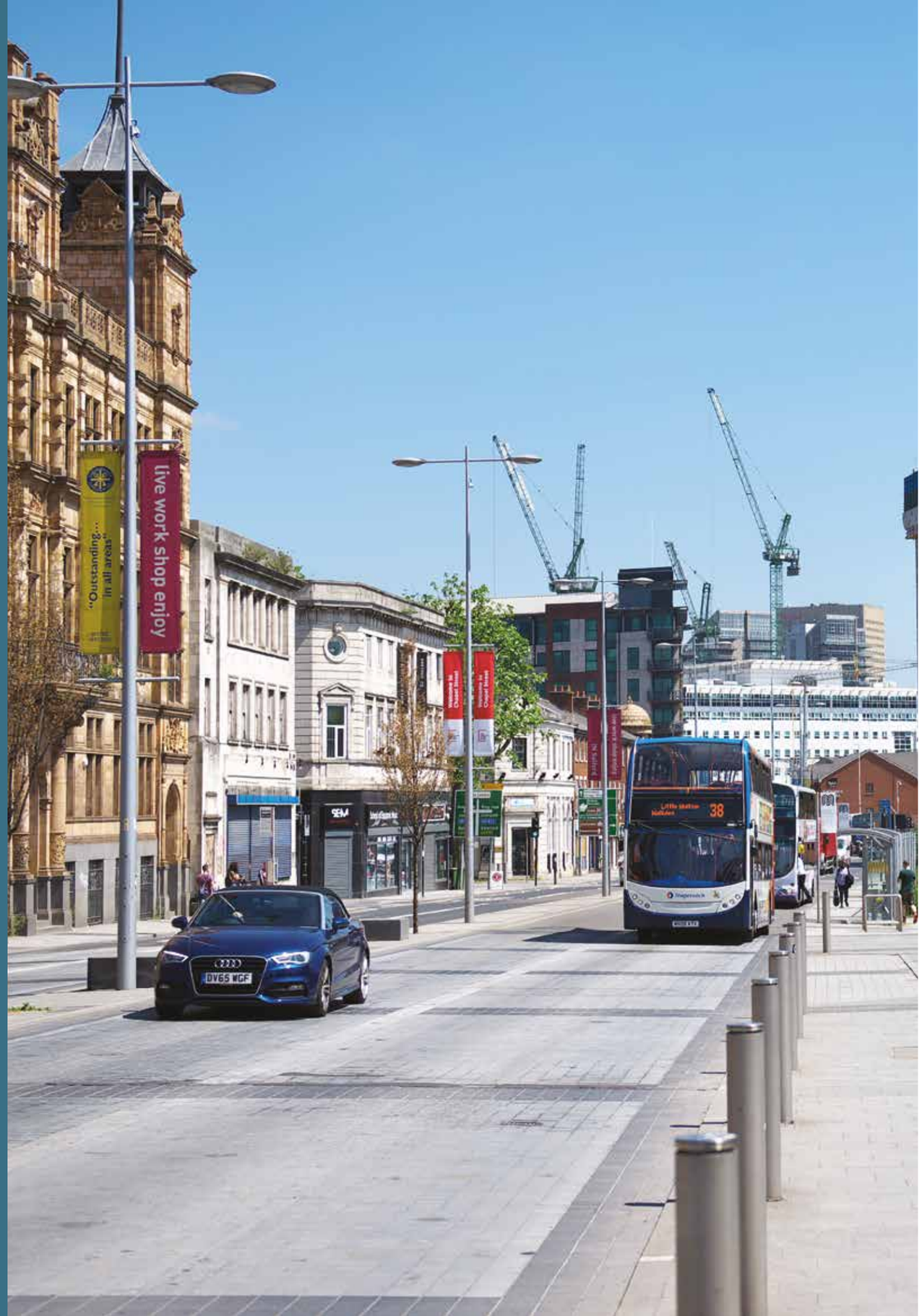
WORKING WELL

GMCA GREATER MANCHESTER COMBINED AUTHORITY

Annual Report **July 2019**



Contents

Foreword from Andy Burnham	4
Foreword from the Leader of Oldham Council	6
1. Executive Summary	7
2. Introduction	11
3. Working Well: Work and Health Programme – Referrals and Starts	16
4. Working Well: Work and Health Programme – Profile of Clients	22
5. Working Well: Work and Health Programme – Support Offered and Delivered	32
6. Working Well: Work and Health Programme – Job Starts	41
7. Working Well: Pilot Programme Performance	49
8. Working Well: Expansion Programme	52
9. New and Upcoming Working Well Programmes	65
10. Integration	67
Annex A: Case Studies	A-79
Annex B: Econometrics Technical Information	B-84
Annex C: Cost-Benefit Analysis, Working Well Pilot and Expansion	C-103

Foreword from the Mayor of Greater Manchester

Greater Manchester is on an ambitious journey to become one of the world's leading city-regions. We want to create a place that has a strong and inclusive economy, a city-region that enables all of our citizens to access the good jobs that are being created here and ensures nobody is left behind.

The initial Working Well Pilot and Expansion programmes are now either at an end or winding-down but our ground-breaking Work and Health Programme is in full swing. In the Work and Health programme, people who have been long term unemployed, and those with health conditions and disabilities, are enabled to make full use of services that may have otherwise appeared inaccessible to them. The services include help with skills, support with physical or mental health, and those that assist with many other barriers to work. In total 162 organisations across the 10 Local Authorities are engaged with the Work and Health Programme, with 70% of clients reporting they felt better equipped to find and start a job as a result of the programme.

We have the most advanced devolution deal of any city-region in the country and, since 2014, we have used these powers to take control of the Work and Health Programme. We wanted to create a system by Greater Manchester, for people here in Greater Manchester. Working Well has been a trailblazer and highlighted how we join up services and deliver a distinctive person-centred approach which – most importantly – delivers real results. With 23,000 people expected to engage with and benefit from the Work and Health Programme across its lifespan, at the time of writing this report, 848 clients had already secured a first valid job start from this programme alone.

Alongside this, further programmes in the Working Well family have started or are starting to come to life. The Early Help programme is closely integrated to local GP practices to detect those most vulnerable to falling out of employment, with support networks in place to prevent this from happening. In a bid to aid those in the population who have previously been marginalised, the Specialist Employment Service programme aims to provide supported employment to those with learning disabilities and/or autism, and Individual Placement Support for people with severe mental illness. This is the first time a city-region in the UK has commissioned such a service.

The success of Working Well has even led to national schemes using similar principles to our programmes. This is because our person centred approach and close integration of services, which creates the skills that employers are asking for, is truly delivering. This has been highlighted through feedback received from those who work on all aspects of programme, including Job Centre Plus work coaches, key workers and employment leads from the local authorities. Benefits, such as enabling programme workers to better provide clients with timely and well-sequenced help, along with easily detecting gaps within the existing support offer has led to very positive responses.

The content of this report proves that local areas make better decisions for the people who live and work here than Whitehall ever could. Lives are being improved and our economy is being strengthened though Working Well. This programme is right at the heart of the case for further devolution to city-regions.

Andy Burnham

Foreword from the Leader of Oldham Council

Working Well has been a major success for Greater Manchester (GM), demonstrating that through devolution we can do things differently and do them better. The power to provide bespoke local services which give our residents flexible and personalised support – be that through skills training, health services, or other care networks – has proven vital in addressing long-term and health-related worklessness.

Over 17,000 GM residents have already been supported by our Working Well programmes, with a further 23,000 to be supported by the Working Well Work and Health Programme (WHP). This is fantastic for the individuals supported and the local economy as each time we support a local person into a real living wage job, the GM economy is boosted by £14,400.[1]

We are not content to rest on our laurels and strive to continually improve Working Well to achieve even better outcomes, as well as expanding its scope to reduce the risk of people falling out of work due to poor health through our new Early Help programme.

Growing numbers of working age people are struggling with poor health or disabilities and this is only set to rise further.[2] By working collaboratively with government, Working Well is aiding a national transformational change in this area, whilst the Good Employment Charter is pushing boundaries locally. Moreover, the *Greater Manchester Local Industrial Strategy*, which makes a clear link between health outcomes and economic performance, provides a mechanism to be even more ambitious and sets a challenge to create a joined up system to address inequalities and drive economic growth. Working Well will be at the heart of this system.

This latest annual report is a thought-provoking read and whilst it clearly demonstrates the positive outcomes of the programme, it also shows how a unified approach, cognisant of the local economy and with people at its heart, should be the model of public service delivery.

I hope you are equally challenged and motivated by this report and join us in ensuring the ongoing success of Working Well.

Thank you.

Sean Fielding

[1] Inclusive growth in Greater Manchester – JRF report
[2] The Future of Work, Health and Disability

1. Executive Summary

INTRODUCTION

1.1 This Annual Report has been produced as part of the ongoing evaluation of Greater Manchester's Working Well programmes by SQW Ltd (SQW).

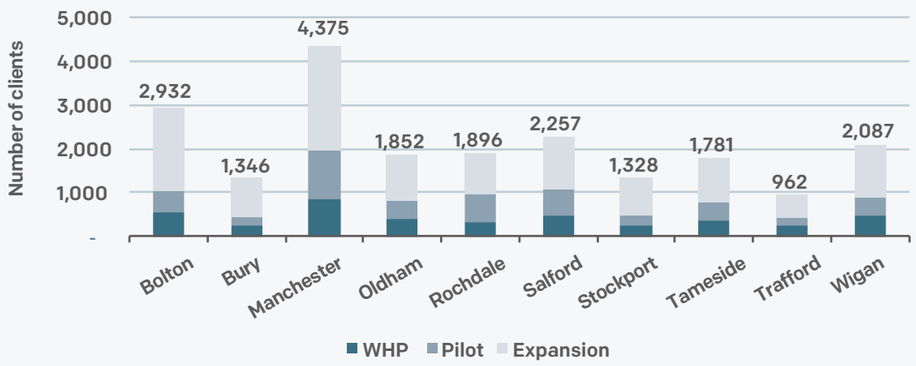
1.2 The Working Well programmes began with the Working Well: Pilot Programme in 2014, followed by the Working Well: Expansion Programme in 2016 and the Working Well: Work and Health Programme in 2018. This report explores all three programmes and introduces the new and upcoming additions to the Working Well family – Working Well: Early Help and Working Well: Specialist Employment Service.

THE WORKING WELL MODEL

1.3 The three programmes offer personalised, holistic and intensive support to unemployed individuals to help them to address any issues that are a barrier to starting and sustaining employment, such as health, skills, housing or debt. This support is delivered through a Key Worker model, allocated to each client with responsibility for navigating the support offer of the provider and wider local services to provide the client support that is appropriate and sequenced according to their needs.

1.4 Each of the three programmes has targeted a different cohort: the first programme targeted 5,000 Employment and Support Allowance (ESA) benefit claimants with complex barriers to work and who had failed to find work through the Work Programme; the second programme targets 20,000 claimants of ESA, Job Seekers Allowance (JSA), Income Support (IS) and, as it emerged, Universal Credit (UC); and the third programme is targeting 23,000 people who are up to a year away from employment, whose barriers to work are generally less complex, with a particular emphasis on claimants with health barriers.

Figure 1-1: Working Well clients by programme and local authority[3]



Source: SQW analysis.

NUMBER OF PEOPLE SUPPORTED

1.5 Nearly 20,900 people had started on the three programmes by the end of March 2019. Figure 1-1 shows the breakdown by local authority.

1.6 Out of the nearly 20,900 clients, 4,410 had started a job through the programme by the end of March 2019. This is roughly one in five, even though a substantial proportion of participants have not long started on the Working Well: Work and Health Programme. Figure 1-2 shows the breakdown by local authority. Nearly 1,400 clients have recorded a sustained job outcome (defined as being in employment for 50 weeks), equivalent to 46% of all who started work over 12 months ago.

KEY LESSONS

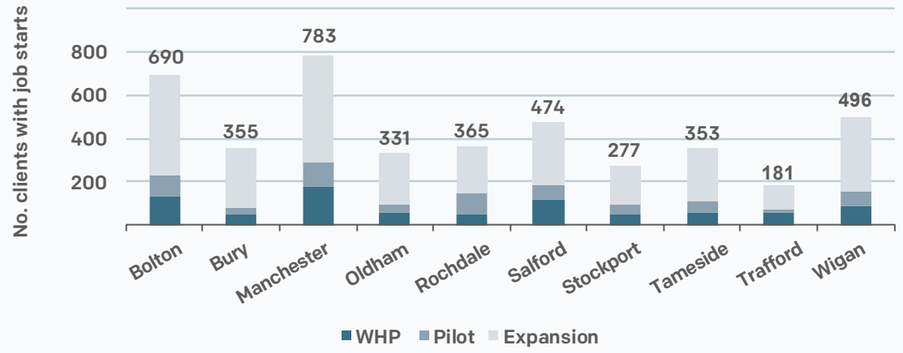
Challenges for the Working Well: Work and Health Programme

1.7 In the early stages of the Working Well: Work and Health Programme, the programme has faced three key challenges:

- **Achieving the target level of referrals**. This has been an early challenge for the programme across all areas, but performance varies widely between areas as well as by client type. There was a slower than expected start with referrals due to some issues in Jobcentre Plus (which is responsible for making referrals), because of the roll-out of Universal Credit in 2018, the time-consuming nature of the referral process, and the time it takes to develop a positive profile for the programme amongst JCP Work Coaches. It is encouraging that more recently referrals have been at the level anticipated.
- **Converting referrals to starts**. Although the conversion of referrals to starts is now at target, it took some time to achieve this. A multitude of challenges were responsible for the initial challenge, most notably: clients being misinformed or having misconceptions about the programme; the practicalities of contacting clients before their initial appointment; uneven levels of referrals; and a lack of follow-up on why re-referrals were taking place. The conversion rate has been improved by Programme Office working with the provider and JCP to conduct an end-to-end review, as a result of which action has been taken to improve Work Coaches' understanding of the programme and better follow-up when referrals do not attend their first meeting or start on the programme within the required timescale.

[3] Note that the local authority is unknown for some clients, which is why the total for the chart is some way off the 20,900 figure.

Figure 1-2: Number of Working Well clients with job starts by programme and local authority[4]



Source: SQW analysis.

- **The people referred to the programme have had more barriers and been more challenging than envisaged**. Consultees flagged concerns that despite the target group being unemployed individuals who are up to a year from the labour market, a substantial proportion of clients are further away from the labour market than this. There characteristics of the clients compared to previous Working Well programmes appear to support this concern, which means the programme faces a challenge to achieve its targets for clients into and sustaining work.

Sustaining employment

1.8 Econometric analyses were undertaken with the Working Well: Expansion Programme monitoring data. Two models were created, to test the significance of a range of factors on the likelihood that a client will stay in their first job and the likelihood they achieve a sustained outcome – this allows the significance of each factor to be considered with all other factors held constant. The following were found to be significant to the likelihood that clients stay in their first job and/or achieving a sustained outcome:

- The client's characteristics and presenting issues – age, mental health, childcare, debt and mathematics/literacy qualification level.
- The programme and the client's engagement – the quarter the client started on the programme, their local authority, whether they received qualifications support and progression in improving their mental health, physical health, family support and domestic violence.
- The type of job – employees versus self-employed, the hours worked, occupation and the client's confidence they would stay in the job.

1.9 It was also found that clients are most likely to leave their first job after around a month, after which the likelihood a client leaves their job decreases over time.

Winding programmes down

1.10 The Working Well model entails referrals being made over the course of years. As a result, towards the end of each programme's lifetime there is a period of winding down, where the number of Key Workers and support staff are reduced, and in some instances in-house support is discontinued. This has been found to cause issues with client engagement, caseload sizes and the quality of support available to clients. This process is unavoidable to a certain extent, but these challenges require further thought going forwards.

[4] The local authority is unknown for some clients, which is why the total for the chart is some way off the 4,410 figure.

Integration

1.11 Since the start of Working Well the intention has been to meet client needs by drawing on the resources available across Greater Manchester's support ecosystem to offer an integrated approach. The findings suggested the level of integration achieved with key services, including JCP, was good and continuing to improve, with positive implications for the broader linking up of services within Greater Manchester. This did vary by locality, but it has not possible to arrive at a definitive conclusion on which areas were more integrated than others due to the fieldwork not being of sufficient scale. However, through consultations, it was possible to identify the following factors as conducive to or a barrier to good integration – although the extent to which these are in place or working optimally in each locality is mixed.

- Specific Points of Contacts (SPOCs) – The use of SPOCs has been found to be conducive to the formation of good relationships as they support clear and open lines of communication and the establishment of trust and accountability. Local Leads are local authority staff with responsibility for helping Working Well integrate into the support ecosystem in each of the ten local authority areas. Integration Coordinators perform a similar role but are based in the providers and were only introduced for the Working Well: Work and Health Programme. This model means the programme has staff with a good overview of the support ecosystem and client needs, meaning common issues and gaps can be identified. SPOCs have also been used within some services, such as JCP.
- Integration Boards – These offer the regular opportunity for Integration Coordinators and Local Leads to meet with individuals from local services, which has been conducive to forming stronger bonds and working in partnership across services.
- Ask and Offer documents and Integration Plans – These documents offer a framework for local authorities and the programme providers to work together to integrate Working Well into the locality. These offer a starting point, accountability and structure for the relationship, but the relationship beyond these documents is what really matters.
- The use of co-location and outreach locations – This approach has forged good relationships with external services while enhancing the offer for clients. Most notably, it has helped to drive the quality and quantity of referrals from JCP. However, this can create challenges around ensuring the offer in these locations is on par with the offer in the main delivery sites.
- Data sharing – Limited data sharing between services was identified a key barrier to better integration and the delivery of a smooth client journey.

2. Introduction

2.1 This report comprises the fifth Annual Evaluation Report for Greater Manchester's Working Well programmes, undertaken by SQW Ltd (SQW) as part of the ongoing longitudinal evaluation of the programme. This is the first Annual Evaluation Report that considers the Working Well: Work and Health Programme.

OVERVIEW OF THE WORKING WELL FAMILY

Working Well: Pilot Programme

2.2 The Working Well family started with the Working Well: Pilot Programme in March 2014. This programme was piloted a personalised and holistic approach to employment support for 5,000 Employment and Support Allowance (ESA) Work-Related Activity Group (WRAG) benefit claimants who had completed the Work Programme but not found work.

2.3 Clients had all been unemployed for at least two years and were expected to have complex barriers that prevented them from starting work. The programme offered two years of support and one year of in-work support, with clients mandated to the programme. It was intended to improve the work readiness of all clients and achieve job start outcomes for 20% of clients, with 75% of those starting work sustaining employment for at least 50 out of 54 weeks. The programme was delivered by Ingeus (covering Bolton, Bury, Oldham, Rochdale, Stockport, Tameside and Wigan) and Big Life (covering Manchester, Salford and Trafford).

Working Well: Expansion Programme

2.4 The Working Well: Expansion Programme followed in April 2016, enabled by the 2014 Devolution Agreement GMCA signed with the UK Government which provided additional powers around welfare reform and employment support.[5] This programme was intended to support 15,000 people, covering ESA claimants as well as those claiming Job Seekers Allowance (JSA), Income Support (IS) and, as it emerged, Universal Credit (UC). The programme was later expanded to run until the end of 2017, to allow a further 5,000 people to access support.

2.5 Alike the previous iteration the programme offered two years of support and one year of in-work support, although clients participate in this programme on a voluntary basis. Similarly, the expectation was that clients would have complex barriers to work and that all clients would experience improvements to their work readiness through the programme. It was also expected that job start outcomes would be achieved for 20% of clients, with 75% of those starting work sustaining employment for at least 50 out of 58 weeks. Key

[5] HM Treasury and Greater Manchester Combined Authority. 2014. Greater Manchester Agreement: Devolution to the GMCA and transition to a directly elected mayor.

developments on the previous programme were the inclusion of GP referral pathways and specially commissioned Mental Health IAPT support from the Talking Therapies Service and skills support from Skills for Employment, delivered by The Growth Company. The programme is delivered by Ingeus (covering the same area as the previous programme) and The Growth Company (covering Manchester, Salford and Trafford).

Working Well: Work and Health Programme

2.6 The Working Well: Work and Health Programme started in January 2018 and will run until 2024. This resulted from a commitment within the 2014 Devolution Agreement to GMCA and the Department for Work and Pensions (DWP) jointly designing and commissioning the programme following the Work Programme. Nationally there are eleven Work and Health Programme areas, of which five are locally devolved – the Greater Manchester programme and four London programmes. The remaining six National Contract areas feature a uniform model, designed and managed by DWP.

2.7 Over its lifetime, the programme is expected to help 23,000 people. Programme clients are expected to be drawn from three groups:

- Health and Disability: people with a health condition or disability who are in need of more support than can be provided by Jobcentre Plus. These clients are expected to account for 75% of participants and are referred on a voluntary basis.
- Long-Term Unemployed: people who have been unemployed for over two years and are either receiving Universal Credit in the Intensive Work Search (IWS) Group or receiving JSA. These clients are expected to account for 15% of participants and are mandated to the programme.
- Early Entrants: people from disadvantaged groups that may be at risk of becoming long-term unemployed, including ex-offenders, carers, ex-carers, a homeless person, ex-armed forces, those with drug/alcohol dependency, care leavers and refugees. These clients are expected to account for 10% of participants and are referred on a voluntary basis.

2.8 Compared to the two previous programmes, it is expected the programme clients will be closer to work with fewer and less complex barriers to work. This is reflected in the shorter programme length, offering 15 months of support and 6 months of in-work support. It is also reflected in the expectation that 47% achieve an Earnings Outcome and 83% of these achieve a Higher Earnings Outcome.[6] The use of Earnings Outcomes is one of the points of difference with the previous programmes, with HMRC PAYE data used to trigger payments.[7] Other points of difference with the two other programmes are: the inclusion of external local signposting organisations (ELSOs) referral routes and the inclusion of a dedicated integration resource in the form of Integration Coordinators. A further point of difference is that the programme is being delivered by InWorkGM, a single provider that represents a partnership between Ingeus, The Growth Company, Pluss and Pathways CIC.

2.9 A further key difference is that a national evaluation of the Work and Health Programme is taking place, which covers Greater Manchester. To inform the national evaluation, a randomised control trial (RCT) is being run. To allocate claimants to the RCT control group, potential referrals go through a selection tool that randomly allocates the majority of eligible claimants to the programme while a small proportion of clients are not allocated to the programme. Claimants in the control group receive support from Jobcentre Plus (JCP) so that the evaluation can explore the effectiveness of the Work and Health Programme in achieving outcomes for claimants relative to 'business as usual' support.

The Working Well model

2.10 Despite the differences between the programmes, all three utilise the same core model:

- The programmes offer personalised, holistic and intensive support, addressing any issue that may present a barrier to starting and sustaining employment such as health, skills, housing or debt. This is delivered through a Key Worker model, with each client allocated a Key Worker who is responsible for navigating the local support offer to provide the client support that is appropriate and sequenced according to their needs.
- All programmes have involved local authorities through local authority-based Local Leads, Integration Boards, and Local Delivery Meetings. These are intended to ensure buy-in from, accountability to, and responsibility for local authorities in the delivery and performance of the programme. This has been supported by the development of 'Ask & Offer' documents from local authorities and Local Integration Plans. This local accountability and buy-in is intended to support the programme to embed locally, achieving integration with local support services. The extent to which Working Well has achieved good integration is considered in depth in the final chapter.
- The Programme Office within Greater Manchester Combined Authority oversees the programmes, providing overarching strategic direction, intelligence on performance and contributing to resolving any issues in the programmes. For the Working Well: Work and Health Programme a key responsibility is liaising with DWP.

POLICY AND STRATEGIC CONTEXT

Greater Manchester

2.11 Starting with the 2014 Devolution Agreement with the UK Government, multiple Devolution Agreements have expanded devolved powers to Greater Manchester over key policy areas, including employment and skills support. In 2015 an agreement devolved control over Greater Manchester's £6bn health and social care budget to the area.[8] A review of relevant policy and strategies demonstrates the Working Well programmes have good strategic fit with the priorities within Greater Manchester across the devolved areas of employment, skills, health and public service reform.

2.12 *The Greater Manchester Model: Our White Paper on Unified Public Services for the People of Greater Manchester (2019)* sets out how Greater Manchester intends to utilise devolved powers to deliver unified and integrated public services that break down traditional silos between services.[9] The ambition is for public services to take a person-centred approach to supporting the population, in which early intervention and a preventative approach are prioritised. The model emphasises the importance of services being place-based, place-led and linked in with the voluntary, community and social enterprise (VCSE) sector.

2.13 The Greater Manchester Model white paper reflects and builds on the *Greater Manchester Strategy: Our People, Our Place (2017)* which had earlier set out the ambition for integrated public services.[10] This strategy also highlighted the link between good work and good health and sets out the ambition to improve the quality of jobs and increase the proportion of employees on the Real Living Wage in Greater Manchester.

2.14 *Greater Manchester Work & Skills Strategy and Priorities: 2016 to 2019 (2016)* recognises the importance of integrated employment and skills support and a joined-up approach with health commissioning.[11] It identifies the challenge of Greater Manchester's gap in basic skills, particularly English and maths, and generic skills such as digital skills, communication and organisation. It sets out the ambition to scale up programmes such as Working Well to deliver against these priorities and, "provide a more effective and integrated pathway into sustainable work for the majority of the circa 200,000 GM residents of working age who are claiming an out of work benefit."[12]

[6] An Earnings Outcome is triggered when a client is employed and meets the accumulated earnings threshold, which is equivalent to working for 16 hours per week for 182 days at the adult rate (aged 25 or over) of the Real Living Wage. A Higher Earnings Outcome is triggered when a client reaches the Earnings Outcome threshold over or within a six month period

[7] Although the programme is partly ESF funded, so requires job starts to be evidenced as HMRC notification are not sufficient for ESF payment.

[8] Greater Manchester Health and Social Care Partnership. 2015. Taking Charge of our Health and Social Care in Greater Manchester, p.12

[9] Greater Manchester Combined Authority. 2019. The Greater Manchester Model: Our White Paper on Unified Public Services for the People of Greater Manchester.

[10] Greater Manchester Combined Authority. 2017. Greater Manchester Strategy: Our People, Our Place.

[11] Greater Manchester Combined Authority. 2016. Greater Manchester Work & Skills Strategy and Priorities: 2016 to 2019.

[12] Ibid. p.9.

2.15 *The Greater Manchester Independent Prosperity Review (2019)* highlights the link between productivity, employment and health.[13] It points to poor health as holding back Greater Manchester's economic growth, due to people will disabilities and ill health being less likely to be in work or progressing in their job. The report cites Working Well as an example of how local commissioning and integration can improve health outcomes, and suggests future programmes be commissioned in a similar way. The link between health and work is also recognised in *The Greater Manchester Population Health Plan: 2017-2021* (2017), which proposes a greater focus on work as a health outcome.[14] The plan proposes the development of models to support Greater Manchester's residents' work and health, including through better integration with employment support services.

National

2.16 *The Improving Lives: The Future of Work, Health and Disability (2017)* white paper sets out the UK Government's ambition to address the disability employment gap and increase the number of disabled people in work by one million by 2027.[15] The paper acknowledges the link between good work and good health and highlights that the disability employment gap means many people are missing out on the health and social benefits of work. It also suggests that changes in the nature of work, including flexible working, and advances in technology mean there is greater job flexibility and accessibility in the labour market to suit people with disabilities.

2.17 To address the disability employment gap, the paper proposes: "personalised employment support which is flexible to their needs and based on discussion and consideration of the reasons behind why they may be unable to work" such as the Work and Health Programme.[16] It also sets out the ambition for stronger local partnerships between employment and health support, including a focus on prevention and early intervention for health.

METHODOLOGY

2.18 The report draws on the following data/ information sources:

- Routine monitoring data collected by providers. This client-level information covers clients' characteristics and journeys through the programme, from their barriers to work on joining the programme, through to the support they received, the improvements they saw, and whether they secured a job start and sustained employment. All data that has been used covers up until the end of March 2019. Each of the three Working Well programmes have their own set of monitoring data which differ in the information collected.
- A series of qualitative interviews conducted in April and May 2019 with the Programme Office, providers, Key Workers, Integration Coordinators, Local Leads and Jobcentre Plus (JCP) staff.
- Two focus groups with clients on the Working Well: Work and Health Programme.
- A survey of Working Well: Work and Health Programme clients that asked clients to provide feedback on their experience of the programme. The questions were predominantly multiple choice, with some of these accompanied by open text boxes for further detail, along with two open text boxes for clients to identify the best and worst things about the programme. The survey received 378 responses, a response rate of around 5%.
- A series of client case studies, provided to SQW by the providers. These set out the clients' journeys through the programme, including how the providers worked to address their barriers to work and improve their job prospects. To view the case studies, please see Annex A.
- A survey on integration circulated to providers, Key Workers, Integration Coordinators, Local Leads and JCP staff. This explored the extent to which the programmes are integrated with the local support ecosystem and contained free text boxes. This informs the final chapter on integration.

Evaluation limitations

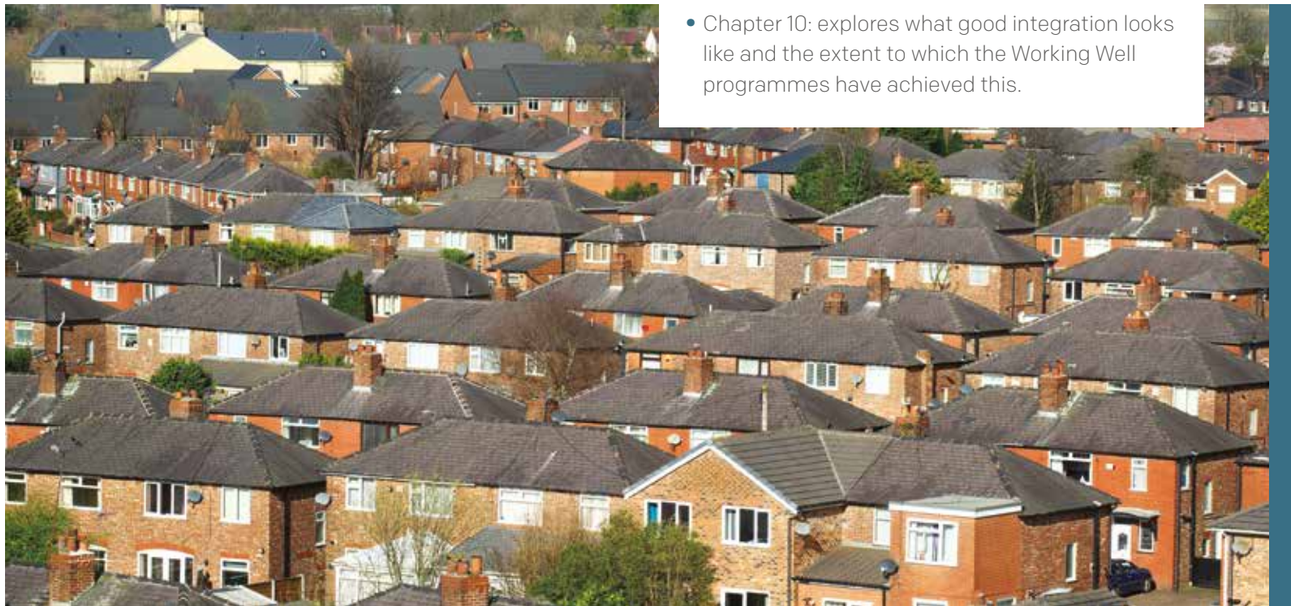
2.19 In interpreting the findings in this evaluation report, three key limitations should be borne in mind:

- The quantitative analysis contained in the report does not consider statistical significance when interpreting findings, except in the econometric analyses. Where differences exist, caution should be taken in drawing strong conclusions, especially where sample sizes are small. That said, the data used is mostly monitoring data for all clients, rather than survey data, which has a greater margin of error.
- The data presented focusses only on programme participants in Greater Manchester. We did not have access to a comparator group. On the two earlier programmes this reflected the local and formative nature of delivery. As explained above an RCT is now running for WHP, but this will take some time to report.
- The qualitative fieldwork to inform this Annual Report was 'light touch' rather than comprehensive. Where the opinions of consultees have been included, these have not been comprehensively tested with a large sample of individuals in the same role. Readers should therefore be cautious in interpreting the views of consultees, as these reflect the opinions of the individual professionals consulted rather are will not necessarily be commonly held views.

REPORT STRUCTURE

2.20 The rest of this report is structured as follows:

- Chapter 3: focuses on the Working Well: Work and Health Programme, covering the number of clients that have started the programme, and issues around referrals and starts.
- Chapter 4: focuses on the Working Well: Work and Health Programme, covering the characteristics and barriers to work of programme clients, including reflections on the extent to which they reflect the envisaged programme cohort.
- Chapter 5: focuses on the Working Well: Work and Health Programme, covering the programme support offer, the support that has been delivered, client perceptions of support, client inactivity and social value.
- Chapter 6: focuses on the Working Well: Work and Health Programme, covering job starts, Earnings Outcomes.
- Chapter 7: focuses on the Working Well: Pilot Programme, covering the number of clients supported and the outcomes achieved for these clients.
- Chapter 8: focuses on the Working Well: Expansion Programme, covering the number of clients supported, the outcomes achieved for these clients, a detailed exploration of job leavers and sustainers, and the challenges associated with the programme winding down.
- Chapter 9: offers an introduction to the Working Well: Early Help Programme, and the Working Well: Specialist Support Service.
- Chapter 10: explores what good integration looks like and the extent to which the Working Well programmes have achieved this.



[13] Greater Manchester Combined Authority. 2019. The Greater Manchester Independent Prosperity Review: Reviewers' Report.
[14] Greater Manchester Health and Social Care Partnership. 2017. The Greater Manchester Population Health Plan: 2017-2021.
[15] Department for Work and Pensions and Department of Health and Social Care. 2017. Improving Lives: The Future of Work, Health and Disability.
[16] Ibid. p.18.

3. **Working Well:** Work and Health Programme – Referrals and Starts

INTRODUCTION

3.1 As set out in the introduction to this report, the Working Well: Work and Health Programme started taking referrals in January 2018 and will run until 2024. The programme offers up to 15 months of personalised and holistic support, plus up to 6 months of in-work support, to help clients who are up to a year from work move into employment.

3.2 The following three Working Well: Work and Health Programme chapters are informed by analysis of monitoring data[17], two client focus groups, a client survey, consultations with key staff and stakeholders, and a review of programme documentation. This year's Annual Report does not contain comparisons with any of the other ten Work and Health Programmes. This reflects the lack of comparability with other programmes due to different cohorts and associated needs, different targets and profiles to reach those targets, and different local context – most notably around the timings of the roll-out of Universal Credit relative to the Work and Health Programmes and the legacy of the previous Working Well programmes.

NUMBERS OF CLIENTS

Programme referrals

3.3 To the end of March 2019, 7,461 referrals have been made to the Working Well: Work and Health Programme. Of these, 6,152 have been unique referrals.[18] Overall, the programme is at 74% of target for unique referrals. Referral targets were initially based on gross referrals; however, this was revised nationally to unique referrals due to high levels of re-referrals.

3.4 Referrals have fluctuated (Figure 3-1) Following an initial peak in referrals in May 2018, referrals fell to below the period's monthly target of 600 referrals over summer/autumn 2018, but have recently been increasing. Over the last three months, the programme achieved 106% of target gross referrals.

3.5 The breakdown of referrals by local authority is shown in Figure 3-2. Total and unique referrals have been highest in Manchester and lowest in Stockport. Four areas are above 80% of target, while two are below 70%.

[17] The monitoring data only covers clients that consented to sharing their data for evaluation purposes. The vast majority of clients have consented to sharing their data, but as of the end of March 2019 around 170 starters did not, equivalent to 4% of total starts.

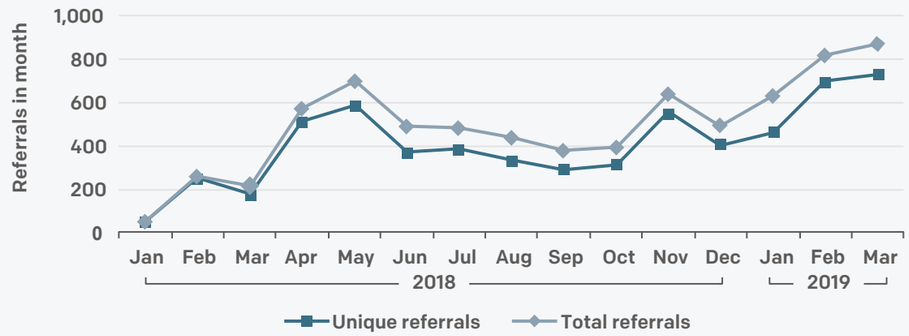
[18] If a referral is not seen within 15 days of their referral to the programme then that individual must be re-referred to the programme to be able to start. The reasons for re-referrals are explored later in this section.

Challenges for and action taken to address referrals

3.6 Although referrals over recent months have been at target, low levels of referrals have been a key challenge for the early phase of the programme and the programme is still 26% behind the target to date. Consultations with programme, provider and Jobcentre Plus staff have offered various explanations for why referral levels have been a challenge and identified the action taken to remedy this:

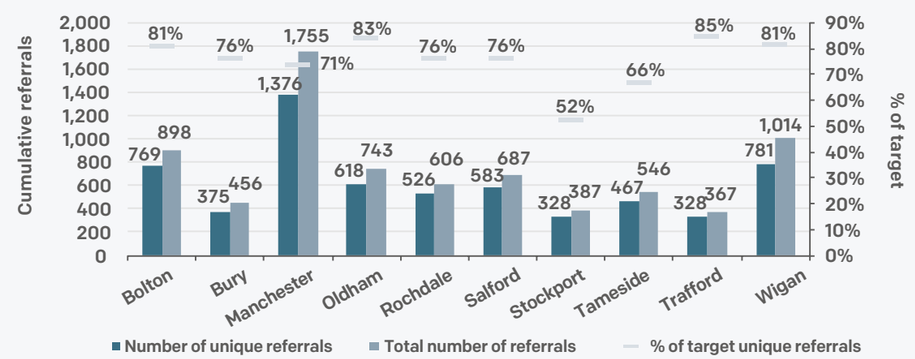
- Consultees – including some in JCP – raised the possibility that Greater Manchester's JCPs may not be in contact with sufficient numbers of customers that fit the profile of the programme's target participants. This may have been exacerbated by the previous Working Well programmes supporting individuals who otherwise would have been eligible for this programme. This suggests issues in balancing quantity and 'quality' amongst the pool of applicants for JCP to refer the anticipated numbers.
- The impact on Jobcentre Plus of the roll-out of Universal Credit was cited as a key issue across all consultees. To support the roll-out, Work Coaches have been participating in training. As a result, customers were not regularly seeing the same Work Coach in person, which limited the extent to which Work Coaches could develop their knowledge of the appropriateness of individual clients for the programme. Consultees also reported significant levels of recruitment within JCP over this period.

Figure 3-1: Total and unique referrals by month



Source: SQW analysis.

Figure 3-2: Number of referrals by local authority



Source: SQW analysis.

- Now that the transition has been completed, the level of referrals has increased. Consultations with JCP staff did identify some positive outcomes for the programme from this shift to Universal Credit:
  - Work Coaches have reported they now have contact with larger numbers of customers with health issues.
  - It is expected to improve the willingness of customers to engage with the programme as benefits are not tapered in the same way when people enter work.

3.7 Awareness of the programme amongst Work Coaches is generally considered to be good. A lot of work has been and continues to be undertaken with JCP to ensure the programme has prominence, particularly through the provision of materials and a presence in team meetings. Integration Co-ordinators and Disability Employment Advisers have acted as key links between the programme providers and JCPs, the former on behalf of the provider and latter on behalf of JCPs.[19] These individuals have been key advocates in raising awareness of the programme, and regularly offer three-way appointments with potential clients and their Work Coaches to 'sell' the programme. Awareness and understanding has also been raised through trips for Work Coaches to programme delivery locations and the fliers Work Coaches can offer clients, both of which have been well received. Work Coaches reported that they felt equipped to 'sell' the programme to potential referrals.

3.8 Despite good awareness of the programme amongst Work Coaches, there seemed to be reservations about making referrals during the early phase of the programme:

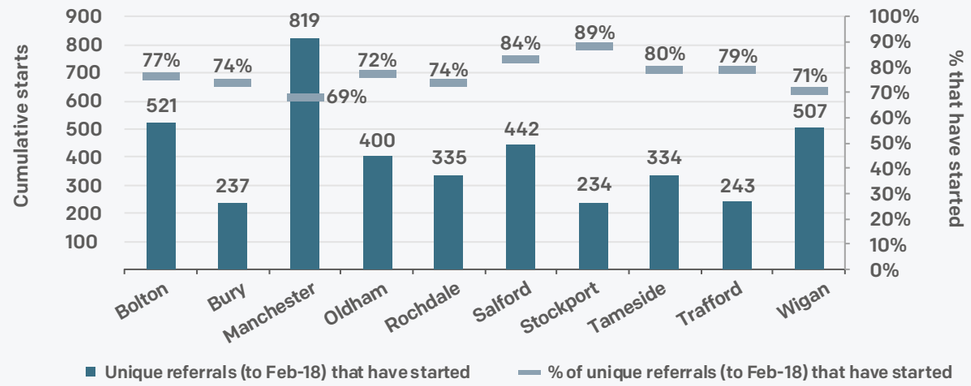
- Work Coaches were more likely to refer to the programme once they were confident in its ability to deliver results for their customers. Good news stories have been a key tool for the programme to overcome initial hesitancy around referrals. Newsletters featuring good news stories are circulated monthly, which maintains its profile.
- JCP consultees highlighted the time-consuming nature of the referral process (which is the same nationally), particularly compared to other programmes they are able to refer to. This has reportedly improved over time, as the process has been streamlined and duplication removed. However, a considerable number of consultees and respondents to the integration survey reported it was still too long. This may be dissuading referrals.
- The selection tool was considered to negatively impact referral levels. Work Coaches were anxious to promote the programme to their customers, only to find that the customer was not selected to join the programme because they were placed in the RCT group.[20] This compounded the issue above, about taking time to make the referral.

3.9 Referrals can be made via external local signposting organisations (ELSOs), which are local organisations working with people that will be suitable for the programme. This is also a feature of the national programme, although Greater Manchester has established its own ELSO route and has linked in with local rather than national organisations. ELSO referrals have been lower than expected, for which two explanations were offered by consultees:

- ELSOs are concerned that the selection tool is unfair for not allowing potential participants to access the support they are suitable for.
- ELSOs must refer clients via JCP, rather than referring them directly. This was seen as a barrier by a Local Lead, as ELSO staff and potential programme participants that are not currently engaged with JCP but receive sickness-related benefits have reportedly been concerned that engaging with JCP could lead to their welfare support being withdrawn. There is therefore a need to address perceptions around sanctions.

[19] 614 engagement events had been run by the end of March 2019 to increase awareness of the programme amongst potential referrals. This includes events at JCPs as well as at other places and services that eligible people access.
[20] A randomised control trial is being run as part of the national evaluation of the Work and Health Programme. As a result, some eligible clients are not selected to participate in the programme and instead receive support from JCP.

Figure 3-3: Starts and conversion of referrals to starts by local authority



Source: SQW analysis.

Programme starts

3.10 Converting referrals to starts has been an early challenge for the programme nationally as well as within Greater Manchester. High levels of non-attendance and non-starts for initial meetings have driven this, requiring a high number of re-referrals to achieve the target for starts.

3.11 Positively, the conversion of unique referrals to programme starts is now on target at 75%. However, there is some disparity by local authority as Figure 3-3 shows. Stockport has the highest conversion rate at 89% – which could reflect the low overall volume of referrals – but other possible explanations are the proximity of the programme delivery office to Stockport JCP, having just one JCP site to manage a relationship with, and the level of buy-in and appropriateness amongst referrals. The conversion rate is lowest in Manchester at 69% but all areas have experienced improvements in recent months.

3.12 Starts to the Working Well: Work and Health Programme have reached 4,173. Based on *actual* referrals up to the end of February, the programme is at 100% of target starts. As a proportion of starts based on *expected* referrals, the programme is at 71% due to lower than expected referrals. Again, there is variation across areas, with the highest performing being almost 30 percentage points higher than the lowest, but most areas in a much narrower band.

Challenges for and action taken to address the conversion of referrals to starts

3.13 In consultations there have been various explanations given for the difficulties in converting referrals to starts. Actions to address these issues are already underway, driven in particular by the Performance Action Plan.

3.14 Firstly, participation in the programme is intended to be voluntary for all referrals except Long-Term Unemployed referrals, who are mandated. This means that client perceptions are vital if the programme is to achieve starts. Consultations and client focus groups identified that:

- Some clients have preconceptions due to poor experiences on other employment support programmes.
- Clients can struggle to attend due to health issues, particularly anxiety when travelling via public transport to a new place. Often this is accommodated by holding initial appointments and assessments at outreach locations that are familiar to the client, but this does not always happen.
- Some clients felt uncomfortable having to disclose personal information, some of which may be embarrassing, in an open plan office where other people can hear. There are private spaces available for this reason, but some clients were not aware of this.

- Some clients have reportedly had a poor experience during the referral process, including meetings being cancelled and turning up to find the Key Worker unavailable.

3.15 Of the respondents to the client survey, 75% were either satisfied or very satisfied with their experience of starting on the programme. Based on feedback from clients, Key Workers and JCP staff, the features of the programme that entice clients to participate are: the level and type of support available alongside employment-focused activities; access to more intensive employment-focused activities relative to JCP; access to job opportunities not available through JCP; and the opportunity to get out and do something.

3.16 Although 93% of respondents to the client survey said their Work Coach accurately described the programme, in consultations there was widespread evidence that referrals are not fully informed or are misinformed about the programme. Key Workers in particular felt that many of the referrals were uninformed because Work Coaches were not adequately explaining the programme offer, if at all. Ongoing activity is seeking to address this.

3.17 A further challenge is the 15-day window after referral for the client to start. This can be difficult to meet when:

- There are peaks in referrals, which can be difficult to accommodate. For example, Oldham JCP made 42 referrals in one day compared to an average of 3.2 referrals per day.
- Where clients have had a phone call from the contact centre or their Key Worker, the conversion rate is higher. A substantial minority of referrals have come through with missing or incorrect information, including phone numbers, which makes it difficult to contact the client. However, even with the correct information clients often do not answer their phone so introductory phone calls do not happen to the extent that they could do. 36% of respondents to the client survey said they had not spoken to someone from the provider prior to starting.

3.18 Where clients do not attend their initial appointment or do not start on the programme, Key Workers will seek to re-engage the referral within the 15-day window. The providers work with JCP to find out why, remedy any issues and encourage them to make a re-referral. However, JCP staff reported that the extent to which this happens varies – some Work Coaches reported they are not informed by the provider of non-attendance or non-starts and that the onus is on the Work Coach to chase this information. Conversely, Key Workers reported that some Work Coaches will make repeated referrals without an intervention to understand non-attendance or non-starts. An action identified in the Performance Action Plan is for interventions to take place prior to a third referral.

3.19 A full end-to-end review of the referral process identified all of the issues above, resulting in much of the remedial action. Further changes being explored as a result of this review include: warm handovers; a shorter and smoother referral process; the potential for initial appointments in JCPs; identifying more suitable premises in certain local authorities; and working with the contact centre to ensure those contacting referrals better understand the programme and potential starters.

Table 3-1: Starts by local authority, provider and client type, including against target (based on actual referrals)

Starts	Cumulative starts	% of all starts	% of target (based on actual referrals)[21]
Local authority			
Bolton	530	13%	103%
Bury	250	6%	99%
Manchester	832	20%	91%
Oldham	415	10%	96%
Rochdale	330	8%	99%
Salford	490	12%	112%
Stockport	244	6%	119%
Tameside	343	8%	106%
Trafford	247	6%	106%
Wigan	457	11%	95%
Provider			
Ingeus	2,224	53%	101%
TGC	1,570	38%	99%
Pluss	379	9%	100%
Client type			
Health and Disability	3,311	79%	99%
Long-Term Unemployed	656	16%	107%
Early Entrant Groups	206	5%	94%
Total	**4,173**	**100%**	**100%**

Source: SQW analysis. The breakdown of local authority figures excludes unknowns, but figures are included in the total.

[21] With one-month lag, to allow sufficient time for clients referred in February 2019 to start on the programme.

4. **Working Well:** Work and Health Programme – Profile of Clients

4.1 Upon joining the programme, clients complete an initial assessment. This offers the opportunity to collect their personal details and explore their personal circumstances, barriers to work and support needs. This chapter draws on the data collected at the initial assessment.[22] The final part of this chapter reflects upon the profile of the programme's clients and the extent to which this matches up to the expectation for the profile when it was commissioned.

Characteristics

4.2 As Table 4-1 shows, the most prevalent client types are those from the Health and Disability cohort. These account for 79% of starts to date compared to a target of 75%. Long-Term Unemployed and Early Entrants Groups constitute a smaller proportion of starts to date at 16% (compared to a target of 15%) and 5% respectively (compared to a target of 10%).

4.3 This varies widely between local authorities. Tameside and Trafford have far higher proportions of Long-Term Unemployed clients at 32% and 30% respectively, whereas in Salford and Bolton just 9% and 10% fall into this category. The proportion of Early Entrant clients also varies substantially across local authorities, ranging from 9% of clients in Bury to only 1% of clients in Trafford. The by client type broadly reflects the level of referrals received from JCP, than vast differences in the conversion rates of different client types in each local area.

4.4 Figure 4-1 provides an overview of the characteristics of starters. The vast majority of starts to date are either unemployed or long-term unemployed. Most clients are white (82%, which is a similar proportion to GM's working age population[23]) and a high proportion are male (64%). Starts are spread across the different age categories, but roughly half are 45 and over. In addition, a very high proportion of clients are single (81%), with the remaining clients married (8%), cohabiting (5%) or other (6%).

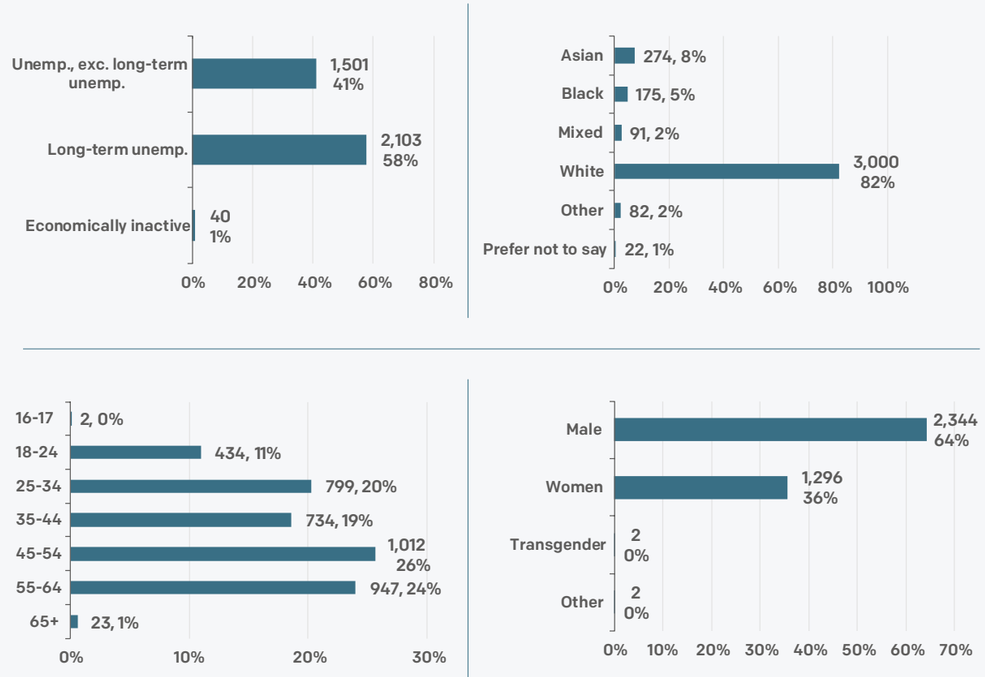
[22] Please see the methodology section for further detail on client data and the limitations to interpreting the data.
[23] ONS. 2019. Annual Population Survey.

Table 4-1: Starts by client type and local authority

Programme Starts	Health & Disability		Long-Term Unemployed		Early Entrants	
	Count	%	Count	%	Count	%
Bolton	434	82%	51	10%	45	8%
Bury	181	72%	47	19%	22	9%
Manchester	715	86%	89	11%	28	3%
Oldham	353	85%	47	11%	15	4%
Rochdale	238	72%	67	20%	25	8%
Salford	420	86%	46	9%	24	5%
Stockport	189	77%	48	20%	7	3%
Tameside	218	64%	109	32%	16	5%
Trafford	170	69%	74	30%	3	1%
Wigan	362	79%	75	16%	20	4%
Total	**3,311**	**79%**	**656**	**16%**	**206**	**5%**

Source: SQW analysis.

Figure 4-1: Characteristics of programme starts (n=3,644, except for age n=3,951)



Source: SQW analysis. Excludes unknowns.

Table 4-2: Length of time clients have been out of work (n=3,644)

Programme Starts	0-6 months	7-12 months	1-2 years	3-5 years	6-10 years	10+ years	I have never worked before
Local authority							
Bolton	11%	13%	21%	20%	10%	15%	9%
Bury	12%	16%	19%	18%	13%	15%	8%
Manchester	12%	15%	18%	15%	11%	21%	8%
Oldham	9%	13%	17%	23%	14%	12%	12%
Rochdale	7%	11%	20%	19%	16%	15%	11%
Salford	11%	18%	18%	19%	11%	15%	8%
Stockport	12%	17%	18%	17%	14%	17%	5%
Tameside	8%	10%	26%	20%	13%	17%	6%
Trafford	10%	9%	28%	19 %	14%	16%	4%
Wigan	7%	11%	23%	17%	14%	22%	7%
Provider							
Ingeus	10%	13%	21%	20%	13%	16%	8%
TGC	11%	15%	19%	17%	11%	18%	7%
Pluss	6%	10%	21%	17%	14%	19%	13%
Client type							
Health and Disability	11%	15%	20%	17%	12%	17%	8%
Long-Term Unemployed	5%	7%	23%	25%	16%	19%	6%
Early Entrant Groups	10%	18%	20%	15%	13%	14%	10%
Total	**10%**	**14%**	**20%**	**19%**	**12%**	**17%**	**8%**

Source: SQW analysis.

4.5 Table 4-2 shows a breakdown of the length of time clients have been out of work, as reported by the clients. Over two-thirds of clients have been out of work for over a year, while 17% have been out of work for 10+ years and 8% have never worked. Again, this varies widely by local authority. Salford, Stockport, Bury and Manchester have the greatest proportion of clients who have been out of work for less than one year. Wigan and Manchester have the greatest proportion of clients who have been out of work for over ten years.

Barriers to work

4.6 Table 4-3 shows the number of presenting issues based on fourteen key barriers. Most clients identified at least one barrier (95%) with over 50% of clients identifying two or three barriers. A small proportion of clients (1%, 30 clients) identified between seven and ten barriers.

4.7 By local authority, Trafford has a higher proportion of clients with no barriers compared to other local authorities and the lowest average number of presenting issues per client, at 2.2. In comparison, Bury has a greater proportion of clients with over four barriers (34%) and the highest average number at 3.1. By provider, the number of presenting issues identified by clients is broadly similar, although Pluss has a lower proportion of clients who identified no barriers.

4.8 Long-Term Unemployed clients have fewer barriers compared to Health and Disability and Early Entrant clients, with Long-Term Unemployed clients reporting an average of 2.2 presenting issues compared to 2.6 for the other client types.

Table 4-3: Number of presenting issues per client based on fourteen key barriers[24] (n=3,644)

Programme Starts	None	1	2	3	4 to 6	7 to 10	Average no.
Local authority							
Bolton	7%	20%	26%	25%	20%	2%	2.5
Bury	1%	13%	23%	29%	32%	2%	3.1
Manchester	6%	20%	29%	23%	23%	0%	2.5
Oldham	4%	22%	27%	29%	18%	1%	2.5
Rochdale	3%	19%	31%	23%	22%	1%	2.6
Salford	3%	24%	33%	25%	15%	1%	2.4
Stockport	6%	19%	24%	25%	26%	0%	2.6
Tameside	7%	22%	32%	21%	19%	0%	2.3
Trafford	11%	22%	28%	22%	16%	1%	2.2
Wigan	7%	20%	28%	25%	20%	1%	2.4
Provider							
Ingeus	6%	19%	27%	25%	22%	1%	2.5
TGC	6%	21%	30%	23%	19%	1%	2.4
Pluss	2%	20%	27%	30%	20%	1%	2.6
Client type							
Health and Disability	4%	19%	28%	25%	22%	1%	2.6
Long-Term Unemployed	10%	24%	29%	21%	15%	1%	2.2
Early Entrant Groups	6%	21%	24%	23%	23%	2%	2.6
Total	**5%**	**20%**	**28%**	**25%**	**21%**	**1%**	**2.5**

Source: SQW analysis. Local authority breakdown excludes unknowns.
Includes all clients who have completed the relevant questions on barriers to work.

[24] The barriers included are: Housing - % that would like support with living situation; Finance - % reporting debt as a problem; Childcare - % reporting childcare responsibilities impact on ability to search for or take up work; Childcare - % reporting childcare responsibilities impact on ability to search for or take up work; Caring/Childcare - % currently caring for a friend or family member; Conviction - % convicted for a criminal offence; Family - % that would like support with family life challenges; Confidence - % who don't consider themselves to be a confident person; Skills - % that would like support to develop skills; Skills - % not confident with reading and writing (% saying 1-3 out of 6); Skills - % who need help with their English to find work or remain in work; Health - % reporting a health condition or disability that could affect their ability to get a job; Mental Health - % reporting they have suffered a recent bereavement; Addiction - % reporting they would you need to reduce drug or alcohol use if starting a job; Learning Disability - % who believe their learning disability makes it harder to find work.

4.9 Table 4-5 (starting on page 27) provides an overview of the proportion of clients reporting various barriers to work and support need, broken down by local authority. Looking across the categories it shows that:

- Around 1 in 10 to 1 in 5 have issues against each of the My Life categories, except for confidence and transport, which appear much more widespread barriers.
- On My Work, the most prominent issue is again confidence.
- The My Skills category shows fairly widespread issues with people reporting low levels of qualifications and lack of competence using a computer as a key barrier. Transport is prominent again, with people not having a driving license.
- There is fairly widespread prevalence of health and disability as a barrier to getting and maintaining employment, reflecting the focus of the programme. Over one third expect some sort of adaptation to be required if they enter employment.

4.10 61% of all clients reported that they have a health condition or disability that could affect their ability to get a job, while 48% of all clients reported that their health condition or disability could affect their ability to stay in their job. Table 4-4 shows the most commonly identified physical and mental health conditions and learning difficulties for those who reported having a health condition that could be a barrier to getting or sustaining a job. The most common condition is depression or low mood, closely followed by anxiety disorders, both of which were reported by 43% of those who said they had a health condition. The most commonly reported physical health conditions are back and leg problems.

4.11 Of those reporting health conditions, 70% reported at least one physical health condition, 56% reported at least one mental health condition and 37% reported both a physical condition and a mental health condition or learning difficulty. Of the clients who identified one or more health conditions/disabilities affecting them, 73% identified one condition, 10% reported two, 7% reported three, 4% reported four, 6% reported five to nine and 1% reported ten or more.

4.12 Due to the high prevalence of health conditions, over half of clients (57%) were already receiving health or specialisation services support for their health conditions and/or disabilities prior to starting the programme.

Table 4-4: Most commonly identified health conditions and disabilities (n=1,298)

Physical Health

Condition	No. of clients	% of clients
Problems with back	307	24%
Problems with legs	253	19%
Heart/blood pressure	167	13%
Chest/breathing problems	153	12%
Arthritis - Osteoarthritis	149	11%
Problems with arms	104	8%
Diabetes	103	8%
Problems with feet	100	8%

Mental Health / Learning Difficulties

Condition	No. of clients	% of clients
Depression or low mood	563	43%
Anxiety disorders	557	43%
Learning difficulties	144	11%
Asperger's/Autistic Spectrum	64	5%
Post-Traumatic Stress Disorder	39	3%
Obsessive Compulsive Disorder	27	2%
Psychosis	20	2%
Bipolar disorder	17	1%

Source: SQW analysis.
Note only answered by those reporting a health condition that could affect their ability to get or stay in a job.

Table 4-5: Proportion of starters identifying barriers to work[25]

Barrier	All starts	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
My Life											
Housing: % that would like support with living situation	11%	14%	14%	9%	9%	18%	8%	15%	10%	8%	11%
Housing: % who have been in care	7%	7%	11%	6%	7%	6%	8%	4%	10%	4%	6%
Finance: % reporting debt as a problem	17%	18%	20%	19%	17%	18%	13%	17%	15%	16%	17%
Finance: % needing help to budget and manage money	11%	14%	10%	9%	13%	13%	7%	10%	13%	7%	17%
Childcare: % reporting childcare responsibilities impact on ability to search for or take up work	5%	8%	5%	4%	3%	6%	4%	7%	4%	4%	3%
Caring/Childcare: % who are a lone parent	11%	11%	12%	13%	13%	13%	7%	11%	11%	9%	9%
Caring/Childcare: % currently caring for a friend or family member	6%	10%	9%	6%	4%	7%	4%	9%	4%	5%	6%
Conviction: % convicted for a criminal offence	17%	18%	20%	22%	13%	17%	12%	15%	17%	17%	12%
Conviction: % reporting a conviction would restrict access to jobs requiring a DBS check	5%	7%	3%	10%	3%	5%	4%	4%	2%	4%	2%
Family: % that would like support with family life challenges	7%	8%	8%	7%	8%	12%	4%	11%	5%	4%	7%
Confidence: % who don't consider themselves to be a confident person	29%	28%	29%	24%	30%	32%	28%	33%	28%	31%	32%
Transport: % without access to a car to get to and from work	84%	83%	86%	87%	83%	81%	83%	80%	88%	78%	85%
My Work											
Attitude: % not believing or not sure they can find and obtain work	19%	17%	24%	18%	25%	30%	13%	13%	17%	9%	28%
Confidence: % not confident they would be successful in a job if they took one today (% scoring 1-3 out of 6)	40%	29%	40%	43%	45%	42%	42%	32%	37%	35%	47%
Work Experience: % who have served in the armed forces	3%	5%	3%	3%	3%	1%	4%	3%	2%	4%	2%

[25] As a proportion of clients that provided an answer. Note that the proportion not responding varies by question, but is broadly similar. Only covers clients that started prior to March 2019 due to the high proportion of unknowns for March given limited time on the programme to complete the initial diagnostic.

Barrier	All starts	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
My Skills											
Skills: % that would like support to develop skills	68%	48%	92%	68%	88%	65%	85%	57%	60%	56%	63%
Skills: % needing help with reading	13%	10%	9%	12%	20%	16%	14%	13%	14%	7%	13%
Skills: % needing help with writing	17%	14%	14%	16%	25%	21%	18%	15%	21%	9%	17%
Skills: % needing help with maths	18%	21%	19%	17%	23%	26%	17%	20%	17%	15%	13%
Skills: % not confident using a computer (% scoring 1-3 out of 6)	39%	32%	36%	40%	44%	50%	41%	35%	36%	35%	39%
Skills: % not confident with reading and writing (% saying 1-3 out of 6)	21%	14%	20%	22%	31%	25%	23%	15%	19%	13%	24%
Skills: % whose first language is not English	10%	8%	8%	14%	12%	12%	12%	8%	4%	6%	4%
Skills: % who need help with their English to find work or remain in work[26]	3%	1%	3%	4%	8%	3%	3%	1%	2%	1%	1%
Skills: % already attending classes/ training to improve their English[27]	3%	2%	3%	3%	6%	4%	3%	1%	1%	1%	1%
Skills: % without a GCSE pass (A*-C) or equivalent qualification in English or Maths	38%	37%	41%	40%	44%	43%	35%	42%	38%	27%	31%
Skills: % without a full driving licence that is valid in the UK	70%	71%	75%	72%	69%	68%	73%	61%	77%	61%	72%
My Health											
Health: % reporting a health condition or disability that could affect their ability to get a job	62%	63%	68%	63%	58%	60%	55%	65%	62%	53%	68%
Health: % reporting a health condition or disability that could affect their ability to stay in a job	48%	45%	49%	56%	42%	41%	45%	53%	48%	38%	54%
Health: % reporting they would you need 'reasonable adjustments' if moving into work	36%	40%	38%	34%	36%	38%	34%	47%	33%	29%	37%
Physical health: % that do not do any exercise	25%	20%	22%	28%	30%	31%	20%	22%	22%	33%	19%
Physical health: % that do not eat a healthy diet	27%	27%	30%	28%	27%	37%	25%	24%	30%	26%	20%
GAD-7: % scoring as having moderate anxiety or more severe (as % of starters; note that only 25% of starters have taken the test and this varies widely by LA)	14%	9%	11%	19%	14%	15%	9%	16%	23%	19%	8%
PHQ-9: % scoring as having moderate anxiety or more severe (as % of starters; note that only 25% of starters have taken the test and this varies widely by LA)	16%	9%	11%	23%	14%	18%	10%	22%	25%	21%	10%
Mental Health: % reporting they have suffered a recent bereavement	24%	23%	36%	26%	17%	19%	18%	32%	26%	23%	22%
Addiction: % reporting they would you need to reduce drug or alcohol use if starting a job	5%	4%	5%	4%	5%	6%	5%	5%	4%	4%	4%
Learning Disability: % with a learning disability	7%	6%	7%	6%	7%	7%	7%	9%	10%	4%	12%
Learning Disability: % who require additional learning support	1%	1%	2%	0%	0%	0%	1%	1%	0%	1%	1%
Learning Disability: % who believe their learning disability makes it harder to find work	2%	2%	3%	1%	1%	1%	2%	3%	2%	2%	3%
% in receipt of Personal Independence Payments	11%	11%	15%	9%	11%	12%	11%	14%	7%	8%	11%
Dental: % with problem or pain in their mouth at the moment	10%	12%	13%	11%	9%	6%	7%	11%	11%	11%	6%
Dental: % with problems with teeth or mouth problems that stop them smiling or speaking without embarrassment	12%	21%	10%	13%	10%	12%	7%	12%	16%	12%	4%
Dental: % not registered with a dentist	33%	48%	37%	31%	36%	23%	28%	30%	42%	27%	30%

Source: SQW analysis.

[26] Only asked to clients whose first language is not English.
[27] Only asked to clients whose first language is not English.

Reflections on characteristics and barriers to work

4.13 Many consultees expressed concern that the clients joining the programme are not as envisaged when the programme was commissioned. The programme is aimed at those who are "committed to the goal of finding employment within one year"[28] but many felt that those being referred were further away from the labour market than intended. This section considers the evidence that this is the case.

4.14 For Key Workers, the referrals that are more challenging than envisaged include clients with complex barriers including substance misuse, clients close to retirement age and clients who do not see themselves in work soon. As a result, there has been a greater initial emphasis on resolving complex issues and health needs rather than support to be work-ready and find a job. Multiple factors were identified as causing referrals to be more challenging and further from the labour market than envisaged:

- The pressure to reach referral targets (perhaps amplified by JCP not being in regular contact with sufficient numbers of the expected cohort)
- There is a mismatch between what customers tell their Work Coaches and what they really think, as customers often feel unable to be open with their Work Coach about how far they are from the labour market and the barriers they face. A common view amongst consultees was that this is often due to concern they will be sanctioned.
- Concerns were expressed around the robustness of the selection tool. This issue is compounded by the issue above, namely that customers may not be answering the questions truthfully.
- Finally, commissioners worried that adopting the 'Working Well' brand for the programme may have been an obstacle, as Work Coaches may think by association that the programme is for those further from the labour market – due to previous Working Well programmes being for clients with more complex barriers to work. However, consultations with JCP staff suggested that the level of activity to raise awareness and understanding means this is unlikely to have been a widely held misconception.

4.15 Through econometric analysis of the Working Well: Expansion Programme in last year's Annual Report, certain characteristics and barriers to work were found to be statistically significant to the likelihood that clients would start work. We compared some of these factors across old and new programmes in Table 4-6. It suggests that on some measures the Working Well: Work and Health Programme participants are less likely to enter work than on the previous programme.

4.16 Furthermore, confidence in starting work is commonly cited as a key barrier that Key Workers need to help clients overcome for them to start and sustain work. For the Working Well: Expansion Programme, 54% of clients reported they were not confident they would be successful in a job if they started today. On this programme, 40% said they were not confident.

4.17 Overall, the evidence suggests that concerns clients are further away from the job market than anticipated are well-founded. It is suggested that this is urgently addressed. Recently, action is being undertaken within JCP to shift the emphasis from the quantity of referrals to the quality of referrals to ensure referrals are appropriate and start in the first instance rather than requiring re-referrals. Further potential fixes include assessing the robustness of the selection tool and exploring how to enable potential referrals to be open about how far they feel from the labour market.

Table 4-6: Comparison of cohorts (% of participants)

Factors which reduced likelihood of entering work	WWE	WW: WHP
Aged over 50	44%	50%
Never worked	6%	8%
No qualifications	26%	12%
Physical/ mental health condition	64%	62%

Source: SQW analysis.

[28] Greater Manchester Combined Authority. 2017. Working Well: Work and Health Programme Provider Guidance.

5. **Working Well:** Work and Health Programme – Support Offered and Delivered

SUPPORT OFFER

5.1 The support offer for clients is intended to be personalised, holistic and intensive. After completing the initial assessment and exploring the client's barriers to work, the Key Worker develops an Action Plan with the client. This sets out the client's objectives for their time on the programme, including identifying when they expect to return to work and how support to address their needs and barriers will be sequenced. Clients can receive support from the programme for up to 15 months, in addition to up to 6 months of in-work support. Two of the programme's service standards set out the level of support expected to be available to clients at minimum:

- 85% of participant starts who are engaged on the programme will receive two hours of face to face contact time each month with their Keyworker
- 85% of participants will receive an additional two hours per month with a member of their personal support team. This contact will be delivered either face-to-face or through telephone appointments or group work.

5.2 At fortnightly appointments, the Key Worker and client reviews the client's progress across four overarching areas – personal circumstances, health, skills and work – and maintains a dialogue on their barriers to work and how they can be addressed. Consultees emphasised that building rapport and trust with the client is vital to be able to understand the client and help them progress towards work. It was also emphasised that supporting clients to change their behaviour, develop confidence, resilience, self-belief and self-efficacy are core to the programme. To support this, all Key Workers are trained in motivational interviewing techniques.

5.3 All clients receive a better-off calculation. This considers their current situation and how their life would compare if they were in work, considering the financial benefits as well as benefits to their health and wellbeing. In consultations, Key Workers have regularly commented that this can be the 'light switch' moment – where the client realises how they would be better off and becomes more committed to finding work. Key Workers also explore wider motivations for finding work with the clients. Being a good role model to and providing for children is a commonly cited motivator.

5.4 The wider support available to clients is delivered both in-house and externally by drawing on Greater Manchester's wider support ecosystem of public services, the voluntary, community and social enterprise (VCSE) sector and, where relevant, private providers. There is also an online support offer that clients can access.

In-house support

5.5 The in-house support is delivered through one-on-one appointments, workshops, group sessions, and three-way appointments that include the Key Worker. These are delivered within the main programme delivery sites, as well as at outreach locations to suit client needs. The in-house support team includes health practitioners and health educators[29], financial advisers, Hub Guides[30] and the Employer Services Team as well as Key Workers in the wider team with individual areas of expertise such as self-employment.

5.6 The health support available through the programme is a key part of the offer. The in-house health offer covers the Health Team, which consists of health practitioners and health educators based within Ingeus, and Pathways, a specialist health provider. The health practitioners have specialisms in mental and physical health, covering psychotherapy, physiotherapy, occupational therapy and counselling. Health support covers specific conditions through to general wellbeing and healthy lifestyles. Recently the programme has been trialling health open days to encourage more clients to engage with the health support offer. The Health Team is currently being expanded to double its current size to increase the level of support available.

5.7 There is an even greater variety of sessions run in-house to support clients in developing their skills. These fall under the broad headings of assertiveness, communication, negotiation, planning and organising, team working, customer service skills, presentation skills. Likewise, there is support available to help clients find and move into work, such as exploring their ideal job, assisting clients in developing their CV, conducting job searches, preparing for interviews.

Client D's story

Client D is a 50-year-old man who had been unemployed for five years. He was taking medicine which affected his memory, was facing financial difficulties including struggling to buy food, and believed he had no future. Client D was not ready to start a job so a tailored support plan was developed to boost his skills, confidence and other barriers. To help with the client's memory problems and mental health, Client D accessed health support workshops and a mental health practitioner. The programme also gave Client D foodbank vouchers to ease his financial pressures. Through Skills for Employment, Client D completed a Level 2 qualification in Business Admin and an 8-week admin placement with City West Housing. The job placement and wider programme support had a positive impact on the client's mental health and general wellbeing – he was happier and his memory was no longer an issue. As a result, Client D managed to secure a role in BUPA's contact centre.

Client E's story

Client E had been unemployed for 12 years and had severe anxiety and depression. He found it challenging to leave the house by himself, travel on public transport, speak to new people or be in large groups. After opening up about his anxieties, his Key Worker arranged a three-way meeting between Client E, the Key Worker and a mental health practitioner who informed him of the group workshops and online mental health courses. The client attended several workshops including Anxiety and Depression Management, Coping with Change, Disclosing Health Conditions and Relaxation classes. He has repeated these workshops because he finds it beneficial in reducing his anxiety. Client E is now discussing potential jobs and will be attending a four-week employability course. This is something Client E would not have been able to consider when he joined the programme.

[29] Health practitioners are qualified to a higher degree than health educators. The former are focused on more specialist and one-to-one support whereas health educators are more focused on workshops and behaviour change.
[30] Hub Guides assist clients in navigating the programme's digital offer and provide training in IT and digital skills.

Client F's story

Client F is a 61-year old woman with mobility difficulties. The client suffered from osteoarthritis and had fallen out of employment as a result. She lacked confidence in IT and highlighted this as a barrier to her progressing into employment. Client F was referred to the physical health practitioner to receive support on pain management and managing long-term health conditions. She also completed IT training to develop her confidence with computers. As a result of the support, Client F felt confident to apply for a Universal Credit contact centre role that was sourced by the Employer Account Manager in Pluss. Client F now works as a Customer Service Advisor and is thoroughly enjoying her new role.

External support

5.8 The programme also supports clients through drawing on the support available through Greater Manchester's wider support ecosystem. This ranges from local skills providers to community health providers to specialist support for issues with substances misuse. In combination with the in-house support, this allows the programme to deliver holistic support.

5.9 To support integration with external support, the programme is developing a referral system called EcoSystem Live. EcoSystem Live will enable electronic referrals to support, accompanied by relevant information on the client, and support the sharing of client progress. In the meantime, Key Workers are supporting clients to make self-referrals to relevant support – this could include assisting with online referral forms or telephoning the service and passing over the phone to the client.

5.10 The role of the Greater Manchester's wider support ecosystem and the extent to which the programme has linked-in is explored in greater detail in the Integration chapter of this report.

Digital offer

5.11 Finally, a notable development on the Working Well model for this programme is the digital support offer that clients can access. The InWork Hub offers clients access to a range of over 200 online resources that can support them with their health, skills, moving towards work and life. The Hub also contains the client's progress tracker, which Key Workers use during appointments, so that clients can track their own progress across the four overarching areas of personal circumstances, health, skills and work. Additional functionality includes scheduling appointments, job searching, viewing the workshop/activities timetable and booking onto these. Given that low confidence with IT is prevalent amongst programme clients, the personal support team includes Hub Guides who run sessions to develop IT skills and help clients navigate the hub.

SUPPORT DELIVERED

5.12 The remainder of this section uses monitoring data to explore the level and type of support clients have received up to the end of March 2019. The data used to inform the analysis underestimates the extent to which the programme has supported clients. This is because referrals have not always been recorded, including because referrals to address multiple barriers have been recoded as only addressing the main corresponding barrier. Unfortunately, it has not been possible to determine the extent to which there has been under-recording. For this reason, a comprehensive breakdown of the support delivered to date has not been included in this year's Annual Report.

5.13 It should also be noted that some clients may not yet have received support for the following reasons:

- The length of time spent on the programme – many have been on the programme for just a month or two.
- The personalised support model entails an emphasis on sequencing support to best meet the client's needs. More severe and urgent barriers are likely to be addressed sooner, before support with developing a CV takes place for example.
- The client may not yet be ready to receive support to address their barrier (e.g. a client may not feel ready to address their alcoholism) or may not wish to address it at all (e.g. a client who cannot read may not wish to improve their reading).

5.14 The available data shows that to date support has primarily been delivered in-house by the provider, with external support and signposting contributing a marginal proportion to overall support delivered to date. To date, the support has most commonly been around finding work, followed by health support. The most common types of support recorded have been for 'other skills' (62% of clients), 'CV / cover letter development' (59%), health (51%), 'exploring job goals / career planning' (50%) and 'job search techniques' (39%).

Signposting organisations

5.15 A directory of signposting organisations is available for Key Workers to help them find suitable support to address client barriers. It lists 162 organisations spanning all ten local authorities and key areas that clients require support with. Once EcoSystem Live is launched, it is expected that the programme will be able to make direct referrals to many of these organisations. In the meantime, the programme can only support clients to make self-referrals.

5.16 Table 5-1 shows the level of signposting that has occurred to date by area of support. Signposting to work-related services is most common, with over a quarter of clients having been signposted. Table 5 2 shows the ten organisations which clients have been signposted to most frequently – the most common signposting has been to Transport for Greater Manchester for travel support, the National Careers Service and Skills for Employment.

Table 5-1: Number of signposts by area of focus

Area of focus	Number of signposts	% of clients starting over a month ago (n=3,616)
Health	406	9%
Skills	800	17%
Personal Circumstances	394	9%
Work	1,246	27%

Source: SQW analysis.

Table 5-2: Top 10 signposting organisations

Organisation	Number of signposts	% of total signposts	% of clients starting over a month ago (n=3,616)
Transport for Greater Manchester	732	26%	20%
National Careers Service	417	15%	12%
Skills for Employment	255	9%	7%
Hill McManus	82	3%	2%
Lifelong Learning Centre	67	2%	2%
Mantra Learning	59	2%	2%
Expert Patients	55	2%	2%
Get Oldham Working	51	2%	1%
Standguide	48	2%	1%
JobSkilla	46	2%	1%

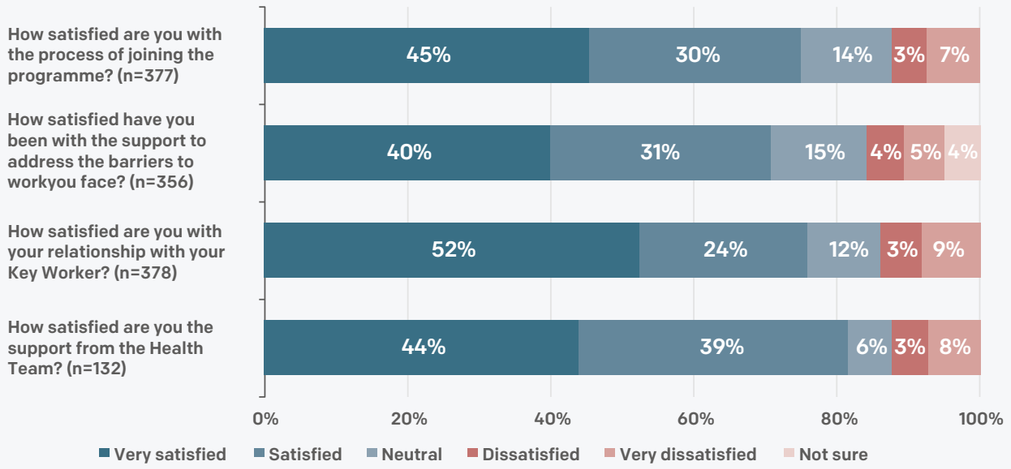
Source: SQW analysis. Local divisions of organisations have been aggregated for analysis.

Client perceptions of support

5.17 A survey of programme clients in June 2019 received 378 responses, a response rate of around 5%. The headline findings from the survey are:

- 75% of clients were satisfied or very satisfied with the process of joining the programme; 10% were very dissatisfied or dissatisfied (see Figure 5-1)
- 71% of clients were very satisfied or satisfied with the support they have received to address their barriers; 9% were very dissatisfied or dissatisfied (see Figure 5-1)
- 76% of clients were very satisfied or satisfied with their relationship with their Key Worker, with over half very satisfied; 12% reported being dissatisfied or very dissatisfied, with the latter quite high at 9% (see Figure 5-1)
- Of the 35% that had received support from the Health Team, 83% were either very satisfied or satisfied; 11% reported being dissatisfied or very dissatisfied, with the latter again quite high at 8% (see Figure 5-1)
- When asked the extent to which the support is tailored to their needs, 40% of respondents said, "a lot" and 39% said "a fair amount"
- 70% of clients reported feeling better equipped to find and start a job as a result of the programme (note that some respondents were fairly new to the programme)
- 61% of the respondents who were now in employment said the programme was "very important" to them starting work, while 16% said it was "important" and 17% said it was "somewhat important"
- Of the 278 clients that had been on other employment support programmes, 71% said the Working Well: Work and Health Programme was better than other programmes, 22% said it was the same and 7% said it was worse.

Figure 5-1: Satisfaction with the programme's starting process and support offer



Source: Working Well: Work and Health Programme client survey.

5.18 When asked what they liked most about the programme, certain responses were common: the regular one-to-one contact; the extent to which support is tailored to need; Key Workers listening and being approachable, understanding, caring and friendly; the impact the programme had on their confidence and outlook; the mental health support; and the intensity of job search support. The following responses to this question illustrate some of these views neatly:

> *"My Key Worker was amazing, helped me and made me feel like people care and she was always on my level thank you."*
>
> *"My support worker listens. He doesn't judge, he listens."*
>
> *"The empathy and non-judgemental attitude regarding my limitations of working."*
>
> *"Personable. Felt like they really cared. Great for motivation when the drudgery of long term employment makes you feel hopeless."*
>
> *"They don't rush you in to a job they look at all the things that could go wrong and might go wrong and work around that to suit your needs."*
>
> *"Jobs applicable to me are hand-picked and they are surprisingly kind of perfect for me."*

5.19 When asked what could be improved about the programme, common complaints and suggestions were: issues around cancelled appointments and the extent to which this is communicated; a desire for longer and less admin-focused appointments; less switching of Key Workers; more tailored health support, including more one-to-one support for mental health; having the full list of available support in a format that the client can access e.g. on a website; and clients feeling there were a lack of suitable job opportunities and that they were being pushed into unsuitable jobs. Positively, a substantial proportion of the clients commented that they could not think of any possible improvements.

5.20 In addition to the survey, two focus groups were conducted with clients who were attending group sessions to help with depression. These focus groups offered the opportunity to find out in greater detail what the clients did and did not like about the programme. The clients all spoke positively about the programme and were upbeat about what they could achieve as a result. In particular the conversations highlighted:

- The clients really appreciated the health offer and the results it was delivering for their wellbeing, condition management and the improved likelihood they could find and sustain employment. They spoke especially highly of the health practitioner who had been assisting them.

- The clients spoke positively about the wider offer, particularly the level of support to search for jobs compared to other programmes and services.
- The clients appreciated how the programme and their Key Workers help track their progress in tackling their issues and moving closer to employment.
- Given the clients had depression, they really appreciated the opportunity to meet other people in similar situations. This helped them feel less socially isolated and highlighted that other people were in similar situations.
- Some of the clients found it challenging to attend their meetings, especially at the outset, due to anxiety about travelling, new places and people. The open plan office made it difficult for some of them to feel comfortable and open up. However, all who expressed this felt that they had progressed in this respect and were proud of this progress. The relaxed atmosphere helped them to make this progress.
- Finally, a few of the clients proposed that the programme ought to be longer because they were concerned they would not be able to find a job within the 15 months of support. This again raises the question of whether all clients fit the expected profile of clients.

"I've found that after doing the depression management sessions and the anxiety management sessions it's all coming together now. I've been getting more confident as it's going along and think it's going to achieve something for me."

"It's kind of like one stop shopping coming to this place."

"I've been on courses where you've felt like you weren't being supported you were being dealt with instead by people who are keen to get paid and get you into a job. This one is far more supportive. More supportive environment than other ones I've been in the past."

"I found it was tailored to suit me. The action plan … helps me move forward … like I know where to put in work and what goals to hit and I sort-of know how to hit them."

CLIENT INACTIVITY

5.21 In total, 783 clients (19% of starts) have had a period of inactivity since starting on the programme. As of the end of March 2019, 14% of clients were inactive, demonstrating a degree of churn. A higher proportion of Long-Term Unemployed clients were active (97%) than Early Entrants (87%) and Health and Disability Clients (84%). shows the proportion of clients that were active at the end of March 2019 in each local authority, with some areas down at or around four in five.

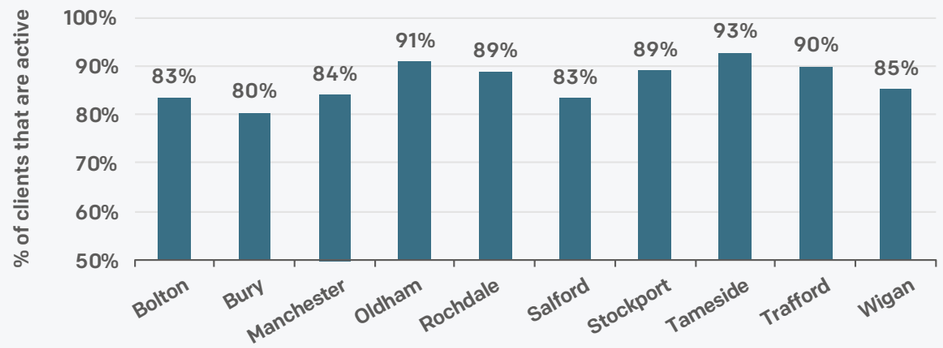
5.22 Given the programme is voluntary for the majority of clients, the quality of the support offer is paramount for ensuring clients feel it is worthwhile to continue engaging. Consultees also attributed lack of engagement to health problems deteriorating (particularly back and leg problems and depression), issues with confidence and anxiety, childcare duties, or other changes in their personal lives.

"I'm voluntary. Volunteers go there and if it's not helpful then you can walk away, if it is good then you can stay."

5.23 In addition to working with JCP, various actions have been identified to address lack of engagement:

- Offering a variety of locations for appointments to suit client preferences and need
- Ensuring the support offer is as varied and visible as possible, to entice engagement
- Using 'softer' interventions to re-engage those that are not engaging, such as informal coffee sessions
- Ensuring Key Worker appointments feel useful to clients, rather than being admin driven due to minimum service delivery standards and data demands. This is particularly a challenge for new Key Workers who are getting to grips with the duties of the role.

Figure 5-2: Proportion of clients that were active at the end of March 2019 by local authority



Source: SQW analysis. Excludes unknowns.

COST-BENEFIT ANALYSIS

5.24 To understand the value for money core programmes offer, Greater Manchester is committed to undertaking Cost-Benefit Analyses (CBA) to offer up assurance that programmes will prove financially stable in the medium to long term. Predictive CBAs were drawn up for both the pilot and the expansion, which have since been refreshed several times to include programme monitoring data.

5.25 Both models use the Greater Manchester (GM) CBA methodology, developed by the Greater Manchester Combined Authority (GMCA) Research Team, formerly New Economy. The methodology allows for fiscal, economic, and social case for investment to be considered. However, Working Well analyses are primarily fiscal, and hence are focused on the return on investment of public monies, and the potential impact of the interventions in generating savings for the agencies involved.

5.26 The Working Well Pilot has effectively finished (bar a small number of clients still receiving in-work support). This has provided a rich body of data, from which, previous assumption based analyses can be updated. Nearly two thirds (£7.3m) of the cost base for the programme is accounted for by payments of client attachment and job outcomes. Most of the rest of the cost is associated with referrals of Working Well clients by the providers to external agencies. Whilst cash payments are not made to these agencies it is important to note them in the CBA due to the benefits of the support delivered. The benefits modelling found the following core outcomes: increased employment, resulting in reduced worklessness and other benefit payments by government; improved skills levels, which contribute to increased earnings and commensurate tax receipts; and benefits to health partners from improved mental health and reduced drug and alcohol dependency (which also contribute to reduced criminal justice costs). The gross fiscal benefit of the programme after ten years is estimated to be £17.5m, with the gross fiscal return over the ten year modelling period being 1:1.31, indicating that for every £1 invested, an estimated £1.31 in fiscal savings will be generated.

5.27 The client data set for the Expansion is nearing on completion, with the small number of job outcomes yet to be achieved in the remaining months of the programme taken into account for the CBA. The provider payments for the Expansion programme (£14.8m) are nearly double that of the Pilot, however it is servicing a substantially larger amount of clients. The core outcomes of the programme align with those

of the Pilot, yet the gross fiscal benefit of the programme is estimated to be £20.5m, with 88% of the benefits expected to flow to central government from reduced worklessness and other benefits payments. The estimated gross fiscal return over 10 years is expected to be 1:2.68. This increase from the pilot is driven by strong performance on job outcomes.

5.28 These findings indicate that, financially, the Working Well Pilot and Expansion programmes have performed favourably over other reform initiatives in Greater Manchester. As more data for the Work and Health Programme emerges, in depth modelling will be performed, along with an update on the early predictive analysis for the Early Help programme.

5.29 The full cost benefit analysis is explored in Annex C of this report.

SOCIAL VALUE

5.30 The Greater Manchester Combined Authority's Social Value Policy defines social value as: "a process whereby organisations meet their needs for good, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and economy, whilst minimising damage to the environment."[31] The GMCA Social Value Policy also sets six objectives for social value:

- Promote employment and economic sustainability
- Raise the living standards of local residents
- Promote participation and citizen engagement
- Build the capacity and sustainability of the voluntary and community sector
- Promote equity and fairness
- Promote environmental sustainability

5.31 In the commissioning of the Working Well: Work and Health Programme, a major emphasis was placed on social value, which accounted for 20% of the tender evaluation score. This reflects the shift within Greater Manchester towards leveraging procurements to deliver against strategic priorities and support local residents, businesses and the voluntary, community and social enterprise (VCSE) sector.

5.32 To deliver social value, the providers have 43 social value key performance indicators to deliver against, which are monitored every six months. These range from recruiting staff from priority cohorts and ensuring all staff have good employment terms including being paid the Real Living Wage, through to ensuring recycling facilities are available at all sites and goods and services with strong environment credentials are procured. Out of the 43 social value targets, the following are particularly noteworthy:

- Providing volunteer days for staff to support local VCSEs and to deliver employability support within the community
- Running leadership workshops for VCSE leaders and business support sessions for VCSE organisations
- Offering apprenticeships within the providers and promoting apprenticeships to businesses
- Supporting businesses by referring them to the Business Growth Hub and supporting start-ups through business mentoring
- Promoting the Real Living Wage and supporting employers to commit to the Mayor's Good Employment Charter
- Running Disability Confident events for local businesses in partnership with VCSEs to develop the understanding around the benefits and practicalities of employing people with disabilities amongst local employers
- Promoting voter registration to programme clients
- Running resident focus groups with Local Leads to help understanding how local services can better meet their needs
- Investing 1% of the total contract revenue to the Community Investment Fund to support the commissioning of local support
- Securing donations from staff and partners to The Greater Manchester Mayor's Homelessness Fund
- Investing in preventative health services within the programme offer.

[31] Greater Manchester Combined Authority. 2014. GMCA Social Value Policy, p.1.

6. **Working Well:** Work and Health Programme – Job Starts

Employer engagement

6.1 Consultees reported that employer engagement is key to enabling the programme to deliver jobs for clients. This is undertaken by Key Workers on behalf of their clients and by the dedicated Employer Services Team. The Employer Services Team are responsible for managing bulk vacancies and for working with clients in the work-ready candidate pool.

6.2 A lot of jobs are in the 'hidden job market' so contacting employers is vital to identifying sufficient jobs that will be suitable for clients. When engaging employers, provider staff will 'reverse market' clients – talking through any adaptations that might be needed and how the programme can support the employer in making those adaptations. Strong relationships with employers are also key to brokering meaningful work tasters and placements for clients, to provide a stepping stone into work.

Client A's story

Client A has limited vision and acute hearing loss. Through the programme, she received interview preparation training and ultimately found a job as a pensions coordinator in a health-based company that liaised with the programme as they were trying to recruit a new employee. Client A utilises the accessibility features on her PC and much of her work involves receiving information via emails.
Client A said: "I am delighted to be working again and I want to inspire other people who are looking for employment and have a disability of health condition... I really feel part of the team and that my skills are valued and being employed means that I can start to save and plan again for the things that I like to do."

Client C's story

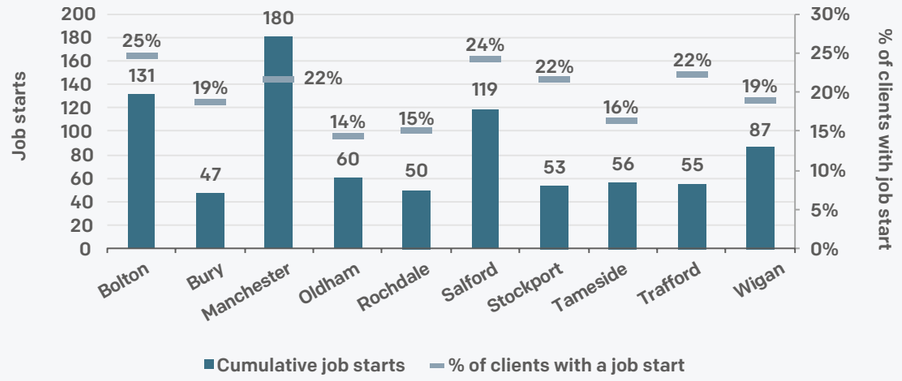
Client C had been a school receptionist and administrator for 20 years before being made redundant and was subsequently unemployed for two years. During the two years, she had been unsuccessful in her job search, which she believed might be because she used a wheelchair and employers were focused on her disabilities rather than her attributes. The two-year gap in employment was identified as a potential barrier. To address this, they explored the potential for a work placement or voluntary role. The Integration Coordinator arranged for the client to meet with Manchester City Council who offered her an eight-week placement in admin. The Growth Company supported her travel costs to ensure she was able to complete the placement. After adding the placement to her CV, Client C was invited to multiple interviews and after some time, Client C secured a permanent role with Manchester City Council. Client C is using her additional income to do things that were not available to her when she was unemployed.

Job starts

6.3 To date, there have been 848 job starts, equivalent to 20% of total starts.[32] As shown in Figure 6-1, as a proportion of starts, Bolton and Salford have the highest start rates at 25% and 24% respectively, while Oldham and Rochdale are lowest at 14% and 15%. As a proportion of starts, most jobs starts have been for The Growth Company clients (23%) followed by Ingeus (19%) and Pluss (18%) clients (Figure 6-2). Early Entrant Groups starts are more than twice as likely to have a started a job compared to Long-Term Unemployed starts (Figure 6-3).

6.4 Figure 6-4 provides an overview of the types of jobs started to date. The most common occupations are in packing (8%) and customer service occupations (8%). Over half of jobs are full time roles, with part-time jobs constituting a third of jobs to date. An ambition for the programme is for clients to achieve jobs that pay the real living wage.[33] The majority of clients are receiving an hourly wage of £7-£7.99, which is below the real living wage.[34] Of the 848 job starts to date, 25% of clients reported that they are being paid the real living wage.

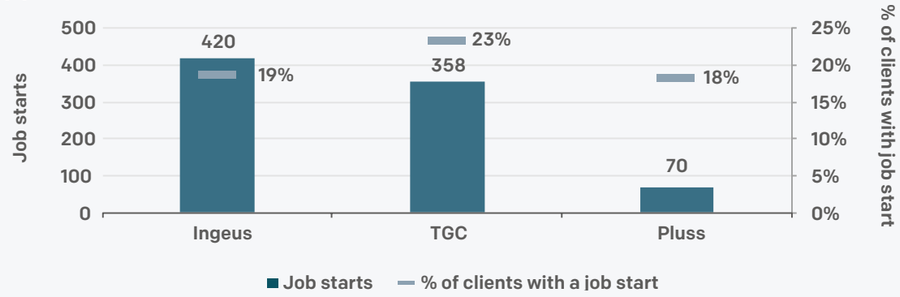
Figure 6-1: Number of job starts and proportion of clients with job starts by local authority



Source: SQW analysis. Excludes unknowns.

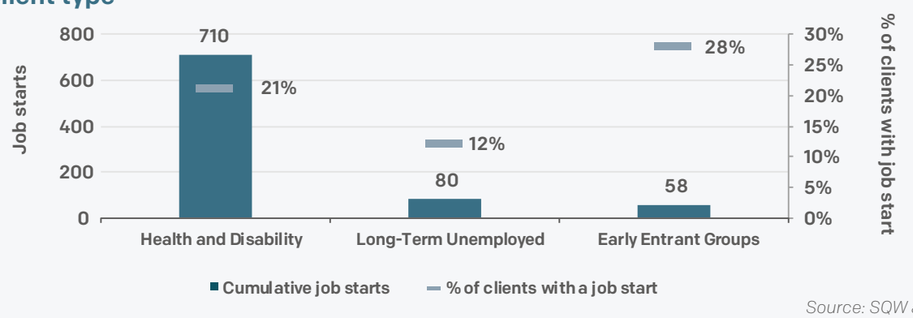
[32] Job starts are a non-contractual target and are therefore not reported in the national evaluation. Employment Outcomes are the contractual targets for employment, which require job starts to be sustained for a period of time.
[33] The real living wage was £8.75 in 2017/18 and £9.00 in 2018/19.
[34] In 2017/18 the minimum wage for over 25s was £7.83, dropping to £5.90 for 18 to 20 year olds and £3.70 for apprentices, which explains those earning below £7.

Figure 6-2: Number of job starts and proportion of clients with job starts by provider



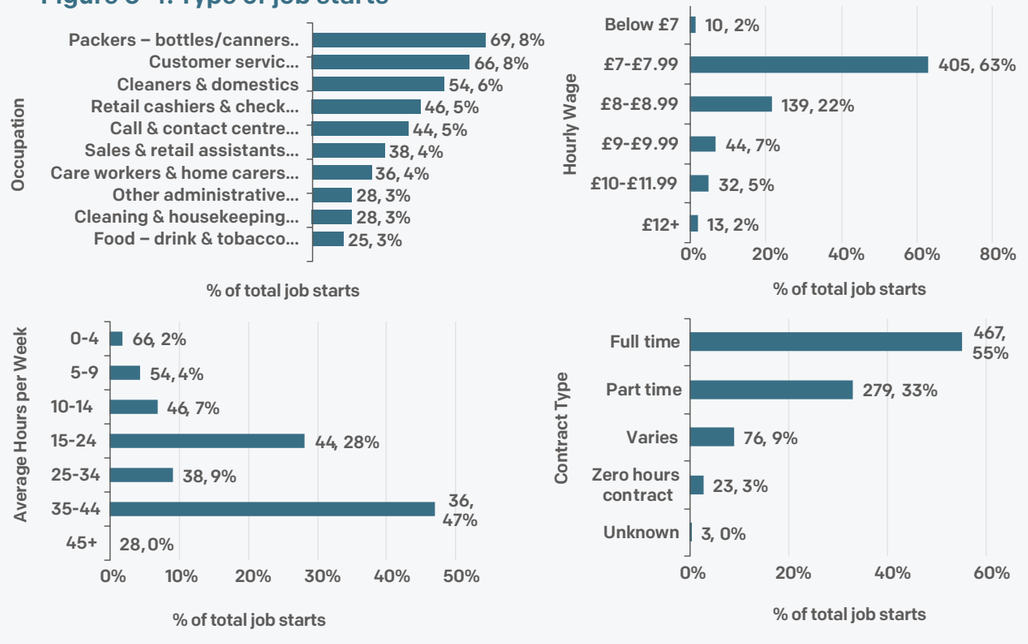
Source: SQW analysis.

Figure 6-3: Number of job starts and proportion of clients with job starts by client type



Source: SQW analysis.

Figure 6-4: Type of job starts



Source: SQW analysis.

6.5 Of the 848 job starts to date, 689 clients have completed the in-work diagnostic. Positively, this reveals that most clients view the job as 'a step towards a better future' (71%) rather than 'just a job' (17%). 13% view the job as their 'ideal job.'

6.6 To date, clients have most commonly found their job through the Employer Services Team (28%), followed by the internet (20%), other support from Ingeus (18%) and word of mouth (11%). 19% of job starters have reported a physical and/or mental health condition that could affect their job – by client type, this proportion was higher for Health and Disability (20%) and Early Entrant Groups (19%) compared to Long-Term Unemployed clients (11%). Where this is the case, support is available as set out in the next section.

6.7 Table 6-1 shows the results of better-off calculations for job starters. These suggest that most clients (58%) will be over £46 a week better off in employment while only 1% of job starters will financially remain about the same.

In-work support

6.8 Upon securing a job offer, clients receive support to transition into work. This includes a better-off calculation for the job (see Table 6-1 right) and determining the client's travel plans, budget management as they transition from welfare to paid employment and plans for care of dependents. All clients are contacted by the health team to discuss health management and ensure reasonable adjustments are in place. Clients may also receive support to purchase work clothes and basic equipment and cover lunch costs, and travel support from Transport for Greater Manchester.

6.9 With their Key Worker, the client will determine their likelihood of requiring support. Clients with high intensity need will remain on their Key Worker's caseload whereas low intensity need clients have the support delivered by an In-Work Adviser at a central Contact Centre. To date, 43% of clients who have started are recorded as requiring low-intensity in-work support. 21% are recorded as needing high-intensity support.

6.10 This varies across local authority, with Manchester having the highest proportion requiring high-intensity support at 33%. There is also variation by provider, with Pluss clients most likely to require low-intensity support and The Growth Company most likely to require high-intensity. By client type, a higher proportion of Health and Disability and Early Entrant Groups clients require high or medium intensity support compared to Long-Term Unemployed clients.

6.11 Clients receive up to six months of in-work support. Throughout this time, clients have access to the full range of support the programme offers to out-of-work clients. After three months in work, all clients are offered a career-coaching intervention, which explores career progression, future aspirations and skills gaps, as well as updating their CV and reviewing their benefits situation. This may entail supporting the client to move into a job that is better quality or better meets their needs and aspirations. To date, 57% of job starters have received support. In the vast majority of cases this is focussed on issues related to 'being in work'.

Table 6-1: Better off calculation results (n=689)

Job Starts	Under £15 better off	£16-£30 better off	£31-£45 better off	Over £46 better off	About the same	Don't know
Count	82	86	66	403	5	47
%	12%	12%	10%	58%	1%	7%

Source: SQW analysis.

Table 6-2: Perceived need for in-work support (n=689)

	Low	Medium	High
Local authority			
Bolton	34%	47%	19%
Bury	59%	35%	5%
Manchester	30%	37%	33%
Oldham	45%	39%	16%
Rochdale	47%	33%	19%
Salford	45%	38%	17%
Stockport	52%	32%	16%
Tameside	60%	29%	11%
Trafford	67%	16%	18%
Wigan	53%	21%	26%
Provider			
Ingeus	43%	37%	20%
TGC	39%	35%	26%
Pluss	65%	28%	8%
Client type			
Health and Disability	43%	35%	22%
Long-Term Unemployed	50%	30%	20%
Early Entrant Groups	43%	41%	16%
Total	**43%**	**35%**	**21%**

Source: SQW analysis.

Job leavers and subsequent jobs

6.12 As shown in Table 6-3, 211 clients have returned to the programme, equivalent to 40% of job starts to date. Returners as a proportion of job starts varies by local authority, with 50% of job starts returning in Bolton and Oldham, compared to 34% and 35% respectively in Tameside and Salford. By provider, Ingeus has the highest proportion of job starts returning to the programme. Of the returners, 51 clients have started a second job. Of these, 17 clients returned to the programme.

6.13 It is worth noting that some level of returns is to be expected. For some clients, the first job may be a temporary job. Alternatively, the client may have left a job to progress onto a job that is closer to their ideal job. In some cases, the client will have left because they ultimately found the job was not suitable – in such cases the client will be supported to find further employment.

6.14 Over the coming months the nature of support for job leavers and clients in work will change due to the addition of a Response Team. This team will be focused on clients who leave jobs, helping them to quickly return to work. They will also support clients on low hours and wages to increase their hours and wage, including by moving job.

Table 6-3: Programme returns and subsequent second and third jobs

Programme Starts	Total job leavers	Leavers as % of job starts	Started 2nd job	Left 2nd job	Started 3rd job	Left 3rd job
Local authority						
Bolton	50	50%	19	7	3	2
Bury	16	43%	2	0	0	0
Manchester	41	39%	4	3	0	0
Oldham	19	50%	5	0	0	0
Rochdale	10	37%	4	2	0	0
Salford	19	35%	6	2	0	0
Stockport	13	37%	3	0	0	0
Tameside	12	34%	1	0	0	0
Trafford	9	35%	2	1	0	0
Wigan	21	36%	5	2	0	0
Provider						
Ingeus	136	43%	38	10	2	2
The Growth Company	70	37%	13	7	1	0
Pluss	5	29%	0	0	0	0
Client type						
Health and Disability	177	40%	42	15	3	2
Long-Term Unemployed	20	48%	3	0	0	0
Early Entrant Groups	14	38%	6	2	0	0
Total	**211**	**40%**	**51**	**17**	**3**	**2**

Source: SQW analysis. The breakdown of local authority figures excludes unknowns, but figures are included in the total.

EARNING OUTCOMES

6.15 A key distinction between the Working Well: Work and Health Programme and the two previous Working Well programmes is the use of Earnings Outcomes rather than job starts for outcome payments. These use HMRC PAYE data to trigger payments. There are three types of Earnings Outcomes which can be achieved on the programme:

- Earnings Outcome: triggered when a client is employed and meets the accumulated earnings threshold, which is equivalent to working for 16 hours per week for 182 days at the adult rate (aged 25 or over) of the Real Living Wage.
- Higher Earnings Outcome: triggered when a client reaches the Earnings Outcome threshold within a six-month period.
- Self-Employed Outcomes: when a participant has been in self-employment for a 182-day period.

Table 6-4: Earnings Outcomes (EO) and Higher Earnings Outcomes (HEO) against target (based on actual referrals)

	Total EO	Total EO as % of target to date	% of starters with EO	Total HEO	Total HEO as % of target to date	% of starters with HEO
Local authority						
Bolton	45	76%	8%	25	51%	5%
Bury	12	46%	5%	6	28%	2%
Manchester	46	65%	6%	22	38%	3%
Oldham	16	42%	4%	6	19%	1%
Rochdale	11	28%	3%	1	3%	0%
Salford	32	78%	7%	14	41%	3%
Stockport	14	60%	6%	10	51%	4%
Tameside	9	29%	3%	5	20%	1%
Trafford	14	66%	6%	9	51%	4%
Wigan	24	50%	5%	12	30%	3%
Provider						
Ingeus	124	56%	6%	65	35%	3%
The Growth Company	92	69%	6%	46	42%	3%
Pluss	8	19%	2%	0	0%	0%
Client type						
Health and Disability	194	56%	6%	100	35%	3%
Long-Term Unemployed	12	43%	2%	5	21%	1%
Early Entrant Groups	18	72%	9%	6	29%	3%
Total	**224**	**56%**	**5%**	**111**	**34%**	**3%**

Source: SQW analysis. The breakdown of local authority figures excludes unknowns, but figures are included in the total.

6.16 The use of Earnings Outcomes, and particularly the Higher Earnings Outcomes, are to encourage the provider to support clients into jobs that pay the Real Living Wage and are sustainable over an extended period of time. Of course, it is possible for the threshold to be met by a job paying below the Real Living Wage if the client is working more than 16 hours a week.

6.17 There have been 224 Earnings Outcomes to date, equivalent to 5% of total starters and 56% of target to the end of March 2019. The highest number of Earnings Outcomes have been for clients in Manchester and Bolton, accounting for 21% and 20% of Earnings Outcomes to date. By provider and client type, Ingeus and The Growth company and clients in the Health and Disability cohort constitute the majority of clients who have achieved Earnings Outcomes.

6.18 111 clients have achieved Higher Earnings Outcomes to date, equivalent to 3% of starters and 34% of target. Most have been for Ingeus and The Growth Company clients, and from the Health and Disability cohort. Bolton has the highest proportion of clients with a Higher Earnings Outcome to date (see Table 6-4). There have been no Self Employment Earnings Outcomes to date.

6.19 The gap between reported job entry and Earnings Outcomes to date can be attributed in the large part to issues around evidencing and validation. Firstly, HMRC PAYE notifications have not been received to the extent that they were expected – an issue that has been common across all Work and Health Programmes. This has been addressed to an extent, with notifications now coming through but still with a lag. A further issue, which is shared with the devolved London Work and Health Programmes, is the difficult of validating the outcomes for ESF payment. Part of the problem is that rather than relying on HMRC data, this requires evidence that the client is in work from their employer. Actions taken recently to improve the validation, driven by the Performance Action Plan, have led to an increase in the proportion of Earning Outcomes that have been successfully validated and it is expected that this will continue.

7. Working Well: Pilot Programme Performance

INTRODUCTION

7.1 As set out in the introduction to this report, the Working Well: Pilot Programme began in March 2014. The programme finished in early 2019.

7.2 The chapter is based on programme monitoring data. It offers a brief summary of the number of clients supported and the outcomes achieved for these clients.

PROGRAMME PERFORMANCE

Numbers supported

7.3 In total, 4,984 referrals were made to the Working Well: Pilot. Of these, 4,688 (94%) attached to the programme. As with the other Working Well programmes, Manchester accounts for the largest proportion of attachments (23%).

7.4 Figure 7-1 shows the level of support provided by broad area of need. The vast majority of clients received some health support, and over half received skills and qualifications and housing support. Other support services were also provided.[35]

7.5 Table 7-2 presents the proportion of clients reporting barriers to work at the initial assessment and the extent to which they experienced a change in those barriers by the intermediate assessment.

7.6 Confidence in starting work was the most prevalent barrier to work (73%). Over half (52%) of these clients experience no change in their confidence at the intermediate assessment while 35% of clients experienced an improvement; this is the lowest level of improvement amongst the barriers. Mental

Figure 7-1: Types of support received by clients

	Health	Skills and Qualifications	Employment	Housing	Other
Number of clients	3,921	2,973	2,430	1,197	3,013
Proportion of clients	84%	63%	52%	26%	64%

Source: SQW analysis.

[35] These support services include: Autism support; Bereavement support; Caring support incl. childcare; Citizenship support; Computer skills; Conviction; Domestic abuse support; Finance/debt; Food & Diet; ID; Learning difficulties; Legal aid; Local council services; Personal skills; Travel and Transport; and Wellbeing.

health (68%) and physical health (62%) were the second and third most common barriers. At the intermediate assessment, around half of these clients had reported an improvement. The barrier seeing the greatest level of improvement was management of a health, which was reported to have improved by 88% of the clients who initially viewed it as severe.

Job starts

7.7 In total, 610 job starts were achieved on the Working Well: Pilot Programme. This is equivalent to 13% of attachments. This is below the 20% target but similar to the percentage achieved on Working Well: Expansion programme for ESA clients, which is currently 11%. Bolton was the only area to have achieved the 20% target for job starts. Overall, 1,457 clients (31% of those who attached) left the programme early without starting a job. 19% of remaining clients[38] achieved a job start, which is closer to the 20% target.

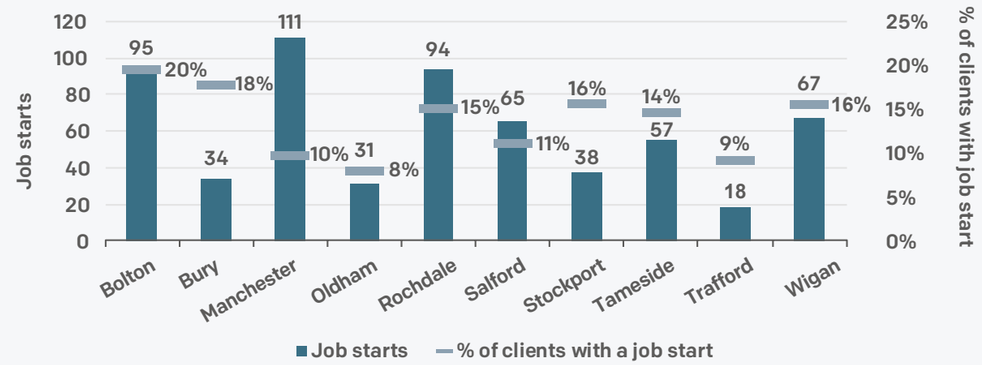
Table 7-2: Proportion of clients ranking barriers to work as severe, and the proportion of these clients reporting a change in the barrier[36]

Issues	% ranking severe	Improved	No change	Worsened	n=[37]
Confidence in starting work	73%	35%	52%	12%	2,645
Mental Health	68%	52%	36%	12%	2,513
Physical Health	62%	48%	41%	12%	2,293
Management of health	51%	88%	8%	4%	1,865
Access to public transport	31%	61%	32%	7%	1,124
Local labour market	30%	75%	23%	1%	1,120
Housing	27%	54%	42%	3%	1,005
Bereavement	27%	71%	23%	5%	1,004
Access to private transport	25%	61%	34%	5%	884
Lack of work experience	19%	69%	24%	6%	727
Debt/finances	18%	80%	14%	6%	623
Substance misuse	17%	63%	34%	3%	600
Lack of qualifications	16%	67%	27%	6%	598
Conviction	14%	66%	32%	2%	511
Chaotic family lifestyle	13%	74%	19%	8%	425
Family support	12%	84%	12%	4%	404
Divorce/relationship break-up	11%	78%	17%	5%	426
Age	11%	74%	24%	2%	364
Care responsibilities for children	10%	66%	26%	8%	328
Care responsibilities for other family	6%	69%	23%	8%	207

Source: SQW analysis.

[36] A barrier is classed as severe where the client has ranked it as 4-6 out of 0-6 (or for confidence in starting work, 0-2 out of 0-6). The improvement/worsening considers the change that has occurred between the initial assessment and the intermediate assessment.
[37] Number of clients that initially ranked the barrier as severe that have also provided a second score at an intermediate assessment.
[38] Remaining clients includes those who started a job but also left the programme early.

Figure 7-1: Number of clients with job starts achieved and proportion of clients with job starts by local authority



Source: SQW analysis.

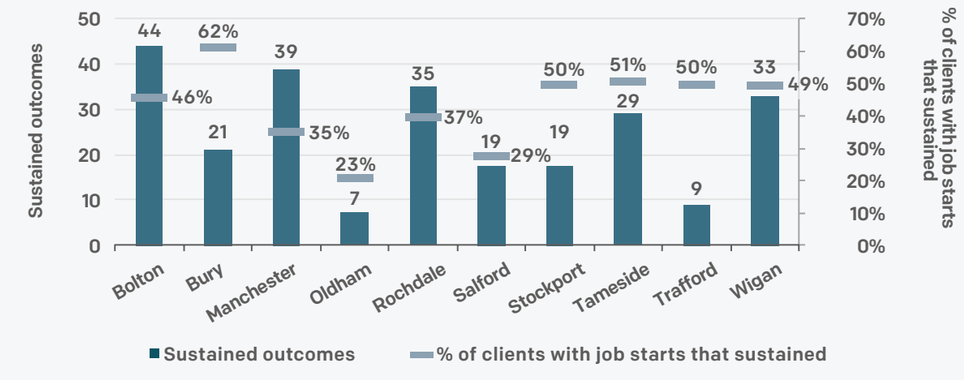
Job returns

7.8 Of the 610 job starts, 313 (51%) were recorded as still in their first job by the end of their time on the programme. The remaining 297 (49%) clients had left their first job, with 11 recorded as subsequently starting a second job; note that the actual figure is likely larger due to difficulties keeping in touch with a client once they start a job.

Sustained employment

7.9 Out of the 610 clients with job starts, 255 (42%) were recorded as sustaining employment for more than 50 weeks. Again, the actual figure will be higher as difficulties in maintaining contact with clients and evidencing the outcome means sustained outcomes are underreported. Bury achieved the highest proportion of sustained jobs, at 62% of job starts (Figure 7-2).

Figure 7-2: Number and proportion of clients that have achieved a sustained outcome out of those that could have by local authority



Source: SQW analysis.

8. Working Well: Expansion Programme

INTRODUCTION

8.1 As set out in the introduction to this report, the Working Well: Expansion Programme began in April 2016. It is expected to finish in early 2021 but the number of clients on the programme is now in the hundreds, so it is already winding down.

8.2 This chapter offers a brief summary of the number of clients supported and the outcomes achieved for these clients. It also includes sections on job leavers and sustainers, which explore which clients are more likely to leave or sustain employment using econometric analyses. Lastly, this chapter considers the challenges associated with the programme winding down.

NUMBERS SUPPORTED

Numbers on Working Well: Expansion Programme

8.3 In total, 19,674 referrals were made to the Working Well: Expansion Programme, with the last referral taking place in February 2018. Of these, 12,479 attached to the programme.[39] Manchester accounts for the largest proportion of attachments followed by Bolton, as is the case for the Working Well: Work and Health Programme.

[39] Excluding clients that did not consent to share data (488), there were 11,991 clients attached. Much of the analysis in this section only considers the 11,991 clients for which data is available.

Table 8-1: Number and proportion of clients receiving support by area and support provider [41]

Area of support	Provider		Partner		Total		% of those with need receiving support
	Count	%	Count	%	Count	%	
Skills & qualifications	1,820	15%	1,797	15%	2,831	24%	65%
Employment	3,350	28%	1,189	10%	3,531	29%	74%
Health	978	8%	1,376	11%	2,027	17%	70%

Source: SQW analysis.

Support delivered

8.4 Table 8-1 shows the number and proportion of clients that are reported to have received support, based on area of support, who provided that support and whether the client was reported as requiring support.[40] The data shows where need was reported, a majority of clients received corresponding support. It also shows that employment support was mostly provided in-house, whereas health support was more likely to be delivered externally. The low level of employment support likely reflects underreporting of this support.

8.5 A key difference between the Working Well: Pilot Programme and Working Well: Expansion Programme was the ease of access to Skills for Employment, which provided skills support and work-related opportunities, and the Talking Therapies Service, which offered mental health support. Greater consideration is given to the impact of these specially commissioned services in the integration chapter.

- Skills for Employment supported 1,490 clients, accounting for the vast majority of partner skills support to clients.
- Talking Therapies stopped in late 2018. According to Talking Therapies Service monitoring data, the service provided support to 1,522 Working Well: Expansion Programme clients as well as to 50 Working Well: Pilot Programme clients. The support included low intensity Cognitive Behavioural Therapy (CBT) for 1,441 clients, high intensity CBT for 609 clients, Interpersonal psychotherapy (IPT) for 10 clients and Couple Therapy for Depression for 1 client.

Client outcomes

8.6 The following table considers the improvement reported by clients across various barriers to employment. The first column shows the proportion of clients that ranked the barrier as severe at their initial assessment. The next three columns show, for the clients that also provided a follow-up score at their most recent intermediate assessment, the proportion that reported an improvement, no change or worsening of the barrier.

8.7 The barriers where the highest proportion of clients reported an improvement are family support, domestic violence and the local labour market (i.e. the availability of jobs locally). Physical health saw the lowest proportion reporting an improvement, likely reflecting the difficulty in resolving physical conditions; nonetheless, over 1,200 clients reported an improvement.

[40] Note, it is expected that, similar to the support data for the Working Well: Work and Health Programme. this is likely to underestimate the level of support delivered by the programme due to some instance being recorded as addressing one issue when in fact several have bene addressed by one intervention. The data does not allow analysis of the number of instances or intensity of support within the various areas.

[41] Clients may have received support from both the provider and a partner organisation, hence the totals not reflecting the total of the provider and partner columns.

Table 8-2: Proportion of clients ranking barriers to work as severe, and the proportion of these clients reporting a change in the barrier[42]

Barrier to work	% ranking severe	Improved	No change	Worsened	n=[43]
Confidence in starting work	29%	70%	19%	11%	2,609
General confidence and self-esteem	27%	77%	17%	7%	2,394
Lack of work experience	26%	81%	15%	4%	2,357
Access to private transport to travel to work	25%	75%	20%	5%	2,259
Lack of qualifications/skills	23%	85%	11%	4%	2,008
Mental health	20%	76%	17%	7%	1,745
Physical health	20%	67%	22%	11%	1,791
Local labour market	16%	89%	9%	2%	1,455
Care responsibilities for children	16%	71%	24%	6%	1,343
Management of health	16%	72%	17%	11%	1,278
Age	14%	78%	14%	8%	1,354
Housing issues	10%	86%	11%	4%	827
Debt/finances	10%	87%	10%	3%	836
Bereavement	10%	85%	10%	5%	859
Access to public transport to travel to work	9%	85%	11%	4%	892
Chaotic family lifestyle	9%	83%	11%	5%	712
Family support	7%	90%	7%	4%	577
Divorce/relationship break-up	5%	86%	11%	2%	439
Care responsibilities for other family members or non-family clients	4%	87%	9%	4%	340
Convictions	4%	76%	17%	6%	324
Substance misuse	3%	76%	17%	7%	278
Unspent convictions	3%	76%	18%	6%	261
Domestic violence	3%	89%	9%	2%	267
Other	3%	90%	7%	3%	241

Source: SQW analysis.

8.8 In addition to these improvements, the monitoring data captures the extent to which the programme has supported clients to gain qualifications or develop skills:

- 1,240 clients (10% of attachments) achieved a new qualification through the programme. Of these, 60% were in basic skills, 26% were at Level 2 or below and 14% were at Level 3 or above.
- 718 clients (6% of attachments) are recorded as developing their skills through the programme. IT skills were most common (199), followed by literacy (192) and numeracy (161).
- 409 clients were supported to develop skills or receive qualifications that are sector- or vocation-specific. Common examples include: Security Industry Authority licenses (56); construction, including CSCS cards (55), customer service (37), health and social care qualifications (36) and food hygiene (35).

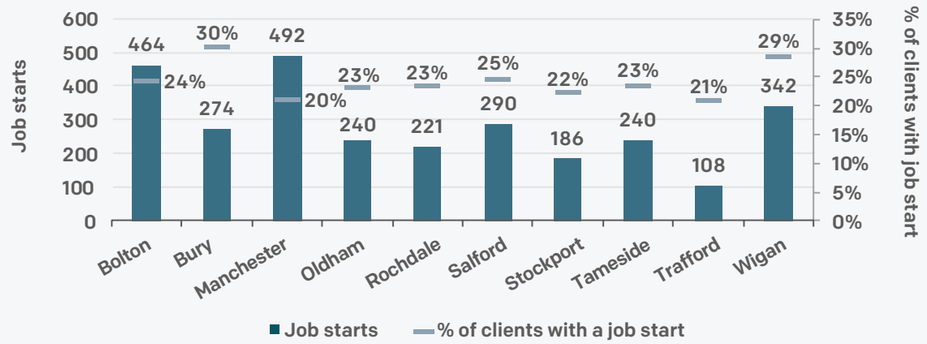
Client I's story

Client I, a 23-year old woman, joined the programme with no qualifications or prior work experience. She suffered from mental health issues, financial issues and was couch surfing. Due to Client I's mental health issues, she did not attend all of her regular appointments but the programme kept in contact. Client I eventually accessed a wide range of support: Talking Therapies for mental health support; the Financial Inclusion Officer for help with rent arrears and to create a payment plan to reduce and eventually clear her debt; Skills for Employment placed Client I on a customer service course to improve her skills and confidence; and the National Careers Service helped Client I create a CV and educated her on how to update it going forwards. Her Key Worker also helped Client I to secure accommodation. When she found employment, Client I received help to obtain ID for the role and financial support to purchase work clothes and a public transport pass. Client I fell out of her first role, but in-work support calls picked this up and she was supported into a second job at Amazon which she has remained in for a year.

Client J's story

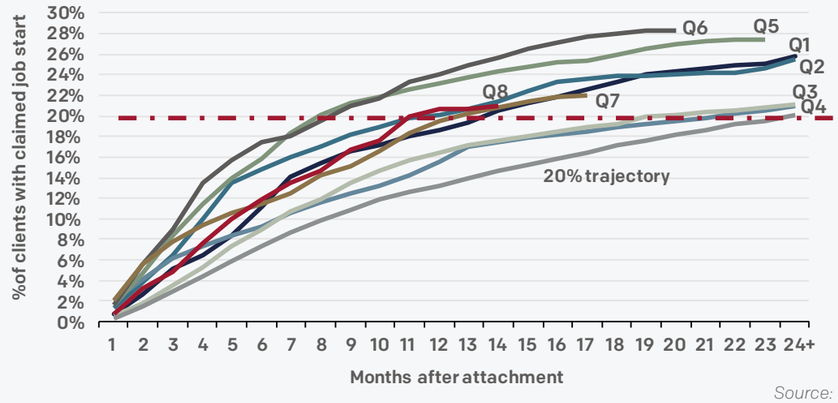
Client J had been unemployed for seven years but had recently been in work for a short period of time. This had resulted in him accumulating debt because he was unaware he had to pay his housing costs and council tax out of his wage and he subsequently fell out of work. Client J's life was deemed chaotic and he had recently taken care of his nephew, which required visits and meetings with social services, the police and his nephew's school. Client J's Key Worker supported him with the family issues he was facing and referred him to the internal Financial Inclusion Officer who worked closely with Client J to set up a payment plan to get his debts under control and managed to get some of his debts written off. Through Skills for Employment he completed an 8-week Construction Skills Certification Scheme (CSCS) training and forklift truck counterbalance course. As things settled down in his family life, Client J felt started to feel more confident and started looking for work. Client J received financial support for interview clothes and travel to interviews and help with obtaining a birth certificate. Client J managed to secure part-time weekend security work, which suited his family life.

Figure 8-1: Number of job starts and proportion of clients with job starts by local authority



Source: SQW analysis.

Figure 8-2: Proportion of attachments with a valid job start by months since attachment, by quarter of attachment



Source: SQW analysis.

EMPLOYMENT OUTCOMES

Job starts

8.9 Almost one quarter of clients (24%, 2,952) have started a job through the programme against a target of 20%.[44] All areas have reached this target, with Bury and Wigan achieving the highest proportion of attachments into job starts at 30% and 29% respectively.

8.10 Figure 8-2 shows how the programme has performed at getting clients into jobs over time, broken down by quarter of attachment. Clients attached in Q1 to Q4 were all attached 24 months ago, and all four quarters achieved over 20% into jobs. Performance has been particularly strong for Q5 and Q6, reaching 20% after just eight and nine months, with Q6 hitting 28% into jobs after 17 months. Previous analysis found that compared to other quarters, clients attached in Q5 and Q6 had less complex needs and a lower prevalence of characteristics associated with a low likelihood of starting work, which may explain this improved performance.

Job starts by client characteristics and barriers

8.11 Last year's Working Well Annual Report included econometric analysis of the factors that are statistically related to the likelihood that a client starts a job. It found that, once all other factors had been controlled for, clients with the following characteristics and barriers to work were less likely to start work: female clients; older clients; clients that lacked work experience; clients without qualifications; clients of minority ethnicities; ESA clients; clients with fewer presenting issues; and clients ranking access to public transport, convictions, mental health, physical health and substance misuse as severe barriers to work .

8.12 This analysis has not been repeated for this year's report, as the results were not expected to change significantly after conducting the analysis for both the 2017 and 2018 reports. Instead, econometric analysis this year has focused on job leavers and sustainers, informing the two following sections.

[44] Similar to the Working Well: Work and Health Programme, this programme faced difficulties with evidencing job starts so the number actually achieved will be higher than the data reflects. Part of the challenge in evidencing was due to job starts being evidenced after 28 days in work, by which point it may be difficult to contact clients.

LEAVING OR SUSTAINING EMPLOYMENT

8.13 This section considers why clients are more likely to leave or sustain the jobs achieved through the programme. To inform this section, two econometric models have been developed. One explores which types of clients are likely to have left their first job. The other explores which type of clients are likely to have achieved sustained employment through the programme.[45] This type of analysis enables the testing of client characteristics and barriers to work with all other characteristics and barriers to work held constant, to achieve a clearer picture of the significance of each characteristic and barrier to work. For further detail on the statistical/ econometric analyses and the results, please refer to Annex B.

8.14 A key restriction in this analysis was that the data on the types of job achieved through the programme did not enable the testing of the significance of 'job quality' nor wages. Consultations did nonetheless identify what factors relating to jobs are important to clients leaving or sustaining employment, which are briefly considered before the econometric analysis.

8.15 Most important is whether the job is the 'right job' for the client. Dialogue and rapport enable Key Workers to understand their client's job goals, motivations, values, abilities, needs and restrictions to determine appropriate jobs. Often Key Workers have to challenge unrealistic job goals. Key Workers also emphasised that finding the right job often required patience – waiting for the right opportunity rather than rushing into the wrong job.

> *"For me, it's a simple test: can they do it and will they enjoy it?"*

8.16 Preparing clients for the transition into work is also key, as during this period clients are particularly likely to fall out of work. To support the transition clients receive, amongst other things: financial and budgeting advice, advice on what will be expected of them in work and how to behave, and strategies for managing any conditions they have.

8.17 Finally, the in-work support offer helps clients to remain in work. The in-work support offer on this programme is very similar to the offer described in the Working Well: Work and Health Programme section, except that it lasts for one year rather than six months. Regarding the effectiveness of the in-work support, Key Workers viewed it positively but there were some issues identified:

[45] A client is classed as sustaining employment when they have been in work for 50 out of 58 weeks.

- When the in-work support transitions from being delivered by the Key Worker to being delivered by a centralised in-work support team, clients are often unaware who is calling them and are therefore unreceptive. Ensuring a proper handover was viewed as reducing the likelihood of this happening.
- Clients associate the programme with being unemployed so are often not inclined to continue engaging once they have found a job. It was suggested that ensuring the entire support offer, including in-work support, is set out at the beginning of the programme and then regularly throughout improves uptake.
- Where clients have not been contactable for a long period they may be found to have fallen out of work a while ago, by which point the client may find it more difficult to return to work and it may be past the time to get a sustained employment outcome, as per the programme's guidance.

Job leavers and subsequent jobs

8.18 A client can leave a job for a variety of reasons, some of which are positive. A client may leave a job to progress onto a better-quality job or a job closer to their ideal job. Alternatively the first job may have been a temporary job intended to act as a stepping stone into a permanent role. Other reasons for leaving jobs include:

- Clients working in temporary jobs or sectors with less secure employment.
- Jobs not meeting the client's expectation – this was flagged as an issue for the care sector, which is demanding and requires shift work. Key Workers do try to ensure expectations are realistic but commented that sometimes clients will only believe it once they have experienced it.
- Clients rushed into a job that is temporary or far from their ideal job. This was particularly an issue around Christmas when parents want to buy presents for their children.

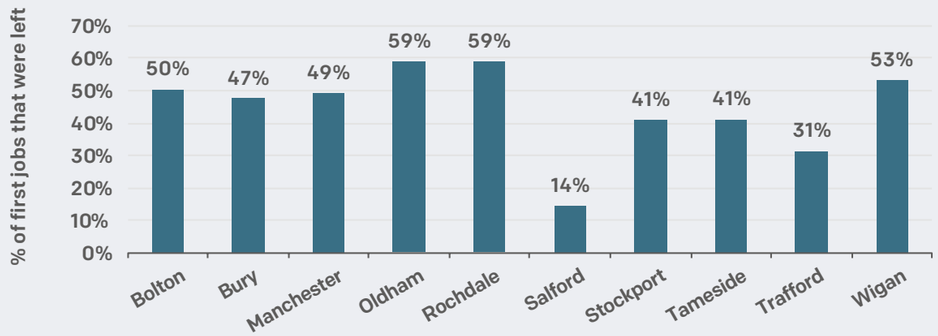
8.19 To date, 1,310 clients have left their first valid job – equivalent to 46% of all clients who have started a valid job.[46] Of these: 442 (34% of leavers) started a second job; 197 then left the second job; 80 of these started a third job; and 32 then left the third job. By local authority, Salford had a far lower proportion of clients recorded as having left their first valid job – at just 14%. Trafford is also notably low.

8.20 The econometric analysis found that when all other factors are kept constant, the following characteristics and barriers are significant to the likelihood a client leaves their first job:

- Clients in Salford and Trafford were 90% and 49% less likely to leave their first job than clients in Manchester, while other local authorities were not significantly different to Manchester.
- Women are 19% less likely to leave their first job compared to men.
- Clients with higher level literacy skills were more likely to stay in their job. Clients with higher literacy skills were 30% less likely to leave the job than those with no literacy qualifications.
- Clients attached in Q3 or Q4 were 32% and 42% less likely to leave their first job compared to the first quarter.
- Clients who viewed childcare as a barrier to work at the initial assessment are less likely to have left a job, with a one-unit increase in the 0-6 score (where 6 is a severe barrier) associated with being 8% less likely to leave a first job. This may reflect children being a key motivator.
- Clients who viewed debt as a barrier to work at the initial assessment are more likely to have left a job, with a one-unit increase in the 0-6 score associated with being 8% more likely to leave a first job.
- Clients with more severe mental health are more likely to have left their first job, while those experiencing an improvement in their mental health are less likely. Mental health was found to be highly correlated with other barriers, pointing to the significance of the relationship between mental health and other issues that may increase the likelihood a client leaves their job: convictions, substance misuse, confidence in starting work, general confidence and self-esteem and health management.

[46] Returners data should be treated with caution. Given the reported difficulties of maintaining contact with clients once they have started work, instances where clients have dropped out of work may not be captured in the data.

Figure 8-3: Proportion of clients that left their first valid job



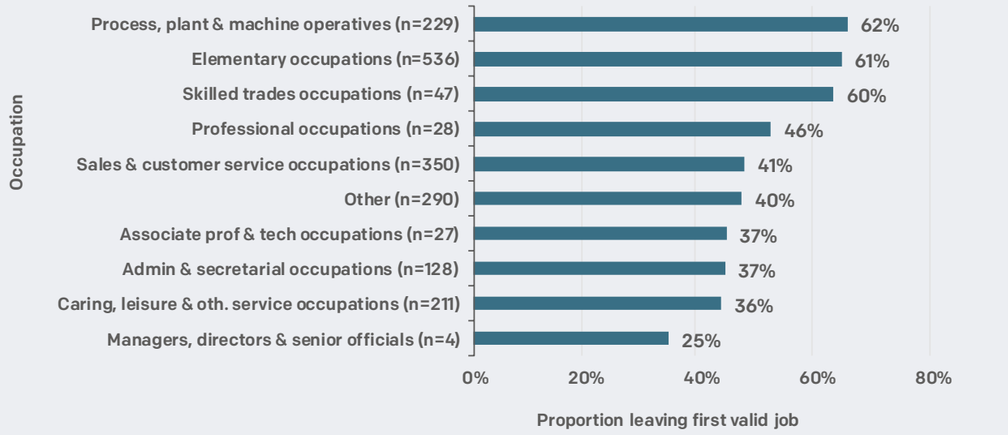
Source: SQW analysis.

- Interestingly, whether a client has worked previously was not found to be statistically significant when all other factors were kept constant.
- Unfortunately, it was not possible to test client type and provider because they were highly correlated with other factors.

8.21 The econometric analysis also considered the types of jobs, and found the following factors to be significant when all other factors were controlled for:

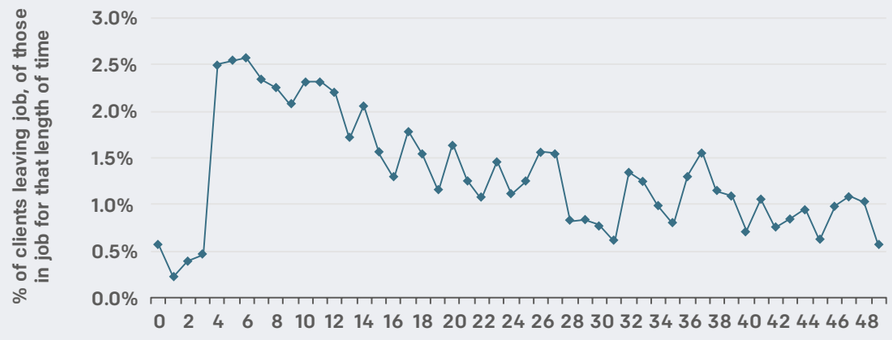
- Employees are 3.5 times more likely to leave their first job than those who are self-employed.
- Clients whose first job was above 16 hours per week are 23 times more likely to leave the job than those who's first job was for less than 16 hours a week. As a valid job start must be above 16 hours per week and in most instances clients did not start a second job that took it over this threshold, it is suspected that these clients started their jobs with fewer than 16 hours, but in time increased the number of hours to above 16 hours. Also, note that the number of clients who fell into this category is small. Given the small sample and the ambiguity in interpretation, this result should be treated with caution.
- Relative to administrative and secretarial occupations, clients in elementary occupations are 1.6 times more likely to leave their job and clients in process, plant and machine operative occupations are 1.5 times more likely. See Figure 8-4 for the proportion of first jobs left by occupation.

Figure 8-4: Proportion of clients leaving their first valid job start by occupation



Source: SQW analysis.

Figure 8-5: Proportion of clients leaving their first valid job by weeks after job start[47]



Source: SQW analysis.

- Clients who were less confident they would be in the job in 12 months are more likely to have left that job, with a one-unit increase in the 0-6 score (where 6 is most confident) associated with a 16% decrease in the likelihood of leaving the job.
- Unfortunately, data quality meant it was not possible to test the significance of wages on the likelihood of leaving the job.

8.22 Figure 8-5 shows the proportion of clients that leave their job by the number of weeks they have been in the job. It shows that clients are most likely to leave their job after 1 month and then the likelihood a client leaves the job decreases over time.

[47] Each point only considers the proportion that left out of those who were in work for that many weeks e.g. clients who have been in their job for 10 weeks are not included in the calculations for 15 weeks.

Client G's story

Client G is a 23 year-old woman who had depression and anxiety and cared for her family, with her home life causing stress. She was qualified in health and social care but had struggled to find a suitable position. After receiving assistance with her mental health, finances, home life, CV and job searching, she managed to secure a position in a care home.

However, whilst in this role her grandad passed away which resulted in Client G falling out of work. Client G was offered mental health support and help finding a new role, but she indicated she would prefer to move into retail because working with elderly people was difficult because it reminded her of her grandad. Her Key Worker supported Client G to gain relevant qualifications, tailor her CV and explore placements. However, after a couple of months the client was overcoming her bereavement and said she would be comfortable to apply for elderly care jobs. Her Key Worker supported this, taking the process slow to ensure she did not backslide.

Client G was delighted when she secured a job in an award-winning care home. To support her starting, she received financial assistance to cover her DBS check and purchase uniform. Client G reported that she is reassured to know she will have the in-work support offer for another year in her role. The programme is continuing to support Client G with her housing situation and managed to move her up the housing list. She is hopeful that moving into her own home will offer her independent and support her mental health because living with her family is stressful. Client G feels that having an income will enable to her to start living her own life and save up to travel, which she had always wanted to do.

Sustained jobs

8.23 Almost half of all clients who started a job that could have now sustained are recorded as sustaining employment (47%, 1,127) – defined as being in employment for 50 out of 58 weeks.[48] Of the 1,090 clients who sustained that consented to sharing their data,[49] the majority (80%, 874) achieved a sustained outcome from their first job. For the remainder, 143 (13%) achieved it through the first and second job (i.e. the gap in employment was less than 4 weeks), while 32 (3%) achieved it through their second job only, with smaller numbers achieving it through a third job or other combinations of jobs.

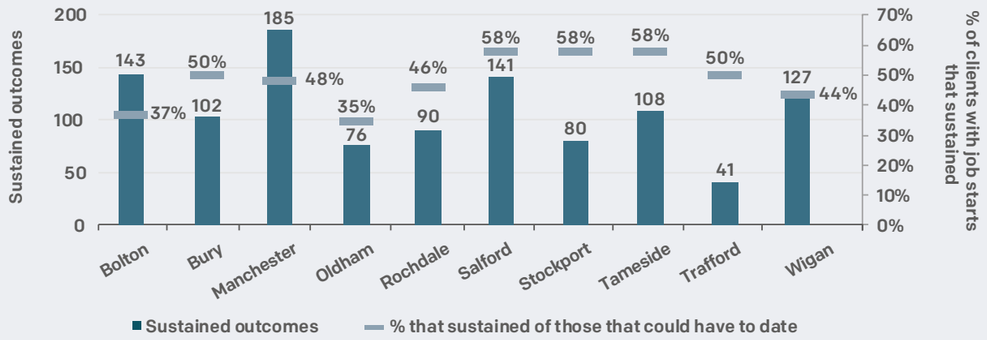
8.24 As Figure 8-6 shows, Salford, Stockport and Tameside achieved the highest level of sustained outcomes as a proportion of those that could have sustained by this point at 58%.

8.25 The econometric analysis found that when considered all other factors are held constant, the following characteristics and barriers are significant to the likelihood a client achieves sustained employment:

- Clients living in Bolton, Oldham and Wigan were found to be 0.5-0.6 times less likely to have sustained when compared to clients in Manchester. Results for the other local authorities were not significant.
- Women were 1.5 times more likely to have sustained than men.
- Clients aged 25-49 or 50+ are 2-2.1 times more likely to have sustained than those aged 18-24.
- Clients recorded as receiving qualifications support are 34% more likely to have sustained than those who did not receive this support.
- Clients who attached to the programme during Q5, Q6 and Q7 are 0.4-0.5 times less likely to have sustained compared to those who attached in Q1.
- Whether the client had been employed before, highest qualification, ethnicity, confidence and self-esteem, and health management were not found to be significant.

[48] Note that the actual figure is likely larger due to difficulties validating sustained jobs.
[49] The individual jobs are unknown for the clients that withheld consent for their data to be shared.

Figure 8-6: Number and proportion of clients that have achieved a sustained outcome out of those that could have by local authority



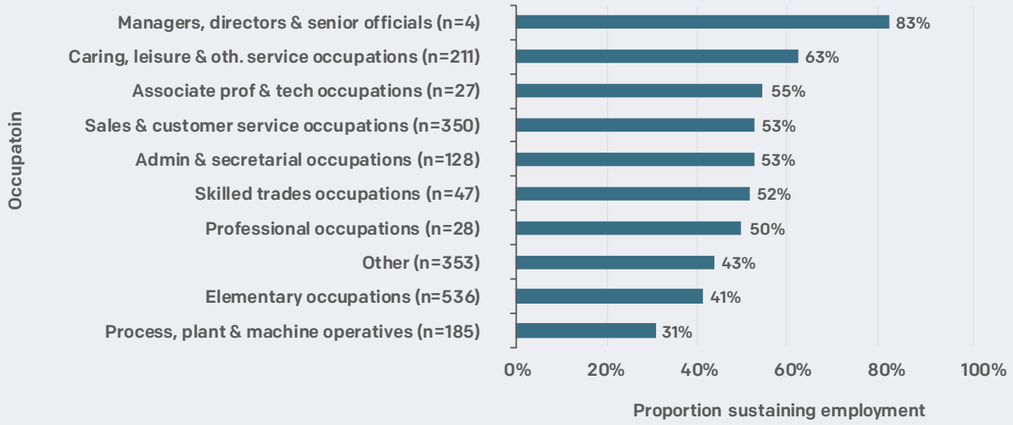
Source: SQW analysis.

- Clients who viewed childcare as a barrier to work at the initial assessment are more likely to have sustained, with a one-unit increase in the 0-6 score (where 6 is most severe) associated with being 7% more likely to sustain. Again, this may reflect children being a key motivator.
- Clients who reported their mental or physical health worsening between initial assessment and the intermediate assessment closest to their job start were less likely to sustain their job, with a one-unit increase in the 0-6 score (where 6 is the most severe) equivalent to a 12% and 9% decrease in the likelihood of sustaining. Where family support had a one-unit increase, clients were 12% less likely to sustain.
- Conversely, clients who reported domestic violence had worsened between initial assessment and the intermediate assessment closest to their job start were more likely to sustain. For a one-unit increase, clients were 27% more to sustain. This may reflect that clients are unlikely to open up about domestic violence until trust has been established with their Key Worker, so domestic violence is only picked up as an issue after the initial assessment, giving the appearance of it worsening, while escaping domestic violence is most likely a strong motivator. Progress on debt, convictions, substance misuse and access to private or public transport were found to be not significant.
- Again, it was not possible to determine the significance of provider and client type due to high correlation with other variables.

8.26 The econometric analysis also considered the types of jobs, and found the following factors to be significant when all other factors were controlled for:

- Clients whose first job was above 16 hours per week are much less likely (86%) to sustain than those whose first job was working less than 16 hours a week. Given the requirement for jobs to be for more than 16 hours to be claimed as an outcome, this suggests that this group later increase their hours, perhaps when they are more comfortable in work. The same caveat previously flagged around jobs having to be more than 16 hours a week to be valid also applies here.
- Relative to administrative and secretarial occupations, clients in professional occupations were 64% less likely to sustain. Clients in process, plant and machine operative occupations were 44% less likely and clients in 'other' occupations are 48% less likely. See Figure 8-7 for the proportion of sustains by occupation for the first valid job.
- Clients who were more confident they would be in their first valid job in 12 months are more likely to have sustained, with a one-unit increase in the 0-6 score (where 6 is most confident) associated with a 18% increase in the likelihood of sustaining.

Figure 8-7: Proportion of clients that have achieved a sustained outcome out of those that could have by occupation in first valid job start



Source: SQW analysis.

REMAINDER OF THE PROGRAMME

8.27 With fewer than 1,000 out-of-work clients remaining on the programme, and the number dropping significantly each month, the programme is starting to wind down. This is having an impact for how the programme is being delivered.

8.28 Of particular importance is the impact on caseload sizes. These are falling month-on-month, so Key Worker numbers are being managed down quarterly so caseloads are high at the start of each quarter and low at the end. As a result of fewer Key Workers, some local authorities now have just one Key Worker covering the area and increasingly Key Workers are covering multiple sites. The key challenges for the providers throughout this process are maintaining morale and planning effectively. A difficulty is that the providers are planning quarterly reductions in staff, but staff may opt to leave for another job at just four weeks-notice. To assist with this, Key Workers moving across to the Working Well: Work and Health Programme have been offered a three-month delayed start.

8.29 Reducing Key Worker numbers is significant for its impact on the client experience. Clients are increasingly changing Key Workers, sometimes on a quarterly basis. This has created challenges with continuing to engage clients. It has been reported that clients are more likely to engage where there is some familiarity with the new Key Worker. This is more likely if they were based in the same office as their previous Key Worker, however given Key Workers are now having to manage multiple areas the extent to which this is possible has reduced. Handovers have been used to an extent, but this can be challenging where the Key Workers are not based nearby or where there is limited time for that handover to occur and it is difficult to contact the client. For some clients however, a handover has been viewed as detrimental because the client does not want to engage with a new Key Worker; with clients where this is likely, a lack of handover has at times been viewed positively because it has led to their ongoing engagement after finding they had a new Key Worker at their next appointment.

8.30 The impact of switching Key Workers is mixed. In some instances, clients are less engaged and Key Workers lack the familiarity with the client to help them progress to the same extent. However, in some instances clients may gel better with their new Key Worker as the Key Worker brings a new perspective as approach, so switches to caseloads can sometimes deliver positive outcomes. Action has been taken to accommodate lower levels of engagement, with the number of DNAs that can take place before disengaging a client increased from three to six to accommodate lower engagement levels and offer more leeway to reengage clients.

8.31 Key Workers are now also responsible for providing in-work support. For clients with their existing Key Worker, this has been viewed positively as it helps in keeping them engaged with the in-work support. However, it has been detrimental to engagement where clients have switched to a new Key Worker. It is expected this could result in difficulties providing timely in-work support or responsive support when a client drops out of work. It may also impact the programme's ability to evidence sustained outcomes if the client fails to maintain contact.

8.32 A further challenge with winding down is that the support offer to clients has reduced. For example, clients can no longer access the Talking Therapies Services, the implications of which are discussed in greater detail in the integration chapter. For Ingeus, the Employer Services Team is no longer in place so the Key Worker has responsibility for sourcing job opportunities and attempting to job carve which is reportedly not possible to the same extent. Conversely, The Growth Company still have the Employer Services Team in place and, due to lower numbers, they are able to run more bespoke sessions for clients and spend more time on job carving.

9. New and Upcoming Working Well Programmes

WORKING WELL: EARLY HELP

9.1 Working Well: Early Help is the newest addition to the Working Well 'family,' and adds a prevention/ early intervention service to the developing suite of programmes.

9.2 The programme aligns investment from the Greater Manchester population health system and City Region with government innovation funding against a shared objective – prioritising employment as a key driver for health gain. This is the largest ever local NHS investment in early intervention employment support in England and represents a clear signal of 'Devo-difference.'

9.3 Working Well: Early Help went live in March 2019 and is being delivered by Maximus Healthworks. It is commissioned to support 11,000 adults in total over the next three years. It will provide an early intervention service to 8,800 people in work but at risk of losing their employment because of their health, and 2,200 people newly unemployed due to a health condition. It aims to:

- Prevent Greater Manchester residents with health conditions from leaving the labour market
- Support small and medium sized enterprises (SMEs) to retain employees and better manage health in the workplace
- Support newly unemployed people with health conditions to access an enhanced health support offer to facilitate an early return to work
- Contribute to the development of a clearer understanding of what helps people remain in work in Greater Manchester and nationally.

9.4 The programme was co-designed with partners across the ten boroughs in GM, including health professionals and GPs, local authorities, Jobcentre Plus, voluntary and community sector partners, small businesses and experts by experience. Work and health leads in the ten boroughs provide locality co-ordination and ensure that the service integrates operationally with local systems.

9.5 There is a strong focus on supporting Greater Manchester SMEs to retain staff and better manage health in the workplace by testing how best to 'fill the gap' in the provision of occupational health and wellbeing services. It will also test the integration of this service into primary care via the 'Fit Note' process to assist both patients and GPs.

9.6 The programme is taking a 'test and learn' approach and will be subject to a three-year evaluation by Sheffield Hallam University in partnership with University of Salford. Greater Manchester wants to understand whether the delivery of such a service can:

- Result in a higher proportion of people who return to work and sustain in work than would otherwise have done so without the Service
- Improve health and wellbeing for participants
- Contribute to a reduction in the number of days lost to sickness absence for those in employment
- Reduce time spent by clinicians on non-clinical work in primary care for this cohort
- Reduce health inequalities within this cohort.

9.7 By bringing doctors, employers, Jobcentre Plus advisors, individuals and support services together in partnership to take early action, Working Well: Early Help aims to make real change to how health and employment services work together for the benefit of Greater Manchester residents and businesses.

WORKING WELL: SPECIALIST EMPLOYMENT SERVICE

9.8 Greater Manchester Combined Authority (GMCA) and Greater Manchester Health and Social Care Partnership (GM HSCP) will be commissioning a new Working Well service designed to support people furthest from the labour market to find work.

9.9 The Working Well: Specialist Employment Service will comprise supported employment for people with a learning disability and autistic people (and those with a dual diagnosis) and Individual Placement and Support (IPS) for people with severe mental illness. Both supported employment and IPS are evidence-based service models that support people with complex disabilities and health needs access and sustain paid work in the open labour market – that is *real* jobs.

9.10 The service will be funded by a blend of funding from the GM Mental Health Transformation Fund via GM HSCP, the European Social Fund via GMCA's Working Well Co-Financing Organisation Agreement alongside a contribution from the ten local authorities and one Clinical Commissioning Group in Greater Manchester. It will operate GM-wide and is expected to provide specialist employment support to around 1,300-1,400 people across the city region, significantly increasing the amount of this type of support available.

9.11 Procurement will commence in early summer 2019 and it is anticipated that service delivery will start in early 2020.

10. Integration

10.1 The person-centred approach to employment support taken by the Working Well programmes recognises and reframes employment prospects as interlinked with the skills, health and wider lives of clients. The result is a focus on providing clients with support across the areas within their lives where they may have issues that prevent them from finding and sustaining employment. Since the start of Working Well a key underpinning objective has been to meet these client needs by drawing on resources available across Greater Manchester. The appointed providers were responsible for one element of this support, but it was anticipated that they would work with the wider eco-system in an integrated way to draw on other support services. Achieving high levels of integration with local services has therefore been a core focus throughout the life of the Working Well programmes. These ambitions for Working Well reflect and have demonstrated the value of Greater Manchester's strategic ambitions to deliver unified and integrated public services.

10.2 The expectation has been that good integration with local services would enable the programmes to draw on the array of support that is available locally to deliver appropriate, timely and sequenced support to address client needs. The level of investment to support integration for the Working Well: Work and Health Programme distinguishes the programme from the other Work and Health Programmes contracts – reflecting the legacy of the earlier Working Well programmes and wider strategic ambitions for Greater Manchester. The Working Well: Work and Health Programme benefits from this legacy of integration relative to the other contract areas that lack of forerunner programme that integrated employment support with the local support ecosystem.

10.3 This chapter on integration is based on the views of frontline professionals. All consultees were asked for their views on what good integration looks like and the extent to which the programme had achieved good integration. In addition, an online survey was run during April 2019 to gather the views of Key Workers, Integration Coordinators, Local Leads and JCP staff. The survey received 147 responses from:

- 31 Key Workers
- 67 JCP Work Coaches and 20 JCP Managers
- 12 Local Authority Local Leads
- 8 Integration Coordinators
- 7 senior provider staff
- 2 Greater Manchester Combined Authority staff

10.4 Given the limited pool of consultees and inconsistent views between consultees, as well as the complex and varied ecosystem within which Working Well operates, it has not been possible to confidently determine which areas are better integrated than others. However, what did emerge were common views on what works for integration and the benefits that integration delivers, reinforcing the need to achieve good integration. The remainder of this chapter elaborates on what integration looks like for Working Well, features that constitute good integration and the extent to which these are present for the programmes, and the benefits that integration brings. The extent to which each of the components of integration and features of good integration are present in each area does vary; this also varies over time, particularly as levels of commitment to integration activities change, often as a result of individuals changing.

WHAT DOES INTEGRATION LOOK LIKE FOR WORKING WELL?

10.5 Throughout the lifetime of the three Working Well programmes, the delivery models have sought to support integration through Local Leads, Integration Boards and Ask and Offer documents. The Working Well: Work and Health Programme has further developed the model through the inclusion of Integration Coordinators, who are a dedicated integration resource. This section briefly explores each of these important programme components.

Local Leads

10.6 Local Leads are staff within local authorities with an employment and skills remit, who are responsible for connecting Working Well with relevant support services and facilitating integration. Through their knowledge and links with the local support system, Local Leads broker relationships between the providers and the 'right people' in services to enable the programme to integrate the service offer into the programme for its clients. Local Leads can also escalate issues within their local authority as necessary, to a strategic or commissioner level where relevant. In essence, Local Leads can unlock doors and ensure issues are reaching the right people in a way that providers may not be in a position to do. The Local Leads were also heavily involved in the commissioning of the programmes.

Integration Boards

10.7 Local Integration Boards (or equivalents, such as Operational Steering Groups) are meetings attended by Local Leads, provider staff (Integration Coordinators for Working Well: Work and Health Programme) and local support services such as JCP, health services and housing services. One Local Lead reported that their Board consistently invites a 'core' set of services while different non-core services are invited each time. The Boards provide the opportunity to raise issues the programme is facing in addressing client needs, particularly where there are blockages. This offers the chance to draw on the collective knowledge of the attendees and deliver multi-service responses as necessary.

Ask and Offer documents and Integration Plans

10.8 Each local authority area developed an Ask and Offer document at the inception of each Working Well programme. These set out the minimum that was on offer to the provider and what the area was expecting from the provider over the course of the programme, in order to address the needs of clients. They thus offer a framework for working together and achieving integration. For the Working Well: Work and Health Programme, these have been complemented by Integration Plans in each local authority, which set out what the integration aims and integration-related actions being undertaken within each local authority. Consultees reported that these offer a starting point, accountability and structure for the relationship between the local authority and provider, but the relationship beyond these documents is what really matters.

Integration Coordinators

10.9 The Integration Coordinator role was included in the specification when commissioning the Working Well: Work and Health Programme. Each local authority area has an Integration Coordinator, who works for the provider and is responsible for partnership working and delivering integration. This integration resource distinguishes the programme from the previous Working Well programmes as well as the other Work and Health Programme contracts, and reflects the emphasis that the Greater Manchester Combined Authority and Local Leads have placed upon integration. There are four elements to the Key Worker's role:

- Working with JCP to deliver referrals, ensure the quality of referrals, and support ongoing engagement by clients.
- Working with Local Leads, particularly in the development and implementation of the Integration Plan.
- Identifying and engaging with local support services to integrate them into the programme.
- Establishing and supporting External Local Signposting Organisation (ELSO) referral routes.

10.10 The extent to which this role has enabled good integration is considered in the next section.

WHAT DOES GOOD INTEGRATION LOOK LIKE?

10.11 Through consultations and the integration survey it was possible to identify factors that programme, local authority and JCP staff are considered to be supportive of good integration.

10.12 Wherever a specific point of contact (SPOC) within providers and services had responsibility for driving integration there tended to be a far more positive view of the integration that had been achieved. As SPOCs, Local Leads and Integration Coordinators were seen as delivering significant value to the programmes, with the addition of the Integration Coordinator role representing a step change. Local Leads have other responsibilities, so the introduction of Integration Coordinators has increased the capacity and impetus for achieving integration. This has reduced the demand on Local Leads, particularly once relationships between the Integration Coordinator and support services have been brokered. Nonetheless, Local Leads remain invaluable where Integration Coordinators 'hit dead ends' – as their local knowledge may enable them to identify a solution and their local authority status can help to 'unlock doors' where the provider is struggling.

10.13 Factors that were identified as important to integration and good working relationships included clear and open lines of communication, establishing trust, and having an open and honest relationship with the ability to challenge each other. Having a SPOC in place tended to be conducive to this. Where consultees and survey respondents reported that they had to contact various clients within an organisation views on integration tended to be worse.

10.14 For Key Workers, Integration Coordinators offer a powerful resource. For an EcoSystem Meeting, which is attended by Integration Coordinators, the Integration Coordinators were able to identify the level of provision across various support areas and the various caveats and conditions to that support from memory. On the previous Working Well programmes, Key Workers were more reliant upon the knowledge spread between other Key Workers to navigate local support services in this manner to deliver appropriate and timely support. As part of their role, Integration Coordinators hold weekly meetings with Key Workers where they run through the Local Landscape Report, which summarises any relevant activities or new support in the area, and any changes within the local support system.

10.15 Integration Coordinator are well placed to identify common issues faced by programme clients because they are able to consider the entire caseload within the local authority area, whereas individual Key Workers may not spot widespread issues because they only have a couple of clients on their caseload facing that issue. The Integration Coordinator can then seek to address this common issue, either by identifying relevant support services or raising it with the Local Lead or Integration Board. As an example, the Integration Coordinator in Oldham has recently identified the postcodes of clients that are likely to struggle getting public transport into central Manchester before 8am and is now in discussions on how to resolve the issue.

"Our integration coordinator is tenacious. If we are struggling to find appropriate support for a client we will let her know and she'll search one out."

10.16 Integration Coordinators function as external-facing representatives for the programme in each local authority area. Through their presence on Local Integration Boards and attendance at events, it offers the programme visibility. Integration Coordinators reported that support services will often ring them to share information and new support that may be of interest.

10.17 There are however risks to using SPOCs. Where SPOCs change, there tends to be a reset in the relationship, requiring the relationship to be rebuilt with a new individual. For the earlier Working Well programmes, providers that were new to the area reported that that it took time to establish relationships and integrate with local services – pointing to the importance of having good systems in place to embed integration beyond personal relationships. To address this, the knowledge of Integration Coordinators has been made available to Key Workers via tools such as the Signposting Organisation Directory and the Local Landscape Report.

10.18 It was possible to identify various other things that have supported good integration:

- Feedback loops are vital. Consultees felt that clear processes to offer and receive feedback, both on an ad-hoc basis and on a regular basis, are key to refining how programme and support services can complement each other.
- Consultees tended to report good integration where there was co-location or the use of outreach locations. This facilitates the development of closer relationships, improves the ease of communication and offers the opportunity to work collaboratively.
- Information sharing was a recurring issue (see Table 10-1). While the Working Well: Work and Health Programme awaits the launch of EcoSystem Live, there are limited data sharing agreements in place for sharing client information. However, for the previous programmes data sharing agreements were widespread.
- Ask and Offer documents and Integration Plans were viewed positively by Local Leads and Integration Coordinators as offering a structured framework for collaborating and setting out their ambitions. Having minimum expectations written down formally provides a mutual understanding and can be used to hold each side to account.

Table 10-1: Average integration scores[50]

Integration indicator	Average score out of 5
Clear and established process to refer / receive Working Well clients	4.2
Working Well clients received and supported in a timely manner	4.1
Customer has a seamless journey (e.g. does not have to repeat story multiple times)	3.8
Information sharing (timely, appropriate and comprehensive information sharing with service)	3.7
Systems and processes for working with service (they are well-established rather than ad-hoc and work well)	4.0
Shared understanding and aims with service	4.1
Clearly defined and understood roles within service	4.1
Support is appropriately sequenced	4.2
Working Well clients receive appropriate, high quality support	4.3

Source: SQW integration survey.

- Sharing across local authority areas has been beneficial. EcoSystem Meetings offer the opportunity for Integration Coordinators to meet up and share best practice for resolving common issues and identifying services that offer GM-wide or cross-area support. Similarly, Local Delivery Meetings offer the opportunity for Local Leads to meet each other and the providers to share experiences.
- Meeting with the 'right' person in support services is important. It needs to be someone with sufficient authority to achieve better integration of that service with the programme. Local Leads are well placed to broker meetings with the 'right' people.
- Exposure to and awareness of services helps to integrate the service into the offer. Where Key Workers have received presentations from clients from external support services in their team meetings, this improved awareness increases the extent to which that support offer is integration within the programme's offer. Over time, Key Workers may need a refresher on particular support services to avoid it being forgotten.

10.19 The integration survey asked respondents to consider the extent to which many of the features of good integration were present for the Working Well programmes. Table 10-1 sets out the nine indicators that respondents were asked to score the programme on and the average score that each indicator received across various support areas. The following section on the value integration adds contains reflections on the scores given where relevant.

WHAT VALUE DOES INTEGRATION ADD?

10.20 Higher levels of integration enable the Key Worker to better navigate the local support offer, providing the client with appropriate, timely and well-sequenced support. Integration Coordinators and Local Leads support this through the relatively comprehensive overview of the local support offer they possess. In the integration survey, 'clients receive appropriate, high quality support' was the highest scoring integration indicator with an average score of 4.3, closely followed by 'support is appropriately sequenced' at 4.2. This suggests the Working Well programmes have been able to deliver appropriate, timely and well-sequenced support due to the integration that has been achieved.

[50] The scores are an average of the scores given by Key Workers, Integration Coordinators, Local Leads and other programme staff across JCP, physical health (external), mental health (external), housing, skills and employment, and finance and debt. Note that the sample size for non-JCP staff was 60 but not all respondents answered all questions.

Responsiveness to changing support offer

10.21 This enables the programme to more easily respond to changes or gaps in the local support offer, which can occur in the ever-changing support landscape. Changes or gaps in the support offer that prevent appropriate and timely support can occur for a variety of reasons:

- Due to restrictive criteria to access the support
- Due to services having being oversubscribed, resulting in a waiting list
- Due to service funding being lost or reduced in in-house council teams, commissioned services and VCSEs
- Due to the time in the year (e.g. in some areas during spring ESOL provision was unavailable until the new academic term in September)
- Due to loss of employees, particularly where the support was provided internally.

10.22 Where services are no longer available, Integration Coordinators and Local Leads can draw on their comprehensive knowledge and wide support network to try to remedy the gap. This may entail identifying alternative support, speaking with commissioners or delivering that support on the programme in-house.

Complex case reviews

10.23 A key feature of all three Working Well programmes are complex case reviews. These entail discussing clients with complex barriers that have been difficult to address, usually because they require a multi-service response. These offer the chance for services to work collaboratively to deliver results for clients.

In-house versus external support

10.24 Across all Working Well programmes, some of the support has been delivered in-house or by specially commissioned services – such as Talking Therapies and Skills for Employment – while other support is delivered externally. Generally, in-house and specially commissioned support was considered to be well integrated and offering a multitude of benefits: it better supports three-way appointments with the Key Worker and relevant support professional; it allows for a quicker and smoother referral process; it more readily permits co-location, which makes the customer journey easier; and it supports familiarity, feeling part of the same team and stronger relationships. However, commissioning additional support can be costly and may produce duplication. Having an overview of the local support landscape and the gaps that exist therefore helps the programmes to avoid unnecessarily commissioning expensive support.

10.25 It has been possible to identify some challenges that arise when commissioning support provision specifically for the Working Well programmes. Firstly, a Local Lead suggested that it means the gaps and lack of capacity within the local support ecosystem can be overlooked rather than addressed. Secondly, it produces challenges where the support stops being funded. A common problem faced by the Working Well: Expansion Programme Key Workers was that the Talking Therapies and in-house financial adviser, whom they were reliant on, were no longer funded, which led to them struggling to identify suitable support. This issue has been compounded by the programme winding down, as the remaining Key Workers have few if any colleagues with knowledge of alternative support to draw on. Key Workers had sought to ensure clients received Talking Therapies support prior to it finishing, but where clients did not open up about their mental health challenges it was too late for them and alternative provision is more difficult to access.

> *"No clarity or process with customer support for self-employment or financial advice since losing our internal provision. Difficult to access progress with any referral. Customers seem to be frustrated by this."*

Benefits of co-location and outreach locations

10.26 For clients, co-location and outreach locations remove the need for the client to travel and it offers familiarity, which benefits clients who may struggle travelling to and attending new locations. For Key Workers, co-location provides opportunities for working collaboratively with services such as catching up on a client's progress or offering three-way appointments to the client. However, one Key Worker based in a JCP did report that being co-located meant they felt they received less support from the in-house provider offer so it needs to be recognised that there may be a trade-off.

Impact of data sharing

10.27 Where data sharing agreements are in place clients have a far smoother journey as it reduces the need for them to repeat their story to various services. It also enables the Key Worker to complement the support from the external services and receive updates about client engagement and progress. Without data sharing agreements, Key Workers can only receive feedback from their clients, which may not provide an accurate or full reflection of what is happening. Data sharing agreements are therefore seen as vital to enabling the Key Worker to support the client's journey. Data sharing also delivers efficiencies through removing the need for duplication.

> *"Although good processes are in place, there needs to be more work carried out to ensure that the customer's journey is seamless. There has been a number of occasions that I am aware of where a customer has had to repeat their story to different services."*

10.28 Information sharing scored lowest of the nine indicators of integration in the survey, with an average score of 3.7. The second lowest score was 3.8 for the customer having a seamless journey. It is expected that EcoSystem Live going live will significantly improve the level of information sharing between the Working Well: Work and Health Programme and a wide range of services. In the meantime, clients must make self-referrals with the support of the Key Worker.

Impact of ELSOs

10.29 Integration with ELSOs has helped the Working Well: Work and Health Programme to reach clients that would otherwise not have heard about the programme. An Integration Coordinator found that one client referred via an ELSO had heard about the programme via three different support organisations.

Impact beyond the programme

10.30 One Local Lead reported that Local Integration Boards had delivered benefits beyond the Working Well programmes. The approach had evolved into broader discussions around employment and skills that involved services that would not previously have been involved, such as public health and housing. This was benefitting the public service reform agenda in the locality and was expected to impact on the way skills and employment was considered in future commissioning of public health programmes.

Example of the impact on clients

Client B's story

Client B had been unemployed for 16 years with poor mental health and learning difficulties. He had been hoarding possessions for years and as a result could not access the rooms in his flat and was sleeping on a blow-up bed in the hallway. As Client B's bond with his Key Worker grew, the Key Worker was able to encourage the client to open up about his hoarding issue. He also received mental health support through workshops and three-way appointments with a mental health practitioner and Key Worker which helped. His Key Worker liaised with the Well Spring about Client B's hoarding and they advised him to speak with The Prevention Alliance (TPA) in Stockport. TPA assessed the client and coordinated with a team of volunteers at Age UK to clear Client B's flat. Client B secured a job with City Facilities Management through the programme. To prepare for his interview he had a mock interview with Ingeus staff and his Key Worker also took him to Primark to help buy interview clothes. This is an example of how different support services coordinated to address a client's uncommon barrier into work with support from local volunteers.

"A good example of the integration process working excellently was when we received a call from JCP during the referral process with the customer present to explain how we would adjust the way in which we communicated with the customer. Due to the customer having a damaged vocal chord in his words was often left upset when people asked him if he had a sore throat during initial interactions. This guidance was provided to all staff throughout his IA and EEC meetings all the way through to his new employer adjusting the interview process to allow more time than usual."

HOW IS THE PROGRAMME INTEGRATED WITH KEY SUPPORT SERVICES?

10.31 Table 10-2 presents the results of the integration survey, showing the average integration score given for each support area across the nine indicators of integration set out in Table 10-1. The remainder of this chapter builds upon this to explores how well integrated the Working Well programmes are with key support services, based on consultations and qualitative feedback within the survey.

Jobcentre Plus

10.32 Integration with JCP has been vital to the success of the Working Well programmes. JCP is the 'gatekeeper' for referrals and the service that are best equipped to prompt clients to continue engaging with the programmes.

10.33 Where Key Workers and JCP staff reported that there is good integration with JCP it was viewed as offering a powerful partnership to progress clients. However, feelings on the extent to which this was the case were mixed, with notable inconsistencies between areas and room for improvement across all areas. In the integration survey, non-JCP staff gave an average score of 4.0 for integration with JCP while JCP staff gave an average score of 3.5. The highest scoring indicator by JCP staff was 3.7 for shared understanding and aims with service.

Table 10-2: Average integration score by support area[51]

Support area	Average integration score out of 5
JCP	4.0
Physical health (external only)	4.0
Mental health (external only)	4.1
Housing	3.7
Skills and employment support	4.3
Finance and debt	4.1
Other external support	3.9
In-work support	4.1
Exit process (between provider and JCP)	4.2

Source: SQW integration survey.

"Weekly updates from Key Workers to WHP SPOC supports timely feedback to Work Coaches, both positive feedback and capturing customers not engaging or not attending so conversations can happen with customers sooner rather than later. This means less miscommunication between the Key Worker, customer and Work Coach. This is in addition to Key Workers speaking directly to Work Coaches, but as both have busy diaries not always possible. Group case conferences arranged with Key workers and Work Coaches are also important."

10.34 Where JCP staff reported a well-integrated relationship, it tended to be because they had an internal SPOC (usually a Disability Employment Adviser) and a SPOC within the provider. Views on integration also tended to be more positive where an area is covered by just one JCP site rather than multiple sites. Having Key Workers based within JCP was also viewed as beneficial. Taken together, these factors limit the complexity of communication between the two services and enables ad-hoc and regular feedback regarding the progress of clients and any issues that have arisen. Three-way appointments and case conferences offer effective methods for JCP to complement the Working Well programmes. Opportunities to visit provider sites were well received, as it increased JCP staff's understanding of how the Working Well programmes support clients and allowed them to 'put faces to names.

10.35 The Working Well: Work and Health Programme. has been particularly focused on JCPs to date, in order to increase the number and quality of referrals, conversion rates and support with client engagement. Positively, it was reported that the programme has achieved good relationships with JCP at senior management level. Also, 'on the ground' Integration Coordinators have been spending 2-3 days a week in JCPs in order to contribute to integration. More recently, the focus has been on working better with local managers to better equip them with the knowledge and tools to support the requirements of the programme.

[51] The score is an average of the scores given across nine indicators of good integration, which were scored 1-5, by Key Workers, Integration Coordinators, Local Leads and other provider staff.

10.36 Where JCP staff and Key Workers were less positive about integration it tended to be because they were unsure who to contact and because information sharing and feedback was limited and required chasing. In the Integration Survey, JCP staff gave an average score of 3.2 out of 5 to information sharing, the lowest across all indicators of integration. Related to this, a regular complaint amongst JCP staff regarding client's Key Workers changing, which is particularly relevant to the Working Well: Expansion Programme as it winds down.

Mental Health

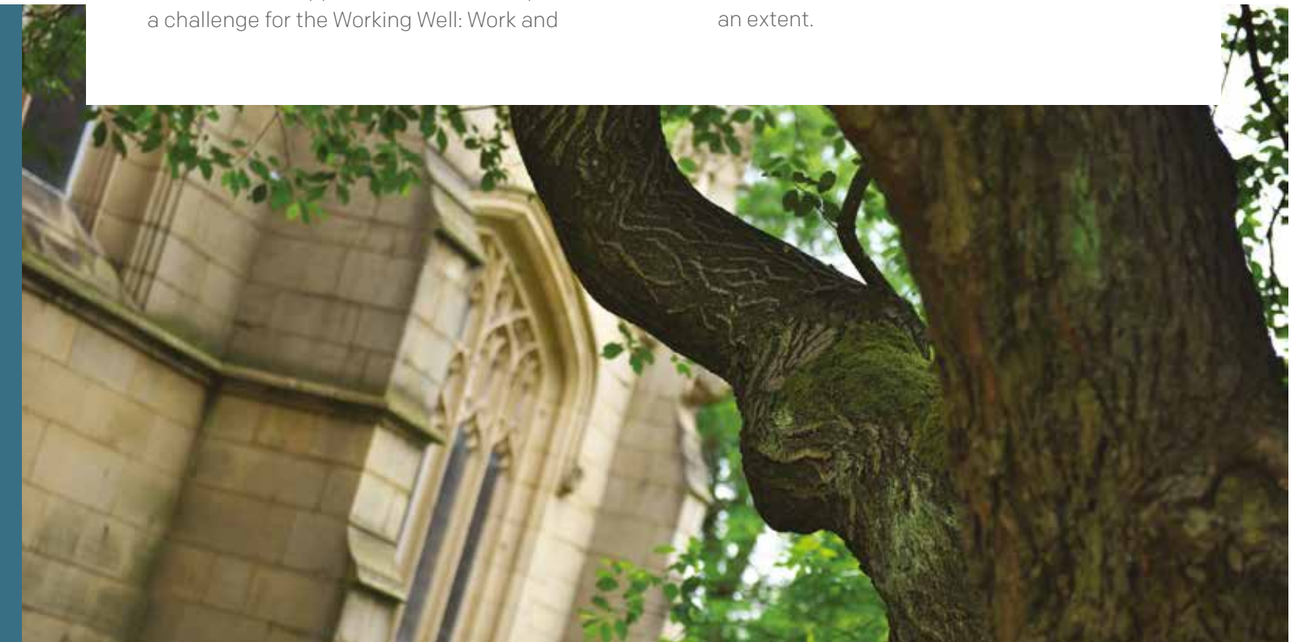
10.37 Mental health support received an average score of 4.1 in the integration survey, which was joint second highest.

10.38 Across the three Working Well programmes, much of the mental health support has been delivered in-house or via specially commissioned support (i.e. Talking Therapies Services). Where this was the case, views on integration have been almost unanimously positive. Having such support available has generally meant far shorter waiting times for clients than when the support is unavailable. It also enables Key Workers to be closely involved in the client's support, including through three-way appointments.

10.39 However, the extent to which the support is available to clients does vary by area, with some areas and outreach locations less able to access the support. This has recently been a challenge for the Working Well: Work and Health Programme as capacity is stretched and practitioners cover multiple sites, but this ought to be remedied by the proposed growth of the Health Team. It should also be reiterated that in-house and specially commissioned support produces challenges as flagged above when considering in-house versus external support.

10.40 For external support, consultees frequently commented that clients face waiting lists of up to months to access support, particularly for more intensive levels of support. The challenge of long waiting times is difficult to circumnavigate where alternative support is unavailable. This makes it difficult for Key Workers to provide timely and appropriately sequenced support, and means the support is even more reactive than preventative. However, the online support and in-house offer can help bridge this gap to an extent. For less intensive and wellbeing-related support, Key Workers tended to be very positive about the offer from community based mental health support where it was available and the extent to which they had been integrated. These types of services commonly attend team meetings and Integration Boards.

10.41 Lack of data sharing agreements were considered a significant challenge for mental health support. Without having them in place, Key Workers were struggling to gain insights into their client's journeys and complement the support they receive. Again, the launch of EcoSystem Live is expect to overcome this to an extent.



Physical Health

10.42 Physical health support received an average score of 4.0 in the integration survey.

10.43 Views on physical health support generally reflected the views on mental health, albeit long waiting times for external support were less of an issue. Key Workers reported using a wide array of community-based and voluntary organisations to support clients with health conditions and to improve their lifestyles, all of which tended to be well integrated with the Working Well programmes. Where the programme has been able to link in with social prescription programmes, Key Workers felt the Working Well programmes benefitted from a better integrated support landscape.

10.44 Again, a lack of data sharing agreements was regularly cited as a challenge – particularly for working with GPs.

Employment and Skills

10.45 Consultees felt that integration with employment and skills services were usually good. This is reflected in the average score of 4.3 in the integration survey.

10.46 The support landscape consists of a wide variety of organisations, from national organisations such as the National Careers Service to FE colleges, community-based organisations and private providers. This rich array of services that the Working Well programmes are linked in with enable Key Workers to easily source appropriate support their clients.

10.47 Skills for Employment was commissioned to support the Working Well: Expansion Programme and more recently the Working Well: Work and Health Programme. This is considered a valuable offer, but integration had not been achieved to the same extent as Talking Therapies had achieved, with less sharing of information on client journey and progress. Again, Key Workers faced difficulties transitioning to drawing on the wider support ecosystem when this support was temporarily unavailable due to funding ending.

Housing

10.48 The commonly held view was that difficulties with housing are widespread and challenging to address. This likely explains housing receiving the lowest average score of 3.7 in the integration survey.

10.49 However, in some areas consultees reported that the Working Well programmes had been able to work closely with local housing teams and services to escalate and resolve issues that clients were facing. Complex case reviews and Integration Boards have been particularly useful tools to address housing issues.

"One customer who received a one bedroom flat realised that it was not in a suitable state to move into. Through the Key Worker and Integration Co-ordinator, we challenged the housing organisation and explained how this will be taken to the Local Lead as a complex case. Whilst this situation is not still fully rectified, a large proportion of the work required to get the apartment up to a liveable condition has now been completed. We are separately dealing with head office to nullify the charges they have applied to unpaid housing costs during this period."

10.50 Developing a good overview of the local support landscape has enabled Key Workers to access niche services that support clients with housing issues. A key challenge in housing is that clients in temporary or supported housing face high rent and associated bills when they transition into work, which does not incentivise starting work. In Rochdale, Key Workers have been able to access The Bond Board for their clients, which financially supports clients to transition from temporary housing to private housing to overcome this issue.

10.51 Stockport offers a further example of the link-up with housing support that has been achieved. The Integration Coordinator and Local Lead negotiated for clients that engage with the Working Well: Work and Health Programme to gain 10 Community Points with Stockport Homes, which benefit their ability to bid on social housing.

Debt and finance

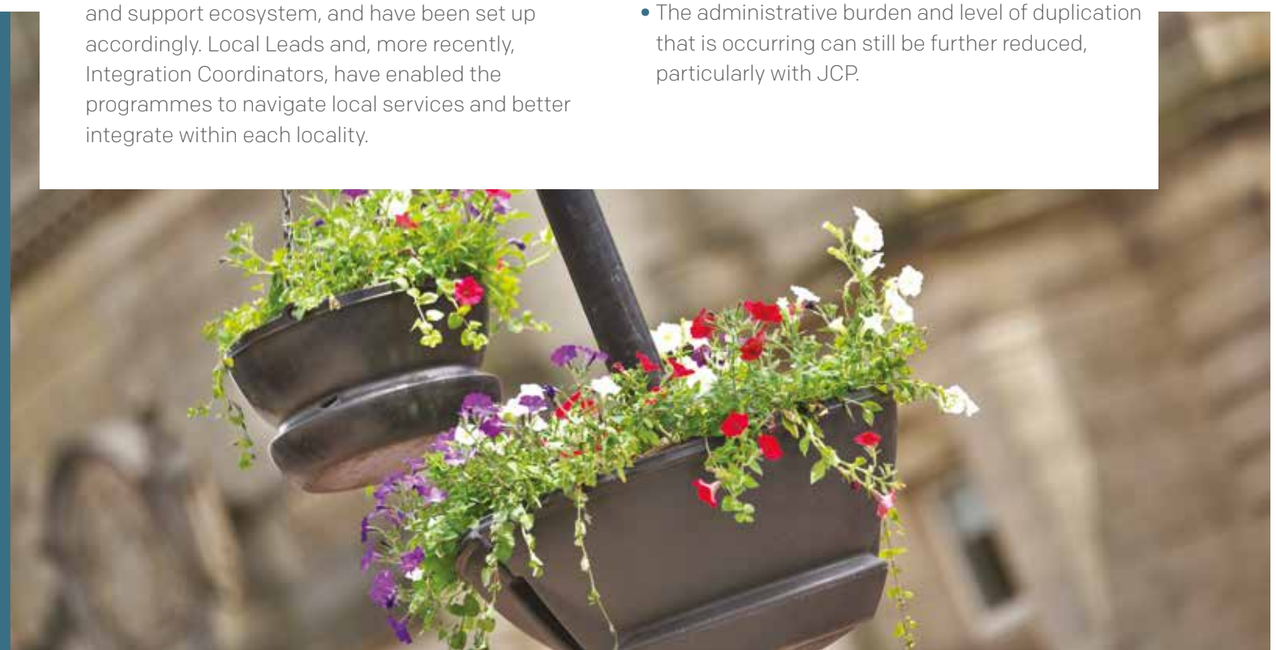
10.52 Debt and finance support received an average score of 4.1 in the integration, which was the joint second highest score.

10.53 This tends to be provided in-house by a financial officer and externally via council services or the Citizen's Advice Bureau. Some consultees reported they had faced difficulties where external support was stretched. The in-house support is valued for enabling Key Workers to be kept in the loop, whereas data sharing agreements with external services are scarce for debt and finance. Again, where the in-house support had been discontinued Key Workers have struggled to link-in with external services to the same extent.

CONCLUSION AND RECOMMENDATIONS

10.54 The key conclusions and recommendations around integration can be summarised as follows:

- The Working Well programmes have been successfully integrating with local support services over time, with clear benefits for clients and the wider support ecosystem. There was widespread recognition that improving integration is an ongoing objective, reflecting that there are still improvements to be made and that the constantly evolving support ecosystem necessitates a responsive approach to maintain good integration.
- The Working Well programmes have recognised that each locality has its own distinct context and support ecosystem, and have been set up accordingly. Local Leads and, more recently, Integration Coordinators, have enabled the programmes to navigate local services and better integrate within each locality.
- The use of SPOCs has clear benefits the programme's integration, in particular due to the ease of communication and accountability between support services. To overcome the risks associated with SPOCs it is important for their knowledge to be captured and made accessible to the wider team, and for alternative lines of communication to be available. They also need sufficient authority to affect change.
- The importance of personal relationships, trust and open communication cannot be understated. This helps to explain the power of SPOCs and suggests that good integration requires time so these can be developed.
- Operationally-focused Local Integration Boards offer an invaluable forum for wider services to meet and collaborate. This set-up has benefited localities beyond the Working Well programmes through starting conversations that were not taking place previously.
- Improving information sharing is a key area for improvement. As flagged, it is expected that the launch of EcoSystem Live and associated data sharing agreements will largely address this. Rolling out data sharing agreements as widely as possible will provide clients smoother journeys and allow Key Workers and wider services to better monitor and support their journeys, including through collaborative support.
- Co-location has been found to be a powerful means for developing strong relationships and shared understandings with external services.
- The administrative burden and level of duplication that is occurring can still be further reduced, particularly with JCP.



Annex A: Case Studies

WORKING WELL: WORK AND HEALTH PROGRAMME (INGEUS) – CLIENT A

Presenting issue

A.1 Client A is a 52-year-old woman who has limited vision and acute hearing loss. Following a referral from the Jobcentre Plus, she joined the Working Well: Work and Health programme.

How the programme has helped

A.2 On the programme, the client received support in the form of interview preparation, concentrating on key phrases that interviewers often use, and job search activity for administrative vacancies. The programme also arranged for the Greater Manchester Fire and Rescue Service to repair the Client's specialist smoke alarm for people with hearing difficulties. The client is now working as a pensions coordinator at a Cheadle health-based company, after the company liaised with the Working Well: Work and Health Programme to try and recruit a new employee. Client A utilises the accessibility features on her PC and much of her work involves receiving information via emails.

A.3 Client: "I am delighted to be working again and I want to inspire other people who are looking for employment and have a disability of health condition... I really feel part of the team and that my skills are valued and being employed means that I can start to save and plan again for the things that I like to do."

WORKING WELL: WORK AND HEALTH PROGRAMME (INGEUS) – CLIENT B

Presenting issue

A.4 Client B had been unemployed for 16 years with poor mental health and learning difficulties. Currently he lives in a rented flat, but prior to this, he was homeless. Client B had been hoarding possessions for years and as a result could not access the rooms in his flat and was sleeping on a blow-up bed in the hallway.

How the programme has helped

A.5 As Client B's bond with his Key Worker grew, the Key Worker was able to encourage the client to open up about his hoarding issue. Client B attended mental health workshops and had three-way appointments his Key Worker and a mental health practitioner, which really helped. His Key Worker liaised with the Well Spring about Client B's hoarding and they advised him to speak with The Prevention Alliance (TPA) in Stockport. The TPA assessed the client and coordinated with a team of volunteers at Age UK to clear Client B's flat. Throughout this time, Client B visited the centre daily for job searches.

A.6 Client B secured an interview with City Facilities Management. To prepare he had a mock interview with Ingeus staff. His Key Worker also took him to Primark to help buy interview clothes. Client B was successful in the interview and offered the job. This is an example of how different support services coordinated to address a client's uncommon barrier into work with support from local volunteers.

WORKING WELL: WORK AND HEALTH PROGRAMME (THE GROWTH COMPANY) – CLIENT C

Presenting issue

A.7 Client C was referred to the Working Well: Work and Health Programme by Jobcentre Plus. She had been a school receptionist and administrator for 20 years before being made redundant and was subsequently unemployed for two years. During the two years, the client had been unsuccessful in her job search, which she believed might be because she used a wheelchair and employers were focused on her disabilities rather than her attributes.

How the programme has helped

A.8 Whilst on the programme, the Key Worker found the client had excellent interview skills so believed the two-year gap in employment might be a barrier. To address this, they explored the potential for a work placement or voluntary role. The Integration Coordinator arranged for the client to meet with Manchester City Council who offered her an eight-week placement in admin. The Growth Company supported her travel costs to ensure she was able to complete the placement. After adding the placement to her CV, Client C was invited to multiple interviews. She was also invited to an interview for the permanent admin role with Manchester City Council because of her impressive performance, although she was unsuccessful but nonetheless deemed appointable. After some time, Client C secured a permanent role with Manchester City Council. Client C is using her additional income to do things that were not available to her when she was unemployed.

WORKING WELL: WORK AND HEALTH PROGRAMME (THE GROWTH COMPANY) – CLIENT D

Presenting issue

A.9 Client D is a 50-year-old man who had been unemployed for five years. He was taking medicine that affected his memory, was facing financial difficulties and believed he had no future. He had been moved from Employment and Support Allowance (ESA) to Jobseeker's Allowance (JSA), meaning he received less money and was struggling to afford food as a result. Client D was referred onto the Working Well: Work and Health Programme by Jobcentre Plus.

How the programme has helped

A.10 Client D was not ready to start a job so a tailored support plan was developed to boost his skills, confidence and other barriers. To help with the client's memory problems, the Key Worker enrolled Client D onto health support workshops run by Pathways and referred him to a mental health practitioner. The workshops focused on relaxation, mood management and practical techniques to improve his memory such as list-making and establishing a daily routine. This helped him to improve his thinking and sleep pattern. The programme also gave Client D foodbank vouchers to ease his financial pressures. Completing a better-off calculation showed him how his financial situation would improve once he found full-time work.

A.11 To get the client ready for work the programme referred him to Skills for Employment where he as assigned to a Learning Mentor who placed him onto a Level 2 qualification in Business Admin because the client wanted an admin or customer service role. Skills for Employment also arranged an 8-week admin placement with City West Housing. This allowed Client D to gain work experience in a relevant field to strengthen his job applications. The job placement and wider programme support had a positive impact on the client's mental health and general wellbeing. He was happier and his memory was no longer an issue. Client D was now in a better position to apply for full-time work and managed to secure a role in BUPA's contact centre.

WORKING WELL: WORK AND HEALTH PROGRAMME (PLUSS) – CLIENT E

Presenting issue

A.12 When Client E joined the programme he been unemployed for 12 years and had severe anxiety and depression. He found it challenging to leave the house by himself, travel on public transport, speak to new people or be in large groups. The prospect of this would result in the client having palpitations and feeling very paranoid.

How the programme has helped

A.13 The Key Worker built up a rapport with Client E and he started to be more open about his anxieties. His Key Worker arranged a three-way meeting between Client E, the Key Worker, and a mental health practitioner. The practitioner informed the client of the group workshops, online mental health courses and support available from both the Key Worker and the practitioner. The client attended several workshops including Anxiety and Depression Management, Coping with Change, Disclosing Health Conditions and Relaxation classes. He has repeated these workshops because he finds it beneficial in reducing his anxiety.

A.14 Client E is now at the stage where he is able to discuss potential jobs and will be attending a four-week employability course. This is something Client E would not have been able to consider when he joined the programme.

WORKING WELL: WORK AND HEALTH PROGRAMME (PLUSS) – CLIENT F

Presenting issue

A.15 Client F is a 61-year old woman who has mobility difficulties. The client suffered from osteoarthritis and had fallen out of employment as a result. She lacked confidence in IT and highlighted this as a barrier to her progressing into employment.

How the programme has helped

A.16 The client was referred to the physical health practitioner to receive support on pain management and managing long-term health conditions. The client also completed IT training to develop her confidence with computers. As a result of the support, Client F felt confident to apply for a Universal Credit contact centre role that was sourced by the Employer Account Manager in Pluss. Client F now works as a Customer Service Advisor and is thoroughly enjoying her new role.

WORKING WELL: EXPANSION PROGRAMME (INGEUS) – CLIENT G

Presenting issue

A.17 Client G is a 23 year-old woman who was on Job Seekers Allowance when she joined the programme. She had depression and anxiety, and lived at home and cared for her mother, who had mental and physical health issues, her granddad who was elderly and her brother who had learning difficulties and was also being supported by the programme.

A.18 Client G previously worked in a factory for a year but left because the noise in the factory gave her migraines. She had completed a health and social care course but could only find a homeworking opportunity that did not offer enough hours work, meaning it was not viable to continue in the role. Client G also faced challenges with her housing and interview skills.

How the programme has helped

A.19 When Client G joined the programme, the Key Worker initially helped her with her mental health, finances and home life. She was referred to Talking Therapies to help with her anxiety and depression. She also received support with job searches and updating her CV. As a result, Client G managed to start work in a care role. However, whilst in this role the client's grandad passed away which resulted in Client G falling out of work – this was picked up when the Client G was contacted by her Key Worker as part of the in-work support. She was offered a referral to Talking Therapies or Health Minds, but she felt that she was equipped with coping strategies from her previous mental health support. Client G suggested that she was interested in moving into retail because working with elderly people was difficult because it reminded her of her grandad.

A.20 Her Key Worker helped Client G to develop a CV for retail jobs and attempted to source retail placements through JCP and The Prince's Trust, but there were long waiting lists. Client G secured multiple job interviews in the meantime but was unsuccessful, which she felt was due to her lack of relevant experience. As a result, her Key Worker referred her to Think Employment to complete a Level One qualification in Retail Operations. During this time, Client G agreed to consider care roles with young people and people with disabilities. However, after a couple of months the client was overcoming her bereavement and would be comfortable to apply for elderly care jobs. Her Key Worker supported this, taking the process slow to ensure she did not backslide.

A.21 Client G was delighted to secure a job in an award-winning care home. However, to start she needed a DBS check and would not have sufficient funds to pay for this until three weeks later. The programme therefore liaised with the care home to pay this fee on her behalf. Client G also received support to purchase her uniform online. Client G reported that she is reassured to know she will have the in-work support offer for another year in her role. The programme is also continuing to support Client G with her housing situation by ensuring she gets the most housing points possible so that she can secure her own home and live an independent life.

A.22 As a result of the support from the programme the Client G's mental health is much better, she feels like she has moved past her bereavement and has moved up the housing list – securing 10 additional housing points upon starting her new job. She is hopeful that moving into her own home will offer her independent and support her mental health because living with her family is stressful. Client G feels that having an income will enable to her to start living her own life and save up to travel, which she had always wanted to do.

WORKING WELL: EXPANSION PROGRAMME (INGEUS) – CLIENT H

Presenting issue

A.23 Client H is a 44-year old female who suffers from physical health issues, which were exacerbated by her smoking habit. She had suffered a minor heart attack prior to the programme.

How the programme has helped

A.24 The programme supported Client H into employment at The Light Cinema Bolton but after a few months, but the client suffered from a minor heart attack. The doctor advised Client H to take six weeks off work, however she did not want her health to affect her job so returned after just two weeks. Her Key Worker maintained contact to ensure Client H was coping during this time. Shortly after, the company let her go due to cut backs.

A.25 Client H returned to receiving benefits and suffered from low mood. After some time, Client H started a Level 1 Employability and ICT Functional Skills Course through Skills for Employment. Once her health had improved, she undertook regular job searches and was invited to a few job interviews, which boosted her confidence and reduced her anxiety about interviews. As a result of the programme and Client H's efforts she was able to secure a job a Care Assistant in a care home. The programme supported Client H to start both her jobs by funding work clothes and providing a bus pass for the first job and paying for her DBS check for her second job.

WORKING WELL: EXPANSION PROGRAMME (THE GROWTH COMPANY) – CLIENT I

Presenting issue

A.26 Client I is a 23-year old woman and joined the programme with no qualifications or prior work experience. She suffered from mental health issues, financial issues and was couch surfing at various locations.

How the programme has helped

A.27 Due to Client I's mental health issues, she did not attend all of her regular appointments. Nonetheless, The Growth Company team kept in regular contact with the client and supported her with relevant advice and guidance to overcome her barriers. When she did engage, Client I accessed a wide range of support: Talking Therapies for mental health support; the Financial Inclusion Officer for help with rent arrears and to create a payment plan to reduce and eventually clear her debt; Skills for Employment placed Client I on a customer service course to improve her skills and confidence; and the National Careers Service helped Client I create a CV and educated her on how to update it going forwards. Her Key Worker also helped Client I to secure accommodation.

A.28 When she found employment, Client I received help to obtain identification which was needed for the role. She also received financial support to purchase work clothes and a public transport pass. Client I fell out of her first role, but in-work support calls picked this up and she was supported into a second job at Amazon which she has remained in for a year.

WORKING WELL: EXPANSION PROGRAMME (THE GROWTH COMPANY) – CLIENT J

Presenting issue

A.29 Client J had been unemployed for seven years but had recently been in work for a short period of time. This had resulted in him accumulating debt because he was unaware he had to pay his housing costs and council tax out of his wage, and he subsequently fell out of work and was referred to the programme. In addition, he had a previous conviction and was unsure whether it would show up in a criminal record check. Client J's life was deemed chaotic and he had recently taken care of his nephew, which required visits and meetings with social services, the police and his nephew's school.

How the programme has helped

A.30 Client J's Key Worker supported him with the family issues he was facing. He was also referred to the internal Financial Inclusion Officer who worked closely with Client J to set up a payment plan to get his debts under control and managed to get some of his debts written off. Subsequently, the client was referred to Skills for Employment and completed an 8-week Construction Skills Certification Scheme (CSCS) training and forklift truck counterbalance course.

A.31 As things started to settle down in his family life, Client J started to feel more confident and started looking for work. His Key Worker supported Client J with financial support for interview clothes and travel to interviews, helped with obtaining a birth certificate, conducted a back-to-work calculation, offered advice on Universal Credit and provided interview techniques. As a result, the client secured part-time weekend security work. This work suited his family life as he was able to be at home during the week to support his nephew and his school was able to contact him as necessary.

Annex B: Econometrics Technical Information

INTRODUCTION

B.1 Similar to the 2017 and 2018 Annual Report, the analysis in this study makes use of statistical/econometric techniques. The use of econometric/statistical methods allow us to independently consider the effects of different variables (i.e. the client's characteristics, barriers to work and type of job) simultaneously in a way that simple descriptive statistics does not allow. We have used logistic regression to model a binary outcome: in the first model a client will have either left their first job or not; and in the second model a client will have achieved a sustained outcome or not. The results of the analyses provide estimates of the 'direction' (positive or negative influence) and 'scale effect' of different variables on these outcomes, as well as an assessment of their statistical significance.

B.2 The econometric analysis in this report has been conducted solely on the Working Well: Expansion Programme. The analysis has been divided into two models:

1 Model 1 looks at the variables that are associated with the likelihood of whether a client leaves their first valid job or stays in it.

2 Model 2 looks at the variables that are associated with the likelihood of whether a client who has started a valid job achieves a sustained outcome (i.e. the client was in work for 50 weeks in a 58-week period) or not.

B.3 This annex begins by setting out some of the main limitations and caveats of the econometric approach. This is followed by the key findings for both models.

LIMITATIONS TO THE ECONOMETRIC ANALYSES

B.4 The likelihood of an individual leaving a job or not, or achieving a sustained outcome or not, will depend on a variety of factors including the client's personal characteristics, barriers to work, preferences and motivations as well as the type of job and how it relates to these. Unfortunately, not all such factors are measurable while others are difficult to measure accurately. A key example is job quality – whilst occupations, wages and hours can act as proxies for job quality, these are not a perfect measure or substitution.

B.5 The explanatory variables used in the two models are dictated by the monitoring data that is collected in the CDP. In some instances, variables have been omitted from the models because the data quality was poor. The most noteworthy omission is wage data, which was excluded because it was recorded in an inconsistent way so that comparable wages could not be calculated for each job. Given wage data would otherwise be a key proxy for job quality, this is a lamentable omission. For the Working Well: Work and Health Programme data is being captured in a more consistent manner, which means the importance of wages to job leavers/sustainers can be tested in future reporting. Similarly, job location postcodes were recorded as the head office of the company that client worked for. This means it has not been possible to include any analysis that considers the importance of spatial relationships with jobs. Again, for the Working Well: Work and Health Programme the data is being collected based on the actual location, so future reporting can consider these variables.

B.6 In econometric estimations exploring the probability of a certain outcome, in the presence of where an individual has data missing for any variable it is not possible to include them in the analysis, resulting in a smaller sample size. As a result, there is a trade-off between the variables that are included and the sample size. This means where variables have lots of missing data they have tended to be excluded. As a result of missing data, the econometric analysis for Model 1 has been conducted based on a reduced sample of 1,971 clients out of an initial sample of 2,857 clients. Similarly, the analysis for Model 2 used a reduced sample of 1,283 clients out of an initial sample of 1,447 clients. This highlights the importance of ensuring monitoring data is collected comprehensively for the Working Well: Work and Health Programme so future econometric analyses have the maximum possible sample size.

B.7 Not all explanatory variables could be included in the analytical models, for several reasons:

- First, some variables are likely to be highly interrelated and including these can result in technical issues of collinearity[52]. This was particularly an issue with variables such as the client's confidence in starting a job because confidence is highly correlated with a number of presenting issues including mental health, physical health, work experience and qualification levels.
- Second, the inclusion of some variables may cause reverse causality[53] issues with the outcomes being tested. For example, a chaotic family lifestyle may cause the decision to leave or achieve a sustained outcome but conversely the decision to leave or achieve a sustained outcome may affect how chaotic an individual's family lifestyle is.
- Third, data availability and the number of observations for some variables are too small to support robust estimates to be made. In such instances, these explanatory variables have been excluded. An example of this is the number of dependent children a client has that is under 16. This variable has only 807 observations for the second model and therefore had to be excluded.
- Fourth, when looking at categorical data such as the ethnicity of a client, some of the sub-categories were small in terms of the number of clients who had those characteristics. In these cases, sub-categories were grouped into larger sub-categories so that the number of observations to test are sufficient (e.g. those clients that were classed as Indian, Black African, Chinese etc. were grouped as 'ethnic minority'[54]).
- Fifth, the dataset for Working Well comprises of many categorical variables that could be captured as a continuous numerical variable to avoid misleading interpretation of the results for the specific variable. For example, the length of time unemployed is a categorical variable with the following categories: 0-6 months, 7-12 months, 1-2 years, 3-5 years, 6-10 years, 11+ years and never worked. For a logistic regression, categorical

[52] Collinearity exists when the variables the model is testing (the explanatory variables) are correlated with each other. This makes it difficult to correctly attribute the effects of that individual variable on the model i.e. whether that particularly variable is associated with the likelihood a client leaves their first job or achieves a sustained outcome.
[53] Reverse causality refers to when a set of variables are jointly determined.
[54] Ethnicity was recorded into 18 categories which were then collated into two main categories to enable a meaningful analysis. These two categories were White British/Irish/Other White and Ethnic Minority.

variables require a base to compare the results of each sub-category too. The two models in this case used the base category of never worked so the interpretation of the variable is how one sub category of length of unemployment affects whether a client leaves or sustains a job compared to the base case of those not working. If the data was in a continuous numerical format it would enable the interpretation to consider whether a one-year increase in the length of unemployment increases / decreases the likelihood of leaving or sustaining a job.

B.8 The process of developing the two regression models entailed the iterative analysis and refinement of the regressions, whereby several models were developed, tested and refined to arrive at a combination of explanatory variables that provided robust results. Where certain explanatory variables were found to be not statistically significant across iterations, they have been excluded to reduce the 'noise' in each model. Overall, both models produced broadly consistent results throughout their respective iterations in terms of which variables ought to be excluded for the reasons above and which variables were statistically significant, which supports the exclusions and inclusion the range of variables from the final models.

INTERPRETATION OF RESULTS FROM A LOGISTIC REGRESSION

B.9 Table B-1 and Source: SQW analysis

B.10 Table B-2 below present the full outputs from the logistic regression for Model 1 and Table B-3 and Table B-4 show the full outputs for Model 2. The following points offer important guidance for interpreting the findings from a logistic regression analysis:

- The results of this econometric analysis show evidence of statistical relationships between whether an individual leaves their first valid job start or achieves a sustained outcome with the explanatory variables they are tested against. This relationship does not necessarily imply causation.
- The key findings relate to the sign of the coefficient (which indicates the direction of effect i.e. a positive or negative association with the dependent variables) and the statistical significance of the factor. In this analysis, a variable is said to be statistically significant at the 90, 95 or 99 percent confidence level when the p-value is less than 0.1, 0.05 or 0.01, respectively.
- The odds ratio indicates the scale of the effect. To interpret the odds ratio, the odds ratio minus one gives the percentage change in the likelihood of leaving a job or achieving a sustained outcome given a one unit increase in the explanatory variable when all other variables are held constant. For example, an odds ratio of 1.07 for care responsibilities for children indicates that for each one-unit increase in the severity of care responsibilities for children equates to an increase of 7% in the odds/likelihood of achieving a sustained outcome.
- For all categorical/dummy variables (i.e. variables that consist of categories rather than continuous numerical values)[55] used in the models the odds ratio should only be compared to the base case. As an example, the base case for 'Literacy skills' is 'no qualifications' so the estimated odds ratio refers to the likelihood of leaving a job for a client with level of Literacy skills other than 'no qualifications' compared to a client with 'no qualifications.' Therefore, in this example the odds ratio is not comparable between the different levels of qualifications – only with 'no qualifications.'

MODEL 1: FACTORS DETERMINING WHETHER A CLIENT IS LIKELY TO LEAVE A JOB – RESULTS FROM THE ECONOMETRIC ANALYSIS

B.11 The likelihood of a client leaving their first valid job is estimated in Model 1.[56] The Working Well: Expansion Programme data used for the econometric analyses covered clients who had been attached on the programme and secured a valid job start and did not have any data withheld. A total of 2,857 clients had secured a first valid job start.[57] Of these, 1,310 clients had left their first valid job. It needs highlighting that caution is needed when interpreting these results because SQW have reservations about the data quality. In particular, there are reservations around the extent to which the data reflects reality – for example, it is expected that for some clients who left their first valid job this has not been captured, which reflects difficulties in maintaining contact with clients once they have been in work for a long period of time.

B.12 The key findings from the econometric analysis on for Model 1 are presented in Table B-1 but, in short, the key statistically significant variables are as follows.

B.13 For characteristics:

- **Gender** – female clients are less likely to leave their first valid job than male clients.
- **Ethnicity** – clients from ethnic minority backgrounds were more likely to leave their first valid job than White British/Irish and Other White clients.
- **Literacy skills** – clients with higher qualifications are less likely to leave their first valid job
- **Local authority** – clients in Salford and Trafford are more likely to leave their first valid job than those based in Manchester, while differences in all other local authorities were not significant.
- **Quarter of attachment** – clients attached in Q3, Q4, Q7 or Q8 are less likely to leave their first valid job than those attached in Q1. Note that clients in Q7 and Q8 are more likely to have been in work for a shorter length of time.

B.14 For presenting issues: clients with more severe **care responsibilities for children** at initial assessment were less likely clients to leave their first valid job. On the contrary, the more severe **debt/finance** was at initial assessment, the more likely clients are to leave their first valid job.

B.15 Progress on presenting issues were also included. This tested whether clients who experienced an improvement in a barrier to work between the initial assessment and the intermediate assessment closest to their first valid job start (i.e. their score improved between the two) were more or less likely to have left that first valid job. This found: clients whose **mental health** was reported to have worsened were more likely to leave their first valid job start. On the contrary, where **access to private transport** worsened clients were less likely to leave work.

B.16 For the type of job:

- **Hours worked per week** – those that work more hours are more likely to leave their first valid job start than those who work fewer hours.
- **Occupation** – clients in in elementary occupations and in process, plant and machine operatives are more likely to leave their first valid job.
- **Type of employment** – paid employees are more likely to leave their first valid job than those who were self-employed.
- **Confidence the job will be sustained** – clients that reported feeling more confident they would still be in the job in 12 months were less likely to leave their first valid job.

B.17 In addition to the statistically significant findings, the model found that the following were not statistically significant: age group, highest level of qualification, work experience, additional support in employment, physical health issues, number of severe issues reported. Some variables were consistently not statistically significant across model iterations and were therefore not included in the final model to reduce 'noise' including: marital status, lead provider, type of contract and confidence in finding a job, convictions, unspent convictions, care responsibilities for family members and access to public transport. It was also not possible to test the length of unemployment.

[55] Categorical/dummy variables include: Gender, Age Group, Ethnicity, Marital Status, Disability, Living/Housing situation, Local authority, Quarter of attachment, Highest level of qualification, Literacy skills, and Work experience, Hours worked per week, Occupation, Type of employment, Qualifications/employment support received

[56] The outcome variable 'leaves first valid job' has been built as follows: (0= the client is still in their first valid job; 1= the client left their first valid job).

[57] The sample size for this year's econometric analysis (n=2,857) is much lower than the Expansion sample used in the 2018 annual report (n=8,109) because last year's analysis considered all clients who had been attached for at least a year to test the likelihood they had started or not started a job. This year's analysis only considers those who had started a job.

B.18 Some characteristics were not included in the final regression for Model 1 as they were highly correlated with other variables which were included instead. Those variables are:

- Client type (ESA, JSA, IS or other) is highly correlated with gender, length of unemployment, care responsibilities for children, being a single adult in a household with dependent children and with lead provider. It is worth noting that in some of the model iterations tested with very few explanatory variables, client type recorded as 'other' was statistically significant. However, when presenting issue variables were included, client type was not statistically significant. As a result, client type was not included in the final regression model.
- Lead provider is highly correlated with variables such as gender, being a single adult in a household with dependent children, care responsibilities for children and number of dependent children under 19.
- Mental health was highly correlated with health management, chaotic family, domestic violence, bereavement, divorce, substance misuse, confidence in starting work, confidence to find and obtain work, self-esteem level and lack of qualifications. This demonstrates the importance of the relationship between mental health and various other factors.
- Client's contract type (full time vs part time) is highly correlated with the number of hours worked per week.
- Literacy skills is highly correlated with numeracy skills, but both were separately found to be significant.
- Confidence to stay in the job in 12 months' time is highly correlated with confidence to progress and develop this job.

Table B-1: Variables that were statistically significant in the econometric analysis for Model 1: client is likely to leave first valid job (p-value =*0.1, **0.05, ***0.01)

Variable name	Sign of coefficient	Interpretation
Characteristics[1]		
Gender	**Negative** *	• Female clients are 19% less likely to have left their first valid job when compared to male clients.
Ethnicity	**Positive** **	• Clients who are ethnic minorities were 31% more likely to leave their first valid job than someone clients that are White British/Irish/Other White.
Living Situation	**Positive** ***	• Clients whose living situation is recorded as 'other' (i.e. they do not live with their family or their parents) are 1.8 times to leave their first valid job than those who live on their own. Given 'other' is a vague category, it is difficult to draw conclusions on this.
Local Authority	**Negative** *,***	• Clients in Salford and Trafford were 90% and 49% less likely to leave their first valid job than clients in Manchester respectively. • The results for other local authorities were not significant.

Quarter of attachment	**Negative** *,***	• Clients attached in quarters 3, 4, 7 and 8 of the programme were less likely to leave their first valid job compared to those attached in the first quarter (Mar-May 16):
		  • Clients attached in Q3 (Sep-Nov 16) are 32% less likely to have left their first valid job and clients attached in Q4 (Dec 16-Feb 17) are 42% less likely to have left. These were the worst performing quarters for the proportion of clients into job starts, so this may reflect Q3 and Q4 having fewer 'quick wins' and more focus on ensuring job starts were sustained.
		  • Clients attached in Q7 (Sep-Nov 17) are 52% less likely to have left their first valid job and clients attached in Q8 (Dec 17-Feb 18) are 83% less likely. This likely reflects that clients in these quarters will have been in the jobs for a shorter length of time.
		• The results for Q2, Q5 and Q6 were not significant.

Skills and Qualifications		
Literacy skills[2]	**Negative** *	• Clients with Level 2 or above literacy qualifications are 30% less likely to have left their first valid job than clients with no literacy qualifications.
Presenting issues: barriers to work at the initial assessment where 0 = No impact and 6 = Severe impact		
Care responsibilities for children	**Negative** ***	• Clients who stated their care responsibilities for children was a barrier to work are negatively associated with the likelihood of leaving the first valid job. For a one unit increase in the 0-6 score there is an 8% decrease in the odds/likelihood of leaving the job.
Debt	**Positive** *	• Clients who stated their care responsibilities for children was a barrier to work are positively associated with the likelihood of leaving the first valid job. For a one unit increase in the 0-6 score there is an 8% increase in the odds/likelihood of leaving the job. This may reflect challenges in transitioning to work related to debt/ finances, with clients finding they have to pay rent, council tax, etc. which worsens their financial situation.
Progress in presenting issues: where clients experienced a change in their barrier to work between the initial assessment and intermediate assessment closest to their first valid job start (-6 = barrier improved, +6 = barrier worsened)		
Mental Health	**Positive** *	• Clients who reported their mental health worsened between their initial assessment and intermediate assessment closest to the valid job start were negatively associated with the likelihood of staying in the job. For a one unit increase in the 0-6 ranking of mental health (meaning it is worse) a client is 7% more likely to have left their first valid job.
Access to private transport	**Negative** **	• Clients who reported their mental health worsened between their initial assessment and intermediate assessment closest to the valid job start were negatively associated with the likelihood of staying in the job. For a one unit increase in the 0-6 ranking of mental health (meaning it is worse) a client is 5% less likely to have left their first valid job. That this does not negatively impact the likelihood of leaving the job may reflect the public transport support the programme offers.

Type of job		
Hours worked	**Positive** ***	• Clients whose first valid job was 16+ hours per week are 23 times more likely to have left the job than those whose first valid job was for fewer than 16 hours a week.
Occupation	**Positive** *,**,***	• Clients whose first valid job was in certain occupations are more likely to have left the job compared to clients whose first valid job was an administrative and secretarial occupations (the base): • Clients in elementary occupations are 1.6 times more likely to have left the job. • Clients in process, plant and machine operatives occupations are 1.5 times more likely to have left the job.
Type of employment	**Positive** ***	• Clients whose first valid job was as an employee are 3.5 times more likely to have left the job than those whose job was self-employed.
Confidence to sustain the job	**Negative** ***	• Clients who felt more confident that they would still be in the job in 12 months were negatively associated with the likelihood of leaving their first valid job. For a one unit increase in the 0-6 ranking of confidence (where 0 is not confident and 6 is most confident) a client is 16% less likely to have left the job.

Source: SQW analysis

Significance level: * p<.1; ** p<.05; *** p<.01

Notes:

1. Age was not statistically significant when introduced into the regression model as a continuous numerical variable and when transformed into a categorical variable by introducing groups (18-25, 25-49, 50+). For comparison purposes between Model 1 (work leaver) and Model 2 (sustained employment), variable Age group was included in the final model specification.
2. Literacy skills are correlated with highest level of qualifications. However, models using combinations of these two variables supported the decision to include both in the model. Level 2 in Literacy skills was consistently significant across model specifications.

Table B-2: Results from the logistic regression for Model 1 – client is likely to leave their first valid job

Variable name	Coef.	Std. Err.	P-Value	Odds ratio	% change
Characteristics					
Gender					
-Male	(base)				
-Female	-0.21	0.13	**0.09***	0.81	-19%
Age Group					
-18-24	(base)				
-25-49	-0.26	0.22	0.23	0.77	-23%
-50+	-0.30	0.25	0.23	0.74	-26%
Ethnicity					
-White British / Irish / Other White	(base)				
-Ethnic Minority	0.27	0.14	**0.05****	1.31	31%
Living situation					
-Living alone	(base)				
-Living with family	-0.01	0.13	0.94	0.99	-1%
-Living with parents	0.21	0.17	0.22	1.23	23%
-Other	0.57	0.20	**0.01*****	1.77	77%
Local authority					
-Manchester	(base)				
-Bolton	-0.18	0.21	0.39	0.84	-16%
-Bury	0.23	0.22	0.30	1.26	26%
-Oldham	0.27	0.24	0.25	1.31	31%
-Rochdale	0.16	0.24	0.51	1.17	17%
-Salford	-2.27	0.27	**0.00*****	0.10	-90%
-Stockport	-0.14	0.24	0.56	0.87	-13%
-Tameside	-0.30	0.22	0.17	0.74	-26%
-Trafford	-0.67	0.37	**0.07***	0.51	-49%
-Wigan	0.29	0.23	0.21	1.33	33%
Quarter of attachment					
-Quarter 1: Mar-May 16	(base)				
-Quarter 2: Jun-Aug 16	-0.04	0.23	0.86	0.96	-4%
-Quarter 3: Sep-Nov 16	-0.39	0.21	**0.07***	0.68	-32%
-Quarter 4: Dec 16-Feb 17	-0.55	0.20	**0.01*****	0.58	-42%
-Quarter 5: Mar-May 17	-0.12	0.20	0.55	0.89	-11%
-Quarter 6: Jun-Aug 17	-0.21	0.22	0.34	0.81	-19%
-Quarter 7: Sep-Nov 17	-0.74	0.24	**0.00*****	0.48	-52%
-Quarter 8: Dec-Feb 18	-1.79	0.31	**0.00*****	0.17	-83%
Skills and qualifications					
Highest level of qualification					
-No qualifications	(base)				
-Under 5 GCSEs at grades A*-C (or equivalent)	0.22	0.16	0.17	1.24	24%
-5 or more GCSEs at grades A*-C (or equivalent)	0.18	0.19	0.33	1.20	20%
-A levels / NVQ level 3 (or equivalent)	0.20	0.18	0.28	1.21	21%
-Degree or Higher	0.02	0.25	0.93	1.02	2%
Literacy Skills					
-No qualification	(base)				
-Entry level certificate	0.34	0.21	0.11	1.40	40%
-Level 1 (GCSE D-G)	-0.25	0.19	0.20	0.78	-22%
-Level 2 (GCSE A-C) or above	-0.36	0.19	**0.06***	0.70	-30%
-Unknown	-0.20	0.21	0.35	0.82	-18%
Presenting issues: barriers to work at the initial assessment where 0 = No impact and 6 = Severe impact					
Severe issues (total number)	-0.05	0.03	0.11	0.95	-5%
Care responsibilities for children	-0.09	0.03	**0.01*****	0.92	-8%
Debt / finance	0.08	0.04	**0.06***	1.08	8%
Physical health	-0.04	0.04	0.29	0.96	-4%
Progress in presenting issues: where clients experienced a change in their barrier to work between the initial assessment and intermediate assessment closest to their first valid job start (-6 = barrier improved, +6 = barrier worsened)					
Mental Health	0.07	0.04	**0.07***	1.07	7%
Access to private transport	-0.05	0.02	**0.03****	0.95	-5%
Type of job					
Work Experience[58]					
-Have worked before	(base)				
-Never have worked before	-0.13	0.27	0.64	0.88	-12%
Hours worked per week					
-Less than 16 hours	(base)				
-16+ hours	3.17	0.53	**0.00*****	23.76	2,276%

[58] The data covers length of time out of work. As it was not possible to deduce the actual length of time the clients who have never worked have been unemployed, a binary variable was constructed to indicate whether an individual had some work experience or not.

Variable name	Coef.	Std. Err.	P-Value	Odds ratio	% change
Occupation					
-Administrative and secretarial occupations	(base)				
-Associate professional & tech occupations	-0.10	0.49	0.84	0.90	-10%
-Caring, leisure and other service occupations	-0.31	0.25	0.22	0.73	-27%
-Elementary occupations	0.48	0.23	**0.04****	1.62	62%
-Managers, directors and senior officials	-0.81	1.25	0.52	0.44	-56%
-Process, plant and machine operatives	0.73	0.26	**0.01*****	1.55	55%
-Professional occupations	0.43	0.47	0.36	2.07	107%
-Sales and customer service occupations	0.05	0.23	0.83	1.54	54%
-Skilled trades occupations	0.53	0.41	0.20	1.05	5%
-Other	0.44	0.26	**0.09***	1.69	69%
Type of employment					
-Self-employed	(base)				
-Paid employee	1.25	0.38	**0.00*****	3.50	250%
Employment support received					
-No	(base)				
-Yes	-0.20	0.13	0.12	0.82	-18%
Confidence to achieve a sustained outcome	-0.17	0.03	**0.00*****	0.84	-16%
Number of observations	**1,971**				
Pseudo R-squared	**0.179**				
Chi-Squared	**487.30**				
Correct classification	**70.83%**				

Source: SQW analysis.

Significance level: * p<.1; ** p<.05; *** p<.01

MODEL 2: FACTORS DETERMINING WHETHER A CLIENT IS LIKELY TO ACHIEVE A SUSTAINED OUTCOME – RESULTS FROM THE ECONOMETRIC ANALYSIS

B.19 The likelihood of a client achieving a sustained outcome is estimated in Model 2.[59] Overall, of the 2,857 clients who have started a valid job 1,105 started the job a sufficient amount of time ago to have been able to achieve a sustained outcome (i.e. the job was started at least 58 weeks ago), the time closest to the assessment was less than 121 days[60] and had not withheld their data. Based on this, the econometric analysis has been conducted based on a sample of 1,447 clients, 675 of which who have sustained. The model itself, when run, used **1,283 clients** due to missing data. Again, it needs highlighting that caution is needed when interpreting these results because SQW have reservations about the data quality. In particular, there are reservations around the extent to which the data reflects reality – clients may have sustained employment but the programme was either unable to evidence or despite being sustained for some reason it did not meet the strict criteria of being 50 out of 58 weeks.

B.20 The key findings from the econometric analysis for Model 2 are presented in in Table B-3 but in short the key statistically significant variables are as follows:

B.21 For characteristics:

- **Gender** – female clients are more likely to achieve a sustained outcome than male clients.
- **Age** – clients in an older age group are more likely achieve a sustained outcome than those in the youngest age group.
- **Housing situation** – clients whose housing situation is other (i.e. not homeowners or renting) are more likely to achieve a sustained outcome compared to clients who are homeless upon attachment.
- **Living situation** – clients who were living with their parents upon attachment are less likely to have achieved a sustained outcome compared to clients who live on their own.
- **Local authority** – clients in Bolton, Oldham and Wigan are less likely to achieved a sustained outcome compared to those in Manchester, while differences in all other local authorities were not significant.
- **Quarter of attachment** – clients attached in Q5, Q6 and Q7 are less likely have achieved a sustained outcome compared to those who attached in Q1. This may partly reflect clients in these quarters starting their jobs more recently, so there is less time to have secured the evidence that the job was sustained.
- **Skills and qualification support** – clients that received support with their skills and qualifications are more likely to have achieved a sustained outcome.

B.22 For presenting issues: clients with more severe **care responsibilities for children** at initial assessment were more likely clients to have achieved a sustained outcome.

B.23 Progress on presenting issues were also included. This tested whether clients who experienced an improvement in a barrier to work between the initial assessment and the intermediate assessment closest to their first valid job start (i.e. their score improved between the two) were more or less likely to have left that first valid job. This found:

- Clients who reported that **domestic violence** had worsened were more likely to have achieved a sustained outcome. A hypothesis for this counterintuitive result is that clients are unlikely to open up about domestic violence until trust has been established with their Key Worker, so it is only recorded as an issue after their initial assessment.
- Clients who reported that **family support, physical health and mental health** had worsened were less likely to have achieved a sustained outcome.

B.24 For the type of job:

- **Hours worked per week** – clients whose first valid job start was for 16+ hours are less likely to have achieved a sustained outcome than those who work fewer hours.

[59] The outcome variable 'achieves sustained outcome' has been built as follows: (0= the client did not achieve a sustained outcome; 1= the client achieved a sustained outcome).
[60] A total of 121 days was chosen as sensible cut-off point from when the latest date the client had undertaken an intermediate assessment was.

- **Occupation** – clients whose first valid job start was in process, plant and machine operatives, process, plant and machine operatives, professional or 'other' occupations are less likely to have achieved a sustained outcome compared to those with administrative or secretarial occupations.
- **Confidence the job will be sustained** – clients that reported feeling more confident they would still be in their first valid job in 12 months were more likely to have achieved a sustained outcome.

B.25 In addition to the statistically significant findings, the model found that the following were not statistically significant: ethnicity, highest level of qualifications, marital status, length of unemployment, work experience, debt, access to private or public transport, convictions and substance misuse, client's confidence and self-esteem, health management, type of employment (paid vs. self-employed), support with health, support with housing, support with employment and other support.

B.26 Some variables were not included in the final regression model as they were highly correlated[61] with other variables. Those variables are:

- Client type (ESA, JSA, IS or other) is correlated with lead provider, gender, length of unemployment, care responsibilities for children, being a single adult in a household with dependent children and with lead provider.
- Lead provider is highly correlated with variables such as gender, being a single adult in a household with dependent children, care responsibilities for children and number of dependent children under 19.
- Literacy and numeracy skills are correlated with each other but also with highest level of qualifications.
- Number of dependent children under 19 has a low level of observations in the reduced dataset and correlates with care responsibilities for children, being a single adult with dependent children and with lead provider.
- Single adult with dependent children is positively correlated with gender, care responsibilities for children, client type, lead provider and number of dependent children under 19.
- The number of severe issues a client has is positively correlated with various presenting issues.
- Bereavement is positively correlated with the number of severe issues a client has.
- Lack of qualifications (as a presenting issue) is correlated with highest qualifications and number of severe issues.
- Care responsibilities for family is correlated with progress made with mental health
- Contract type (full time vs part time) is correlated with the number of hours worked and therefore was not included in the final regression model
- Care responsibilities for family is negatively correlated with progress made with mental health and therefore was not included in the final regression model.

[61] Highly correlated refers to a cut-off point of greater than 0.3 or less than -0.3.

Table B-3: Variables that were statistically significant in the econometric analysis for Model 2: client achieves sustained outcome (p-value =*0.1, **0.05, ***0.01)

Variable name	Sign of coefficient	Interpretation
Characteristics		
Gender	**Positive** ***	• Female clients are 1.5 times more likely to have achieved a sustained outcome compared to male clients.
Age Group[1]	**Positive** **	• If a client is in an older age group, they are more likely to have achieved a sustained outcome. • Clients aged between 25-49 or 50+ are 2-2.1 times more likely to have achieved a sustained outcome compared to those aged between 18-24.
Housing Situation	**Positive** **	• Clients whose housing situation is 'other' (i.e. not homeowners or in rented housing) are 2.3 times more likely to have achieved a sustained outcome compared to clients that were homeless at attachment.
Living Situation	**Negative** **	• Clients who do not live with their parents are 48% less likely to have achieved a sustained outcome when compared to those who live on their own.
Local Authority	**Negative** *,**,***	• Clients in Bolton, Oldham and Wigan are 0.5-0.6 times less likely to have achieved a sustained outcome when compared to clients in Manchester. The results for other local authorities were not significant.
Quarter of attachment	**Negative** ***,***	• Clients who attached to the programme during quarters 5-7 (Mar-Nov 17) are 0.4-0.5 times less likely to have achieved a sustained outcome compared to those who attached in quarter 1 (Mar-May 16). The results for other quarters were not significant.
Support		
Skills and Qualifications support received	**Positive** *	• Clients who received qualifications support are 34% more likely to have achieved a sustained outcome compared to those who did not receive this support. This may reflect the client's commitment to developing and where the programme supports clients to achieve vocation-specific qualifications.

Presenting issues: barriers to work at the initial assessment where 0 = No impact and 6 = Severe impact		
Care responsibilities for children	**Positive** *	• Clients who stated their care responsibilities for children was a barrier to work are positively associated with the likelihood of achieving a sustained outcome. For a one unit increase in the 0-6 score there is a 7% increase in the odds/ likelihood of achieving a sustained outcome.
Progress in presenting issues: where clients experienced a change in their barrier to work between the initial assessment and intermediate assessment closest to their first valid job start (-6 = barrier improved, +6 = barrier worsened)		
Domestic violence	**Positive** **	• Clients who reported that domestic violence as barrier to work had worsened between their initial assessment and intermediate assessment closest to the valid job start were positively associated with the likelihood of staying in the job. For a one unit increase in the 0-6 ranking of domestic violence (meaning it is worse) a client is 27% more likely to have achieved a sustained outcome.
Family support	**Negative** **	• Clients who reported that family support as barrier to work had worsened between their initial assessment and intermediate assessment closest to the valid job start were negatively associated with the likelihood of staying in the job. For a one unit increase in the 0-6 ranking of domestic violence (meaning it is worse) a client is 12% less likely to have achieved a sustained outcome.
Physical Health	**Negative** ***	• Clients who reported that physical health as barrier to work had worsened between their initial assessment and intermediate assessment closest to the valid job start were negatively associated with the likelihood of staying in the job. For a one unit increase in the 0-6 ranking of domestic violence (meaning it is worse) a client is 12% less likely to have achieved a sustained outcome.
Mental Health	**Negative** *	• Clients who reported that mental health as barrier to work had worsened between their initial assessment and intermediate assessment closest to the valid job start were negatively associated with the likelihood of staying in the job. For a one unit increase in the 0-6 ranking of domestic violence (meaning it is worse) a client is 9% less likely to have achieved a sustained outcome.
Type of job		
Hours worked per week	**Negative** ***	• Clients whose first valid job was 16+ hours per week are 86% less likely to have achieved a sustained outcome than those whose first valid job was for fewer than 16 hours a week.
Occupation	**Negative** *, ***	• Clients whose first valid job was in certain occupations are more likely to have achieved a sustained outcome compared to clients whose first valid job was an administrative and secretarial occupations (the base): • Clients in process, plant and machine operatives occupations are 44% less likely to have achieved a sustained outcome. • Clients in professional occupations are 64% less likely to have achieved a sustained outcome. • Clients in 'other' occupations are 48% less likely to have achieved a sustained outcome.
Confidence to sustain the job (0-6 ranking – 6 = most confident)	**Positive** ***	• Clients who felt more confident that they would still be in the job in 12 months were positively associated with the likelihood of achieving a sustained outcome. For a one unit increase in the 0-6 ranking of confidence (where 0 is not confident and 6 is most confident) a client is 18% more likely to have achieved a sustained outcome.

Source: SQW analysis.

Significance level: * p<.1; ** p<.05; *** p<.01

Notes:

1. Age was initially introduced into the regression model as a continuous numerical variable but was not statistically significant. When transformed into a categorical variable by introducing groups (18-25, 25-49, 50+) it then became significant.

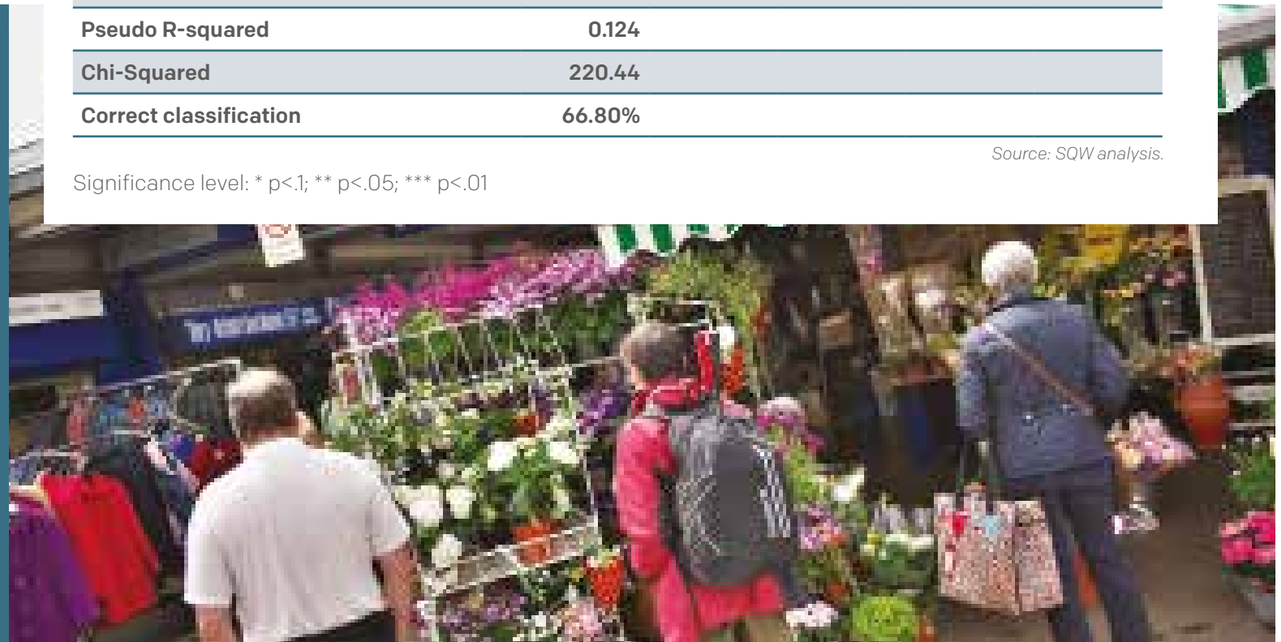
Table B 4: Results from the logistic regression for Model 2 – client achieves a sustained outcome

Variable	Coef.	Std. Err.	P- value	Odds ratio	% change
Characteristics					
Gender					
-Male	(base)				
-Female	0.42	0.16	**0.007*****	1.52	52%
Age Group					
-18-24	(base)				
-25-49	0.72	0.29	**0.012****	2.06	106%
-50+	0.67	0.32	**0.033****	1.96	96%
Ethnicity					
-White British/Irish/Other White	(base)				
-Ethnic minority	-0.27	0.16	0.107	0.77	-23%
Housing Situation					
-Homeless	(base)				
-Rented housing	0.03	0.34	0.925	1.03	3%
-Homeowner	0.22	0.40	0.588	1.25	25%
-Other	0.83	0.37	**0.024****	2.30	130%
Living Situation					
-Living on own	(base)				
-Living with family	-0.06	0.16	0.726	0.95	-5%
-Living with parents	-0.65	0.25	**0.011****	0.52	-48%
-Other	-0.09	0.26	0.723	0.91	-9%
Local authority					
-Manchester	(base)				
-Bolton	-0.53	0.26	**0.042****	0.59	-41%
-Bury	-0.31	0.27	0.255	0.73	-27%
-Oldham	-0.76	0.28	**0.006*****	0.47	-53%
-Rochdale	-0.30	0.28	0.294	0.74	-26%
-Salford	0.45	0.28	0.113	1.56	56%
-Stockport	0.06	0.29	0.85	1.06	06%
-Tameside	0.14	0.28	0.618	1.15	15%
-Trafford	-0.43	0.43	0.324	0.65	-35%
-Wigan	-0.49	0.28	**0.076***	0.61	-39%
Quarter of attachment					
-Quarter 1: Mar-May 16	(base)				
-Quarter 2: Jun-Aug 16	-0.13	0.25	0.605	0.88	-12%
-Quarter 3: Sep-Nov 16	-0.05	0.23	0.826	0.95	-5%
-Quarter 4: Dec 16-Feb 17	-0.23	0.22	0.293	0.79	-21%
-Quarter 5: Mar-May 17	-0.75	0.23	**0.001*****	0.47	-53%
-Quarter 6: Jun-Aug 17	-0.95	0.27	**0.000*****	0.39	-61%
-Quarter 7: Sept-Nov 17	-0.83	0.39	**0.031****	0.44	-56%
-Quarter 8: Dec 17-Feb 18	-0.18	0.58	0.758	0.84	-16%
Skills and qualifications					
Highest level of qualification					
-No Qualifications	(base)				
-Under 5 GCSES at grades A*-C (or equiv.)	0.17	0.17	0.314	1.19	19%
-5 or more GCSEs at grades A*-C (or equiv.)	-0.16	0.20	0.414	0.85	-15%
-A levels / NVQ level 3 (or equiv.)	0.07	0.18	0.693	1.07	7%
-Degree or Higher	0.18	0.27	0.507	1.20	20%
Skills and Qualifications support received					
-No	(base)				
-Yes	0.29	0.17	**0.090***	1.34	34%
Presenting issues: barriers to work at the initial assessment where 0 = No impact and 6 = Severe impact					
Confidence & Self-esteem	-0.03	0.04	0.506	0.98	-2%
Care responsibilities for children	0.07	0.04	**0.075***	1.07	7%
Health Management	0.05	0.05	0.335	1.05	5%
Progress in presenting issues: where clients experienced a change in their barrier to work between the initial assessment and intermediate assessment closest to their first valid job start (-6 = barrier improved, +6 = barrier worsened)					
Debt	0.07	0.04	0.109	1.07	7%
Domestic Violence	0.24	0.11	**0.022****	1.27	27%
Family support	-0.13	0.05	**0.015****	0.88	-12%
Physical Health	-0.13	0.05	**0.006*****	0.88	-12%
Mental Health	-0.09	0.05	**0.098***	0.91	-9%
Access to Private Transport	0.01	0.03	0.769	1.01	1%
Access to Public Transport	0.00	0.04	0.932	1.00	0%
Convictions	-0.09	0.07	0.172	0.91	-9%
Substance Misuse	-0.02	0.10	0.838	0.98	-2%

Variable	Coef.	Std. Err.	P- value	Odds ratio	% change
Type of job					
Work experience					
-Have worked before	(base)				
-Never worked before	-0.06	0.34	0.866	0.94	-6%
Hours worked per week					
-Less than 16 hours	(base)				
-16+ hours	-1.95	0.49	**0.000*****	0.14	-86%
Occupation					
-Administrative and secretarial occupations	(base)				
-Associate prof & tech occupations	-0.09	0.56	0.869	0.91	-9%
-Caring, leisure and other service occupations	0.30	0.30	0.33	1.34	34%
-Elementary occupations	-0.07	0.27	0.803	0.93	-7%
-Managers, directors and senior official	1.27	1.27	0.318	3.56	256%
-Other	-0.65	0.31	**0.034****	0.52	-48%
-Process, plant and machine operatives	-0.59	0.32	**0.064***	0.56	-44%
-Professional occupations	-1.03	0.58	**0.078***	0.36	-64%
-Sales and customer service occupations	0.04	0.28	0.872	1.05	5%
-Skilled trades occupations	0.35	0.51	0.49	1.42	42%
Type of employment					
-Self-employed	(base)				
-Paid employee	0.35	0.40	0.388	1.42	42%
Confidence to achieve a sustained outcome	0.17	0.04	**0.000*****	1.18	18%
Number of observations	**1,283**				
Pseudo R-squared	**0.124**				
Chi-Squared	**220.44**				
Correct classification	**66.80%**				

Source: SQW analysis.

Significance level: * p<.1; ** p<.05; *** p<.01



Annex C: Cost-Benefit Analysis, Working Well Pilot and Expansion

INTRODUCTION

C.1 Greater Manchester is committed to undertaking cost-benefit analysis (CBA) of its core programmes in order to understand the value for money they offer and the likelihood that they will prove financially sustainable over the medium to longer-term. Predictive CBAs were developed at an early stage for both the Working Well Pilot and Expansion programmes, in particular to provide evidence for co-funding discussions with government, and to assess whether savings associated with supporting clients into employment and addressing wider barriers to work would be likely to outweigh the cost of delivering the two programmes.

C.2 The findings reported here are drawn from recently updated versions of both CBAs, which have been refreshed several times since the initial analyses were undertaken. The large majority of inputs for both the Pilot and Expansion CBAs are now sourced from programme monitoring data, notably the client databases maintained by the providers. As a result, the analyses are more robust than the previous iterations, with less reliance on modelled data; consequently, the findings can be interpreted with a higher degree of confidence than previously.

METHODOLOGY

C.3 Both models use the Greater Manchester (GM) CBA methodology, developed by the Greater Manchester Combined Authority (GMCA) Research Team, formerly New Economy. In 2014, the methodology was adopted as supplementary guidance to the HM Treasury Green Book, and has become widely used across the country by local partnerships undertaking CBA of reform initiatives.[62]

C.4 Although the methodology allows the fiscal, economic and social case for investment to be considered, the Working Well analyses are primarily fiscal – that is, focused on the return on investment relating to public monies, and the potential impact of the interventions in generating savings for the agencies involved.

[62] See www.gov.uk/government/publications/supporting-public-service-transformation-cost-benefit-analysis-guidance-for-local-partnerships and https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis

WORKING WELL PILOT CBA

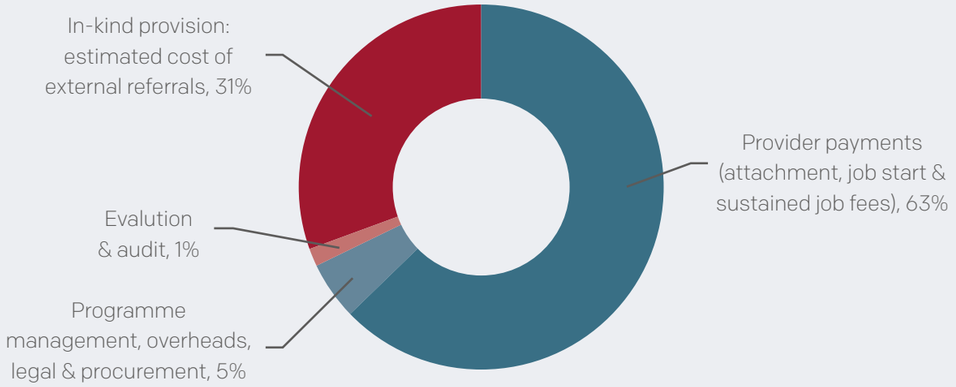
C.5 The Working Well Pilot has effectively finished (bar a small number of clients receiving in-work support), providing a rich body of data to update the previous assumptions-based analyses.

C.6 Figure C-1 below shows the cost base for the programme, of which nearly two-thirds (£7.3m) is accounted for by payments of client attachment and job outcome (starts and sustained employment) fees to the two providers. Most of the remaining cost is associated with referrals of Working Well clients by the providers to external agencies, to help address wider barriers such as physical and mental health issues, and to provide further support in areas such as employability and skills development. Importantly, whilst cash payments are not made to these agencies, the support they provide is an input that needs to be incorporated into the CBA (as without this support, outcome achievement, and hence benefits, would probably be reduced).

C.7 The referrals have been costed using provider data on the number and type of referrals, along with generic unit cost benchmarks, but the referral information is very high level and consequently this area of the analysis is far from robust. The CBA methodology compensates for uncertainty in the data by allowing 'optimism bias' correction to be applied – for these entries, the maximum correction of +40% has been applied to the estimated referral costs.[63]

C.8 The benefits modelling for both of the Working Well CBAs includes the same core outcomes: increased employment, resulting in reduced worklessness and other benefit payments by government; improved skills levels, which contribute to increased earnings and commensurate tax receipts; and benefits to health partners from improved mental health and reduced drug and alcohol dependency (which also contribute to reduced criminal justice costs). Whilst we now have robust data to confirm achievement of most of these outcomes, we still have little understanding of 'deadweight', or the extent to which some of the outcomes would have been achieved 'in any case', without the support provided by Working Well. However, given the multiple challenges facing many Working Well clients, and their distance from the labour market, deadweight is likely to be relatively minimal.

Figure C-1: Working Well pilot CBA – estimated costs, after optimism bias correction



[63] The chart shows the cost base post-optimism bias correction. The underlying principle is that costs are likely to be under-estimated, so should be scaled up if the input data are uncertain; conversely, benefits are likely to be over-estimated, so are scaled down by up to 40%.

Table C-1: Working Well Pilot CBA – estimated gross fiscal benefits over ten years

Outcome	Gross fiscal benefit (£m)
Reduced worklessness (ESA benefits payments)	15.6
Improved skills (increased tax receipts)	0.1
Reduced mental health disorders	0.5
Reduced drug dependancy	1.2
Reduced alcohol dependancy	0.1
Total	**17.5**

C.9 The table below shows the estimated gross fiscal benefit generated by the Working Well Pilot over the ten-year modelling period. Whilst we often undertake CBA with a five-year time horizon, the Working Well models were extended so that outcomes could be captured for clients attached towards the end of the programme lifetime – they will receive up to three years of key worker support, and may well sustain work (and generate benefits) once their involvement with the programme has ended.

C.10 The large majority (89%) of estimated benefit is associated with reduced worklessness, with most of the remainder linked to improved health outcomes. It can be difficult to 'cash' health benefits, due to the demand pressures facing the health and care system and the significant 'fixed costs' in secondary care settings. However, worklessness benefit payments are much easier to realise, as payment is simply stopped. This is demonstrated in the relative return on investment metrics: the gross fiscal return over the ten year modelling period is 1:1.31, indicating that for every £1 invested, an estimated £1.31 in fiscal savings will be generated (paying back the initial investment by Year 8 of the delivery period); the cashable return on investment is not much lower, estimated at 1:1.17.

Table C-2: Working Well Expansion CBA – cost base (pre-optimism bias correction)

Cost Category	Total Costs (£m)
Provider Payments (attachments, job starts & sustained job fees)	14.8
Therapeutic interventions (mental health talking therapies)	2.1
Programme management and overheads	1.3
Evaluation, finance, audit, legal and procurement	0.3
Estimated government delivery costs (Jobcentre Plus)	0.2
In-kind provision: estimated cost of external referrals	1.7
Total	**20.4**

Figure C-2: Working Well Expansion CBA – estimated gross fiscal benefits, split by agency

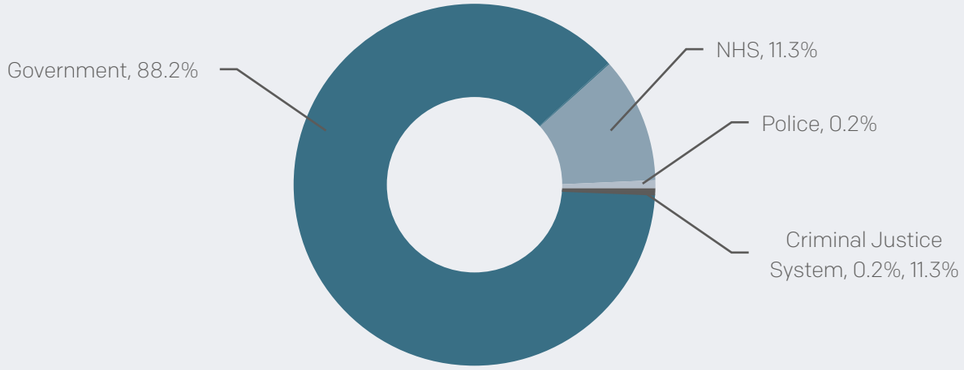
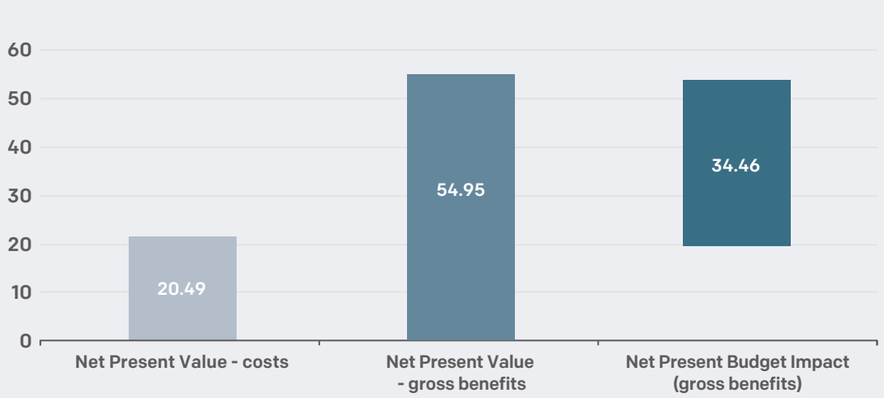


Figure C-3: Balance between overall gross fiscal benefits over the ten year modelling period and the costs, along with the estimated net present budget impact



WORKING WELL EXPANSION CBA

C.11 The client dataset for the Expansion is significantly more complete than it was when the CBA was last run, albeit that a small number of job outcomes may be achieved in the remaining months that the programme has to run (the CBA has estimated these, in line with performance to date). As shown in the table below, the provider payments (£14.8m) are more than double the scale of those for the Pilot, but service a significantly larger programme: nearly 20,000 referrals, as opposed to some 5,000 for the Pilot.

C.12 As with the Pilot, a large proportion (88%) of the estimated benefits will flow to central government from reduced workless and other benefit payments.

C.13 The estimated gross fiscal return on investment over ten years is 1:2.68, significantly higher than for the Pilot. This in part reflects changes to the provider payment model for the Expansion compared to the Pilot, with a lower average payment per client. However, it is driven by strong performance on job outcomes (24% of attached clients entering employment or self-employment, compared to 13% for the Pilot).

C.14 The waterfall graphic shows the balance between the overall gross fiscal benefits over the ten year modelling period (£55.0m) and the costs (£20.5m), with an estimated surplus of £34.5m.

MOVING FORWARD

C.15 These findings indicate that in financial terms, the two Working Well interventions compare favourably with other reform initiatives in Greater Manchester; in particular, the Expansion looks to be offering significantly better value for money than the initial predictive modelling suggested. A further CBA of the Expansion will be produced once the remaining clients have completed their journey through the programme. Modelling of the Work and Health Programme will also be undertaken as actual data become available, and an early predictive analysis of the Working Well Early Help Programme will be updated.

SQW