issues including literacy and learning needs, often makes engagement and progress challenging. The service has had to adapt to the Working Well clients: compared to standard IAPT services, the service is more flexible with non-attendance and has a higher threshold for accepting some substance misuse/chronicity.

18 Working Well clients: compared to standard IAPT services, the service is more flexible with non-attendance and has a higher threshold for accepting some substance misuse/chronicity.

19 The role that key workers play in terms of 'wrap-around' support for clients, which many people on similar support elsewhere would not have, is said to improve engagement and attendance, and so plays an important part for the Working Well Talking Therapies service. Co-location with the key worker teams also helps by making the Working Well Talking Therapies team part of the wider provision, and thus enabling the discussions between key workers and therapists.

1 Note that this relies on the available data being actively updated when clients leave a job, and therefore may over count the length of time in work for some clients, if the data has not been updated by the providers (the analysis assumes that data as submitted are accurate)

Early job outcomes

While still fairly early, the position at present is encouraging. By the end of March 2017, 569 job starts were reported. Based on actual referrals, forecast job starts would be 641, and based on actual attachments the target should be 445 (against which the programme is at 134% of target). Positively, for those attached between nine and 12 months ago, the programme has already hit the 20% in to work target, whilst 15% of those attached between six and nine months have started work.

The clients that are most likely to have started a job within the first six months of attachment are those on Income Support (17%) and JSA (14%), whereas just 5% of attached clients on ESA had started a job within six months of attachment.

Emerging lessons and issues

In last year's report we identified five key lessons for delivering the programme: the importance of a personalised, tailored and sequenced approach to delivery; the role of the key worker and their flexibility and intensity of support; the importance of integration, and the importance of local leads and local integration boards in delivering this; the need for strong programme management and continuous improvement; a 'work first' approach, including in client engagement, as well as through provision of in-work support and engagement with employers.

Each of these lessons remains valid.

This year, we add three further lessons to this list, based on the first year of the Expansion, and third year of the Pilot:

- Clear communications and close cooperation between the providers and other parts of the ecosystem are imperative

- Staffing levels, and stability, are important for delivering a service that clients want to engage with.

- Delivering two very similar programmes concurrently appears to have presented challenges to delivery.

Informing future Working Well provision

Thinking forward for the next 12 months of Working Well, the lessons learnt so far should be borne in mind, and concerns heeded. In particular:

- **The key worker role, local lead role, and the role of the Programme Office must be maintained, whilst a 'work first' focus should be upheld.**

- There should be a **renewed focus on integration**, to understand any issues in particular local authority areas, and to work together to address them for the benefit of Working Well clients.

- **Staffing levels and churn should be managed carefully**,

to ensure that they do not affect the quality of service that can be provided.

- The Pilot programme (and perhaps the Expansion) appears to be working better for some client groups than others. **What new elements can be added to support those groups that currently appear to be under-performing?**

- With the upcoming launch of the Work and Health programme, it is imperative that the r**isks around the current programmes being overshadowed are managed closely.**

Informing the Work and Health programme

Likewise, as the Work and Health programme is developed, the core elements should follow the precedent set by the Working Well Pilot and Expansion, and heed the lessons set out above:

- it will be **important for the Work and Health programme to have a sufficient supply of quality key workers.**

- a key challenge to the Expansion has been the unpredictability of referrals (especially through Jobcentre Plus but also on a much smaller scale from GPs). **The more that can be done to generate robust estimates of on-flows and then to manage referrals to these numbers, the better for programme delivery.**

- **appropriate referrals to the programme are vital.** This is especially the case where participation is voluntary.

- the evidence from the Talking Therapies element of the Expansion suggests a long standing unmet need amongst the client group. Given the similarity of the future client group there is likely to be an **on-going need for Talking Therapies type support.**

- the Pilot and Expansion have the same job outcome targets. However, the experience to date is very different, likely reflecting the differences in the client group.

Therefore, setting targets for the new programme consideration should learn from experience, including the levels that have been achieved to date.

INTRODUCTION

1.1 SQW was commissioned in 2014 to undertake a longitudinal evaluation of Working Well. This has involved monthly, quarterly, and annual reports. This is the third annual report.

The Working Well programme

1.2 Working Well began in March 2014. It started as a Pilot programme, intended to provide support to 5,000 Employment and Support Allowance (ESA) Work-Related Activity Group (WRAG) benefit claimants who had completed Work Programme. The aim was to improve the work readiness of the whole client base, and achieve job start outcomes for 20%, with 75% of those starting work sustaining employment for at least 50 out of 54 weeks. Recruitment took place over two years, up to the end of March 2016, with support available for up to two years after someone joined the programme. In work support was also available for 12 months, meaning that the maximum time of support was three years. There are two providers of the programme: Ingeus, in seven local authority areas[2] ; and Big Life, in three. [3]

1.3 In April 2016 the programme grew to offer support to a further 15,000 people across a more varied client group. The Expansion to the Working Well programme

is for ESA clients, but also for claimants of Job Seekers Allowance, Income Support and, lately, Universal Credit. Again, it aims to improve the work readiness of the whole client base, achieving 20% of clients into work, and with 75% of those starting work sustaining employment long term. Ingeus is one of the providers of the Expansion, covering the same seven local authority areas as for the Pilot, whilst Manchester Growth Company is the lead provider for the other three. An extension to the Expansion is now operating, with additional referrals expected up to the end of 2017, immediately prior to the start of the Work and Health programme, the next iteration of Working Well.

1.4 At the heart of both Working Well programmes is the notion of providing intensive, personalised support, fully integrated into Greater Manchester's public services. There are various key elements to this:

- 'Key workers' for clients
- Local authority based 'local leads', Integration Boards, and Local Delivery Meetings
- A Programme Office oversees the performance and strategic management of the programmes

1.5 Some additional support services have been developed and targeted at Working Well clients since the start of the Expansion: a Talking Therapies Service (TTS), and Skills for Employment (SfE). These are now open to both Pilot and Expansion clients, although TTS has only recently become available for Pilot clients.

1.6 This report covers both elements of the Working Well programme. Where it is necessary to differentiate we refer to the initial programme as the Pilot and the later programme as the Expansion.

1.7 Given the very different starting points, this report is able to comment to different levels about the two phases of the programme:

- Pilot clients have been supported for much longer and so the report covers intermediate and job outcomes in some detail
- The Expansion is at a much earlier stage and the report therefore focusses on the nature of the client group and early progress in achieving outcomes.

Methodology

1.8 The report draws on a wide selection of data/information sources:
Routine monitoring data collected by providers

- A series of qualitative interviews conducted in March and April 2017 with the Programme Office, providers, key workers, JCP staff, and through focus groups at Local Delivery Meetings
- Case studies of clients, provided to SQW by the providers
- Data from a survey of Working Well clients, completed by the Programme Office in April 2017
- Information on the Talking Therapies Services, provided by the TTS provider, Greater Manchester Mental Health NHS Foundation Trust.

Report structure

1.9 The rest of this report is structured as follows:

- Section 2 focuses on the Pilot programme
- Section 3 looks at the Expansion programme
- Section 4 summarises the lessons learned from the programmes, and how they can inform future delivery of Working Well as well as the development of the Work and Health Programme set to be launched in January 2018.

1.10 There are then two supporting annexes to the report: one is a technical annex relating to the econometric work; the other is the full write-ups of the eight client case studies.

2 Bolton, Bury, Oldham, Rochdale, Stockport, Tameside and Wigan
3 Manchester, Salford and Trafford

THE WORKING WELL PILOT

2.1 This section explores the Working Well Pilot, including the profile of those attached to the programme, the support they have received, and outcomes achieved. It is concluded with an econometric analysis of the factors that have the greatest impact on clients achieving job start outcomes.

2.2 There are two cohorts referred to in this chapter: the first cohort is the whole population of clients referred and then attached to the Pilot over the period of referrals; the second cohort is only those referred in the first 12 months of the programme, up to the end of March 2015. The latter have all had the opportunity to complete the two year programme, which provides a guide as to how the eventual outcomes for the whole programme might look.

The profile of Working Well Pilot clients

2.3 The previous annual report set out in detail the numbers of clients referred to the programme and their profile. In short:

- 4,960 clients were referred to the Working Well (WW) Pilot overall. Of these, 4,688 (95%) 'attached' to the programme (that is, actually took part in the programme). Referrals took place over nine consecutive quarters, with the last referrals in March 2016.

Of these attachments:

➔ 2,499 were aged 45 and over (54%)

➔ 2,172 were male (54%)

➔ 4,009 were White British (86%)

➔ Just under half of the clients resided in three local authority areas; Manchester, Rochdale and Salford (24%, 13% and 12% respectively)

➔ 3,205 cited mental health as a severe barrier to work (68%)

➔ 2,914 cited physical health as a severe barrier to work (62%)

➔ 1,946 cited both physical and mental health as severe barriers to work (42%)

➔ 1,435 cited no severe physical or mental health barriers to

work (31%)

- ➔ 4,004 reported multiple barriers to work (85%), of which 1,876 (40%) experience five or more barriers to work.[4] Just 165 reported no severe barriers to work (4%).
- ➔ 3,009 had not worked for at least five years, or have never worked (66% of those identifying a length of time)
- ➔ 1,777 believed they could find and obtain a job when they were attached to the programme (38%), with just 682 (15%) confident that they would be successful in a job if they started one.

4 The maximum number of barriers to work, based on SQW metadata, is 19

2.4 The top seven most cited 'presenting' barriers to work on attachment were mental/physical health, access to public/private transport to travel to work, work experience, skills and qualifications, and bereavement; each was reported by at least 20% of clients as a severe barrier to work. The exact proportion varies depending on quarter of attachment. For instance, against the seven presenting issues above the fourth quarter of attachments (Q4) had the highest proportions identifying these barriers to work as severe for four of the seven barriers; Q4 also had the second highest proportions identifying these barriers to work as severe for two of the other three most commonly cited severe barriers to work. This suggests that this group was a particularly challenging cohort.

Table 2 1: Proportion of clients attached in Q1 to Q9 that identified any of the top seven presenting issues as severe barriers to work

Severe barrier to work	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
Mental Health	64%	66%	71%	70%	67%	70%	69%	69%	69%
Physical Health	63%	61%	58%	62%	66%	62%	58%	65%	68%
Private Transport to Travel to Work	23%	23%	26%	29%	24%	22%	24%	22%	32%
Public Transport to Travel to Work	28%	29%	34%	37%	29%	26%	34%	29%	34%
Lack of qualifications/ skills	41%	33%	27%	35%	31%	27%	25%	29%	27%
Lack of work experience	27%	23%	21%	32%	29%	28%	27%	27%	31%
Bereavement	19%	24%	26%	31%	26%	27%	29%	26%	26%
n	*320*	*438*	*745*	*758*	*740*	*742*	*613*	*469*	*131*

Source: SQW analysis of Working Well monitoring data

Support received

2.5 As demonstrated above, the client cohort is a complex one, with many clients having multiple severe barriers to work. Chief amongst these barriers are health issues, both mental and/or physical. It is not surprising then, that amongst the cohort of clients that were attached before the end of March 2015 (and therefore have all had the opportunity to have received the full two years of support), the vast majority have received some form of health support (90%). Over half of clients received skills and qualification-related support and/or employment support. A substantial proportion also received wellbeing support, housing support and/or support relating to finances. Just 5% of clients were recorded as not receiving any support.

Figure 2-1: Proportion of clients attached prior to April 2015 that recieved different types of support (n=1,991)

2.6 The previous annual reports have described and commented on the importance of the key workers and the flexibility that they have to respond to clients' needs, and the local leads and integration boards in delivering a personalised service to support clients. These features are still viewed as vital across our consultees. Yet some risks are emerging which could impact the programme:

- Although currently below the industry standard, a potential churn/high attrition of key workers, as the programme nears an end (naturally reducing in scale) but also for other (different, more secure or better paid) jobs, will threaten well developed relationships which take time to build
- A sense from some consultees that client to key worker ratios are nudging up, meaning less time being invested in each client
- In some areas the level of engagement between providers and local leads/ integration boards was reported to have fallen or was not as good as in other areas.

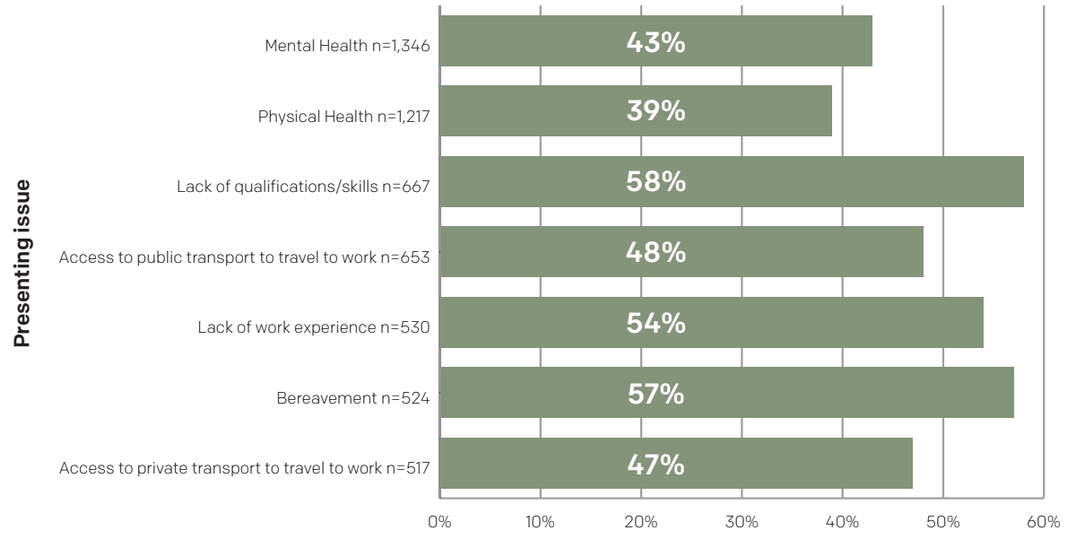
Intermediate outcomes

2.7 The programme is intended to move people towards work by improving their wellbeing and addressing the various, often complex, issues they presented with when they attached to the programme.

2.8 For those clients attached before April 2015, Figure 2-2 shows the progress made in addressing the seven most cited severe barriers to work over the course of the programme, based on intermediate assessments of clients' presenting issues for those clients that reported these barriers as severe on attaching to the programme.[5] These intermediate assessments were undertaken at varying points in each client's journey through the programme. As such, they should be seen as indicative of the progress made, rather than a definitive picture. Notably, over half of clients saw improvements in relation to barriers around qualifications/skills (58%), work experience (57%) and bereavement (54%). The lowest level of improvement was for physical health, although almost 40% saw an improvement even here.

5 Barriers can become worse over time and new barriers can become evident as others are resolved or as the relationship with the key worker develops

Figure 2-2: Proportion of clients attached prior to April 2015 and any identified the top seven presenting issues as severe barriers to work on attachment, that saw an improvement in their situation at the intermediate stage



2.9 In many cases the improved outcomes reflect the input of the key workers and the wider support offered. The key workers thought that these shifts had been greater than on other programmes, which they attributed to:

- The personalised approach to delivery, helping clients to feel valued and take ownership of their journey, which ultimately develops their self-empowerment
- Promoting to clients how their mental health, wellbeing and social life would improve through resolving their barriers to work
- Being able to provide 'better off' calculations. These are nothing new, but are nevertheless key to getting clients to want to move towards work, helping to 'flip a switch' and make clients realise the opportunity of work. The benefit of Working Well, with wide-ranging, personalised and intensive support is key to making the calculation more meaningful than perhaps on other programmes.

2.10 These positive outcomes were not felt equally across Greater Manchester. Table 2 2 shows the proportion of clients attached prior to April 2015 that identified an issue as severe at attachment and showed an improvement at the intermediate outcome stage, by local authority.

2.11 The most consistently high improvements were seen in Tameside and Rochdale, where more than half of the clients that reported any of these seven presenting issues as severe barriers to work on attachment, reported an improvement at the intermediate stage.

2.12 By comparison, fewer than half of those in Manchester identifying any of these issues as severe barriers to work on attachment reported an improvement. Improvement levels were also notably low in Oldham and Trafford, particularly in relation to mental and physical health. Notably, those clients in Rochdale that identified mental or physical health as a severe barrier to health were almost twice as likely to report an improvement as those in neighbouring Oldham.

2.13 The differences here may point to the need for strong integration in order to get clients the support they need. Those areas where integration is generally felt to be strongest across those we consulted have mainly achieved higher proportions of clients reporting improvements to their barriers to work.

Table 2-2: Proportion of clients attached prior to April 2015 that identified an issue as severe at attachment and showed an improvement at the intermediate outcome stage, by local authority

Local Authority	Mental Health	Physical Health	Access to public transport to travel to work	Lack of qualific ations / skills	Lack of work experience	Bereave ment	Access to private transport to travel to work
Bolton	50% n=138	48% n=110	61% n=33%	65% n=49	74% n=19	59% n=46	58% n=24%
Bury	51% n=57	35% n=43	75% n=12	82% n=11	100% n=8	60% n=15	88% n=8
Manchester	42% n=365	35% n=339	40% n=257	49% n=260	43% n=232	48% n=178	37% n=187
Oldham	28% n=93	28% n=98	49% n=37	33% n=27	65% n=23	68% n=31	46% n=35
Rochdale	55% n=160	53% n=162	66% n=64	68% n=60	58% n=33	65% n=52	69% n=55
Salford	35% n=201	32% n=164	51% n=122	57% n=105	46% n=98	67% n=48	37% n=81
Stockport	41% n=54	31% n=59	30% n=23	71% n=24	72% n=18	42% n=19	60% n=10
Tameside	50% n=98	51% n=87	69% n=32	82% n=45	89% n=37	73% n=55	81% n=21
Trafford	30% n=63	30% n=53	33% n=42	50% n=30	55% n=29	58% n=24	37% n=49
Wigan	45% n=117	40% n=102	52% n=31	68% n=56	67% n=33	52% n=56	55% n=47
Total	43% n=1,346	39% n=1,217	48% n=653	58% n=667	54% n=530	57% n=524	47% n=517

Job entry

2.14 The ultimate aim of the programme is to move clients towards and into work, and then support them whilst in work to sustain it. Overall, the Pilot is expected to support 20% of attached clients into work. By the end of March 2017, 527 clients had started a job, with many in elementary or sales occupations (25% and 20%, respectively). In Annex B, we present a series of case studies of those clients that achieved job starts, showing their journey through the programme and into work.

2.15 Job starts can be split into three distinct phases over time, as shown in Figure 2 3:

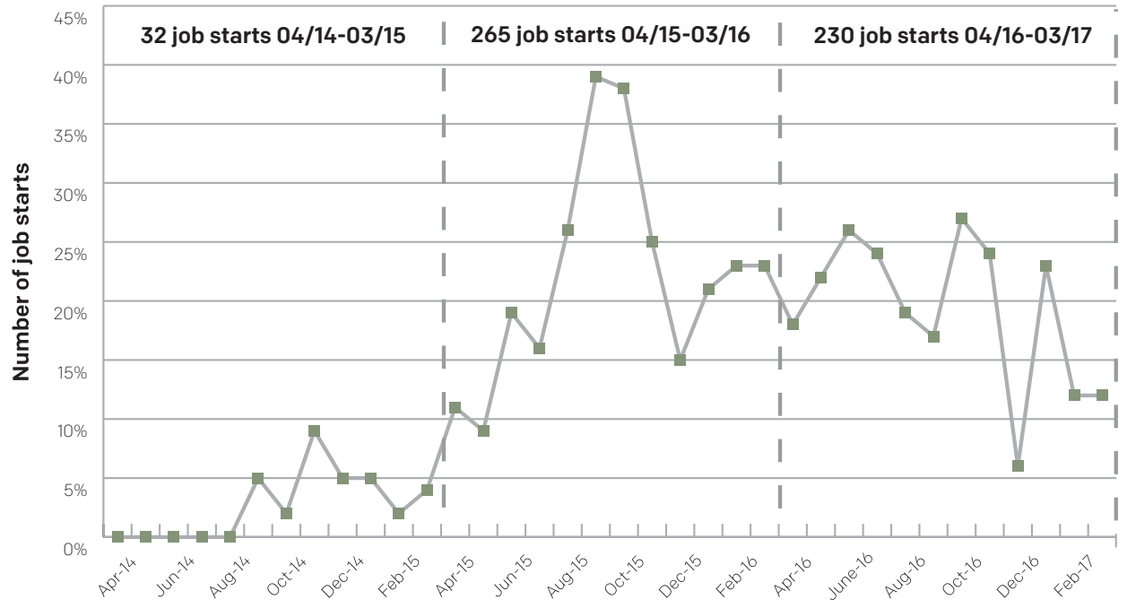
- the programme built up to a peak in late 2015, just ahead of commissioning for the Expansion programme
- there was then a steady period thereafter, where job starts fluctuated between 15 and just below 30 per month for around 12 months
- since then, there has been a noticeable drop-off in job starts, with three of the four most recent months recording the lowest job starts since early on in the programme.

2.16 Various reasons can help to explain this, including: a reduction in the number of clients on the programme recently; the ending of a flow of new clients coming on to the programme, bringing some new people who are more employable than the those already in providers' caseloads; and so increasingly the remaining caseload containing those who are harder to help (as those easier to help have already been found jobs).

2.17 That the older caseload is apparently proving difficult to move has implications for future design. It appears that many in this group require different or additional support to that offered so far. This need for different or additional support is being considered and developed by the providers and the Programme Office.

2.18 It was also suggested that the Pilot may, to some extent, have been overshadowed by the much larger Expansion programme: there was a large increase in the number of job starts just before the Expansion started, but this has reduced since. Moreover, as we describe later in this report, the Expansion cohort are on average more employable.

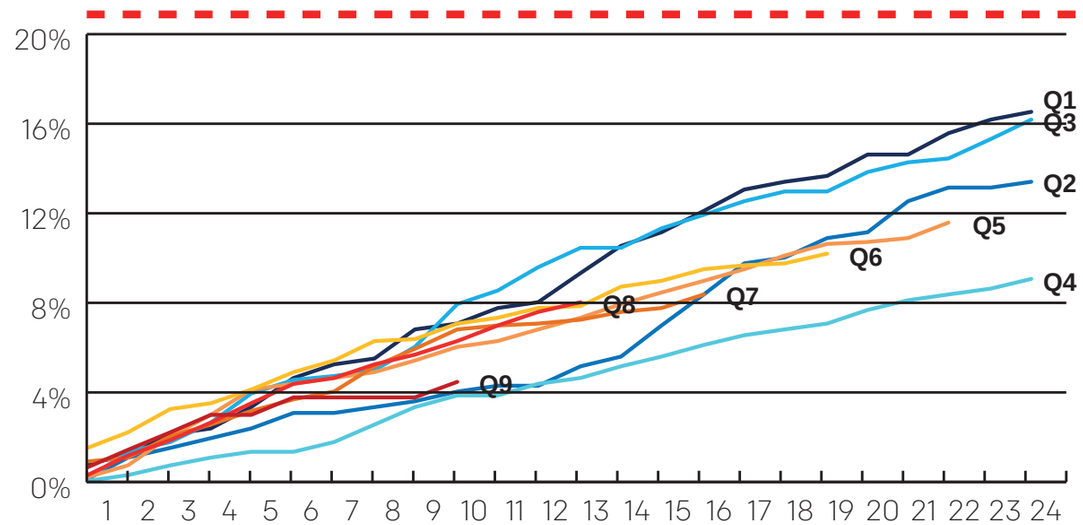
Figure 2-3: Job starts over time



2.19 For those clients that joined the programme prior to April 2015, and so have received the maximum of two years of support to start a job, 13% (265) have entered work (seen in Figure 2 4). This is somewhat behind the target of 20% for this cohort. It is clear that some quarters have performed better than others, with Q1 and Q3 at around 17% job starts, but with Q2 and Q4 substantially lower. Q4 participants have been particularly challenging to move into work. This is consistent with this cohort having a particularly high proportion of clients citing as severe the top seven barriers to work, although the difference in outcomes looks much larger than differences in the cohorts.

Figure 2-4: The proportion of attachments achieving job starts, by quarter, based on total attachments, compared to the 20% job starts target

Figure 2-5: Number of clients who have started a job, and the proportion of attachments achieving job starts, by quarter, based on total attachments and attachments minus early leavers

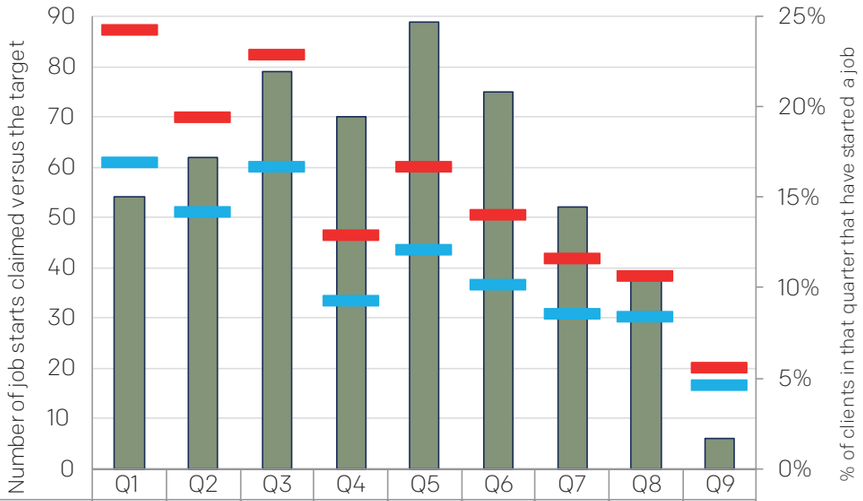


2.20 We can also compare the performance of the on-going cohorts from Q5 to Q9 with those from Q1 to Q4 at the same stage through the programme. Figure 2 5 shows that Q5 to Q8 are all following a similar pattern to each other, and at present look set to finish at around the same level as Q2 (perhaps 13% or 14% of all attachments achieving job starts). This would be in line with the average for Q1 to Q4. The latest starters (Q9) are behind where most of the others were, but have most time remaining on programme.

2.21 In part, the shortfall against the 20% target and the differences between the quarters, can be explained by a high number of clients that left the programme before receiving two years of support. The original estimates did not assume any early leavers. Almost 30% of those in Q1 to Q4 left early, with 69% of these clients leaving to go to other, more 'appropriate' support (e.g. other benefit types, such as ESA Support Group after repeat work capability assessment (by far the most common reason for leaving early), where the client's circumstances have changed and they are therefore no longer appropriate for Working Well (and arguably in some instances were not to begin with). The remaining 31% left for other reasons (e.g. the client moved out of the area, or reaches state pension age).

2.22 If all early leavers are discounted from the target for job starts, then 18% of the remaining attached clients achieved a job start. This is much closer to the original 20% target. Moreover, accounting for the early leavers, Q1, Q2 and Q3 all achieved around 20% into work or above (Figure 2 6).

Figure 2-6: Number of clients who have started a job, and the proportion of attachments achieving job starts, by quarter, based on total attachments and attachments minus early leavers



	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
Job starts per quarter of attachment	54	62	79	70	89	75	52	39	6
% of clients in that quarter that have started a job	17%	14%	17%	9%	12%	10%	8%	8%	5%
% of clients in that quarter have started a job (excl. early leavers)	24%	19%	23%	13%	17%	14%	12%	11%	6%

2.23 The early leaver rates, combined with the varying level of severe barriers across quarters on entering the programme, the extent to which intermediate outcomes are achieved for different barriers, and with the programme nearing its end, show that there are multiple factors potentially contributing to the programme not meeting the 20% job starts rate to date. There is another important variation to consider: variation by local authority.

2.24 Across Q1 to Q4, job starts were highest in Bolton, where 21% of attached clients moved into work. Interestingly, those areas that achieved lower levels of improvement at the intermediate stage against severe barriers to work identified at attachment, were the same as those that achieved the lowest job starts: Oldham, Trafford and Manchester. There were variations across the quarters, but Q4 appears to be consistently amongst the worst performing, regardless of local authority.

2.25 It is not possible to draw a definitive relationship between job start performance and delivery of the programme. However, by looking at job starts by location, notable other potential factors contributing to low job starts performance can be drawn out of the data and qualitative research undertaken to date:

- the areas that have performed best are broadly those where integration is perceived by those we consulted to be strongest, helping clients to get the support they need to overcome barriers to work

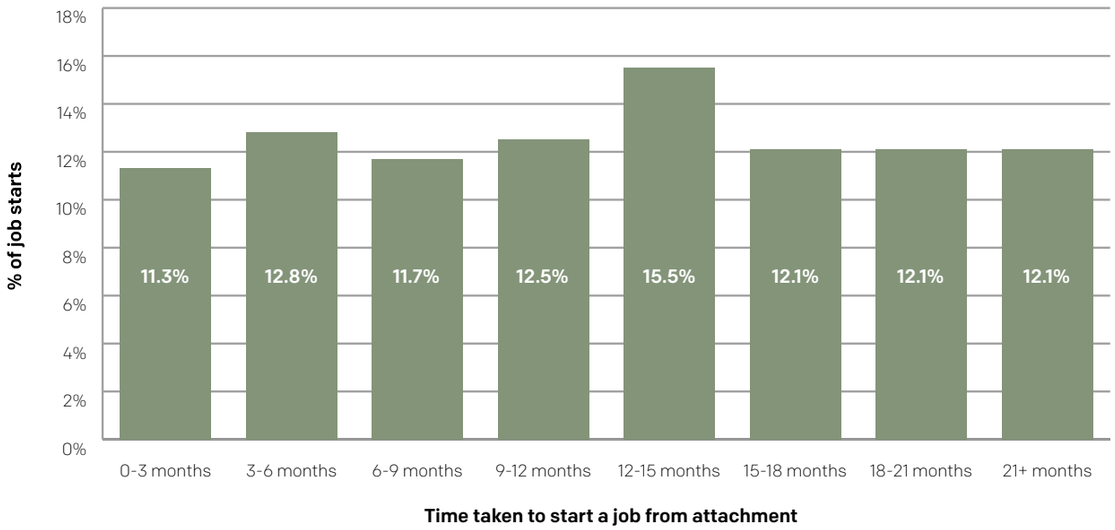
- areas covered by one provider that has consistently had a work first approach, have performed better than areas covered by the other provider, with clients working towards employment throughout their time on the programme

- areas that have kept a steady team of key workers, with lower staff turnover, also tend to perform better, with this helping to build relationships with the clients, and with other services.

Table 2 3: Proportion of clients attached in Q1 to Q4 that started a job

LA	Q1	Q2	Q3	Q4	Total (Q1-4)
Bolton	24% n-29	22% n=49	28% n=36	16% n=75	21% n=189
Bury	20% n=10	17% n=24	31% n=13	17% n=30	19% n=77
Manchester	12% n=7	11% n=81	13% n=101	7% n=259	10% n=515
Oldham	4% n=23	11% n=45	9% n=32	4% n=45	8% =145
Rochdale	17% n=48	15% n=79	22% n=104	14% n=77	18% n=308
Salford	15% n=46	14% n=42	13% n=63	8% n=107	12% n=258
Stockport	33% n=18	23% n=13	19% n=21	6% n=36	17% n=88
Tameside	5% n=22	18% n=40	23% n=35	13% n=48	15% n=145
Trafford	29% n=7	0% n=16	8% n=24	8% n=38	8% n=85
Wigan	26% n=43	10% n=49	9% n=46	5% n=43	12% n=181

Figure 2-7: Length of time on the programme before clients started a job (for those attached before April 2015, n=265)



2.26 **Length of time taken to start a job**

The Pilot programme is a two year programme. Job starts can be achieved at any time from day one onwards. Figure 2 7 shows how jobs starts were achieved over time for those clients that were attached prior to April 2015. Interestingly, the spread across the two years is very even, with no discernible concentration of jobs starts either early or late on. This reflects the various stages that clients are at when they come on to the programme, with many having many complex barriers to work at the outset, which take a long time to resolve, whilst others, regardless of being considered long term unemployed are perhaps closer to work-readiness than others (from an early stage).

2.27 As above, there has been a high level of early leavers across the Pilot, averaging at around 30% for those clients that were attached in Q1 to Q4 (and have therefore had the opportunity to undertake the full two years on the programme).

2.28 Table 2-4 considers how the cohort of clients leaving early differs from the cohort of clients that remains on the programme. It shows that those clients that leave early for other support were more likely to identify most of the top seven presenting issues as severe barriers to work, and were more likely to be older than those that do not leave early. With many of these early leavers going to ESA support group after a repeat work capability assessment, this is perhaps not surprising. It is possible that, had these clients not left early, they may have been less likely to start work, given the severity of the barriers to work that they faced.

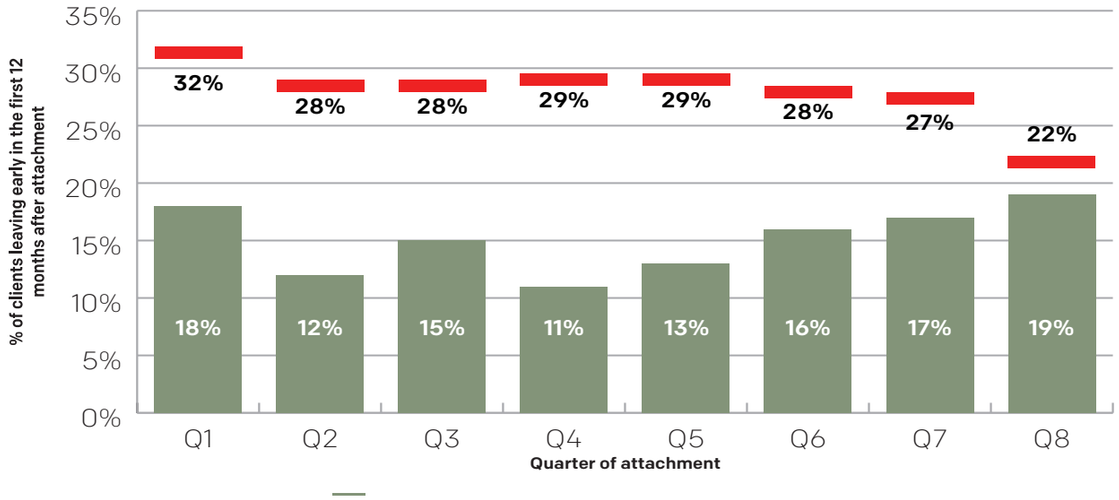
2.29 By comparison, there is little difference between those that left early for other reasons and those that did not leave early; this is not surprising given the myriad of different reasons that clients could have left for if not for other support.

Table 2-4: Proportion of clients attached prior to April 2015 who were aged 45+ or identified any of the top seven presenting issues as severe barriers to work, across cohorts of those that left early and those that did not

	Completed two years / sustained work	Left for other support	Left for other reasons
Aged 45+	53%	61%	54%
Severe barrier work			
Mental health	67%	71%	62%
Physical health	59%	66%	65%
Access to private transport	25%	29%	25%
Access to public transport	33%	33%	34%
Lack of work experience	26%	31%	22%
Bereavement	26%	25%	29%

2.30 Looking at the early leavers by quarter for those quarters where all clients have been attached for at least 12 months (Q1 to Q8), we see that for Q5 to Q8 the proportion of early leavers looks quite high already. Indeed, Q5, 6 and 7 are broadly in line with where Q2, 3 and 4 finished. This can in part be explained by the relatively higher proportion of clients that left in their first year after attachment. The high rate of early leavers for Q5 to Q8 presents the providers with a challenge in meeting the job starts target for these quarters, given that they are working with a reduced number of clients, although this could also be seen as an opportunity to devote more resource to the remaining clients.

Figure 2-8: Early leaver rates at one year after attachment and the latest position



Sustaining employment

2.31 The emphasis for Working Well is for clients to sustain employment, whether in one job or across multiple jobs (recognising that clients are often on temporary contracts). Figure 2 9 shows that 62% of those who started a job more than 12 months ago were reported as not having left their job in the 50 weeks thereafter . This is below the 75% target.

2.32 Where a period of employment ends, this tends to be within six months of starting (83 of 109 people who left a job did so in the first six months, 76%), and especially the first three months (46%). This would suggest a need to intensify in-work support in the early months after clients have started jobs.

2.33 For those clients attached in Q1 to Q3, who have all had chance to reach 13 weeks in work (even if they started a job on the final day of the two years' of pre-employment support), the number of jobs sustained for 13 weeks or more is 160 out of 197 (81%). This is equivalent to 13% of the 1,233 clients attached to the programme in Q1 to Q3 achieving a sustained job for 13 weeks or more. This compares favourably with the Work Programme; the proportion of ESA claimants on the Work Programme that sustain work for 13 weeks is around 12%.

2.34 Notably, Work Programme performance (in Greater Manchester) for ex-Incapacity Benefits clients (which are proportionally more represented on the Pilot) was 6% into work, and their highest performing cohorts were volunteers for whom you would expect higher rates of outcomes due to the nature of engagement.

2.35 It is important to note that comparably, the Working Well Pilot clients are a more entrenched and complex client cohort than that of the Work Programme. All clients referred to the Pilot have completed the Work Programme unsuccessfully and therefore have experienced a further 2 years of unemployment. Those closest to the labour market have already moved into work (through interventions on the Work Programme), and as a result there should be comparably minimal deadweight (the number of clients expected to naturally move into work during this timeframe).

Figure 2-9: The number of clients who have sustained work, or the milestones at which they left work if so (n=287)

*Source: SQW analysis of Working Well monitoring data * Note: one client had no date recorded for when they had left their job and therefore were placed in the 'sustained work for less than 13 weeks' cohort*

2.36 There are several key elements underpinning the sustaining of job outcomes:

- One central tenet of the approach to the Pilot is not forcing clients into work before they are ready. There has been an emphasis on the Pilot to work with clients to progress toward employment, resolving wider barriers and work readiness before targeting employment outcomes, and thus able to sustain work. If their issues are not resolved beforehand, there is a lower probability that they will stay in work.

- Also key to this is the in-work support provided by the Working Well providers to the client. This includes support for the clients' transition into work, such as providing a rigorous 'better off' calculation, assisting with tax credits and council tax forms, and helping clients to cover the costs of working over the first period of their employment prior to pay day, to ensure that they can afford to work. Key workers then regularly check on how work is going for the client, and will support them with any issues throughout their work. The success of this support is helped by clients often retaining the same key worker, which means there is continuity of support and understanding for the client, whilst working with employment support teams that the provider also deploy. That said, not all clients wish to remain in contact with their key worker once they have started work, meaning that not all clients receive this support.

- It also includes working with employers prior to taking on the staff, building relationships with the employers and securing the most appropriate positions for the Working Well clients, and also ensuring that the employers are cognisant of clients' needs and limitations.

- Providers also work with employers once they have recruited Working Well clients. Figure 2 10 shows a case study example of a relationship built up between a provider and an employer, including both the pre-work and in-work support. The providers work with employers once Working Well clients have started work, in order to help them to stay in work. This includes the provider corresponding with the firm to ensure that everything is going smoothly, and also working as an advocate for the clients, for instance working with the employers on behalf of their clients in order to smooth over any infractions.

Figure 2-10: Case study examples

Employer A
One of the Pilot providers has developed a strong relationship with a local distribution company. The firm is rapidly growing and requires a flexible workforce and new staff at short notice. This provides a good opportunity for Working Well clients to move into work. The provider has helped to create an infrastructure within the firm that is equipped to support Working Well clients. This starts with pre-employment working interviews, through to short paid contracts and on to permanent employment. The provider's Employment Worker has a regular onsite presence and works with the employer to case-manage clients through the pathway to permanent employment. This provides the clients with a supportive environment in which to get into work, and the opportunity to earn whilst they grow their confidence. The employer benefits from being able to access a workforce at short notice, from saving money on recruitment, and from achieving corporate social responsibility aims. To date, 10 positions have been filled by Working Well clients at the firm, with further opportunities expected.

Source: SQW analysis of provider case studies

2.37 Figure 2-11 shows examples of two Pilot clients, demonstrating the progress that they have made since attaching to the programme, in addressing barriers to work and then entering work. Full case studies are presented in Annex A.

Client A	Client B
The client had been on ESA for a number of years and suffered from depression, anxiety and lack of confidence. He also had childcare responsibilities and a lack of direction. After being referred he was initially difficult to engage so the key worker took a gradual approach, focusing on his interests which included a wood working course he was undertaking. He had an interest in becoming a self-employed wood crafter so the key worker performed a 'better off' calculation which showed he would only have to sell small quantities to be better off. He received cognitive behaviour therapy, which equipped him with techniques to manage his mental health. He decided to become self-employed so received specialist advice and was supported to buy a drill and move onto the New Enterprise Allowance scheme. He now feels "in control of his own destiny" and has been able to fit his job around his childcare responsibilities and management of his health, selling his products at traders, craft markets and online. He received in-work support to set up a bank account amongst other things, and his key worker regularly checks in with him.	Rita had been unemployed for over 11 years and had complex needs, with barriers including depression, mobility issues, alcohol addiction, debt, being a victim of domestic abuse in the past, and a lack in faith of services offering effective support. Her key worker took a sequenced approach to support, identifying the order that Rita's issues should be dealt with. The support started by focusing on her mental health through linking her with a mental health professional who would offer support over the phone when Rita felt unable to attend the office. Her key worker then helped to clear a debt of over £1,000 by contacting the owed utility company, utilising debt management services, and supporting Rita to create budget planners. Rita also received support for her alcoholism and, despite poor experiences with previous support, managed to reduce and eventually stop her drinking after less than a year on the programme. Once these barriers had been addressed, Rita's key worker started to discuss the possibility of returning to work. When Rita was happy to, she received a new interview outfit and accessories, and interview training. She found employment as a cleaner for the NHS and socialises with her colleagues, and has been able to purchase a car. Overall, she now has a much more positive outlook, with improved mental health and confidence, and is living an independent and fulfilling life.

Source: SQW analysis of provider case studies

2.38 This section of the report makes use of statistical/econometric analysis to identify the key determining factors associated with a job start outcome. This was focused on characteristics of clients and their presenting issues on attaching to the Pilot. The use of econometric/ statistical methods allow us to consider the effects of these different factors simultaneously. We have used logistic regression to model a binary outcome; in our case, a participant of the programme will have either started a job or not. The output provides estimates of the 'direction' (positive or negative influence) and 'scale' of different factors, as well as an assessment of their statistical significance.

2.39 The statistical analysis considered only those individuals who had the opportunity to receive the full two years of pre-employment support from the Pilot (i.e. only those participants who were attached to the programme by the end of March 2015). The full output from the logistical regression and a description of some of the limitations of this type of analysis can be found in Annex B[6] .

2.40 Table B 2 in the annex presents the key findings from the analysis, in particular highlighting the statistically significant variables associated with securing a job start. In short, the key determining factors were:

- On characteristics:

» age – younger people are more likely to start work

» disability – those self-identifying as disabled are less likely to start work

» highest level of qualification – clients with higher qualifications are more likely to start work

» work experience – those that have never worked are less likely to start work than those that have.

- On presenting issues: access to public transport, convictions, mental health, physical health and substance misuse. In each case, the more severe these barriers were reported to be, the less likely clients were to start work.

The provider is also a key determining factor, although it is difficult to say whether this is a function of location, rather than approach to/quality of delivery by the provider.

These findings are largely what we might expect to see; that those clients that are most employable at the outset are the most likely to start work. This reinforces the need for the programme to be bespoke to the needs of individual clients, with more support for those where the barriers are more challenging to overcome, and accessing other support services where necessary, to reduce the extent that these factors determine the likelihood of clients securing a job.

This analysis should not be used to say that support that addresses issues other than these should not be provided. Indeed, it is possible that some other barriers are not determining factors precisely because they are being addressed, given that the analysis is based on characteristics and barriers to work on attachment to the programme. Instead, it means that that clients displaying any of the factors set out above on attachment to the programme are likely to be more difficult to get into work and may need different or additional support to that being offered currently.

6 Note the annex presents output from the final model only. Several other models were estimated using various combination of explanatory variables to assess the robustness of the results. The models produced consistent results in terms of which variables were statistically significant.

THE WORKING WELL EXPANSION

3.1 In this section, we turn our attention to the Working Well Expansion. The Expansion started recruiting clients in April 2016, and continues to do so at the time of writing. As such, this section focuses more on the referral process, the clients and their characteristics and presenting issues, plus an early consideration of the support clients are receiving, and the outcomes they are achieving. This section also compares the Expansion cohort to the Pilot cohort to show the key differences across the two programmes.

Recruitment

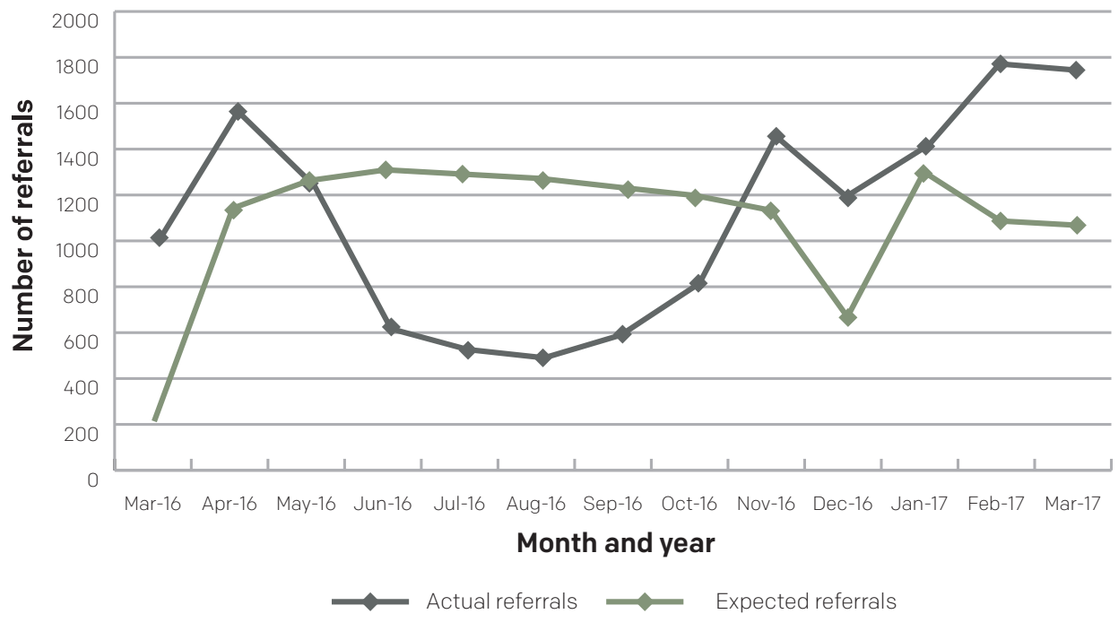
Referrals

3.2 To the end of March 2017, there had been 14,599 referrals to the Expansion, almost in line with the forecast for this point, of 14,684. Almost all referrals, 14,389 (98%), come through JCP, with work coaches referring clients to the programme.

3.3 There have also been 203 referrals from GPs. This is a new entry route which the programme is seeking to develop. The GP referral route relies on a link worker who works with GP surgeries and can discuss the service with the potential client, referring on to Working Well if appropriate. It is available only in some areas, and to date referrals have come for clients that were living in Bury (58), Manchester (124), Stockport (5), Tameside (12), Trafford (3), and Wigan (1). In each case, clients are referred in order to gain support to address their barriers to work. This is lower than the 1,000 that were expected, demonstrating the challenge of establishing this entry route at scale.

3.4 The overall level of referrals has varied substantially by month. Referrals initially were very high, and above expectations. The 'brakes' were put on after this, with the providers pushing JCP to reduce numbers coming through in large part because they were not staffed-up to cope. However, this then led to too few referrals, before the numbers increased again from the autumn onwards. This variation is evident in Figure 3-1, both in absloute terms and compared to the profile anticipated. This uneven profile was attributed to poor communications between the providers and JCP as to the expectations for referrals over time, and the types of clients that should be referred.

Figure 3-1: Number of actual and expected referrals by month



Source: SQW analysis of Working Well monitoring data

3.5 There was some impact on the delivery of the programme as a result of these peaks and troughs in referrals. A steady number of referrals would have allowed the programme to build up over time. Instead, there were 'bottlenecks' where large numbers of referrals had to be dealt with at the same time. This meant that key workers struggled to meet all of those referred within the time expected, with staffing not being at the levels necessary for these unexpected peaks. This led to some initial meetings being undertaken in groups, rather than on a one-to-one basis, whilst some referred clients had to wait months for their initial meeting; neither of these were seen as being ideal by consultees. Some concern was expressed by consultees that in trying to achieve the intended number of referrals for the programme later in the year, the quality and appropriateness of referrals has not been as high as expected.

3.6 More recently, communications between the providers and JCP have improved. This has included through the positioning of provider staff within JCP, including liaisons between the provider and work coaches at JCP. The providers have also undertaken training with work coaches to raise awareness of the programme, and to ensure the referrals to Working Well are appropriate, i.e. that the clients are interested in and expected to be able to secure work within the next two years. There has also been an increasing willingness, lately, in work coaches referring to Working Well, based on the positive feedback they have received from other clients attending the programme. One JCP work coach particularly valued the level of support available:

"I first came across the programme through a customer who had got a job after being referred by their previous work coach. Now Working Well is probably the provision I refer to the most because I think the range and intensity of support that they can provide to the long-term unemployed is extremely valuable"

3.7 Likewise, individual GPs that have made referrals to Working Well have done so multiple times, recognising the value in their patients being involved in the programme.

Attachment and engagement

3.8 It is not surprising, given the process challenges set out above, that attachments to the programme have been difficult to achieve. In addition, unlike the Pilot programme, the Expansion is entirely voluntary after the first meeting with the key worker, which makes the first impression of the programme and the way the programme is 'sold' to clients by JCP work coaches, all the more important.

3.9 Concern was expressed by some consultees as to how much programme detail was communicated to clients by JCP in the early months. In part, this was attributed to a need for greater work coach awareness of the programme. Key workers highlighted that too many referred clients had little or incorrect knowledge of the programme when attending the first meeting, with some clients coming to the first meeting only because it is mandatory, with no intention of attaching to the programme.

3.10 As with referrals, the issue comes down to a need to better support communication between JCP and the providers. This does appear to have improved lately, through concerted efforts by the providers and JCP. The approach is to 'sell or market' the programme and its benefits to clients by work coaches, which involves emphasising the holistic and intensive nature of support available, in addition to their privileged access to a range of support, including TTS, and their range of employer links and vacancies. The voluntary nature is also something that can be turned into a beneficial aspect of the programme, by moving away from any thoughts that the clients may have of it being 'another Work Programme'. In a survey of clients there was evidence that the friendly and gradual approach is appreciated by the clients, as one client said:

"First meeting was more relaxed. Key Worker wasn't interested in work, was interested in what they could do to help me. Very relaxed atmosphere but anyone who wants to work knows they can get help."

3.11 The above challenges are reflected in the number of people attaching to the programme. By the end of March 2017, 7,552 people had attached to the programme, with an attachment rate of 58% for clients referred by the end of February. This is likely to increase over time, as many clients were only referred in February and March and may yet attach. However, attachment figures are lower than the 70% attachment rate that was expected.

3.12 There appears to be little variation in attachment rates between the local authority areas or providers, but there is a considerable difference between those referred by JCP and those referred by GPs. Those referred by GPs are much more likely to attach (70%) than those referred by JCP (57%). One reason posited for this is that those referred by GPs are more likely to see the programme as a potential solution to their issues, rather than as something they have been mandated to attend the first meeting for, but not thereafter.

3.13 Once attached, due to the voluntary nature of the programme, the key workers have an important role to play in ensuring that clients remain engaged, by making them feel that they are making progress, accessing support and that they wanted to find work. Ultimately, the key worker has to show that it is worthwhile the client being involved in the programme; without this, clients will simply choose to leave the programme. One surveyed client was happy to engage despite initial concerns because of the person-centred support:

"Bit sceptical at first but they are a first class service. Nothing is too much trouble for them. They are there."

3.14 Another praised the key worker model:

"[the key worker] is the best thing about Working Well, he has been patient, given me time and explanations and encouragement that I have not got from any other provision I have been on."

The challenge in retaining the engagement of clients over time is demonstrated by the proportion of clients that do not remain engaged throughout the programme. At present, six months after attachment, a third of clients have disengaged from the programme.

The nature of the client group

Client types

3.16 Unlike the Pilot, which was only available to ESA claimants, the Expansion covers a broader range of claimant types albeit all groups are considered long-term unemployed and so exhibit a range of entrenched barriers to work. Of these, there are four main categories of clients:

- Jobseeker's Allowance, or JSA, is for people who are unemployed and actively looking for work. These clients account for 58% of attached clients.
- Employment and Support Allowance, ESA, is for people who have a limited capability for work due to illness/health condition/disability. These clients account for 20% of attached clients, compared to 100% on the Pilot.
- Income Support, or IS, is received by people with no or low income with a youngest child that is three to four years old. These clients account for 17% of attached clients.
- Universal Credit (UC) covers a range of benefits and is being phased in to replace a variety of benefits for those out of work and on low incomes. This switch was only completed recently; as such, these clients account for just 4% of attached clients.

3.17 It should be noted that the distribution of client types across local authority areas is not consistent, meaning that the proportion of each client type varies by LA. This is important to bear in mind when it comes to the characteristics of each cohort, and the likelihood that they will move into employment. For example:

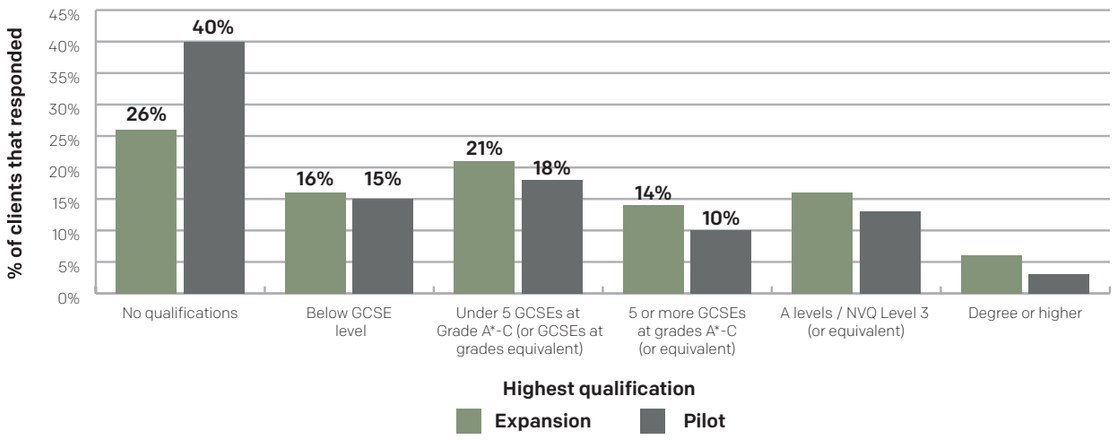
- 73% of attached clients in Oldham are on JSA compared to 47% in Bolton
- 28% of attached clients in Tameside are on ESA compared to 10% in Wigan
- 26% of attached clients in Bolton are on Income Support compared to 6% in Trafford.

Characteristics

The following characteristics were identified as significantly impacting the likelihood of a client starting a job in the Pilot: level of qualifications, length of unemployment, age, and whether the clients identified themselves as disabled. On each of these characteristics the Expansion cohort appear more employable than the Pilot cohort:

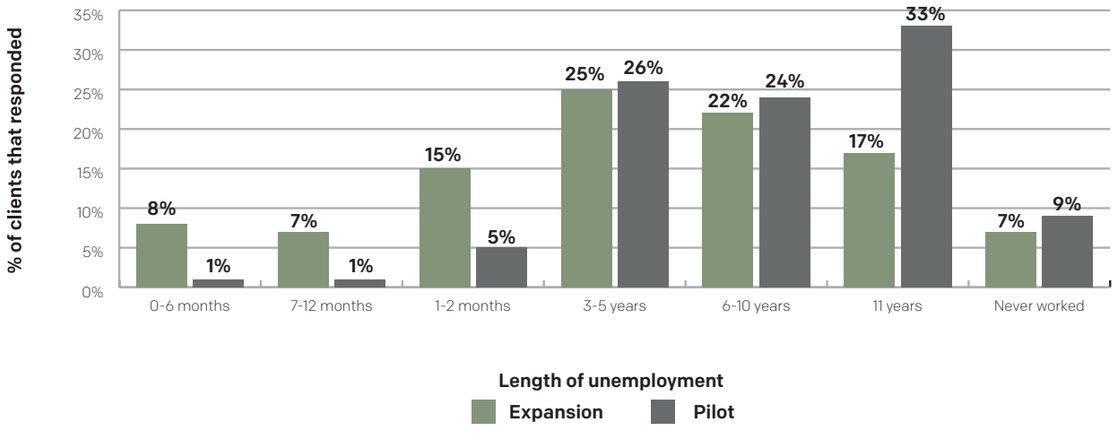
- the Expansion has a much lower proportion of clients with no qualifications – a 14pp difference – whereas there is a higher proportion qualified to each other level (Figure 3-2)
- the Expansion has a far higher proportion that have worked within the past two years (30%), compared to the Pilot (7%). The proportion who are very long term unemployed (having not worked for at least 11 years or not at all) is higher on the Pilot (42% compared to 23% on the Expansion, Figure 3-3)
- the Expansion is characterised by a relatively high number of young people; some 36% of the cohort are aged under 35, compared to just 21% of the Pilot cohort (Figure 3-4)
- On the Expansion, 7% of attached clients regard themselves as disabled, compared to 12% of clients on the Pilot.

Figure 3-2: Proportion of clients in each cohort by highest qualification level, on attachment, out of those for which data are available (Expansion n=7,480; Pilot n=4,681)



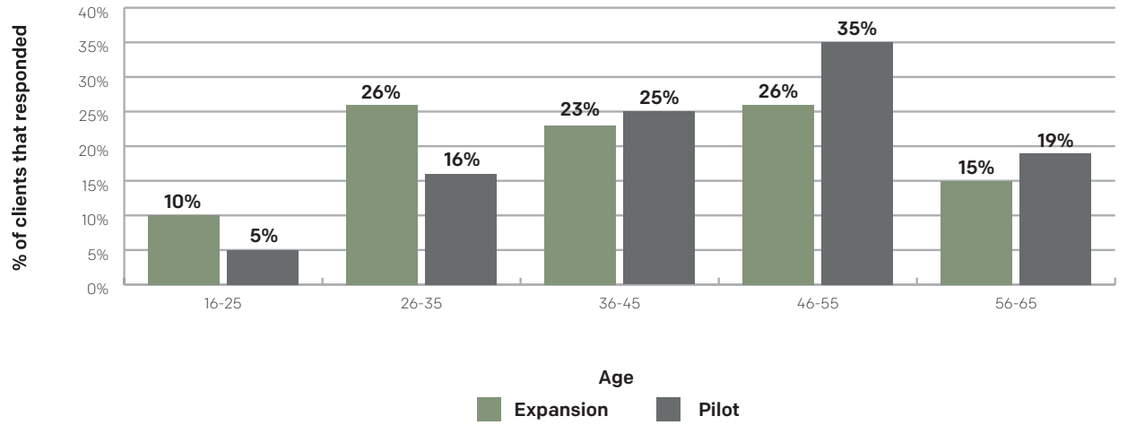
Source: SQW analysis of Working Well monitoring data

Figure 3-3: Proportion of clients in each cohort by length of unemployment, on attachment, out of those that responded (Expansion n=7,437; Pilot n=4,556)



Source: SQW analysis of Working Well monitoring data

Figure 3-3:Proportion of clients in each cohort by age, on attachment, out of those that responded (Expansion n=7,488; Pilot n=4,631)



Source: SQW analysis of Working Well monitoring data

3.19 Barriers to work

Table 3 1 shows the proportion of attached clients in the Expansion and the Pilot that identified each presenting issue as a severe barrier to starting work employment, in addition to showing the difference between the two programmes. The most cited severe barrier to work amongst the Expansion cohort is lack of work experience, with 29% of clients identifying this, followed by access to private transport to travel to work and lack of qualifications and skills.

3.20 Overall the table indicates that the Expansion cohort have fewer severe barriers compared to the Pilot, given that a lower proportion identify barriers as severe for 15 out of 19 of the barriers.

3.21 The largest difference between the two cohorts is the proportion identifying physical health or mental health as a severe barrier, with roughly one-fifth identifying them for the Expansion compared to close to two-thirds for the Pilot. This reflects the Expansion covering a broader range of client types, with ESA clients just a small proportion of the total client base, with far more JSA claimants and Income Support claimants. The latter groups generally have fewer, less severe barriers to work. Supporting this, 22% of Expansion clients reported no severe barriers to work, compared to 4% on the Pilot, and 22% reported five or more, compared to 40% on the Pilot. Nevertheless, even amongst ESA clients on the Expansion, a lower proportion scored these barriers as severe than was the case on the Pilot – 43% for physical health and 50% for mental health.

3.22 There is a similar story for all the other barriers for which there is a large difference between the two programmes. For instance, with access to public transport to travel to work, bereavement, substance misuse, ESA clients are the cohort with the highest proportion identifying it as a severe barrier but to a lesser extent than in the Pilot. This may reflect the voluntary nature of the Expansion programme: it may be that clients are more engaged and willing to overcome barriers, and may see their barriers as less severe to overcome; alternatively, because of the lack of mandation, clients may be less worried about losing their benefit status if they are honest about their issues and do not overstate them.

3.23 There are four barriers that clients on the Expansion are slightly more likely to cite as severe than was the case on the Pilot. These reflect the nature of the client base. With clients generally closer to work, work experience and transport for getting to work are relatively more important. In addition, care responsibilities for children is cited as a severe barrier to work for more clients on the Expansion, reflecting the Income Support client base on the programme.

Table 3-1: Clients ranking barriers as severe barriers to work, for the Expansion and Pilot [9]

Presenting issues	Expansion	Pilot	Difference (pp)
Lack of work experience	29%	27%	1
Access to private transport to travel to work	25%	25%	1
Lack of qualifications/skills	25%	30%	-6
Physical health	20%	62%	-42
Mental health	19%	68%	-49
Local labor market	17%	16%	1
Age	16%	19%	-3
Care responsibilities for children	16%	10%	6
Housing issues	11%	17%	-6
Access to public transport to travel to work	10%	31%	-21
Debt/finances	10%	18%	-8
Bereavement	9%	27%	-17
Chaotic family lifestyle	8%	13%	-4
Family support	7%	12%	-5
Divorce/relationship break up	5%	11%	-7
Care responsibilities for other family members or non-family individuals	4%	6%	-2
Conviction	4%	11%	-6
Substance misuse	3%	14%	-12
Other	3%	5%	-2

Source: SQW analysis of Working Well monitoring data

9 Note the annex presents output from the final model only. Several other models were estimated using various combination of explanatory variables to assess the robustness of the results. The models produced consistent results in terms of which variables were statistically significant.

3.24 In addition, amongst attached clients, 26% cited general confidence and self-esteem as a severe barrier to finding employment. At attachment, 6,206 (84%) were confident of finding and obtaining a job, with 4,144 (55%) confident that they would be successful in a job if they started one, both much higher than on the Pilot.

3.25 The barriers identified as having the greatest impact on the likelihood of a client starting a job through the econometrics analysis for the Pilot are physical health, mental health, convictions, access to public transport, and substance misuse; the more severe the barrier, the less likely clients are to start work. Given the lower proportion of clients scoring these barriers as severe for the Expansion relative to the Pilot, it suggests that the Expansion cohort ought to be more employable.

Support recieved

3.26 In many ways, the Expansion was intended to adopt the same delivery model as the Pilot programme: key workers, local leads, and integration boards to remain central components; the model still involves fortnightly meetings between key workers and clients. The integrated approach to support on the programme remains a key aspect, and was commented upon positively by key workers consulted for this report:

- it contributes to shorter waiting times, which help clients to feel valued and supports quicker progression
- it enables key workers to be more involved in the process and play a more informed and complimentary role
- it makes the support more accessible and less daunting for clients, particularly when fortnightly key worker appointments are co-ordinated with the support sessions
- key workers also highlighted the importance of sharing knowledge and networks regarding external support within their teams, in driving integration practically.

3.27 However, there are some key differences in how this has worked in practice:

- One important difference between the Pilot and Expansion is the amount of effort required from the outset to build relationships with support provision across Greater Manchester, and to communicate what the programme is about. As a new project, the Pilot built to include close working alongside local leads, and communicating clearly about the programme. This remains essential with the Expansion. However, there were some concerns that in some areas the level of interaction had fallen back and that more effort was required going forward.
- The cohort of clients on the Expansion is quite different to that on the Pilot, with fewer severe barriers to work, leading to a greater proportion of clients being work-ready early on. This has meant that the connections into support, and the support provided, has had to increasingly focus on work-related elements, to a greater extent than has been the case on the Pilot.
- There has been some learning from the Pilot implemented in the delivery model for the Expansion. This includes a focus on co-location of key workers and support, which helps to improve communications and day-to-day working between the different elements of the support ecosystem.
The voluntary nature of the programme has important implications for the delivery of the Expansion. In practice, clients will only come to the programme if they want to and feel that they can achieve something through it, rather than on the Pilot where clients had to remain engaged. As such, in order to keep clients involved, there is a renewed emphasis on getting clients the support they need to progress and move towards work, with the key workers playing a critical role.
- There are new options for the key workers that were not available from the outset for the Pilot: the Working Well Talking Therapies service and Skills for Employment.

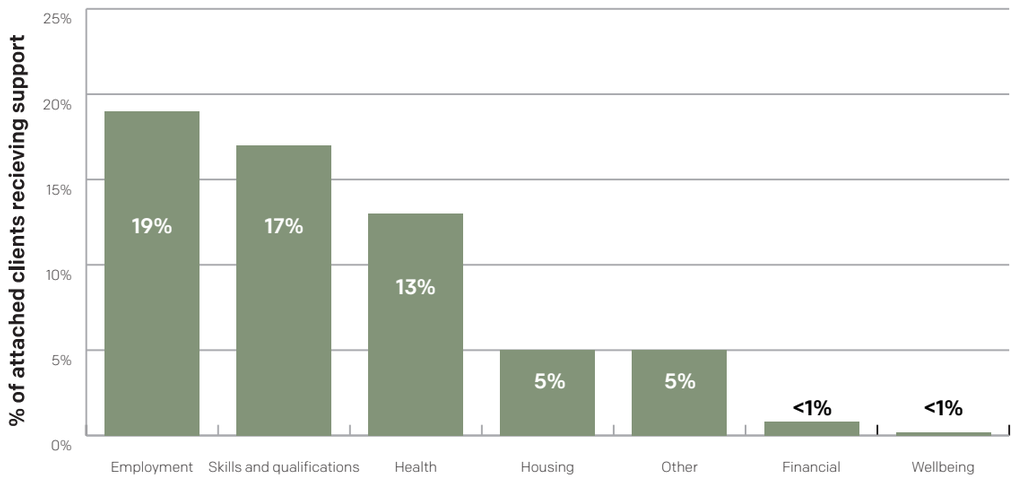
Figure 3-5: Key support examples

Working Well Talking Therapies	Skills for Employment
The Working Well Talking Therapies (TTS) service is a high profile example of the health support on offer to Expansion clients. The programme is an Improving Access to Psychological Therapies (IAPT) service, aiming to support clients citing mental health problems as a barrier to employment. The service is based on the premise that providing personalised support along with access to psychological therapies will improve employment outcomes for service users. Support offered includes cognitive behavioural therapy (CBT), counselling, couples therapy for depression, brief dynamic therapy and interpersonal therapy. The service was delivered by Greater Manchester West NHS Foundation Trust[10] and started taking referrals from the Working Well programme in June 2016. The service was recently extended to allow clients on the Working Well Pilot to access it. By the end of March 2017, some 900 people have been referred to the programme. Of these, 759 people have received support, of which 173 have completed it; some 650 have received Low Intensity CBT, with 289 receiving High Intensity CBT. Both key workers and work coaches consulted for this report regarded the TTS provision as one of the main selling points of the programme, with the support it offers seen as vital for much of the cohort to make progress.	Skills for Employment (SfE) is another high profile avenue of support for Working Well clients, and indeed other people. The service delivers personalised support to improve skills, motivation and confidence, access work experience opportunities, and help find sustainable employment. In essence the programme offers an additional set of support for key workers in addressing clients' work-related needs. Ultimately, the aim is for SfE will support 1,500 Working Well clients, with half undertaking work experience, 35% achieving an accredited qualification, and half moving into employment. Commissioned by the Skills Funding Agency, in partnership with Greater Manchester Local Enterprise Partnership, the service is part-funded by the European Social Fund. The service is delivered by MGC, and has accepted referrals since the start of the Working Well Expansion. By the end of March 2017, some 2,219 Working Well clients had been referred to the programme. Of these, 1,213 had been engaged with the service. As a service delivered by MGC, a large share of the clients using SfE are based in those local authorities that MGC cover on the Working Well Expansion; whilst these areas account for 37% of all Working Well Expansion attachments, some 49% of those referred to SfE and 55% of those engaged with SfE are from those areas.

10 Now known as Greater Manchester Mental Health NHS Foundation Trust

3.28 It is still early days for many of the clients on the Expansion. At the time of writing, many clients were only referred to the programme in the previous couple of months. As such, it should be no surprise that the proportion of clients that have received support over and above the standard regular meeting with the key worker is quite low. In total, 32% of clients are reported to have received some form of support since attaching to the programme.

3.29 Compared to the Pilot, where there was much greater focus on health support than any other type of support, support for the Expansion cohort has been relatively more focused on employment, reflecting the nature of the client groups across the two programmes. In total, 19% have received employment support and 17% have received support relating to skills and qualifications. Figure 3-6 shows the proportion of attached clients that have received each type of support.

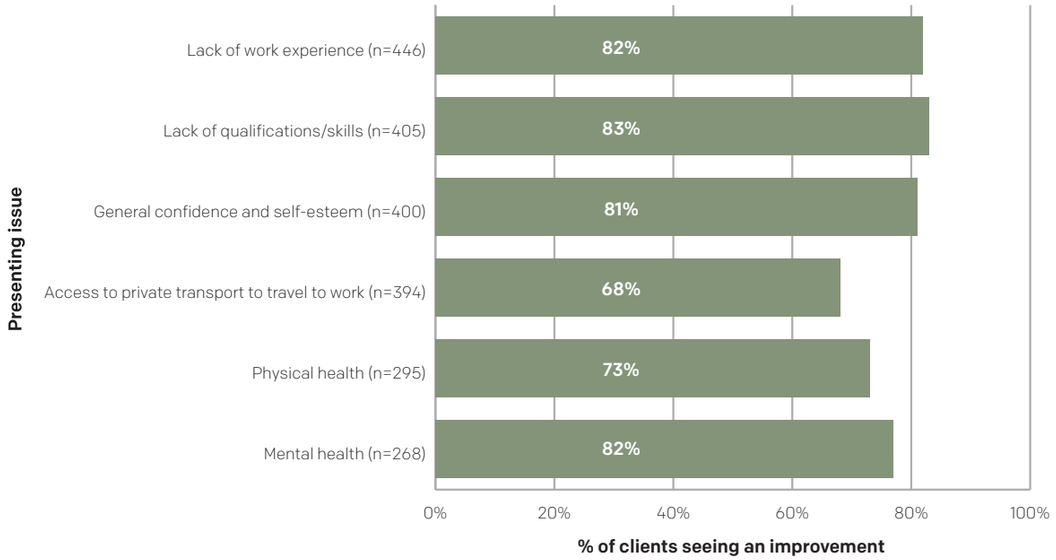


Source: SQW analysis of Working Well monitoring data

Intermediate outcomes

3.30 Again, it is early days for the Expansion programme in terms of outcomes. However, there has been some notable progress against the key barriers to work for clients attached for at least six months. Figure 3-7 shows the proportion of clients that identified any of the top six most commonly cited severe barriers to work on attachment (all the presenting issues where at least 20% of clients identified them as severe barriers to work) that then saw an improvement within the first six months after attachment. Across all of these presenting issues, progress is notable, particularly in relation to lack of work experience, lack of qualificaitons/skills and general confidence and self-esteem as severe barriers on attachment, with over 80% of clients seeing improvement in relation to these.

Figure 3-7: Proportion of clients who have completed a six-month review, had identified any of the top six presenting issues as severe barriers to work on attachment, and then saw an improvement in their situation at the six-month review stage



Source: SQW analysis of Working Well monitoring data

3.31 The improvements seen so far are impressive in such a short amount of time, especially compared with the Pilot, where the improvements have been lower. It is important to caveat this data, in terms of two key differences with the Pilot:

- There could be a recording bias, whereby the intermediate assessment on the Pilot could be at any point in the journey through the programme, whereas the data on the Expansion is only looking at those that undertook an assessment six months into the programme.

- With this point in mind, it is likely that those clients that actually complete the six month assessment are those that are achieving positive outcomes. As a voluntary programme, clients would be expected to be more likely to disengage if they do not see improvements. As such, the longer that clients remain on the programme, the more likely that these clients are those that have seen improvements, The Pilot cohort, by comparison, could not decide to leave the programme, even if it was doing nothing for them.

- The barriers to work are about the perceptions of the clients, rather than an objective assessment of barriers As such, it may be that clients' perceptions are being changed through engagement on a programme that is quite different to programmes they have been on previously, helping to build confidence and belief, and reduce peoples' perception of the barriers they face.

3.32 Nevertheless, there has clearly been some impressive movement in breaking down the barriers to work, for clients on the Expansion. As with the Pilot, key to this are the personalised approach to delivery and the use of 'better off' calculations, with this approach driving attitudinal changes and increasing the desire of clients to address barriers to work and access employment. A couple of other reasons may explain why the Expansion performs well compared to the Pilot, even while recognising that both programmes are dealing with mainly long term unemployed who have received DWP commissioned support for some time:

- Clients on the Pilot have more complex issues than those on the Expansion, as described above. It is therefore possible that a clients are having what are essentially less severe barriers to work addressed, rather than on the Pilot where many clients need more severe barriers addressed, which takes longer and is harder to achieve. It is important to note however, that the majority of Expansion clients have

undergone at least two years of traditional support which has been unsuccessful in achieving employment outcomes.

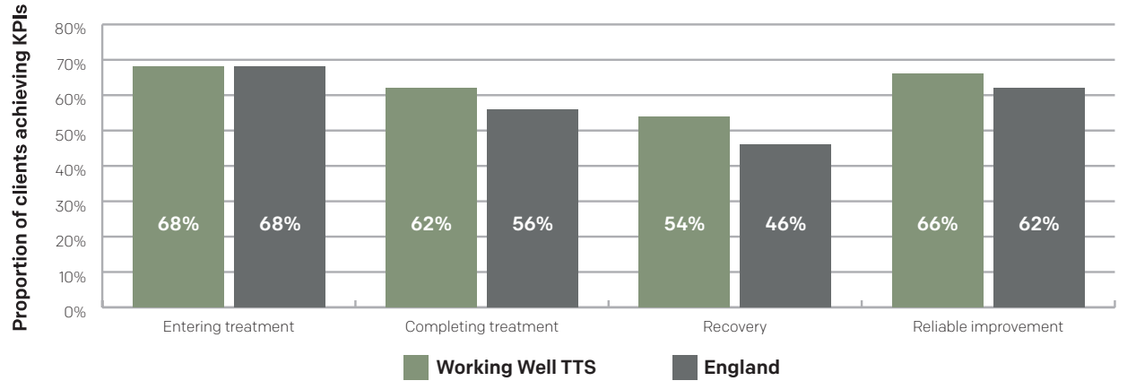
- As previously pointed out in relation to the presenting issues, there may also be a greater willingness from clients to be honest about issues that they face, given the voluntary nature of the programme and the client types on the programme, with less fear that their benefit status may be at risk if it appears that they are making progress against these issues.

- The use of new support provision, including TTS and SfE. These were not available to the Pilot cohort at the outset of the programme, but have been important in achieving positive outcomes for clients on the Expansion.

Talking Therapies Service

3.33 The number of clients that have completed support on TTS is still relatively low. As such, it is not possible to read into these figures any sense of the difference that the service makes in terms of achieving positive outcomes in moving into work; this will be a key consideration when more completions have occurred. Nevertheless, there have been some notable intermediate outcomes, in terms of the mental health scores (PHQ-9 and GAD-7) for Working Well clients. Indeed, whilst Working Well clients are just as likely to enter treatments as their counterparts across England overall, they have a higher completion rate, and higher rates of recovery and reliable improvement, as shown in Figure 3-8.

Figure 3-8: Proportion of clients achieving KPIs on Working Well versus England overall



Source: SQW analysis of Working Well monitoring data

3.34 The better performance compared to England is not a result of the clients being easier to treat. Indeed, there are some particularly challenging elements to the Working Well cohort. Many of the clients going to TTS from Working Well have not received any support for many years and so are not used to working with support agencies, and the fact that they have multiple presenting issues including literacy and learning needs, often makes engagement and progress challenging. The service has had to adapt to the Working Well clients: compared to standard IAPT services, the service is more flexible with non-attendance and has a higher threshold for accepting some substance misuse/chronicity. Three case studies setting out three clients that have engaged with the service are set out in Annex A.

3.35 The role that key workers play in terms of 'wrap-around' support for clients, which many people on similar support elsewhere would not have, is said to improve engagement and attendance, and so plays an important part for the Working Well Talking Therapies service. For instance, therapists reported that:

"It is...good being able to discuss non-attendance with key workers... they have more insight into the background of why a client is not attending, which helps decision making in terms of engagement – particularly as clients often don't answer the phone to us in the early days of therapy. Key workers have frequently supported a client to engage in therapy with me..."

"It is helpful being able to check in with the key worker, in one case they were able to tell me about a range of difficulties that had been going on for the client over the last few weeks which I wasn't aware of, and it enabled me to raise the topic of other pressures and how she might manage this. In the end they couldn't commit, but it felt helpful in building our rapport and hopefully improving her experience of therapy to possibly come back in future."

3.36 In addition, with the key workers continuing to provide support in other areas, it is possible for therapists to focus on psychological work:

"[It's] really useful speaking to key workers if we feel that a client would benefit from support with a particular topic, e.g. budgeting as the key workers can support them with this and we can focus on therapy work."

3.37 Co-location with the key worker teams also helps to deliver the programme's strong performance, by making the Working Well Talking Therapies team part of the wider provision, and thus enabling the discussions between key workers and therapists. This helps the therapists to communicate with the key workers about what the service can offer, but also means that the therapists can talk to the key workers about what other support might work for them in addition to the Talking Therapies service.

Skills for Employment

3.38 Skills for Employment has also supported some notable achievements for Working Well clients. To date, 57 Working Well clients have completed a qualification through engagement with SfE, with 103 starting work experience through the service. Some 77 Working Well clients have been supported into job starts through engagement with the service. However, these outcomes are not evenly distributed across Greater Manchester. Manchester dominates the engagement with the service, with 36% of all clients engaged with the service coming from Manchester. Manchester has secured a lower share of outcomes to date, although this is likely driven by the fact that many of the Manchester-based clients have only engaged with the service relatively recently.

3.39 Thus far, Working Well clients do not appear to be securing the same level of outcomes that has been seen with the service more widely. Whilst Working Well accounts for 26% of engagements, it accounts for just 15% of qualifications, 20% of work experience placements, and 16% of job starts. However, it is too early to read anything into this as yet; at this stage, this may simply be due to the large number of engagements relatively recently with Working Well clients, where outcomes are less likely to have been achieved yet.

Table 3-2: Engagement with, and outcomes in relation to, SfE support, by local authority area

	Engagement	Qualifications	Work experience	Job start
Manchester	36%	16%	25%	26%
Salford	15%	5%	13%	12%
Trafford	4%	4%	5%	4%
Bolton	6%	0%	1%	1%
Bury	7%	9%	6%	16%
Oldham	7%	9%	4%	4%
Rochdale	7%	28%	11%	9%
Stockport	2%	2%	4%	3%
Tameside	11%	11%	16%	22%
Wigan	6%	18%	17%	4%
n	1,213	57	103	77

Case study examples

3.40 Figure 3 9 shows examples of two Expansion clients, demonstrating the progress that they have made since attaching to the programme, highlighting the importance of the different support in the wider support ecosystem, including TTS and SfE, and the importance of the key worker role. Full case studies are presented in Annex A.

Figure 3-9: Case study examples

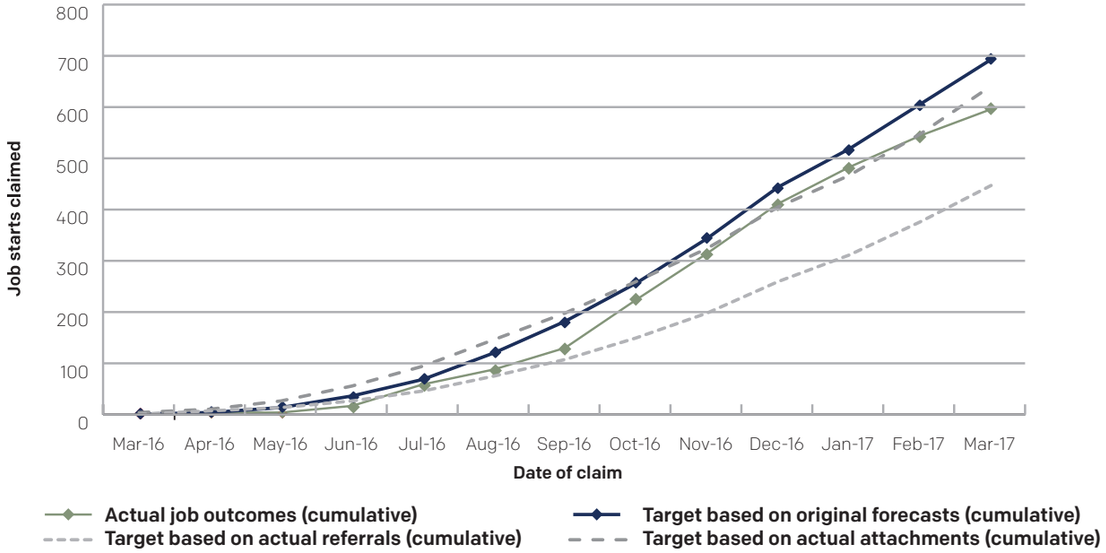
Client C	Client D
David was claiming ESA and had severe anxiety which meant he struggled to leave the house. Through Working Well, he built a rapport with his key worker and then started to receive support from TTS and SfE. TTS taught him techniques to deal with his anxiety, whilst SfE supported him with his literacy and numeracy, and with interview training and compiling a CV. The co-location of TTS and SfE meant that David was much more comfortable accessing the services. Thanks to the support David received, his confidence and anxiety have improved to the extent that he is now applying to vacancies as a delivery driver.	Jackie was claiming ESA and had been suffering from anxiety, depression, panic attacks and low confidence, which meant she struggled to leave the house and had been out of work for five years. After some time on Working Well, she was referred to TTS – with sessions delivered in her local JCP – and was diagnosed with post-traumatic stress disorder. She developed a good relationship with her therapist and has been making progress thanks to the techniques she has been taught. Jackie is now more confident, calm and composed, and intends to socialise more so has reached out to her friends.

Early job outcomes

3.41 Positively, for those attached between nine and 12 months ago, the programme has already hit the 20% in to work target, whilst 15% of those attached between six and nine months have started work.

3.42 As with the Pilot, the ultimate aim of the Expansion is to move clients towards and into sustainable work. While still fairly early, the position at present is encouraging. By the end of March 2017, 569 job starts were reported. However, referrals and attachments did not take place as expected, as set out above. Based on actual referrals, forecast job starts would be 641, and based on actual attachments the target should be 445 (against which the programme is at 134% of target).

Figure 3-10: Actual job outcomes against target job outcomes based on original forecast, actual referrals and actual attachments



Source: SQW analysis of Working Well monitoring data

3.43 The number of job starts equates to 8% of attachments, with this being similar across all local authority areas (maximum 10% in Bury and Tameside, minimum 6% in Manchester). However, it is unfair to look at the achievements of the whole cohort, given the number that were attached only recently. As shown above, the programme has achieved a much higher proportion of attachments into jobs for clients attached earlier in the programme. Detailed case studies are provided in Annex A. However, two are summarised here, to illustrate what is happening.

Figure 3-11: Case study examples

Client E	Client F
Daniel had been out of work for 11 years and suffered from anxiety, depression and a lack of self-esteem. Previous employment schemes had been unsuccessful for him because they overlooked his health and anxiety, so he needed to be convinced to join the programme; its voluntary nature helped in this regard. Daniel identified his areas for improvement which helped him to take ownership of his development. He was referred to SfE who helped to develop his confidence through close liaison with his key worker. Skills for Employment arranged a work placement along with support for travel and work clothing, which grew his confidence significantly. Just three months after his referral to SfE Daniel started paid employment.	Natalie had severe anxiety and was referred to Working Well through her GP for additional support alongside her medical treatment. This was facilitated through a Community Link Worker who she developed a rapport with. For her first appointments, her mother accompanied her due to her anxiety. Her key worker arranged weekly appointments at a local medical centre, as the proximity to where Natalie lived made attendance easier. The appointments focused on positivity and encouragement, and she received additional support from SfE. After some time, she started a childcare traineeship through Bury Council – which developed her skills and confidence in a supportive environment. She has since been offered paid employment and her anxiety is much improved.

3.44 A couple of accounts from surveyed clients further show the positive impacts on clients who have managed to move into work:

"I would shout from the rooftops how good it's been. People have been so friendly. Even the [in-] work support has been fantastic."

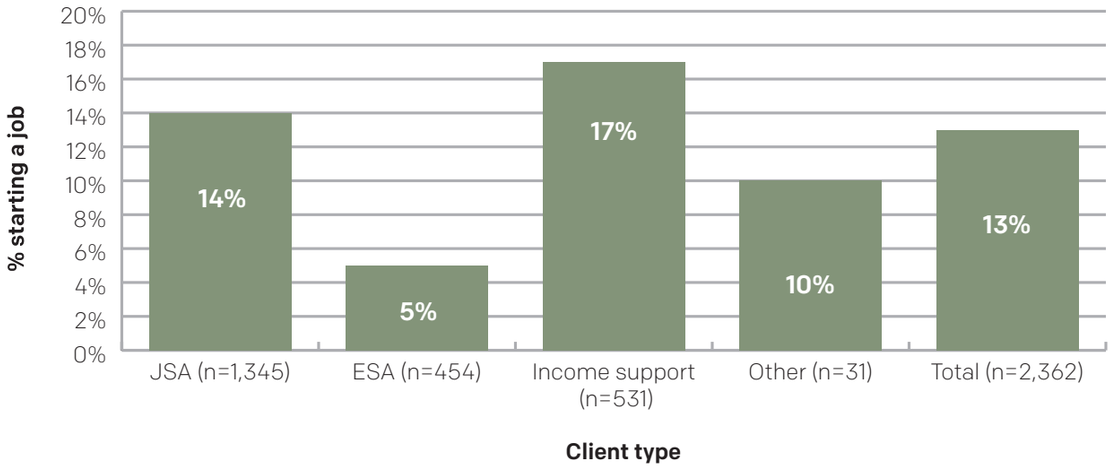
"[the provider] helped me with anxiety, panic attacks and also to address stress and high blood pressure.... Now working in Manchester Airport security."

Job starts by client type

3.45 Figure 3 12 shows the client types that are most likely to have started a job within the first six months of attachment are those on Income Support (some 17%) and JSA (14%), whereas just 5% of attached clients on ESA had started a job within six months of attachment.

3.46 This again highlights the difference of the mixed Expansion and the ESA Pilot cohorts. This can be understood with reference to the presenting issues and characteristics of ESA clients compared to other clients. The ESA clients that have been attached for at least six months are more likely to have five or more severe issues, with 37% reporting this number compared to 20% for Income Support and 16% for JSA. Furthermore, ESA clients are more likely to be older, to have not worked for a longer timeframe, to have no qualifications, and to identify themselves as disabled. Additionally, even within this limited cohort, some client groups have been attached for longer, with relatively fewer ESA claimants attached to the programme in the earliest months of the programme, meaning ESA clients have had less time to start a job on average.

Figure 3-12: Proportion of clients from each client type that have been attached for at least six months and have started a job



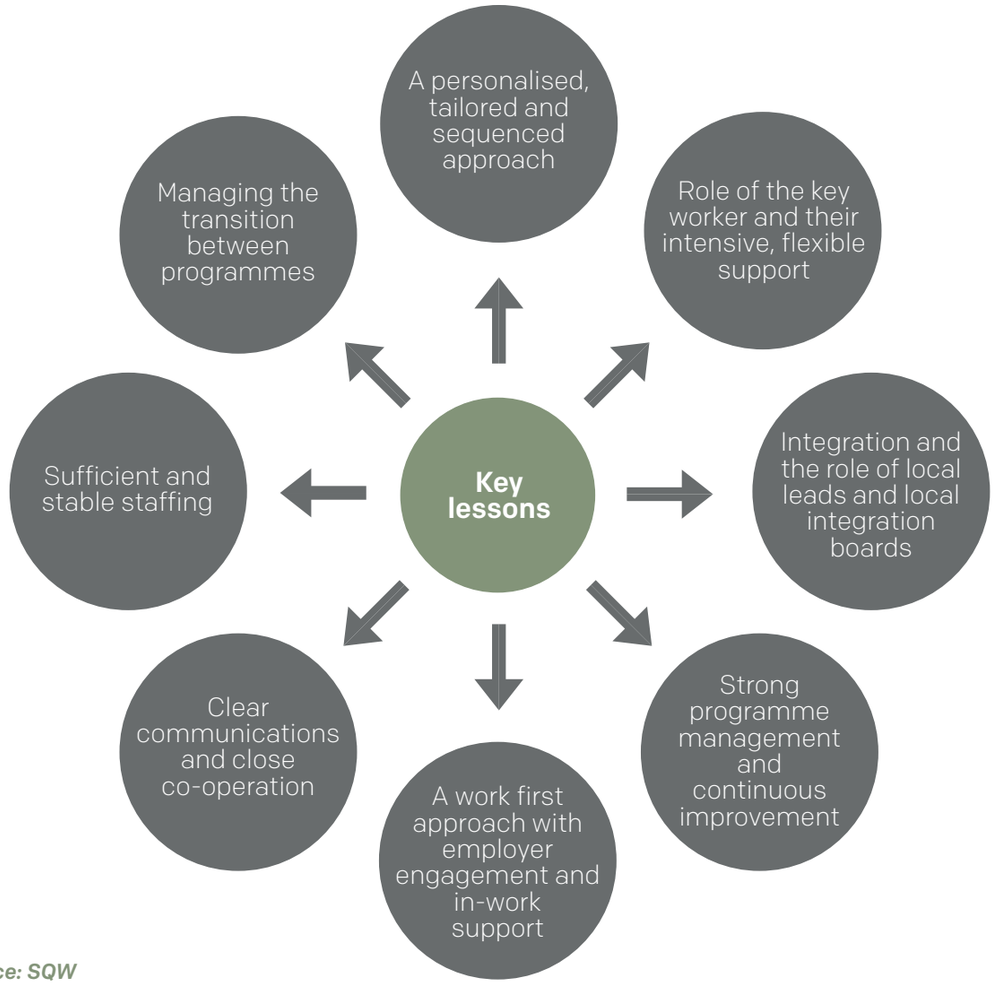
Source: SQW analysis of Working Well monitoring data. Note: Universal Credit is excluded as these clients were not being referred to the programme in its first six months

EMERGING LESSONS AND ISSUES

4.1 This section explores the key lessons learnt to date in delivering the Working Well programmes, and considers the implications for the current programmes, as well as for the upcoming Work and Health programme. Summary of key lessons learned so far

4.2 Three years into the Working Well programme, several key lessons have been learnt. These are set out in Figure 4 1.

Figure 4-1: Summary of key lessons learned throughout the programme to date



Source: SQW

4.3 In last year's report, we identified five key lessons for delivering the programme: the importance of a personalised, tailored and sequenced approach to delivery; the role of the key worker and their flexibility and intensity of support; the importance of integration, and the importance of local leads and local integration boards in delivering this; the need for strong programme management and continuous improvement; a 'work first' approach, including in client engagement, as well as through provision of in-work support and engagement with employers. Each of these lessons remains valid now:

- **A personalised approach to delivery is at the core of the Working Well programme.** This includes developing bespoke action plans for each individual, and then working to address each issue, whatever that is. The delivery of both the Pilot and Expansion have shown that this approach is key to engaging clients and delivering support that addresses the issues underpinning clients worklessness. This was felt by consultees to mark the programme out from others such as the Work Programme, where the focus is on getting people into work, with less focus on addressing underlying issues. The latter approach leads to clients not being able to access work or, for those that do manage to find a job, sustain it, as they have not addressed key issues.
- **The key worker role is essential to delivering the personalised approach to the programme.** The key worker must identify the needs of their clients, build a strong and lasting relationship, and a positive attitude to starting work, and also help clients to access the support they need, find work and sustain it. Again, this model has consistently been at the centre of the delivery. It relies on the key workers having the requisite skills to work with clients that often have complex needs.
- **Gaining access to support services, beyond what the providers can deliver internally, is also key to the tailored approach of the programme.** The local leads and local integration boards have played an important role in putting this into practice. The local leads and local integration boards have been important in building relationships between the providers and wider support provision, and in embedding the providers within this wider ecosystem, particularly in relation to the Pilot as an entirely new programme at the time it started. This has helped the providers to understand what other support is available across their patches, and built relationships between

key people. At a key worker level, this has meant that there is often felt to be good integration between support provision.

- **Strong programme management and a flexibility to adapt to changing circumstances are also an essential component of a successful delivery for the programme.** The use of the Programme Office, as a central management framework for the programmes, has been important in understanding what is working well about the programme, and what is working less well. Informed by regular monitoring activity, this allows for a flexible, responsive programme management structure that is able to apply pressure where necessary to address any concerns in delivery or performance. The programme has been able to adapt to changing needs, for instance opening up the Talking Therapies Service to the Pilot in its later stage, informed by the needs of the Pilot cohort, and based on the experience with the service on the Expansion.

- **First and foremost, the Working Well programme is about moving long-term unemployed people into work. A 'work first' approach to delivery is an important part of delivering on this ambition.** There has been an increasing focus on a 'work first' approach as the programmes have developed. There is a balance to be struck here. On the one hand, this approach needs to avoid such a focus on getting clients into jobs that more challenging clients are not given the attention they need to address their barriers to work, focusing on those easiest to move into work, as has been suggested to be the case with the Work Programme. On the other hand, it can be difficult to transition from an approach focused solely on the barriers to work, skirting around the issue of work, and then changing to an approach focused on work; it could undermine the relationship with the key worker, and misses the opportunity to use the aim of work as a tool in its own right for improving clients' wellbeing. The emphasis is therefore to be up-front with clients about what the long term aim of the programme is – to get them into work – and then move them towards that. In doing this, it is important to show the client the benefits of work, and make them want to move into work themselves, rather than pushing them against their will. That is done through tools such as 'better off' calculations.

4.4 This year, we add three further lessons to this list, based on the first year of the Expansion, and third year of the Pilot: the importance of clear communications, and close cooperation; the need for sufficient and stable staffing; the challenge of managing the transition between one programme and its successor. In part, each of these lessons is driven from the need to maintain the model of delivery identified above as being the right approach:

- **Clear communications and close cooperation between the providers and other parts of the ecosystem are imperative.** The programmes do not operate in isolation. From the referrals to the support and through to jobs, at every stage the providers can benefit from clear communications and close cooperation with other parties. The importance of this has been brought to the fore by the challenges on the Expansion in relation to the number and unevenness of referrals and challenges in attaching clients. The response has been to increase communications between the providers and JCP. However, some clients may have had a less than ideal experience, with unexpected levels of on-flows leading to providers being under-staffed and so not able to provide a full service to clients as quickly as they would have liked. This is also in relation to the strategic relationships with local leads and integration boards. Clear communications and close cooperation have helped to embed the programme into the wider support ecosystem, particularly given that the programme was entirely new when the Pilot started. However, there was some concern that the strategic relationships had not been maintained in the long term, or had not been developed to the depth required to fully realise the potential of integration, with less intensive contact between local leads and the providers than previously. In part, this is symptomatic of the stage that the programmes are now at; many connections have been made at an operational level, whilst there is a higher level of awareness about the programmes within Greater Manchester. Nevertheless, these relationships remain important for highlighting any new support on offer, or helping to address any stumbling blocks in provision, and being responsive to change.

- **Staffing levels, and stability, are important for delivering a service that clients want to engage with.** In large part, the ability to have clear communications and close cooperation depends on having sufficient resource to do so. On the front line, having sufficient key worker resource is essential to them being able to deliver an effective service to clients. Concern was expressed by consultees that caseloads were too high in some areas, and across the Pilot and Expansion, which limited the ability for key workers to work with clients to address their needs. In addition, management teams were reported as being stretched, meaning that communications between the providers and local leads and local integration boards, were less frequent than wanted. Changes to staffing can also have a negative impact, particularly in relation to client relationships, where many clients have difficulty in opening up to new people about their issues. This is currently a particular concern on the Pilot, where the slow winding down of the programme means that caseloads have been moved between key workers as they start to leave the providers. There was a feeling amongst some consultees that the providers could be more responsive and proactive when staff leave the organisation, to ensure that risks to delivery are minimised. Training for key workers, developing a variety of skills amongst the key worker base, is another important component in relation to staffing, in supporting the delivery of effective programmes.

- **Delivering two very similar programmes concurrently appears to have presented challenges to delivery.** In the past year, there have been two Working Well programmes operating. It is notable that the number of employment outcomes on the Pilot increased as the Expansion was being contracted, but has since decreased. There are several risks in delivering programmes in such a manner.

Informing future Working Well provision

4.5 Thinking forward for the next 12 months of Working Well, the lessons learnt so far should be borne in mind, and concerns heeded. In particular:

- The core elements of the delivery model are well-understood, and widely accepted. **The key worker role, local lead role, and the role of the Programme Office must be maintained, whilst a 'work first' focus should be upheld.**

- There should be a **renewed focus on integration**, to understand any issues in particular local authority areas, and to work together to address them for the benefit of Working Well clients. The local leads can play important roles in supporting the programme; the providers must maintain these relationships in order to realise the potential of them.

- **Staffing levels and churn should be managed carefully,** to ensure that they do not affect the quality of service that can be provided. This includes maintaining low caseloads, and putting in place 'warm handovers' when staff, in particular key workers, leave. It is imperative that the programme does not become 'another Work Programme'.

- The Pilot programme (and perhaps the Expansion) appears to be working better for some client groups than others. This is a challenge to those engaged in the design and delivery. **What new elements can be added to support those groups that currently appear to be under-performing?**

- With the upcoming launch of the Work and Health programme, it is imperative that the **risks around the current programmes being overshadowed are managed closely.** The risks here are particularly for those clients still being referred to the Expansion, where the majority of their time on the programme will be at the same time as the delivery of the Work and Health programme.

Informing the Work and Health programme

4.6 Likewise, as the Work and Health programme is developed, the core elements of the programme should follow the precedent set by the Working Well Pilot and Expansion, and heed the lessons set out above. There is a model here which is seen as adding something that previous programmes have not: a genuine personalised approach, working with clients to address barriers to work and move them into jobs. The specification for the Work and Health programme makes clear reference to these lessons.

4.7 The value in the Work and Health programme will be in the extent to which it, learns from and builds on the experience of the Pilot and Expansion. The Work and Health programme already has a head start in some regards: the integration of Working Well into the wider ecosystem has built a strong base on which the Work and Health programme can thrive.

4.8 There are a number of key issues highlighted through the work to date that should influence the delivery of the programme over and above the immediate lessons and issues set out above:

- it will be **important for the Work and Health programme to have a sufficient supply of quality key workers.** Although the programme will be starting as the Pilot comes to a conclusion, it is of a much larger scale, and will therefore need more key workers and other staff; it may be necessary for partners across Greater Manchester to undertake efforts to develop the pool of key workers and other key staff.

- a key challenge to the Expansion has been the unpredictability of referrals (especially through Jobcentre Plus but also on a much smaller scale from GPs). This has led to mismatches between recruit of key workers and the number of clients, which in turn risks giving clients a poor first impression of the programme. **The more that can be done to generate robust estimates of on-flows and then to manage referrals to these numbers, the better for programme delivery.**

- **appropriate referrals to the programme are vital.** This is especially the case where participation is voluntary. Giving potential clients good quality information will help to ensure that those who then are referred to providers are interested in taking part, avoiding frustration and saving resources on all sides.

- the evidence from the Talking Therapies element of the Expansion suggests a long standing unmet need amongst the client group. Given the similarity of the future client group there is likely to be an **on-going need for Talking Therapies type support.**

- the Pilot and Expansion have the same job outcome targets. However, the experience to date is very different, likely reflecting the differences in the client group. Therefore, **setting targets for the new programme consideration should learn from experience,** including: the level that have been achieved to date; the expected makeup of the client group; and the level of resource per client compared. If the client groups or resourcing are similar then the expectation should be that performance will likely be similar as well.

ANNEX A: DETAILED CASE STUDIES

WW Pilot

Employer A

A.1 We have developed an innovative arrangement with a local distribution company. This company is experiencing rapid growth and requires a flexible workforce as well as new staff at short notice. We have been able to create an infrastructure within this commercial business environment which is equipped to support clients with barriers to employment into work.

A.2 In partnership with this employer we have developed a pathway that consists of pre-employment working interviews which transition to short paid contracts and then permanent positions. Our Employment Worker, who has a regular onsite presence, works in partnership with the employer to case-manage clients through this pathway.

A.3 The offer for clients is to receive;

- A supportive environment to undertake their first work in years and to learn work based accountabilities such as timekeeping, working in a team as well as the language and culture of a workplace.
- A reference for future applications and recent experience for their CV
- An opportunity to earn a wage and experience paid employment whilst they develop confidence in their ability to return to work and learn new skills.

A.4 The employer benefits by;

- Saving money on recruitment.
- Benefiting from a workforce that is responsive to fluctuating demand.
- Being able to achieve CSR goals by supporting local unemployed residents into stable employment.

A.5 This was a particularly creative solution to achieving employment outcomes for clients with ongoing barriers many of whom struggle with low self-esteem and confidence. Examples of some of the practical steps taken to help our clients establish workplace appropriate routines and behaviours include;

- Giving clients a lift to work in the morning to encourage them to attend, and ensure they learn the importance of timekeeping.
- A regular onsite presence from our employment worker who is available to manage inappropriate behaviours, role model and provide instant feedback to resolve emerging issues. An additional benefit is that this worker is able to help manage client anxiety as well as the client and employer relationship.

A.6 To date we have filled 10 positions and are awaiting the opening of a new site which will hold further opportunities.

Client A

A.7 The client joined the programme in December 2015 having been on ESA for a number of years suffering from severe anxiety and depression. Prior to this he had been a teacher for 20 years but had to leave work after having a nervous breakdown following the dissolution of his marriage. He then cared for his father for several years up until his death. The client was taking a prescribed medication for his depression, but had not been offered any counselling or therapy by his GP. He shared custody of his young children who were 6 and 8 at the time, caring for them for half of the week and half the holidays.

A.8 The client was attending a wood working course at Aquinas College in Stockport and his ambition was to become a self-employed wood crafter.

A.9 The client's barriers were depression and anxiety, lack of motivation, co-parenting his children, the very acrimonious divorce he had been through and the lack of direction he felt in his future career; the client had worked as a teacher for the last 20 years but felt he could no longer consider returning to a similar role due to the stress and anxiety it caused him.

A.10 The client was initially quite hostile and hard to engage as he distrusted the programme and felt as though he would be pressured to go back into education. We understood the client would be naturally hesitant, and we needed to take a different approach to engagement. Being aware of this, the Key Worker spent the first few meetings discussing the client's interests, in particular: the woodworking course he was studying at the time. As the appointments progressed, rapport was developed and the client started to feel much more comfortable which allowed the Key Worker the opportunity to persuade him to bring in examples of his work, such as photographs.

A.11 These photographs of his work, such as wooden chests & rocking horses led to the Key Worker stating that she thought he could sell his work, which prompted a discussion on the possibility of becoming self-employed. A 'better off' calculation was then done on this basis and the client was pleasantly surprised at how little he would have to turn over each week to be financially better off. The Key Worker also highlighted the other benefits of self-employment for the client, such as: being able to fit his work around childcare, working from home in his own workshop and managing his own work schedule.

A.12 Once rapport had been built between the client and the Key Worker, and the client trusted that his best interests were the priority, the Key Worker addressed the issue of counselling or cognitive behavioural therapy at Stockport Psychological Service. Although the client had first been reluctant, he agreed and soon embraced the CBT and started to make real progress with his therapist. He felt he still needed more therapy after the initial sessions so the Key Worker liaised with the service and arranged for the client to have several more sessions. After completion of the therapy the client described feeling like a "new person".

A.13 At this point the Key Worker arranged for the client to meet one of the specialist advisors at Ingeus, to discuss self-employment options. This really helped overcome his initial fears and reservations so the Key Worker then spoke to the client's Work Coach at Jobcentre Plus to facilitate a referral for assistance to set up as a self-employed wood crafter. The client was supported to go on to the New Enterprise Allowance scheme and he signed off his benefits in November 2016. His self-employment was verified 3 months later. The client was extremely organised and we provided support for the type of evidence he would need to gather, including invoices and trading accounts, to enable him to navigate what he needed during the early stages of self-employment. He attended the office for in-work support appointments to apply for his Unique Tax Reference code, open a business bank account and practice completing self-assessment, as well as assistance to purchase a drill he needed for his business.

A.14 The client currently sells his products at various traders and craft markets around the region and has also managed to set up a website where he sells his goods online.

A.15 The main obstacle with this client was his distrust, initially, of the programme and the interventions suggested, however these were overcome by slowly building trust and rapport and by use of such tools as the 'better off' calculation, and motivational interviewing techniques to support the client. The Key Worker kept a very person centred approach to appointments and encouraged engagement by discussing his woodwork and other interests.

A.16 The client's self-employment was verified in February 2017 and the Key Worker is currently texting the client once a fortnight and ringing once a month. The client is very happy with the way his business is going and he is lucky enough to have a workshop at home so his work fits in very well with the care of his children, and his health, and they often accompany him to craft fairs at the weekend and assist him on the stall. He still utilises many of the techniques he learned whilst undergoing CBT and this helps keep his anxiety managed and under control. He feels that having a routine, being off benefits and "in charge of his own destiny" has had a massive impact on his depression and he is in the process, with his GP, of reducing his dosage of anti-depressants, with a view to ceasing to take them altogether.

Client B

A.17 Rita, a 53 year old lady receiving ESA had been unemployed for more than 11 years. She previously worked as a cleaner at a Naval base in Scotland 1984 – 1985 and then moved to England where she worked briefly as a barmaid and in retail. She spent the next 10 years as a full time mother, and had been a victim of domestic abuse. She was also suffering from depression, relying on anti-depressant medication. Her mobility was affected by arthritis and her general health deteriorating due to ongoing alcohol addiction that saw her drinking 8 – 10 cans of beer per day. Needless to say, Rita had complex needs and significant barriers to moving forwards.

A.18 When she was referred to Working Well in December 2014 she had given up on life and the possibility of services being able to support her. Her Keyworker Lisa in Stockport convinced her that Working Well was different. She worked with her to identify what support she needed to improve her quality of life. At first, Rita's mental health was the clear barrier that needed to be addressed. To meet this need, her Keyworker involved our Senior Mental Health Professional, a Counselling Psychologist by background. She worked with Rita on a one-to one basis to help improve her mental health. On many occasions, Rita's depression meant she was finding coming in to the office a challenge. The Mental Health Professional provided support over the telephone, encouraging Rita that her engagement would be beneficial face to face, supporting Rita to engage fully.

A.19 Next her Keyworker helped her clear a debt of over £1000 from a Water company that was causing Rita a lot of anxiety, this was achieved through direct contact to the utility company and support through debt management services, as well as supporting Rita to create budget planners.

A.20 One of the largest issues Rita faced was alcohol dependency. Due to a poor experience previously of alcohol support services, Rita continued to drink but Lisa put her in touch with different services that were able to help her to reduce, and eventually stop drinking by September 2015.

A.21 Lisa has been the facilitator to allow Rita to access support from a range of services. Sequencing the support in the right order was crucial to Rita being able to

move through services, rather than being passed between. Local integration boards and relationships have facilitated this, enabling Ingeus to ensure the client is presented with the right service, the right support, at the right time.

A.22 For Rita, all of the support has appeared seamless, with Lisa arranging the next steps and appointments where needed. This enabled Rita to stay engaged, and not feel as though she was being passed from pillar to post.

A.23 Resolving issues such as housing, debt and alcohol dependency really helped Rita to be in a different mind-set. Her outlook became more positive. Her mental health and positivity was lifted, and she started to have fewer bleak days. Rita engaged continually with Lisa, her Key Worker, and through use of motivational interviewing, Lisa started to broach the subject of returning to work. Removing these barriers and supporting Rita through encouragement paved the way for her return to work in March 2016 as a cleaner in a local NHS phlebotomy unit. Rita attended Smart Works, a local charity, and was given a new interview outfit, accessories and interview training. Lisa and other staff on Working Well, who got to know her, saw that the change in Rita's appearance and confidence levels were remarkable. Rita remains happy in work and has a renewed positive outlook on the future. Because she stopped drinking and was earning she could afford to get her car back on the road, increasing her independence further. She has grown in the workplace also, originally quite shy and reserved she kept quiet amongst work colleagues but now she socialises with them confidently, which has enriched her social and support circle. She is a true example of how local services were brought together at the right times to help move this client from little hope to an independent fulfilling life.

WW Expansion

Client C

A.24 David was claiming Employment Support Allowance due to severe anxiety, meaning he was unable to leave home, and was having panic attacks when in crowded areas. The jobcentre referred him for support on the Working Well programme to support him with his anxiety and to give him the confidence to return to work.

A.25 The first few appointments were difficult for David, as he was getting to know his key worker, but with regular attendance, he built up a rapport with his key worker and with each appointment felt more comfortable in both attending the appointments and making positive steps to employment.

A.26 As his confidence improved, David felt he was ready to get additional support from both the Talking Therapies and Skills for Employment programmes to supplement the help he was getting from his Working Well Key Worker.

A.27 In his Talking Therapies appointments, David has been learning techniques to help him handle his anxiety. As a result of these techniques, we have seen a discernible increase in his confidence, particularly in his interactions with other people. This has been a significant step because before joining Working Well, David was virtually house-bound by his anxiety.

A.28 David was also referred to Skills for Employment and has been receiving support with his Maths and English, in particular. Skills for Employment have also helped him with interview training and compiling a professional CV. As he wasn't actively looking for work before, these are areas where he is keen to develop and learn.

A.29 David continues to attend his appointments and finds that as the services are all in the same building, his confidence has grown and anxiety reduced as he is familiar with the environment. This has helped him develop an excellent working relationship with all three of the services that are supporting him. His challenges with confidence and anxiety have been addressed to the extent that he is now actively seeking employment and making significant progress.

A.30 David has focused on applying for vacancies as a delivery driver and has been supported by his key worker in this. David has a positive outlook and hopes to get a delivery job with a local supermarket; he is currently awaiting responses to some very promising applications.

Client D

A.31 Jackie was referred to Working Well in October 2016, having been out of work for five years and claiming Employment Support Allowance. When Jackie attended her first appointment, she suffered a severe panic attack, but due to the presence of one of the Talking Therapies staff on site, the situation was dealt with, and Jackie was able to calm. Jackie revealed that she had experienced trauma five years ago which had resulted in her coming out of work and having difficulties in leaving the house.

A.32 Jackie's Key Worker explained the Working Well service and the support available through the Eco-System. During the discussion, the main focus became Jackie's mental wellbeing. Jackie was emotional and her Key Worker allowed her time to discuss her thoughts and feelings. Jackie revealed that her best friend had been the victim of a very serious crime which had severely traumatised Jackie. Following this, Jackie started to suffer with panic disorder and generalised anxiety. She became house bound and lost a lot of

confidence. In the same year, Jackie's own relationship also fell apart. This impacted her self-esteem, contributing further to her anxiety and depression.

A.33 Jackie had previously been referred to a local counselling service through her GP but found that this didn't help. Although Jackie continued to take medication prescribed by her GP for anxiety and depression, she believed this was having little impact on her wellbeing. Jackie felt lost and hopeless, wondering who could understand and help her. She had come to accept that this was how her life would carry on.

A.34 Within Working Well discussions, Jackie agreed that support with her mental health would be of benefit to her. Jackie's Key Worker made a referral to Talking Therapies and after a telephone assessment she was offered therapy near to her home in her local Jobcentre Plus office. Talking Therapies diagnosed Jackie with Post Traumatic Stress Disorder. Jackie was relieved that she was finally going to be able to access the treatment she needed. Jackie informed her Key Worker of the positive relationship she has with the Talking Therapies Therapist and discussed the techniques she has found beneficial from the service. Jackie is attempting to put into practice the guidance provided by Talking Therapies and has recently contacted her friends to get back into her social circle.

A.35 Jackie's Key Worker has noticed an improvement in her behaviour when attending her appointments at the Salford Office. Jackie is now presenting as calm and "together" – and although she still has some difficult times – on her most recent visit Jackie walked through the office with confidence and wished all the Key Workers a "Good Weekend" before leaving.

Client E

A.36 Daniel (not his real name) has had a history of anxiety and depression, and significantly struggled day to day with his mental health. He has been out of work for over 11 years, and had been through employability schemes in the past without any success. Daniel felt that previous programmes had not provided the support he needed, and felt he was being left behind, his health and fears ignored.

A.37 Our first task with Daniel was to convince him of the different approach on Working Well, and explain the range of support and services he was able to access. The voluntary nature of the programme meant that Daniel could opt to join, which was important to him and how he felt about the programme.

A.38 Daniel didn't know what type of work he wanted to do, although he was keen to make positive changes in his life. His anxiety and depression were impacting his ability to feel confident in his ability, and to feel he had a lot to offer and contribute. As Daniel had so much uncertainty, and a lack of self-esteem, his Key Worker started to create an action plan to provide clear steps and actions that supported Daniel to feel he was making progress. He selected three things he would like to try, and this empowered Daniel to take ownership of his development. Daniel selected confidence building, identifying job goals and work taster.

A.39 After a number of appointments building his trust, His Key Worker Tracy then referred him to Working Well Skills for Employment provision in June 2016. Daniel was seen within 5 days, and Tracy liaised closely with SfE to ensure Daniel was progressed and encouraged quickly. This joint working approach has been crucial to Daniel's progress.

A.40 After battling depression for 11 years, Daniel had social and emotional difficulties, which impacted his ability to engage, talk to peers, and have confidence in his ability. Working in partnership with SfE, we supported Daniel to access tutor led sessions and one to one support to boost his confidence. Straight away the feedback from Daniel was positive, stating we made him feel he was worth something and he started to believe he could work again, something he had not felt for many years.

A.41 Daniel was offered support through Talking Therapies, but really felt this wasn't for him. He has been through therapy in the past, and had good support through his GP. He continued working on a one to one with Tracy, exploring ways of improving his confidence, applying for work, utilising his skills and experience. Tracy continued to reinforce a positive message and showed Daniel she believed in him.

A.42 SFE arranged placement through New Charter, a work experience provider on the SFE provision. The team at New Charter were supportive and extremely enthusiastic about giving people with complex needs a chance to take up work experiences opportunities. This experience has been the most powerful change for Daniel. His confidence grew, he took up the induction and customer service training, and continued to work with Tracy to make sure everything was on track, including travel support, work clothing and continuing to apply for paid opportunities.

A.43 Daniel worked incredibly hard through his work experience placement, although this was challenging for him. He was offered paid employment in September 2016, and has flourished in this work environment. He is now being considered for future promotions, and has a different outlook. Through the partnership of

Ingeus, Working Well, Skills for Employment and New Charter; Paul has achieved something he never thought possible, just 3 month earlier.

Client F

A.44 Natalie, aged 19, was referred to Working Well through her GP. Her GP identified that additional support was required alongside her conventional medical treatment for anxiety. The referral was facilitated through the Community Link Worker in Bury, who built a rapport with Natalie, and case conferenced throughout on her progress. When Natalie first attended at Ingeus, her severe anxiety meant that she would attend with her mum and found it difficult to open up and engage with her Key Worker. However, Natalie could see the long term benefits of Ingeus' support and decided to sign up for the Working Well programme.

A.45 After the initial appointment, frequent appointments were booked in by her Key Worker in order to build mutual trust and rapport so that an action plan could be created to best assist Natalie. The appointments had a keen focus on positivity and encouragement, with her Key Worker stating that, "the difference for Natalie was that someone believed in a positive future for her, even when she found this difficult to see for herself". Building a solid foundation between Natalie and her Key Worker allowed her to start seeing a different, better future for herself. This belief and confidence has been central to Natalie's progress. As a result Natalie, engaged with Talking Therapies and Skills for Employment for additional support.

A.46 Natalie knows that she can contact her Key Worker at any time; even if it was for a seemingly simple matter of 'just having a bad day'. To make things even easier for Natalie appointments were arranged at Radcliffe Medical Centre, so that she could visit on a weekly basis and feel at ease as it was a location close to her home.

A.47 During her time with Skills for Employment, Natalie was offered the opportunity to participate in a work placement in a local hospital but unfortunately, she didn't feel mentally ready to take this step. Natalie felt like she had let herself down and did for a period of time revert back to the withdrawn, self-doubting Natalie we first met. However, after weekly contact and lots of reassurance and the right support we identified the correct route and environment for Natalie to prosper; a Traineeship through Bury Council.

A.48 The Childcare Traineeship gave Natalie an exciting and supportive environment that allowed her to complete the Traineeship, gaining new skills and confidence, and was offered a full time position that she started on 10th April 2017. Along the way, Natalie had a couple of wobbles and was concerned that her anxiety may get the best of her. But through her iron will and determination- with some unconditional support from her Key Worker- she overcame her anxiety and is currently enjoying her full time role.

A.49 Natalie and her family are incredibly proud, and rightly so. As a result they have supported and paid for her to pass her driving test and a new little car to take her to and from work.

Talking Therapies Service

Client G

Sex

A.50 Male

Age

A.51 62

Presenting Problems

A.52 Depression

CCG

A.53 Bolton

Reason for Referral

A.54 Depression. It is felt that the client's relationship with their keyworker was instrumental in them seeking help and that they may well not have done otherwise.

GMMH Input

A.55 1 x FPC initial telephone appointment followed by 7 sessions of Step 2 CBT.

A.56 A.56 Step 2 CBT consisted of 1 x 45 minute assessment session followed by 6 x 30 minute treatment sessions with a Psychological Wellbeing Practitioner. One initial session focussed on risk assessment and risk management. Treatment focus was Behavioural Activation for depression with an additional session on Long-Term Conditions including discussion about Pacing, Goal Setting and Problem Solving. Client's keyworker has been given brief updates on treatment and he reported noticing an improvement in client's presentation while he has been seeing WWTT staff. Client agreed that Keyworker could be given an overview of what treatment involved and information about relapse prevention "review days".

Challenges

A.57 Client presented with moderate-high risk at initial face-to-face appointment. The majority of the initial therapy appointment consisted of risk management. His GP was informed of risk and the agreed risk management plan, and client discussed this with them in a separate appointment. Client was diagnosed with COPD between sessions 4 and 5 of therapy. This affected his ability to engage in some of the work between sessions, and he reported that his scores on diagnostic questionnaires (PHQ-9 and GAD-7) may have been impacted by his physical health rather than his mental health (i.e. he was scoring

higher than he should because of his COPD, not depression or anxiety).

Outcome

A.58 The client's scores on the minimum data set reduced from 20 to 10 on the PHQ-9 and from 15 to 8 on the GAD-7.

Service User Feedback

A.59 "At the beginning I had nowhere to turn and was in a bad place, but now I've come out of that dark place and I'm finding life good again. If you'd said that at the beginning I wouldn't have believed you."

Client H

Sex

A.60 Male

Age

A.61 46

Presenting Problems

A.62 When the client initially presented to the service, he reported experiencing symptoms of depression, including a lack of motivation to engage in previously enjoyed activities (e.g. cooking healthy meals, voluntary work, socialising) and negative thoughts such as "What's the point?" and "I'm a failure." However, later on in therapy we identified that these symptoms actually resulted from generalised anxiety and worry. The client felt as though this escalated after having left work and then becoming carer for his father back in 2012. He was able to identify worry themes such as caring for his dad, his finances & claiming benefits and the area where he lived as he was experiencing antisocial behaviour nuisances. This prevented the client from being able to concentrate and get on with daily tasks as he became so preoccupied with worry.

CCG

A.63 Salford

Reason for Referral

A.64 Depression, anxiety and sleep (as stated within the client's pre-therapy Psychlops questionnaire).

A.65 Initial MDS scores at the time of referral: PHQ9 = 18, GAD7 = 18, WSAS = 29

GMMH Input

A.66 This client was seen for 20 sessions of CBT at step 3. Despite patterns of worry emerging within our first few sessions, the client felt as though his primary problem was depression. Following assessment, we began to look at activity scheduling and the link that his behaviour (e.g. withdrawing from previously enjoyed activities) had on maintaining his negative thoughts. Planning different activities into a diary to complete helped to lift the client's mood initially, but once his mood started to improve, he recognised that he began to worry more about lots of different things. After monitoring his worry between sessions, the client began to notice that he kept getting caught up in cycles of excessive worry and it was this that was stopping him from being able to concentrate on completing day to day activities (e.g. housework, meditation, voluntary work etc.). By session 9, we decided to change our problem of focus to generalised anxiety and began to explore the concept of being intolerant of uncertainty and how this helps to maintain excessive worry. When categorising his worry, the client noticed that he had great difficulty in asserting himself and making decisions whenever genuine problems arose. For example, when he experienced difficulties with antisocial behaviour at his home, his worry and fear of what could happen meant that he did not contact the police or his housing association for assistance. As a result, the problem was not resolved and the client continued to sit in his flat, worry and become even more anxious. In therapy, we looked at the consequences of his actions and alternative solutions to this but we also involved his keyworker who helped him to write correspondence to his housing agency in order to resolve the issue. Similarly, when attending the job centre, the client felt he was treated badly by one of the job centre staff. In therapy we worked on the client being able to assert himself and his concerns, rather than shutting down and withdrawing (like he would have done previously). Discussions with his keyworker about this issue meant that the she could feed this back to the job centre and ensure that this didn't happen again. By the end of therapy, the client was confidently asserting himself and making decisions when it came to current problems and was learning to let go of hypothetical worries. As a result, he began to notice a significant reduction in his anxiety symptoms and in the frequency and intensity of his worry. His progress was fed back to the keyworker so that she could continue to help him manage his worry outside of therapy.

A.67 MDS Scores at session 20: PHQ9 = 8, GAD7 = 7, WSAS = 16

Service User Feedback

A.68 From the client's PEQ: I have better understanding of my problem and now have the coping skills in order to manage it.

Client I

Sex

A.69 Female

Age

A.70 28

Presenting Problems

A.71 Symptoms of depression - difficulties with motivating herself to get on with day to day activities (e.g. doing the housework), wanting to isolate herself by staying in her room for the majority of the day, negative thoughts such as "I am worthless" and "things won't change"

CCG

A.72 Stockport

Reason for Referral

A.73 Difficulties getting a job, meeting new people and showing herself in a positive manner

A.74 Initial MDS scores at the time of referral: PHQ9 = 19, GAD7 = 21, WSAS = 36

GMMH Input

A.75 This client was seen for 10 sessions of CBT at step 3. Following assessment, we identified the client's problem as depression and started to look at factors that might be contributing to this (e.g. critical incident – not being able to get a job after completing her university degree). We then explored the role that negative thoughts play in maintaining low mood. In particular, we looked at things that she did when she felt low (e.g. stay in room & not do much) and how this strengthened some of the negative thoughts that she held about herself and the future (e.g. things won't change). This prompted us to look at how she was spending her time and to plan different activities that she could do instead to see what impact this had on her mood (activity scheduling/behavioural experiments). By the end of therapy, the client had reported a significant improvement in her symptoms. She was regularly engaging in day to day activities and hobbies again and had even begun to do some voluntary work. She had also started to involve herself in more social activities and was meeting new people.

A.76 MDS Scores at session 10: PHQ9 = 3, GAD7 = 3, WSAS = 5

Service User Feedback (from client's key worker)

A.77 "Just wanted to congratulate you on a job well done – she is a different girl to the one I referred last year. She scored 3 on GAD7 and 2 on PHQ9 and has an interview on Thursday for a voluntary radio role and is also going to be volunteering at another local radio station once we get her Ring & Ride Transport sorted out. Thanks so much, you have really changed her life!"

ANNEX B: STATISTICAL/ ECONOMETRIC ANALYSIS

Limitations to this type of analysis

As discussed in the main section of the report, the likelihood of an individual being able to secure a job or not will depend on a variety of factors, including levels of attitudes and motivations during the job search. Unfortunately, not all such factors are measurable or even easily observed, and as such, key factors are often omitted in these types of analysis. The choice of explanatory variables used in the model is largely dictated by the data collected in the survey. As a result, one should always keep in mind the possibility of omitted variables when considering the final findings.

Additionally, not all explanatory variables can be included in the analytical models, for which there are several reasons. Some variables are likely to be highly interrelated and including these can result in technical issues of collinearity. This was particularly an issue with variables such as an individual's confidence level in starting a job, where confidence is highly correlated with a number of presenting issues including; mental health, physical health, work experience and qualification levels. Another reason not to include all the explanatory variables is when the number of observations in the categories are too small to allow robust estimates to be made. In all such instances, it may be justifiable to exclude some explanatory variables.

Nevertheless, the analysis estimated several models using a various combination of explanatory variables to assess the robustness of the results. In large, the models produced consistent results in terms of which variables were statistically significant.

Results from the logistical regression

Table B 1 presents the output from the logistical regression. A number of matters need to be borne in mind when interpreting the findings derived from a logistical regression analysis:

- The key findings relate to the sign of the coefficient (indicating direction of effect) and the statistical significance of the factor. A variable is said to be statistically significant at the 95 percent level when the p-value is less than 0.05.

- The odds ratio indicates the scale of the effect. That is, the odds ratio minus one tells you the % change in the odds/likelihood of starting a job, given a one unit increase in the explanatory variable, when all other variables are held constant. For example, an odds ratio of 0.96 for age indicates that for each one-year increase in an individual's age, the odds/likelihood of achieving a job start outcome decreases by 4%.

- For all categorical/dummy variables used in the analysis (e.g. Gender, Marital Status, Ethnicity, Disability, Lead provider, Highest level of qualification and Work experience), the coefficients/ odds ratio should only be compared to the base case. In statistical terms, the characteristics of the base case do not matter per se, but from an intuition perspective, it helps to construct a base case that is plausible in some way. For example, the base case for the 'highest level of qualification' is 'no qualifications'. As such, the estimated coefficient refers to the likelihood of achieving a job start for someone with a certain level of qualification to someone without any; coefficients should not be compared between the different levels of qualifications.

Table B-1: Results from the logistical regression (n=1,846)

Variable names	Coef.	Std err.	P-Value	Odds ratio	% change
Personal characteristics					
Age	-0.04	0.01	0.00*	0.96	-0.04
Gender					
-Male	(base)				
-Female	0.28	0.16	0.08	1.32	0.32
Marital status					
-Single	(base)				
-Married	-0.21	0.30	0.48	0.81	-0.19
-Cohabiting	0.42	0.27	0.12	1.53	0.53
-Other	-0.04	0.38	0.91	0.96	-0.04
Ethnicity					
-White British/Irish	(base)				
-Ethnic minority	-0.06	0.26	0.83	0.95	-0.05
Disability					
-No	(Base)				
-Yes	-0.84	0.32	0.01*	0.43	-0.57
Lead provider[11]					
-Ingenus					
-Big Life	-0.42	0.18	0.02*	0.66	-0.34
Skills and qualifications					
Highest level of qualification					
-No qualifications	(base)				
-Under 5 GCSEs at grades A*-C (or equiv)	0.17	0.20	0.39	1.19	0.19
-5 or more GCSEs at grades A*-C (or equiv)	0.67	0.23	0.00*	1.95	0.95
-A Levels/NVQ level 3 (or equiv)	0.54	0.22	0.01*	1.72	0.72
-Degree or higher	0.48	0.37	0.19	1.62	0.62

11 It is important to note that the lead provider was largely dictated by the location of the individual, where the two providers covered different local authorities. As such, there will inevitably be other underpinning characteristics within the lead provider variable.

Variable names	Coef.	Std err.	P-Value	Odds ratio	% change
Work experience[12]					
-Worked	(base)				
-Never worked	-1.60	0.42	**0.00***	0.20	-0.80
Presenting issues: Barriers to work (0 = No impact, 6 = severe impact)					
Access to private transport	-0.01	0.04	0.75	0.99	-0.01
Access to public transport	-0.10	0.04	**0.01***	0.91	-0.09
Bereavement	0.01	0.04	0.85	1.01	0.01
Care responsibilities for children	-0.01	0.05	0.86	0.99	-0.01
Care responsibilities for other family members	-0.06	0.06	0.40	0.95	-0.05
Chaotic family lifestyle	-0.05	0.06	0.34	0.95	-0.05
Convictions	-0.15	0.06	**0.01***	0.86	-0.14
Debt/finance	0.03	0.04	0.52	1.03	0.03
Divorce/relationship breakup	0.06	0.05	0.24	1.06	0.06
Family support	-0.07	0.05	0.18	0.93	-0.07
Housing issues	0.00	0.04	0.94	1.00	0.00
Local labour market	0.06	0.04	0.13	1.06	0.06
Mental health	-0.15	0.04	**0.00***	0.86	-0.14
Physical health	-0.17	0.03	**0.00***	0.84	-0.16
Substance misuse	-0.11	0.05	**0.03***	0.90	-0.10
Pseudo R-squared	0.142				
Chi-squared	**204.70**				
Correct classification	**86.7%**				

Source: SQW analysis of CDP data

Interpreting the analysis

B.5 The following table shows what these data mean in practical terms, describing those variables that were shown to be determining factors in clients achieving job starts: **age, disability, highest level of qualification, work experience, access to public transport, convictions, mental health, physical health and substance misuse.**

12 The survey did not collect information on actual length of work experience, but rather data on the length of time out of work. As 160 participants responded with 'never worked', and it was not possible to deduce the actual length of time these individuals had been actively seeking work, a binary variable was constructed to indicate whether an individual had some work experience or not. Separate models estimated using the 'length of time out of work' variable, where the 160 people who had never worked were excluded from the analysis. Results from these estimations confirmed the longer an individual was out of work, the less likely he/she was in achieving a job start outcome.

Variable name	Sign of co-efficient	Interpreatation
Age	Negative	• The older an individual gets, the less likely he/she is to achieving a job start. • For every one-year increase in age, the likelihood/odds of achieving a job start decreases by some 4%.
Disability	Negative	• Individuals who considered themselves as disabled were 57% less likely to achieve a job start than someone who did not consider himself or herself as being disabled.
Highest level of qualification	Positive	• Individuals with either 5 or more GCSEs at grades A*-C (or equivalent) or with A Levels / NVQ level 3 (or equivalent) were 1.7-1.9 times more likely to start a job than those with no qualifications. • The likelihood of an individual with only under 5 A*-C GCSE qualifications (or equivalent) starting a job was no different to that of a participant with no qualifications.
Work experience	Positive	• Individuals with some work experience were 1.8 times more likely to achieve a job start than someone who had no work experience. • The length of time unemployed was negatively associated with a job start outcome. The longer an individual has been out of work, the less likely they are to start a job.
Access to public transport	Negative	• Individuals who felt their access to public transport was a barrier to work were negatively associated with starting a job i.e. for a one unit increase in the 0-6 ranking of access to public transport as work barrier, we can expect to see a 9% decrease in the odds/likelihood of starting a job.
Convictions	Negative	• Individuals who felt their past convictions were a barrier to work were negatively associated with starting a job i.e. for a one unit increase in the 0-6 ranking of convictions as work barrier, we can expect to see a 14% decrease in the odds/likelihood of starting a job.
Mental health	Negative	• Individuals who believed their mental health was a barrier to work were negatively associated with starting a job. For every one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see a 14% decrease in the odds/likelihood of starting a job.
Substance abuse	Negative	• Individuals who felt their misuse of substances was a barrier to work were negatively associated with starting a job. For every one unit increase in the 0-6 ranking of substance misuse as work barrier, we can expect to see a 10% decrease in the odds/likelihood of starting a job.
Lead provider - Ingenus	Positive	• Individuals who had Ingeus as their lead provider were 34% more likely to achieve a job start than those whose lead provider was Big Life. • It is important to note that the lead provider was largely dictated by the location of the individual, where the two providers covered different local authorities. As such, there will inevitably be other underpinning characteristics within the lead provider variable and so caution needs to be taken in the interpretation of this result.

Source: SQW analysis of CDP data


European Union
European
Social Fund


GMCA
GREATER
MANCHESTER
COMBINED
AUTHORITY


SQW