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Working Well and Working Well: Work and Health Programme Evaluation

2020 Annual Report

SQW

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Executive Summary

Introduction

1. This Annual Report has been produced as part of the ongoing evaluation of Greater Manchester's Working Well programmes by SQW.
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 predominantly focuses on the Working Well: Work and Health Programme, with the former programmes having ended or nearly ending. It considers how the programme has performed to date and evolved over the last year, including how it has adapted in response to COVID-19.

The Working Well model

3. The Working Well model offers 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.

People supported by the Working Well: Work and Health Programme

4. Nearly 10,000 people had started on the programme by the end of March 2020, out of over 13,000 people who had been referred. Those starting the programme have a range of barriers, which include:
 - 56% reported a health condition or disability that could affect their ability to get a job
 - 41% of clients have a physical health condition and 34% have a mental health condition
 - 62% identified a need for support around developing their skills.

Moving people into work

5. By the end of March 2020, 2,900 clients achieved a job start, with 42% of those on the programme for 15 months (the maximum length of out-of-work support) having achieved a job start. Considering initial job starts:

- 25% paid the Real Living Wage and over 80% of those findings jobs are £15 or more per week better off
 - 70% considered their new job as ‘a step towards a better future’ and 11% considered it to be their ‘ideal job’
 - 68% are still in their initial job or a subsequent job (having left the programme or as of March 2020).
6. The programme measures whether clients achieve an ‘Earnings Outcome’ that indicates reaching an earnings threshold¹, which reflects the job being sustained and paying at a sufficient level. By the end of March 2020, nearly 1,100 Earnings Outcomes had been achieved with 63% of those who entered employment 15 months previously achieving one.
 7. Econometric analysis shows a statistically significant difference in the likelihood a client starts work and achieves an Earnings Outcome depending on their personal characteristics such as length of unemployment, age and confidence in being successful in a job, but also a number of programme and wider features such as their provider (there are three in the delivery partnership) or the local authority where they live.

Key lessons for ‘normal times’

8. Amongst the many lessons identified in the report, the following are worth highlighting:
 - The report identifies potential issues around Key Worker workloads and a lack of flexibility around clients starting on the programme, contact frequency and length of support. Addressing these concerns likely requires increased resources and flexibility to enable the programme to support clients in a more personalised way, while still ensuring that all receive appropriate support
 - Despite initial expectations and slightly at odds with the programme being voluntary for most participants, a significant number of clients have disengaged. The majority of those who become inactive do not re-engage, so avoiding disengagement in the first instance is vital to programme performance.
 - Integration Coordinators, who have responsibility for identifying and liaising with local external services to source support for clients, are a key asset for the programme’s ability to tap into the local support offer. That said, there are stubborn gaps and long waiting times for some external support, particularly around mental health. The in-house health offer is particularly well-regarded as a result because it provides rapid and quality assured support for health issues.

¹ Equivalent to working for 16 hours per week for 182 days at the adult rate (aged 25 or over) of the Real Living Wage.

- The programme is underperforming against its job start target but on target for the conversion of job starts to Earnings Outcomes. This report identifies a tension between supporting the envisaged number of people and achieving the expected job starts. Pressure to increase referrals has led to clients who are less work-ready than anticipated when setting the programme's job start targets – and our analysis shows there has been little change in this picture in the past year. This is vital to understanding the programme's seeming underperformance and highlights the need for learning around setting expectations and targets, about the number and nature of clients and the outcomes that can be achieved, at the commissioning stage.
- The analysis again this year shows that those who face the most barriers struggle to find work. For example, those who have been out of work two years are (all other things being equal) about half as likely to have found a job as those out of work for under 6 months. This raises the question of whether the client group is too broad for the support being offered or the period over which it is offered.

Adapting to COVID-19

9. The impact of the COVID-19 pandemic on the programme's clients was significant, with immediate effects from the imposition of lockdown and subsequent longer-term effects. Many of the clients had to shield for themselves or those they lived with. Others faced issues with access to food, social isolation, deterioration in mental and physical health, anxiety, housing, caring responsibilities, domestic violence and family issues, financial issues and concerns around welfare entitlements.
10. The programme adapted quickly to the challenges presented by COVID-19. Delivery shifted to remote working, with support delivered via phone or online, with the level of online support available increased. The initial focus was on supporting clients' welfare and addressing the issues arising from COVID-19, including contacting those who had disengaged. Many external services were suddenly unavailable or had a reduced offer and were only accessible remotely. The in-house support offer was considered invaluable as a result, and for some clients the only support that they could access.
11. There are understandable concerns about the programme's future performance around employment outcomes. Of those who had moved into work through the programme, some were made redundant or placed on furlough, and there is concern about the ability of those in work to sustain their employment to achieve Earnings Outcomes. There has also been an impact on the work-readiness of clients and their willingness to search for work, and at the same time labour market conditions have deteriorated significantly. In this context, the programme has had to shift its approach towards more reverse marketing and skills development.

- 12.** Going forwards, there are lessons that have been drawn out of the response to COVID-19 that warrant reflection, including whether any of the changes to the model ought to continue when we return to 'normal times'. These include:
- The use of telephone and video calls as an efficient way for both staff and clients to interact (with improved remote staff interaction also supporting more outreach delivery)
 - The scope to deliver a range of interventions, including for health issues, remotely
 - Providing clients access to a wider range of quality online tools, where take-up has been encouraging.
- 13.** Even so, care must be taken that the mixed model is available to all and the client survey did highlight (even in an online survey) limitations in both digital skills and access.

1. Introduction

- 1.1** This report comprises the sixth Annual Evaluation Report for Greater Manchester's Working Well programmes, undertaken by SQW as part of the ongoing longitudinal evaluation of the programme. This is the second Annual Evaluation Report that considers the Working Well: Work and Health Programme.
- 1.2** The report was written subsequent to the onset of the COVID-19 pandemic, the national lockdown and associated economic impact. In light of these unexpected and unprecedented events, this evaluation report has been refocused to consider two broad areas:
- Pre-COVID-19: The first part of this report explores how the programme was performing up until March 2020. It focuses on performance overall and the story of what had changed since last year's report. Ultimately the intention for this part of the report is to draw out conclusions about programme delivery that can inform future design and delivery.
 - Post-COVID-19: The second part of the report considers how COVID-19 impacted on the programme's clients, how the programme responded and what lessons were learned.

Overview of the Working Well family

- 1.3** The following briefly sets out an overview of the Working Well family, covering the Working Well: Pilot Programme, Working Well: Expansion Programme and Working Well Work and Health Programme. The overview repeats what was contained in last year's evaluation report.
- 1.4** Other evaluations have been commissioned for two additional programmes within the Working Well family – Working Well: Early Help and Enterprising You.

Working Well: Pilot Programme

- 1.5** The Working Well family started with the Working Well: Pilot Programme in March 2014. This programme 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.
- 1.6** 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

- 1.7** 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.² 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 receive referrals until the end of 2017, to allow a further 5,000 people to access support.
- 1.8** Like the previous iteration the programme offered two years of support and one year of in-work support, although clients participation in this programme was voluntary. Again, 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 developments on the previous programme were the inclusion of a GP referral pathway, 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 was 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

- 1.9** The Working Well: Work and Health Programme started in January 2018 and will run until 2024. 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 model, designed and managed by DWP.
- 1.10** 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 priority groups including ex-offenders, carers, ex-carers, a homeless person, ex-armed forces, those with drug/alcohol dependency, care leavers and

² HM Treasury and Greater Manchester Combined Authority. 2014. Greater Manchester Agreement: Devolution to the GMCA and transition to a directly elected mayor.

refugees. These clients are expected to account for 10% of participants and are referred on a voluntary basis.

- 1.11** Compared to the two previous programmes, it was expected the programme clients would 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.
- 1.12** The use of Earnings Outcomes is one of the points of difference with the previous programmes, with HMRC PAYE data used to trigger payments. 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, Seetec Pluss and Pathways CIC.
- 1.13** 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 proportion of clients are not allocated to the programme but instead to a control group. 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 RCT has, however, been paused in light of the COVID-19 pandemic. It is not yet clear whether the RCT will produce robust evaluation findings at a sub-national level for future reporting.

The Working Well model

- 1.14** 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 authority-based Local Leads (local authority staff with responsibility for helping Working Well integrate into the support ecosystem in each of the ten local authority areas), Integration Boards and Local Delivery Meetings. This is intended to ensure buy-in from and accountability to 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 Programme Office within Greater Manchester Combined Authority oversees the programmes, providing overarching strategic direction, intelligence on performance and active management to resolve any issues in the programmes. For the Working Well: Work and Health Programme a key responsibility is liaising with DWP.

Methodology

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

- Routine monitoring data collected by providers. All analysis presented in the report is based on this data unless otherwise stated. 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. The data that has been used for the first part of the report covers up until the end of March 2020, at which point any impact of COVID-19 was not evident. For the second part of the report, the data used covers up to the end of July 2020. Each of the three Working Well programmes have their own set of monitoring data which differ in the information collected. Statistics released by the Department for Work and Pensions on the Work and Health Programme contain very little sub-regional detail so have not been drawn into this report. There may be slight differences in figures, reflecting the different data sources and not all clients consenting to their data being shared for evaluation purposes.
- A series of five one-on-one and 11 group interviews conducted in June to August 2020 with the Programme Office and provider staff including Key Workers, Employment Services Team members, Health Team members, Integration Coordinators, site managers and senior managers. In total 28 individuals were spoken to for this report, although fieldwork conducted for previous reports has also informed this report where findings from the most recent round remained in line with previous findings.
- An online survey of Working Well: Work and Health Programme clients conducted in May 2020 to understand the impact of COVID-19 and what support clients wanted. The questions were predominantly multiple choice, with some open text boxes for further detail. The survey received 231 responses, a response rate of around 4% of active clients at that time. The split of respondents by age, gender and local authority³ is broadly reflective of the wider programme cohort but given the response rate the results should be treated as indicative and not representative. Furthermore, as it was an online survey there may be issues with bias as this format is inaccessible for some programme clients.

³ The survey was not linked to CDP data and no other characteristics were collected in the survey.

- Case studies from the provider that set out some clients' journeys through the programme, including how the providers worked to address their barriers to work and improve their job prospects.

Report structure

1.16 The report is structured as follows, with all chapters focused on the Working Well: Work and Health Programme unless otherwise stated:

- Chapter 2: number of clients that have started the programme, and issues around referrals and starts.
- Chapter 3: characteristics and barriers to work of programme clients, including reflections on the extent to which they reflect the envisaged programme cohort and how this has changed since last year's report.
- Chapter 4: programme support offer, the support that has been delivered, client engagement, non-employment outcomes and social value.
- Chapter 5: job starts achieved including the likelihood a client has started a job based on their characteristics and barriers to work.
- Chapter 6: Earnings Outcomes and Higher Earnings Outcomes, including the likelihood a client has achieved them based on their characteristics, barriers to work and type of job start.
- Chapter 7: the in-work support offer and job retention and progression based which considers differences by job characteristics
- Chapter 8: the impact of COVID-19 on the programme's clients, delivery, performance and management
- Chapter 9: focuses on the Working Well: Pilot Programme and Working Well: Expansion Programme, covering the number of clients supported and the outcomes achieved for these clients.
- Chapter 9: sets out the lessons and conclusions, reflecting on what the findings from this report mean for future delivery of this programme and future employment support programmes

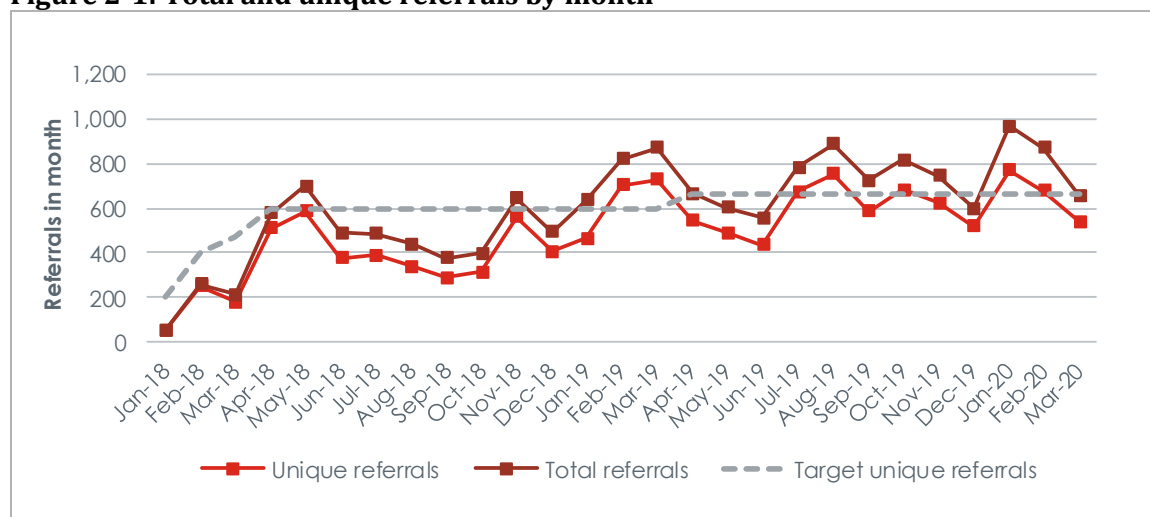
2. Working Well: Work and Health Programme – Referrals and Starts

- Gross referrals reached 16,337 by the end of March 2020 – with 13,44 unique referrals
- The number of referrals against target improved in the last year – programme is now at 83% of target overall vs 74% last year
- Programme starts reached 9,842 by the end of March 2020
- Conversion of referrals to start was above target overall (at 77% vs target of 75%)

Programme referrals

- 2.1** The Working Well: Work and Health Programme received 16,337 referrals by the end of March 2020. Of these, there were 13,444 unique individuals referred to the programme. Overall, the programme was at 83% of target for unique referrals. This is a substantial improvement on 74% of target by the end of March 2019 for the last annual report. This reflects stronger performance in recent quarters, as shown in Figure 2-1. Over the last three months, the programme has achieved 99% of target unique referrals.

Figure 2-1: Total and unique referrals by month



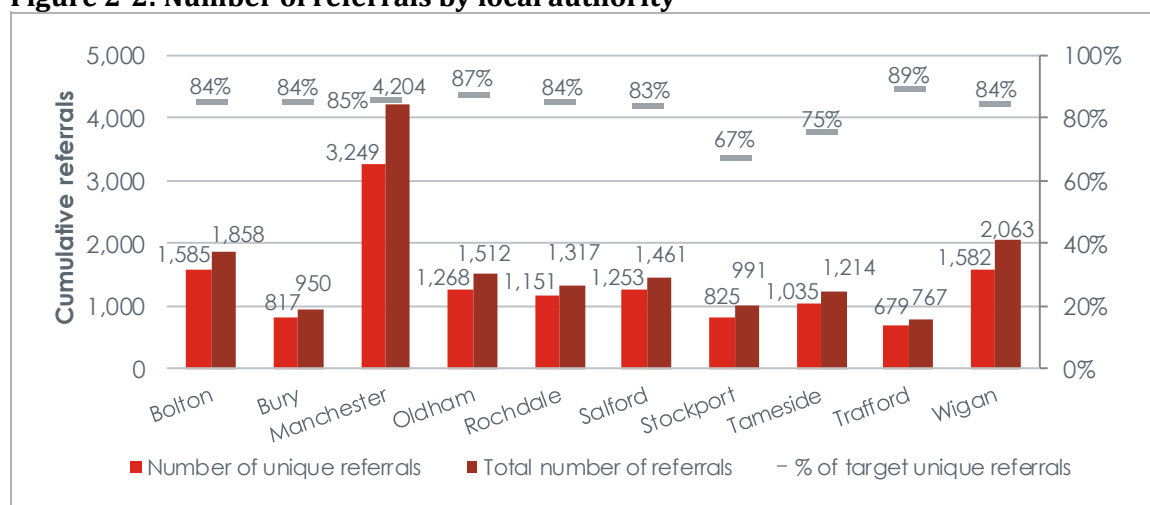
Source: SQW analysis of GM WHP monitoring data

- 2.2** Last year's annual report set out why referrals were believed to be below expectation in the first year of the programme. The improvement in referral levels since has been the result of a concerted effort with Jobcentre Plus (JCP) to address or minimise these issues, much of it a continuation of the work mentioned in last year's annual report. This includes regular data

sharing and meetings with JCP Managers, as well as persistent engagement and profile-raising activities with Work Coaches and potential referrals by programme staff. This is most commonly led by Integration Coordinators, but Key Workers also play a role and are now co-locating in JCP more frequently.

- 2.3** Overall, the story of the last year is one of the relationship with JCP maturing through the refinement of routine processes, systems and communication. The result is a sustained high profile for the Work and Health Programme within JCP and issues around high levels of re-referrals being addressed. This has meant Integration Coordinators have been able to reduce the time spent in Jobcentres somewhat. Nonetheless consultees were keen to emphasise that maintaining this profile and relationship with JCP requires ongoing attention to maintain this progress.
- 2.4** Challenges around referrals from external local signposting organisations (ELSOs) have persisted however. The level of referrals from ELSOs is believed to be lower than expected, although the true level of referrals from ELSOs is unknown to the programme provider because all referrals are made via JCP as the ‘gatekeeper’ and referrals that have come through this route are not flagged. The proportion of Early Entrant clients referred to the programme provides a rough proxy for ELSO referrals, and are around half the level expected. The provider was restricted in its ability to remedy this due to the lack of data and insight into which ELSOs the referrals are or are not coming from.
- 2.5** Figure 2-2 presents a breakdown of gross and unique referrals, and performance against target, by local authority. Performance against target is consistent between most local authorities, with eight of the ten achieving between 83% and 89% of target. Stockport and Tameside are considerably lower, at 67% and 75% respectively. All have however experienced an improvement since last year’s report, including an improvement of 15 percentage points for Stockport.

Figure 2-2: Number of referrals by local authority

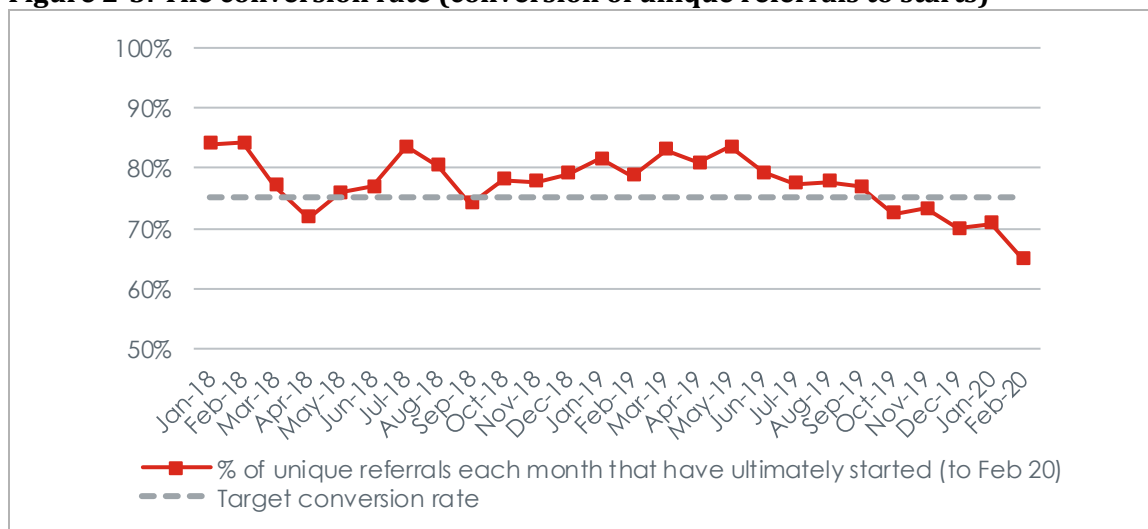


Source: SQW analysis of GM WHP monitoring data

Programme starts

- 2.6** The programme had 9,842 starts by the end of March 2020. The conversion rate of unique referrals to starts was 77%⁴ – above the target of 75%. Figure 2-3 shows that the conversion has fluctuated over time. Following a peak in May 2019 the conversion rate has steadily declined. It reached the lowest level in February 2020 at 65%, although this likely reflects those first referred in February having less time to have started, less time and opportunity for a re-referral resulting in a start, and potentially an early impact of COVID-19.

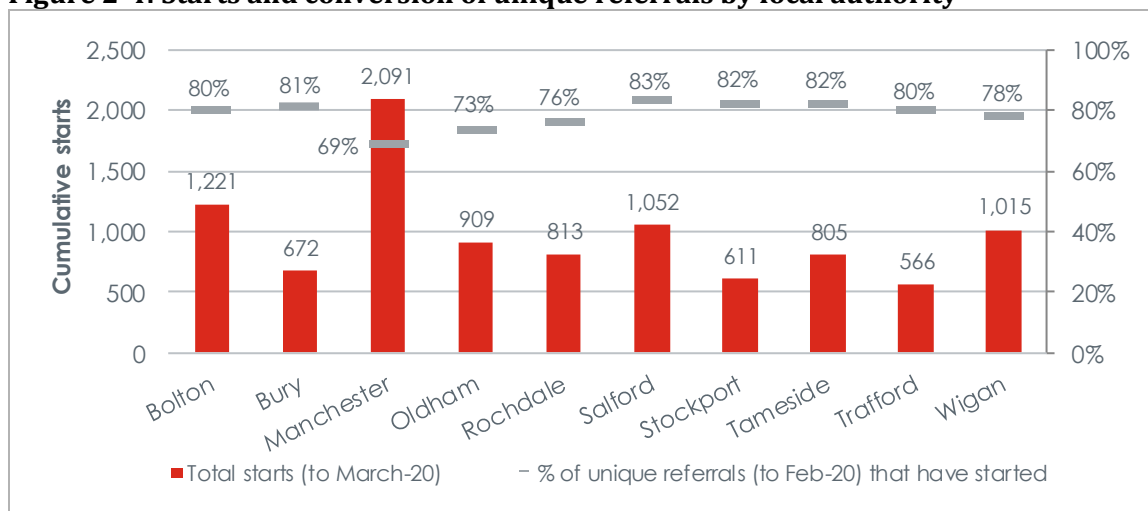
Figure 2-3: The conversion rate (conversion of unique referrals to starts)



Source: SQW analysis of GM WHP monitoring data

- 2.7** Figure 2-4 sets out the number of starts and conversion rates by local authority. Again, there is a fair amount of consistency between local authorities, with just two (Manchester and Oldham) below the target rate of 75%, at 69% and 73% respectively.

Figure 2-4: Starts and conversion of unique referrals by local authority



⁴ This conversion rate only considers those referred up to the end of February 2020 to allow sufficient time for referrals to be processed and start.

Source: SQW analysis of GM WHP monitoring data. Excludes starts where the local authority is unknown

- 2.8** Rates have improved across seven local authorities since last years report (Bury and Wigan saw the greatest improvements at +7 percentage points). The rate stayed the same in Manchester and declined in Salford and Stockport (-1 and -7 percentage points respectively). Stockport previously had a very high conversion rate of 89% in last year's report, with the fall likely reflecting the push for more referrals.

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

- 59% of clients reported having a health condition and/or disability
- The programme's clients were perceived further from work than anticipated
- This perception is supported by analysis of client characteristics and barriers to work, with the programme cohort similar to the Working Well: Expansion Programme cohort which had a job start target of 20% compared to 74% on this programme
- There has however been a modest improvement in the last year
- A key challenge for the programme is the tension between the quantity of referrals and restricting referrals to those the programme was designed to support i.e. those who are likely to start work within 12 months

3.1 This chapter sets out the characteristics and barriers to work of clients that have started on the programme. It concludes by considering the extent to which the programme cohort reflects the intended cohort when designing the programme.

Characteristics

3.2 Table 3-1 sets out a breakdown of starts by client type and local authority. Health and Disability (H&D) clients account for 71% of starts, slightly below the target of 75% and lower than the 79% figure reported last year. Long-Term Unemployed (LTU) clients account for 23%, somewhat above the target of 15% and higher than the 16% figure in last year's report. Early Entrants (EE) clients account for 6%, not far over half of the target of 10%.

3.3 The mix of client types varies widely by local authority. For example, in Bury the H&D cohort accounts for just 57% of starts while the LTU cohort accounts for 35%, over double the target for LTU. The proportion of Early Entrant clients by local authority sits within a narrower range, with the cohort ranging between 4% and 9% of starts.

Table 3-1: Starts by client type and local authority

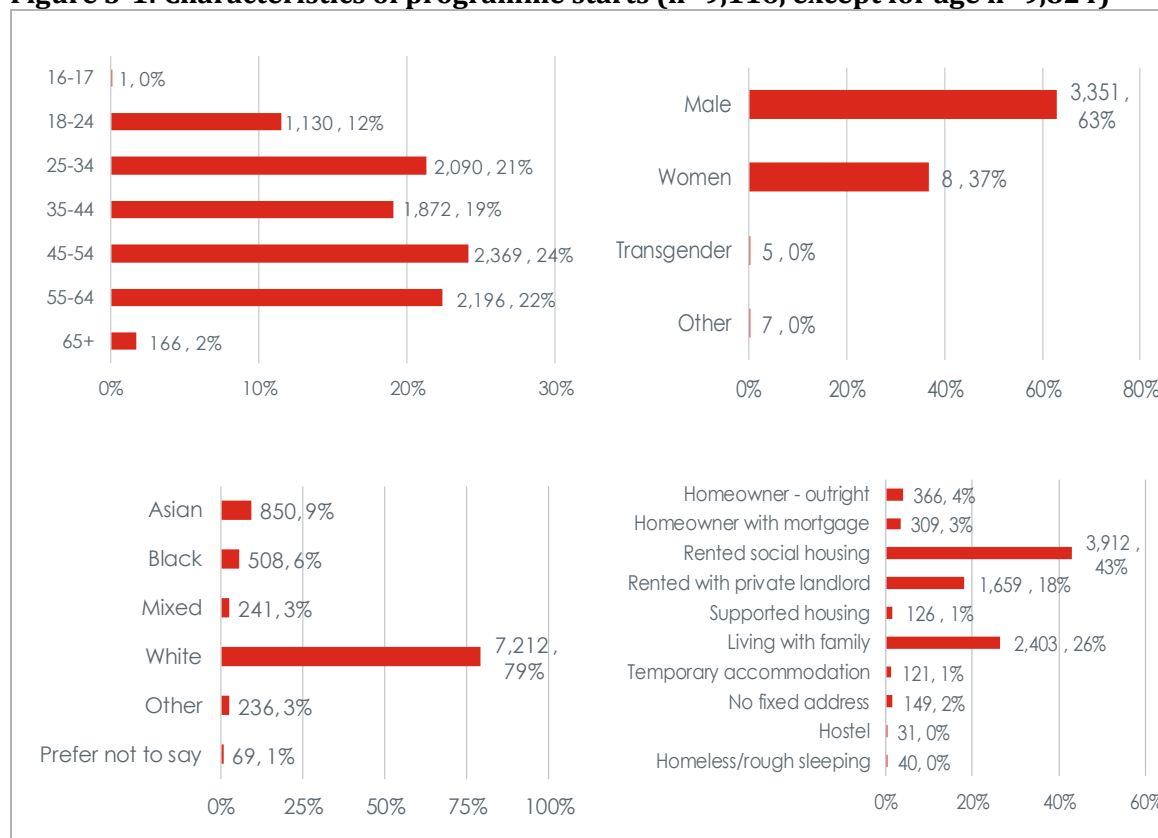
LA	Health & Disability		Long-Term Unemployed		Early Entrants	
	Count	%	Count	%	Count	%
Bolton	935	77%	224	18%	62	5%
Bury	380	57%	233	35%	59	9%
Manchester	1,536	73%	421	20%	134	6%
Oldham	683	75%	191	21%	35	4%
Rochdale	600	74%	164	20%	49	6%
Salford	762	72%	191	18%	99	9%
Stockport	429	70%	159	26%	23	4%
Tameside	491	61%	256	32%	58	7%
Trafford	385	68%	161	28%	20	4%
Wigan	686	68%	281	28%	48	5%
Total	6,949	71%	2,300	23%	593	6%
Target	-	75%	-	15%	-	10%

Source: SQW analysis of GM WHP monitoring data

3.4 A selection of basic starter characteristics is presented in Figure 3-1. These charts and other analysis shows:

- there is a spread of client ages, with roughly half aged 45 and above – the median age is 43 years old
- a majority are male (63%)
- most clients are white (79%⁵)
- the majority are single (80%)
- rented social housing is the most commonly cited living situation (43%) followed by living with family (26%) and rented with a private landlord (18%)

⁵ Similar proportion to Greater Manchester's working age population (74.6%) – Annual Population Survey December 2019

Figure 3-1: Characteristics of programme starts (n=9,116, except for age n=9,824)

Source: SQW analysis of GM WHP monitoring data

3.5 Table 3-2 shows the length of time clients have been out of work, as reported by clients. Approximately three-quarters of clients have been out of work for one year or more, while 16% have been out of work for more than 10 years and 8% have never worked. Stockport and Trafford had fewest out of work for 6 or more years or who had never worked, mainly due to higher shares who had never worked. By client type, LTU clients have generally been out of work longer while H&D and EE clients are broadly similar.

Table 3-2: Length of time clients have been out of work (n=9,116)

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%	22%	17%	12%	16%	10%
Bury	10%	13%	20%	21%	11%	16%	9%
Manchester	11%	14%	22%	17%	10%	17%	9%
Oldham	8%	12%	22%	22%	11%	13%	12%
Rochdale	8%	14%	23%	20%	12%	13%	11%
Salford	13%	17%	19%	20%	10%	14%	8%
Stockport	11%	15%	23%	22%	9%	15%	5%

Programme Starts	0-6 months	7-12 months	1-2 years	3-5 years	6-10 years	10+ years	I have never worked before
Tameside	7%	10%	25%	22%	11%	16%	8%
Trafford	10%	11%	28%	23%	10%	14%	4%
Wigan	7%	13%	23%	20%	12%	19%	6%
Provider							
Ingeus	9%	13%	22%	20%	11%	16%	9%
The Growth Company	11%	15%	22%	19%	10%	16%	8%
Pluss	7%	11%	25%	18%	12%	16%	11%
Client type							
H&D	9%	13%	22%	20%	11%	16%	9%
LTU	11%	15%	22%	19%	10%	16%	8%
EE	7%	11%	25%	18%	12%	16%	11%
Total	10%	13%	22%	20%	11%	16%	8%

Source: SQW analysis of GM WHP monitoring data

Barriers to work

3.6 Table 3-3 shows the number of presenting issues based on fourteen key barriers, which are identified during the initial assessment.⁶ The vast majority of clients identified at least one barrier to work (94%), while nearly half of all clients identified three or more barriers. Overall, clients identified an average number of 2.6 barriers and a median of 2.0. Bury had the highest average number at 3.2, while Trafford had the lowest at 2.3. There is less variation by client type, but LTU clients have marginally fewer issues and are more likely to have no issues.

⁶ 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

**Table 3-3: Number of presenting issues per client based on fourteen key barriers⁷
(n=9,116)**

	0	1	2	3	4 - 6	7 - 10	Average no.
Local authority							
Bolton	7%	17%	22%	24%	28%	2%	2.7
Bury	1%	14%	21%	26%	35%	3%	3.2
Manchester	9%	21%	24%	21%	24%	1%	2.5
Oldham	5%	19%	26%	23%	26%	1%	2.7
Rochdale	6%	21%	27%	21%	24%	2%	2.6
Salford	4%	21%	29%	24%	21%	1%	2.5
Stockport	5%	19%	25%	23%	28%	1%	2.7
Tameside	9%	22%	25%	22%	22%	1%	2.4
Trafford	9%	23%	26%	22%	20%	1%	2.3
Wigan	7%	23%	27%	21%	22%	1%	2.4
Provider							
Ingeus	6%	20%	25%	22%	26%	1%	2.6
The Growth Company	7%	21%	26%	22%	22%	1%	2.5
Pluss	4%	17%	24%	26%	28%	1%	2.8
Client type							
H&D	5%	19%	26%	24%	25%	1%	2.6
LTU	9%	23%	24%	20%	23%	1%	2.4
EE	8%	24%	21%	20%	26%	2%	2.5
Total	6%	20%	25%	23%	25%	1%	2.6

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

3.7 Table A-1 (in Annex A) sets out comprehensively the proportion of clients reporting the various barriers to work and support needs that are collected by the programme, broken down by local authority. The remainder of this section considers key findings from this table and explores barriers of particular interest in further detail. The headline findings to report from Table A-1 are:

- By far the most common barrier identified under 'My Life' was transport, with 85% of clients not having access to a car to travel to and from work. This was followed by confidence (27%)

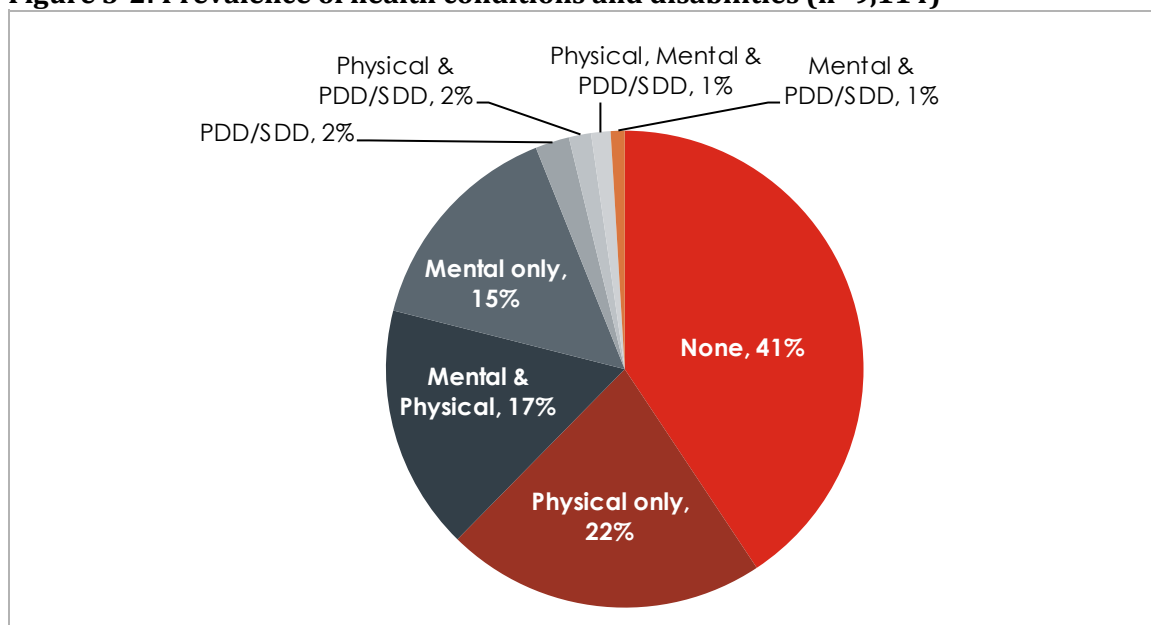
⁷ See above.

- Low confidence in being successful in a job is the most prominent barrier identified under 'My Work' – 19% of clients were not confident they could find and obtain work – rising to 26% of clients in Wigan
- Categories under 'My Skills' suggest a variety of barriers, with 62% of clients identifying a need for support around skills. Across the core skills, computer competence is the most prominent barrier (this is explored in greater detail below). Also, 71% of clients lack a driving license which will limit the work that is accessible.
- Health and disability related barriers to work are fairly prominent, as expected given the focus of the programme. Over half (56%) said they had a health condition or disability that could affect their ability to get a job, 46% said they had a health condition or disability that could affect their ability to sustain a job.

Health conditions and disabilities

- 3.8** Figure 3-2 sets out the types of conditions client faced.⁸ They were most likely to have physical health conditions (41% of clients) followed by mental health conditions (34%), while a small proportion have a pervasive or specific development disorder (PDD/SDD) such as autism or learning difficulties (6%). Most clients with a health condition or disability have conditions that fall under just one of these categories, but a fifth have conditions that fall under multiple categories.

Figure 3-2: Prevalence of health conditions and disabilities (n=9,114)

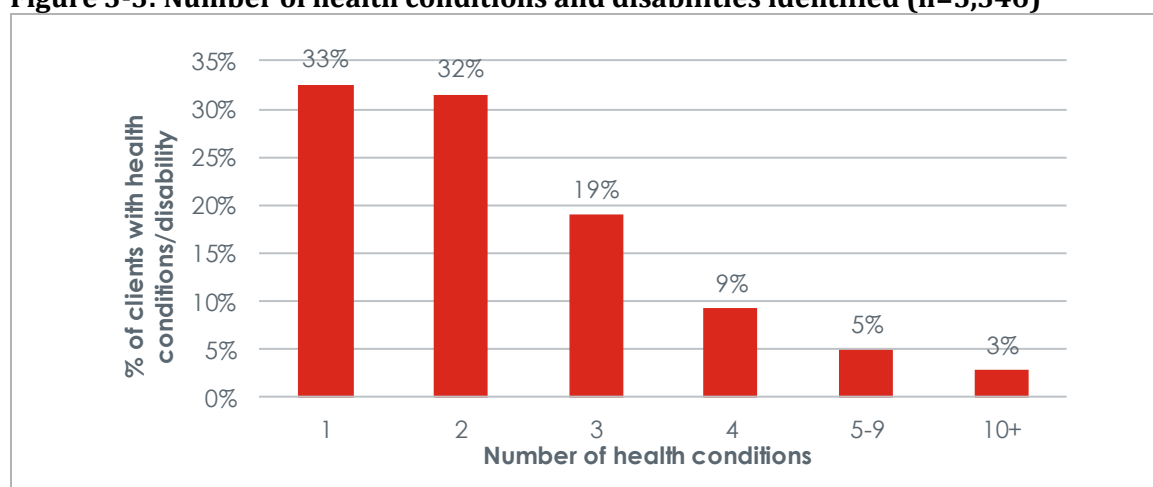


Source: SQW analysis of GM WHP monitoring data

⁸ Including a small proportion who did not view them as a barrier to work.

- 3.9** Figure 3-3 sets out that one third of clients have one health condition or disability, around a third have two conditions and the remaining third have three or more.

Figure 3-3: Number of health conditions and disabilities identified (n=5,346)



Source: SQW analysis of GM WHP monitoring data

- 3.10** Table 3-4 shows the most commonly identified physical and mental health conditions and psychiatric development disorders for those who reported having a health condition or disability. The most common conditions are anxiety disorders and depression or low mood (26% of clients). The most commonly identified physical health conditions are back problems (13%) and leg problems (10%).

Table 3-4: Most commonly identified health conditions and disabilities (n=9,114)⁹

Physical Health			Mental Health or PDD/SDD		
Condition	No. of clients	% of clients	Condition	No. of clients	% of clients
Problems with back	1,161	13%	Anxiety disorders	2,363	26%
Problems with legs	881	10%	Depression or low mood	2,356	26%
Chest/breathing problems	636	7%	Learning difficulties	364	4%
Heart/blood pressure	613	7%	Asperger's/Autistic Spectrum	235	3%
Arthritis - Osteoarthritis	581	6%	Alcohol addiction	182	2%
Diabetes	429	5%	Post-Traumatic Stress Disorder	142	2%
Problems with arms	333	4%	Substance misuse	96	1%
Problems with feet	326	4%	Obsessive Compulsive Disorder	89	1%

Source: SQW analysis of GM WHP monitoring data. Note only includes those clients who have answered the question on conditions.

⁹ Out of n=9,842 clients, n=2,615 clients reported having a health condition or disability that could be a barrier to getting and/or sustaining a job.

Reflections on characteristics and barriers to work

- 3.11** The 2019 annual report found widespread concerns amongst consultees that those referred to and joining the Working Well: Work and Health Programme were further from the labour market, had more complex barriers and were harder to help than expected. These concerns have also been reported from other Work and Health Programme delivery areas, both anecdotally and as reported in SQW's evaluation of the four devolved London Work and Health Programmes.¹⁰ The previous annual report found that this concern was supported by the monitoring data on client characteristics and barriers to work. Analysis comparing the cohort to the Working Well: Expansion Programme cohort found it to be broadly similar on characteristics and barriers to work found to be statistically significant determinants of the likelihood of achieving a job start on the previous programme – yet the target for the proportion of clients starting jobs for the Working Well: Work and Health Programme is 74% compared to 20% for the Working Well: Expansion Programme. The old programme provided an additional nine months of support months of support, although the payments per participant are higher for this programme.
- 3.12** The consensus amongst consultees was that this was still an issue, with limited improvement over the last year. As a result, analysis was undertaken to compare the characteristics and barriers of starters in the last year against those starting prior to this, and to the Working Well: Expansion Programme where possible. Some of the key figures are presented in Table 3-5, which suggests the situation is very similar across the two years. EE clients appear less challenged on some characteristic, but at the same time a greater proportion are long term unemployed. Nonetheless the cohort does still appear to be less work-ready than anticipated. It therefore follows that it is reasonable to suggest that the programme's underperformance employment outcomes against target can to some extent be explained by this issue.

Table 3-5: Comparison of cohorts (% is proportion of cohort)¹¹

Factors which reduced likelihood of entering work	WWE	WW: WHP to Mar-19	WW: WHP Apr-19 to Mar-20
Statistically significant for WWE			
Unemployed 2 years+ or never worked	79%	77%	76%
No qualifications	26%	18%	15%
Health condition and/or disability	64%	61%	53%
Average age (mean)	42	44	42
Other identified factors identified as important			
Long-Term Unemployed clients	-	16%	29%
Average number of presenting issues	-	2.7	2.5

¹⁰ SQW (2020). London Work and Health Programmes evaluation: Theme A report. Accessible here: https://www.londoncouncils.gov.uk/sites/default/files/London%20WHP%20evaluation_0.pdf

¹¹ "-" denotes where figures on Working Well: Expansion are not comparable.

Factors which reduced likelihood of entering work	WWE	WW: WHP to Mar-19	WW: WHP Apr-19 to Mar-20
Not confident they can find and obtain work ¹²	16%	20%	19%

Source: SQW

3.13 Considering the reasons for this issue, there are three key drivers that were proposed by consultees:

- Firstly, issues with awareness and perceptions amongst Work Coaches.¹³ Despite the activities focused on addressing this, consultees were still finding that some referrals were either misinformed about the programme or further from the labour market than they had anticipated, i.e. they did not think that some of those referred had a realistic opportunity of finding a job in 12 months. A multitude of factors seem to be driving this, though the balance between these is not clear. One factor is new Work Coaches, who will not have benefitted from all of the initial awareness raising activities. Another is the range of programmes available to Work Coaches for referrals, including others under the Working Well 'brand'. It was also suggested that some Work Coaches were referring customers who were unlikely to be able to start work in the next 12 months because they knew it would give them access to provision that they would otherwise not be able to access, particularly mental health support, or were felt the programme would be effective nonetheless. Pressures for Integration Coordinators to focus their efforts away from JCP may limit their ability to follow up on referrals not reflecting the envisaged cohort in terms of work-readiness, although an increased role for Key Workers in JCP can reallocate this responsibility to an extent.
- Second, that there has not been a sufficient number of participants in Greater Manchester that match the envisaged cohort i.e. those with barriers to work that require support (particularly around health) but could start work within 12 months. Pressures to hit the target number of referrals have therefore resulted in referrals of clients . Pressures to hit the target number of referrals have therefore resulted in referrals of clients who are less close to work than expected. Historically low levels of unemployment may have exacerbated this issue by meaning only those with high barriers remained out of work, although at the same time by implication there were job market opportunities widely available. The previous Working Well Programmes, which supported 25,000 people, may also have had some impact here through reducing the number of those targeted by the programme by helping move them into or towards work in the years prior.
- Third, some consultees expressed concerns about the selection tool and process used to identify and refer clients. The selection tool consists of a set of questions answered by clients within JCP to identify the 'goldilocks' group of clients – those with barriers to work

¹² Includes 'no' and 'not sure' for Working Well: Work and Health Programme whereas 'not sure' was not an option for Working Well: Expansion Programme.

¹³ Note that Work Coaches were spoken to for last year's report but not this report due to the pressures within Jobcentre Plus due to COVID-19 when the fieldwork was being undertaken.

that require support (particularly around health) but could start work within 12 months – with a portion of the eligible population referred to the control group. There were four possible explanations proposed for clients being further from work than anticipated that relate to the selection tool: (1) the selection tool does not ask the right questions to identify the envisaged referrals; (2) the tool is not being used correctly by Work Coaches; (3) the answers being given by potential referrals are inaccurate, possibly due to them thinking they have to give the ‘right’ answer; (4) the parameters for the ‘goldilocks’ group have not been calibrated properly or have been widened to move sufficient numbers onto the programme. Taken together, these point to a tension between:

- Pressure to hit a numerical referrals target, which rests primarily with JCP; and
- Providers where payment is heavily skewed to the achievement of outcomes.

3.14 The danger is that if providers feel that the support they can offer is not likely to move people in to work then they may limit their investment in this group. At the same time, places on the programme are limited and may be used up too soon. The selection tool was meant to address this tension by introducing a degree of objectivity in to what can be a subjective process. However, this seems not to have worked, or at least built confidence, as hoped.

4. Working Well: Work and Health Programme – Support

- The support offer was considered good quality by those involved in its delivery, with limited gaps in provision
- Most support is delivered through internal provision, with the Health Team and Integration Coordinators considered key strengths

4.1 This chapter briefly sets out the programme’s model of support before setting out data that illustrates specific ways that clients have been supported. It also highlights the changes to the support offer that have occurred in the last year. For a more in-depth account of the support model please refer to the 2019 annual report.

The support offer

4.2 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. Throughout the next 15 months the Key Worker supports the client through regular appointments and referring to support services as necessary – which will either be delivered in-house, by external organisations within Greater Manchester’s support ecosystem or through access to online resources (see Figure 4-1 for an overview). Support is available for the full 15 months, including for those who move into work, with up to six months additional support available for those in work.

Figure 4-1: Overview of the support available to programme clients

Key Worker		
<ul style="list-style-type: none"> • Fortnightly appointments • Quarterly review • Resolving simple issues • Signposting to support • Building relationship, trust and understanding 		
In-house support Health Team Financial advisors Hub Guides Employer Services Team Key Workers in wider team with areas of expertise e.g. self-employment Mix of formats (one-to-one, workshops)	GM’s support ecosystem Local authorities/public services Voluntary, community and social enterprise (VCSE) sector Private providers	Online support InWork Hub (now iWorks) SilverCloud Be Mindful

Views of consultees on the support offer

- 4.3** Consultees involved in the programme's delivery were overwhelmingly positive about the support available to address clients' barriers to work and improve their quality of life. Two aspects of the programme were commonly cited as strengths on this programme compared to other employment support programmes – the in-house health team and Integration Coordinators.

In-house health team

- 4.4** Given the focus of the programme and high prevalence of clients with health issues, this in-house service was considered a key asset and was praised by all consultees. This offer was considered a key selling point to potential referrals. The support available through the team is wide-ranging, including but not limited to depression, anxiety, physiotherapy, exercise and healthy eating. It is particularly focused on equipping clients with strategies to manage their conditions.

Case Study – Client A – supported by Twaleah (Physical Health Practitioner)

The participant was referred to our Twaleah as he was experiencing pain in his calves which meant he could not walk further than 25 yards, as well as struggling with arthritis and back pain. In the first appointment they discussed using heat therapy and calf stretches to combat the pain and discussed arthritis management. Between their next appointment times the participant was extremely poorly but still managed to practice the advice Twaleah had given him and reported he could walk double the distance of before with much less pain, but was struggling with back and hip arthritis still. Twaleah added a goal of doing glute strengthening exercises daily and explained these to him.

When following up, Twaleah advised the participant on soft food for his diverticulitis and stomach pain, as promoted the benefits of increasing his fruit and vegetable intake.

Upon final follow up the participant reports he has been using post it notes all round his house that remind him to “heat, stretch and pace” and he is feeling much better. He swears by the program and has been telling all his friends how much it has helped him.

- 4.5** For programme clients the in-house health offer is beneficial because it enables clients to get rapid and quality assured support with their health. Having the health team in-house means they are able to work collaboratively with Key Workers and Employment Advisors, involving

them in the process and providing updates as appropriate. Their role on the programme also includes upskilling of Key Workers to deal with non-severe health issues.

- 4.6** Prior to COVID-19 the health team was working at full capacity, reflecting a high level of demand for the service. The team delivered a mix of one-to-one support and group sessions, with the latter used to increase the number of clients that are able to access the services. In the past year, the team was more frequently providing support in outreach locations to reach clients with more severe conditions that were difficult to keep engaged on the programme.

Case Study – Client B – supported by Katherine Heald (Occupational Therapist)

This participant has experienced anxiety and depression for several years. She attended the Anxiety Management workshop with Katherine and learnt a range of coping strategies, which she found helpful for managing her anxiety. She also found the peer support she received from others on the workshop helpful.

The participant was referred by her KW for a health triage for additional support managing anxiety and depression. She highlighted that she was struggling with having no regular routine, particularly organising her time, and feeling overwhelmed with tasks which she tended to put off. Through regular telephone reviews, Katherine and the participant worked together to focus on implementing a regular routine with a range of self-care, productivity, and leisure activities.

They utilised activity scheduling and goal setting worksheets, which have enabled the participant to feel more in control of her routine and trying new activities. She now has a really varied routine, which helps her to manage her mental health throughout the lockdown period. She regularly practises yoga, meditation, goes walking, sets time aside to deal with 'life admin' and job searching and is also completing an online computer course. If she feels overwhelmed, she goes back to some of the breathing techniques from the Anxiety Management workshop, which help her to feel calmer.

Integration Coordinators

- 4.7** Integration Coordinators were considered a key asset for the programme by most consultees.¹⁴ Those who had worked on the Working Well: Expansion Programme considered this programme to be better integrated with external provision, with Integration Coordinators playing a key role in facilitating this through the relationships that have

¹⁴ Integration and the role of Integration Coordinators are covered in greater detail in last year's annual report.

established with support organisations and local authorities. There has however been some turnover of Integration Coordinators, which highlights the risk of a single-point-of-contact model – whereby relationships and knowledge can be lost and require rebuilding if that individual leaves.

- 4.8** As highlighted in the referrals section, in the past year Integration Coordinators have been spending less time with JCP to generate referrals. This has enabled Integration Coordinators to spend more time on improving the programme’s support offer, working with Key Workers to identify common barriers that are difficult to address and gather more feedback on whether the external support clients are signposted to is delivering good quality support and meeting clients’ needs.

Gaps in support

- 4.9** Consultees identified a limited number of areas where it is challenging to provide appropriate and timely support, namely bereavement, longer-term counselling, severe mental health needs and ESOL courses – areas that have persistently been identified as challenging in these annual reports. These cannot be supported appropriately in-house, and local external provision tends to either have gaps (particularly for bereavement), lack the flexibility clients need or have long waiting lists that take up much of the 15 months on programme. These gaps in provision therefore present barriers to progressing clients who need the support towards work.
- 4.10** The gaps and issues with provision have been recognised by the programme, particularly via Integration Coordinators. The relationships that Integration Coordinators have with local authorities and support services has enabled the programme to exert influence to remedy these gaps to an extent – through providing feedback to support services or working with local authorities to plug gaps and escalate issues as necessary. Where it has been challenging to address the shortfalls in external provision, the programme has sought to support clients internally as far as possible. For mental health and bereavement, the in-house health offer enables the programme to support clients while they await more intensive support. Nonetheless these areas do remain challenging, reflecting the level of demand and limited funding for such services. Devolved control of the Adult Education Budget and health and social care present the opportunity for local commissioners to respond to the gaps and limitations in support that have been identified.

Recent action to improve delivery of support

- 4.11** Much of the focus in the last year has been on refining the support offer and associated processes and performance management around the provision of support. Two areas of action that have recently commenced are worth highlighting:
- An integration action plan has been established to further drive integration with the local support ecosystem, in response to concerns that the programme has not been drawing

upon available local support to meet clients' needs to the extent that it could. A key area of action within the plan is establishing a digital signposting system for the programme, which will hold a catalogue of all services available to clients, record signposts/referrals and facilitate the secure transfer of information. The intention is for the programme to use Elemental, a pan-Greater Manchester social prescription tool newly commissioned by the Greater Manchester Health and Social Care Partnership. The current expectation is for the tool to go live in August. This is expected to have a significant beneficial impact on the ability of the programme to link into local support and capture high quality data on referrals to support.

- The programme is delivered by inWork GM, a partnership between three providers which has the benefit of the providers being able to share best practice and benefit from the different relationships each has with local services. Consultees were concerned that these potential benefits were not being fully leveraged and there were anecdotal examples of insufficient communication through the supply chain and a lack of consistency in delivery. As a result, the Alliance Board (which consists of high-level management from each of the providers) has recently been refreshed and is sitting more frequently.

Outstanding issues with support

4.12 In addition to the actions above that are underway, consultations with programme staff identified some other areas as requiring further refinement or ways to enhance the programme. Some of these are less feasible to address on this programme, but all are worth considering in the design of future employment support programmes. The suggestions mostly fall into two categories: (1) workloads and the time allocated for them and (2) programme flexibility.

Workloads and time available

4.13 A common concern amongst consultees was that workloads are high and there is not sufficient time allocated to complete all tasks that are expected. There are three factors that were identified in consultations as possible reasons: caseload sizes are too high, the administrative burden is too high or supporting clients requires more time than is allocated. Quite what the contribution of each factor to the higher than feasible workload is unclear, but all consultation evidence suggests all three are genuine contributors.

- Many consultees reported that caseloads are too high at times. Spikes in caseloads are a regular occurrence as a consequence of spikes in referrals, staff turnover and the length of time it takes to recruit the right person when hiring reactively. While the latter two points are inevitable, one suggestion for avoiding spikes is a cap on referrals within certain timeframes (i.e. days, weeks and months).
- Although improvements have been made, consultees cited some elements of programme delivery as still being process and admin heavy. Many said it was the most administrative

and compliance heavy employment programme they had worked on, often feeling like a 'tick box exercise'. It was suggested there is further scope for finding efficiencies and reducing duplication – particularly in client-facing activities. For example, a signpost to external support needs recording in client action plans and needs to be recorded separately to log the signpost. Most consultees thought that administrative tasks, such as recording signposting, were not being completed in full so that time could be spent on supporting clients instead – with compliance particularly likely to slip when caseload sizes spike.

- On the last point, that supporting clients might take longer than is allocated, if this is true it is a reasonable suggestion that the programme cohort having more complex issues and being further from work than anticipated is a key contributing factor.

Flexibility

- 4.14** Two consultees raised the need for more flexibility around contact requirements where clients are waiting for support, particularly for those on waiting lists for mental health support, that were challenging to progress in the meantime. For these clients, fortnightly hourly appointments were seen as overburdensome and often caused frustration, which could have implications on their willingness to engage. The introduction of some flexibility on reducing appointments to half an hour where appropriate was welcomed for providing some flexibility.
- 4.15** Reflecting the cohort being more challenging than anticipated, a recurring suggestion amongst consultees was for more flexibility on the length of support. It was suggested that 15 months was not long enough for many clients and it was common for clients to have to leave the programme when they were getting close to work ready. There was concern that leaving the programme at this stage could mean the client loses the progress they had made. Positively, however, consultees that cited this concern did consider the handover process to further support upon exit to be good quality.
- 4.16** The lack of an option to exit clients was highlighted as problematic by some consultees. Clients may experience a change in circumstance while on the programme, for example their health may have seriously deteriorated or their benefit conditions might no longer stipulate having to work. In such cases there is no flexibility to exit the client even if the programme is no longer appropriate (any change would also require safeguards to avoid challenging clients not being started or being exited inappropriately however).

Other suggestions

- 4.17** Considering future programme design, multiple consultees suggested that a programme in which clients progress through stages depending on their level of work readiness would make it easier to understand the progress of clients towards work. However, the feasibility of such

an approach for a 15-month programme was questioned by other consultees and most consultees did not raise the lack of a staged approach as an issue.

- 4.18** Strengthening the link-in with the Adult Education Budget was suggested as a priority. This would enable clients to benefit from access to enhanced education and training provision. The ideal relationship would include the ability to make direct referrals into such provision.

Support delivered

- 4.19** The remainder of this section uses monitoring data to explore the level and type of support clients have received and resultant non-employment outcomes up to the end of March 2020. Please note that this data should be interpreted with caution as it is known to underreport the support delivered but it is unknown to what extent and how representative the recorded data is.

Signposting data

- 4.20** The available data showed support was primarily delivered in-house by the provider (85%), with external support and signposting accounting for a relatively small proportion of support delivered. Support was most commonly concentrated on finding work and health support. The most common types of support recorded have been for 'exploring job goals/career planning' (59% of clients), health (57%), 'other skills' (53%), 'job search techniques' (42%), and 'CV/cover letter development' (37%).
- 4.21** Key Workers in each local authority can access a directory of the services available to clients in their locality by type of support, with details around any conditionality and how to make referrals. Table 4-1 shows the rate of signposting by area of support. Signposting to work-related services was most common, with at least 30% of clients having been signposted to an external organisation for this support. Table 4-2 shows the ten organisations which clients have been signposted to most frequently. Consistent with last year's annual report, the most common signposting has been to Transport for Greater Manchester for travel support and the National Careers Service. GPs are the third most common support clients are signposted to.

Table 4-1: Number of signposts by area of focus (January 2018-March 2020)

Area of focus	Total number of signposts	Number of unique clients signposted	% of clients starting over a month ago (n=9,285)
Health	3,745	2,199	24%
Skills	3,359	2,147	23%
Personal Circumstances	4,803	2,623	28%
Work	3,802	2,795	30%

Source: SQW analysis of GM WHP monitoring data

Table 4-2: Top 10 signposting organisations (January 2018-March 2020)

Organisation	Number of signposts	% of total signposts	Number of unique clients signposted	% of clients starting over a month ago (n=9,285)
Transport for Greater Manchester	2,068	13%	1,768	19%
National Careers Service	1,989	13%	1,686	18%
GP Signposting Activity	897	6%	738	8%
Skills for Employment	427	3%	387	4%
United Utilities	324	2%	315	3%
Electricity Northwest	317	2%	305	3%
Lifelong Learning Centre	313	2%	222	2%
Get Oldham Working	291	2%	235	3%
USwitch	276	2%	266	3%
Healthy Minds (IAPT)	257	2%	226	2%

Source: SQW analysis of GM WHP monitoring data

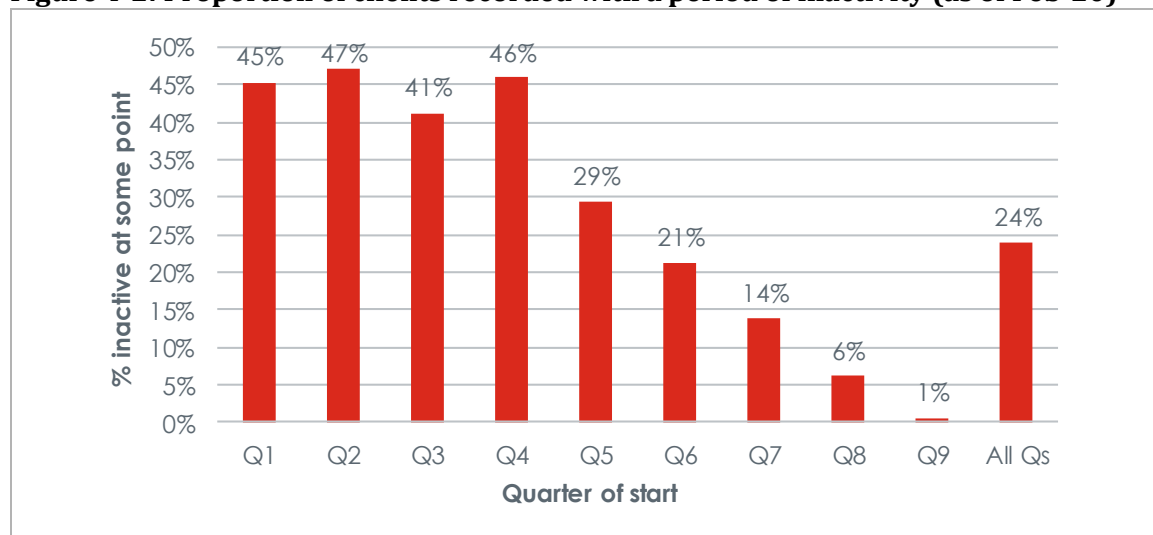
Client engagement

- 4.22** Participation in the programme is voluntary for the majority of clients as only LTU clients (who account for 23% of starts to date) mandated to the programme. Once a client starts on the programme, it is not possible to exit the programme. As a result, one of the key challenges for the programme is keeping clients engaged. This is vital to moving clients towards and into work and therefore central to programme performance.
- 4.23** This section briefly looks at the level of engagement amongst the programme's clients – by using the metric of inactive status. Clients are recorded as inactive if they do not attend two appointments and the Key Worker is unable to contact the client to re-engage them including via their Work Coach; inactive status must also be signed off by the local manager. Anecdotally, the three main reasons for disengagement an inactive status are: (1) a client being unwilling to engage; (2) a client being difficult to contact; and (3) health issues and treatment. Disengaged clients are able to re-engage but are not contacted as actively by the programme.
- 4.24** Overall, 24% of clients have been inactive at some point during the programme.¹⁵ Figure 4-2 presents a breakdown by quarterly cohorts, showing that for the first four quarters nearly half of the clients had a period of inactivity. Comparing this chart against analysis on inactivity undertaken in September 2019, there does appear to have been an improvement in the level of engagement for the most recent quarterly cohorts. In many of the consultations, provider staff highlighted a concerted effort to improve engagement in recent months – with the

¹⁵ The analysis covers to the end of February 2020, as a change in The Growth Company's approach in March meant a significant drop in inactive status, from 16% to 2%.

improvement likely reflecting this. Avoiding disengagement in the first instance is particularly important given that of those that became inactive, 71% did not become active again. Of those that did become inactive again, over 56% subsequently became inactive again.

Figure 4-2: Proportion of clients recorded with a period of inactivity (as of Feb-20)



Source: SQW analysis of GM WHP monitoring data

4.25 Table 4-3 sets out the level of inactivity amongst those on the programme at the end of February 2020, as well as the proportion of clients with a period of inactivity, by local authority, provider and client type. It shows:

- Local authority areas covered by The Growth Company are more likely to have clients currently recorded as inactive and with a period of inactivity. Manchester is highest on both of these measures.
- H&D clients are considerably more likely to be inactive than LTU or EE clients. This may reflect health issues being a key reason for non-engagement, while LTU clients are mandated to engage.

4.26 Analysis also shows that clients with a health condition or disability are more likely to have had a period of inactivity: 26% of clients with a health condition or disability have had a period of inactivity compared to 19% of those without.

Table 4-3: Number and proportion of clients currently inactive and proportion of clients with a period of inactivity (as of Feb-20)

	Inactive clients	% currently inactive (excluding completers)	% of all clients inactive at some point
Local authority			
Bolton	108	11%	22%
Bury	31	6%	17%
Manchester	292	19%	33%
Oldham	68	10%	23%
Rochdale	55	9%	21%
Salford	94	12%	27%
Stockport	41	9%	21%
Tameside	44	8%	17%
Trafford	60	15%	22%
Wigan	71	10%	21%
Provider			
Ingeus	349	9%	20%
TGC	447	16%	29%
Pluss	76	12%	27%
Client type			
Health and Disability	705	14%	28%
Long-Term Unemployed	136	7%	12%
Early-Entrant Groups	31	7%	18%
Total	872	12%	22%

4.27 Figure 4-3 sets out when clients are most likely to first have a period of inactivity. It shows that it is during the first three to eight months that the highest proportion of clients become inactive.

Figure 4-3: Proportion of clients that first became inactive by months since programme start (as a proportion of clients who were on the programme for at least that many months)



Source: SQW analysis of GM WHP monitoring data

4.28 Earlier suggestions about more flexibility for the programme were viewed by consultees as having the potential for improving engagement. Related to the issue of flexibility, the requirement for Key Workers to start all referrals was highlighted as problematic for engagement by some consultees. Some referrals to the programme have made it clear in their initial appointment that they do not intend to engage with the programme and were only attending because they had been told to by their Work Coach – this included many non-mandatory referrals. In such cases, clients have to be started on the programme regardless, which is detrimental to the programme’s ability to hit its targets and was considered to be wasting a space that someone else could benefit from. The consultees that raised these issues did however recognise that there would need to be restrictions in place to avoid challenging clients not being started or being exited inappropriately.

Non-employment outcomes

Progression framework improvements

4.29 Table 4-4 considers progression for clients that started on the programme at least twelve months ago. It is based on the progress between initial assessment and the most recent assessment – with the mean time between these assessments 327 days and median 345 days – and only records those who have an initial and follow-up assessment recorded.

4.30 To date, the majority of clients have reported no improvement against the four ‘My’ categories, which may reflect the complexity of clients and time required to resolve barriers. Where progression is evident, ‘My Life’ has seen the greatest highest proportion of clients report an improvement, followed by ‘My Health’.

Table 4-4: Proportion of clients starting twelve months ago ranking 'My' categories as severe, and the proportion of these clients reporting a change in these areas¹⁶

"My" categories	% ranking severe	Improved	No change	Worsened	n= ¹⁷
My Life	53%	23%	74%	3%	942
My Skills	45%	15%	83%	2%	803
My Health	58%	19%	76%	4%	1,022
My Work	44%	13%	85%	2%	777

Source: SQW analysis of GM WHP monitoring data

Intermediate outcomes

4.31 Table 4-5 explores intermediate outcomes for clients who have been on the programme for at least twelve months. The first column shows the proportion of clients that identified the barriers to work at their initial assessment. The next three columns show, for the clients where there was a follow-up score at their most recent intermediate assessment, the proportion that reported an improvement, no change or worsening against each barrier. It should be noted that many of these issues are unlikely to be rectifiable within 15 months.

4.32 The headline findings to report from Table 4-5 are:

- Under 'My Life', the greatest reported improvements related to debt and budgeting/money management barriers
- Client confidence in being successful in a job improved by the intermediate assessment, alongside confidence in finding and obtaining work
- Under 'My Skills', the barrier seeing the greatest improvement at the intermediate assessment was confidence using a computer
- At the intermediate assessment only a marginal proportion of clients reported an improvement in a health condition or disability that could affect their ability to get or sustain a job – this likely reflects the complexity of health conditions which means that they can take time to address and perhaps that some are not yet being addressed or recorded as being addressed.

¹⁶ A 'My' category is classed as severe where the client has ranked it as 4-6 out of 1-6. The improvement/worsening considers the change that has occurred between the initial assessment and most recent intermediate assessment.

¹⁷ Number of clients that initially ranked the 'My' category as severe that have also provided a second score at an intermediate assessment.

Table 4-5: Proportion of clients starting twelve months ago reporting barriers to work, and the proportion of these clients reporting a change in the barrier

Barrier to work	% identifying barrier	Improved	No change	Worsened	N ¹⁸
My Life					
Finance: % reporting debt as a problem	17%	15%	84%	-	268
Finance: % needing help to budget and manage money	11%	11%	87%	-	166
Childcare: % reporting childcare responsibilities impact on ability to search for or take up work	5%	2%	28%	-	86
Confidence: % who don't consider themselves to be a confident person	28%	5%	93%	-	489
My Work					
Attitude: % not believing or not sure they can find and obtain work	22%	15%	85%	-	385
Confidence: % not confident they would be successful in a job if they took one today (% scoring 1-3 out of 6)	40%	15%	82%	3%	783
My Skills					
Skills: % not confident using a computer (% scoring 1-3 out of 6)	39%	13%	87%	0%	759
Skills: % not confident with reading and writing (% saying 1-3 out of 6)	21%	11%	89%	0%	416
Skills: % without a GCSE pass (A*-C) or equivalent qualification in English or Maths	37%	1%	99%	-	678
My Health					
Health: % reporting a health condition or disability that could affect their ability to get a job	61%	4%	96%	-	1,094

¹⁸ Number of clients that initially identified the barrier to work that have also provided an answer/second score at an intermediate assessment.

Barrier to work	% identifying barrier	Improved	No change	Worsened	N=18
Health: % reporting a health condition or disability that could affect their ability to stay in a job	48%	3%	97%	-	872
Health: % reporting they would you need 'reasonable adjustments' if moving into work	35%	5%	95%	-	625
Physical health: % that do not do any exercise	24%	11%	89%	-	428
Physical health: % that do not eat a healthy diet	26%	9%	91%	-	467
Mental Health: % reporting they have suffered a recent bereavement	23%	13%	87%	-	416
Addiction: % reporting they would you need to reduce drug or alcohol use if starting a job	4%	9%	91%	-	75
Learning Disability: % who believe their learning disability makes it harder to find work	2%	7%	93%	-	44
Dental: % with problem or pain in their mouth at the moment	9%	12%	88%	-	147
Dental: % with problems with teeth or mouth problems that stop them smiling or speaking without embarrassment	11%	4%	96%	-	196
Dental: % not registered with a dentist	34%	6%	94%	-	614

Source: SQW analysis of GM WHP monitoring data

Social Value

4.33 As set out last year, in the commissioning of the Working Well: Work and Health Programme, a major emphasis was placed on social value. It 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.

4.34 To deliver social value, the providers have 43 social value key performance indicators to deliver against, which are monitored every six months. In the provider's reporting, they are grouped against GMCA's six priority objectives within its Social Value Policy:¹⁹

- 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

4.35 The actions taken forward range from recruiting staff from priority cohorts and ensuring all staff have good employment terms including being paid the Real Living Wage, through to promoting voter registration and ensuring recycling facilities are available at all sites and goods and services with strong environment credentials are procured. Amongst a broad range of measures and activity, the following are particularly noteworthy (figures correct as of December 2019):

- All InWorkGM partners are disability confident employers, so offer a guaranteed interview scheme for applicants who identify as eligible on application.
- InWork GM have recruited six apprentices into their team.
- InWork GM ran six Disability Confident events for local employments.
- The InWork GM team undertook 321 days of volunteering with the local voluntary and community sector, and delivered 35 community engagement events with local services.
- InWork GM delivered have delivered nine local focus groups with local residents, co-designed with Local Leads, to develop a greater understanding of their needs. In

¹⁹ Greater Manchester Social Value policy can be found here: <https://www.greatermanchester-ca.gov.uk/media/1393/social-value-policy.pdf>

Manchester focus groups were discussed the Local Industrial Strategy while in Tameside a focus group discussed digital inclusion.

5. Working Well: Work and Health Programme – Securing a Job

- 2,900 clients achieved a job start by the end of March 2020 – 42% of clients on the programme for 15 months (the maximum length of out-of-work support) achieved a job start
- Job entry (earnings outcomes) is below expectation on this programme and the national Work and Health Programme
- Econometric analysis shows a statistically significant difference in the likelihood a client starts work depending on their provider, local authority, level of engagement and certain characteristics and barriers to work
- Of those starting jobs, 70% considered their new job as ‘a step towards a better future’ and 11% considered it to be their ‘ideal job’
- 25% of initial jobs started paid the Real Living Wage

5.1 This chapter explores job outcomes achieved by the programme. It considers who is more likely to have started work through the programme and the types of jobs that clients have moved into.

5.2 It should be noted that jobs are a non-contractual target as outcome payments are based Earnings Outcomes instead – an earnings threshold that requires clients to sustain work and be paid at a sufficient level. These are explored in the following chapter.

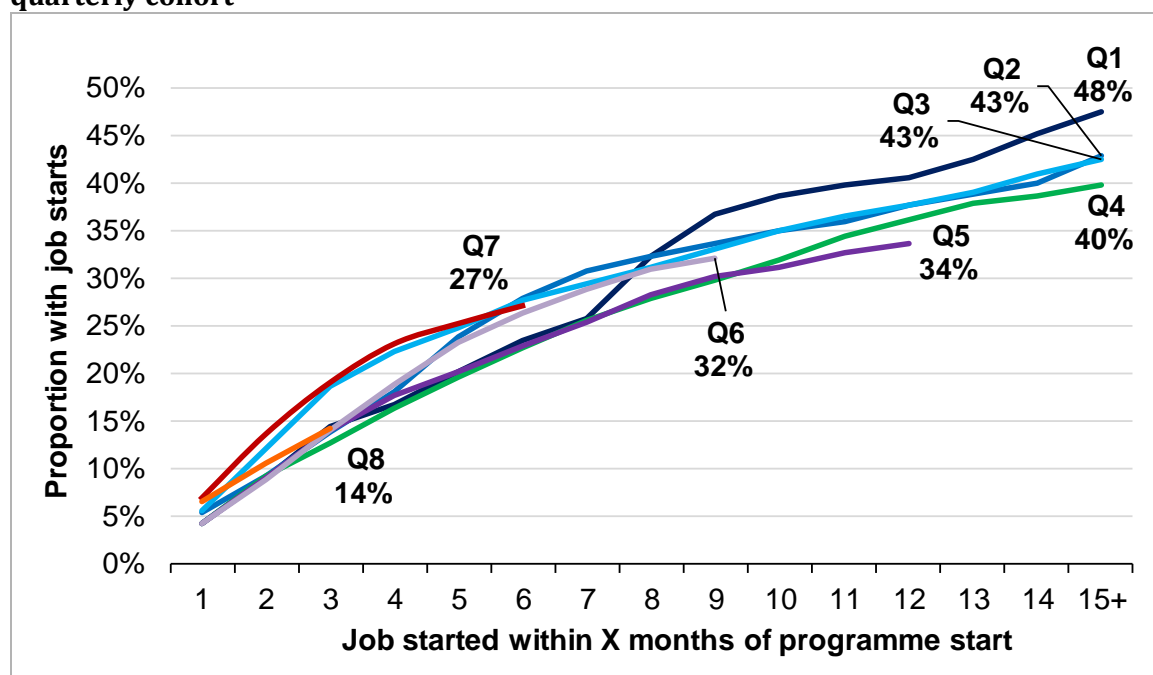
Job starts

5.3 To the end March 2020, there had been 2,900 job starts through the Working Well: Work and Health Programme – equivalent to 29% of programme starters into jobs.²⁰ Of those who started the programme over 15 months ago (and therefore either started a job or received the full 15 months of out-of-work support) 42% achieved job starts.

5.4 Figure 5-1 shows the proportion of clients that started jobs over time, split out by quarter of programme start. Of the quarterly cohorts that completed the programme, Q1 performed best with 48% of clients moving into work. Subsequent quarters performed progressively less well up to Q5, though performance appears to have improved slightly from Q6 onwards.

²⁰ Note that this figure includes non-validated job starts. Counting validated job starts only the figure is 1,942 (67%) – where 1,804 are validated first jobs and the remainder are subsequent validated jobs.

Figure 5-1: Proportion of clients with a job start by months since programme start, by quarterly cohort



Source: SQW analysis of GM WHP monitoring data

- 5.5** The programme's job start target is 74% but to date the quarters that have finished have substantially underperformed against this expectation.²¹ This is also the case for the Work and Health Programme nationally, whereby it has underperformed against expectations. Chapter 3 of this report concluded by setting out how the clients on the programme are further from the labour market and more similar to the Working Well: Expansion Programme cohort than anticipated – and it is reasonable to conclude that this explains the underperformance to an extent.
- 5.6** There was unanimous consensus amongst consultees that the target for this programme is too high given the barriers to work of those on the programme. Multiple consultees remarked that the target was the highest of any employment support programme they had worked on. For the Working Well: Expansion Programme the job start target was 20%. This issue highlights how the programme's performance is fundamentally reliant on both the support offered and how far the support available is suitable for the needs of those being referred, and underlines why a good relationship with JCP is so important. However, it is important to note that the job start target was determined by the provider's bid and the subsequent bidding process. The target exceeded the required level to achieve 'value for money' in the business case for the programme, highlighting how expectations have been set higher than they needed to be driven by the competitive tendering process.

²¹ This is a non-contractual target but the contractual target for Earnings Outcomes is informed by this target and a target for the proportion of job starts that are converted to an Earnings Outcome.

Job starts by local authority, client type and provider

- 5.7** As a proportion of total clients, Trafford has the highest job starts rate at 33%, while Rochdale has the lowest at 26%. The job starts rate is similar across the three providers, however, there is greater variation by client type with a lower proportion of Long-Term Unemployed clients starting jobs compared to the other client groups (see Table 5-1).

Table 5-1: Number of clients with a job start, proportion of job start target and proportion of clients who started at least 12 months ago that have started a job

	Clients with job starts	% of clients	% of target to date based on actual referrals	% of clients starting at least 12 months ago with a job start
Local authority				
Bolton	368	30%	57%	43%
Bury	186	28%	58%	46%
Manchester	627	30%	52%	46%
Oldham	286	31%	55%	42%
Rochdale	215	26%	49%	35%
Salford	306	29%	63%	39%
Stockport	184	30%	63%	47%
Tameside	241	30%	62%	36%
Trafford	187	33%	70%	47%
Wigan	273	27%	44%	42%
Provider				
Ingeus	1,513	29%	55%	42%
TGC	1,123	30%	57%	44%
Pluss	264	30%	55%	41%
Client type				
H&D	2,174	31%	56%	42%
LTU	542	24%	54%	37%
EE	184	31%	59%	55%
Total	2,900	29%	56%	42%

Source: SQW analysis of GM WHP monitoring data

Likelihood of achieving a job start

Introduction to the econometric analyses

- 5.8** While the data above compares across local authorities, providers etc, it is not able to untangle how far any differences are due to local performance or the mix of clients coming on to the programme in different areas. We have therefore used statistical/econometric methods enables us to independently consider the effects of different variables simultaneously in a way that simple descriptive statistics do not.
- 5.9** Previous annual reports have presented the results of statistical/econometric analyses for the Working Well: Expansion Programme (the results from this informed the earlier section in reflecting on the difficulty of the programme cohort). For this report, these methods have been used on the Working Well: Work and Health Programme dataset for the first time. This section presents the findings relating to job starts, and a later section presents the findings related to Earnings Outcomes. For a more detailed overview of the methodology and findings, please refer to Annex B.
- 5.10** The variables that have been considered can be grouped into three broad categories:
- Variables relating to programme delivery – provider, local authority and level of inactivity
 - Variables relating to programme client characteristics – such as client type, age and ethnicity
 - Variables relating to barriers to work – such as length of unemployment, qualification level and health conditions.
- 5.11** Overall, the sample size for this model is 9,080 clients, with all starters up the end of March 2020 included except where missing data meant they were excluded. The following exclusions from both models should also be noted:
- An additional group of variables – support received – were excluded due to the concerns around data quality.
 - Some specific characteristics and barriers to work had to be excluded due to correlation with other variables or too many blanks reducing the sample size.

Interpreting the econometric analyses

5.12 Table 5-2 sets out the variables that were found to be significant to the likelihood a client has started work.²² Briefly, the table should be interpreted as follows:

- For categorical variables the ‘base’ category column is the category to which the results in the third column are compared to. The comparisons between the base category and all other categories are set out using red and green colour coding – green indicates that the category has a greater probability of achieving an outcome than the base category while red indicates the category has a smaller probability of achieving an outcome than the base category. The comments column provides a more detailed note on the effect of each category in relation to the base category.
- The same colour coding is applied for continuous variables (e.g. age) – red indicates that an increase in the value of the variable has a negative impact on the probability of achieving an outcome. Again, the comments column provides a more detailed note on the effect of this variable.
- In statistical analysis there is always a chance of a false positive outcome i.e. attributing an effect to a variable which in fact does not affect the outcome. The asterisks in the significance column reflect the probability of this happening, with a 10% significance level marked with a single asterisk and 5% significance level with two asterisks. These are common levels of significance testing in statistical analysis and mean that we can be more confident that differences identified are robust.

5.13 Again, please refer to Annex B for more detailed guidance on interpreting the results.

Results of the econometric analyses

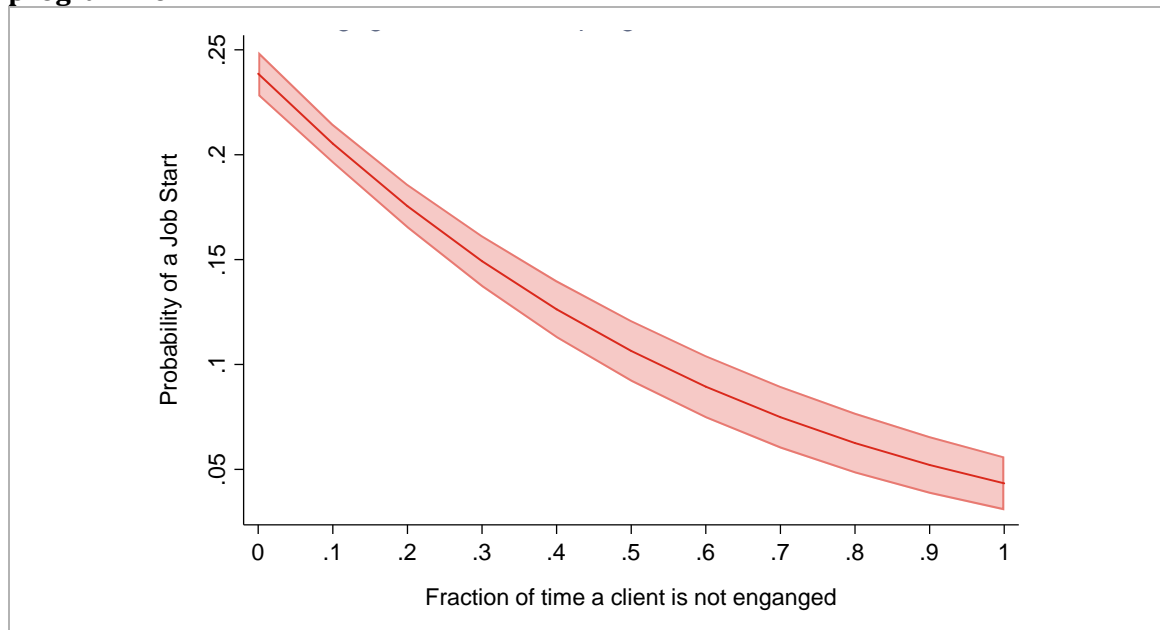
5.14 Considering the variables that relate to the programme and its delivery, Table 5-2 shows that there is a significant effect for the following:

- Provider: Pluss clients have a higher probability of starting a job once the other variables are controlled for – at 32% compared to 21% for Ingeus. The Growth Company’s clients are not significantly more likely to start a job compared to Ingeus clients.
- Local authority: Clients in certain local authorities have a lower probability of starting a job. Compared to Bolton (the base case), for which the probability is 22%, five local authorities are significantly less likely – all of them Ingeus areas. Rochdale is the lowest at 14% with Oldham at 15%.

²² Note that the econometric analysis on considered validated job starts, whereas the analysis up to this point had considered all recorded job starts included non-validated. Only validated job starts were used for the analysis because they were considered more robust.

- Level of engagement with the programme (measured through an inactivity ratio): Clients who spent a higher proportion of their time engaged on the programme were more likely to have started a job – Figure 5-2 shows how the likelihood of starting a job falls from around 24% for those engaged the entire time to below 5% for those that barely engaged. As set out previously, once a client disengages only 29% have subsequently re-engaged. This finding highlights the issue with all referrals having to be accepted onto the programme, even where they have indicated they do not intend to engage.

Figure 5-2: Estimated probability of starting a job by level of engagement with the programme



Source: SQW analysis of GM WHP monitoring data (Shaded area represents the 95% confidence interval. The predicted probabilities are calculated holding all other variables at their mean values)

- 5.15** The analysis also found client type to be significant. EE clients have a 19% probability of starting a job, compared to 23% for H&D clients and 16% for LTU clients. Given that LTU clients are overrepresented on this programme compared to expectations, this can be considered to be having an impact on programme performance.
- 5.16** Ethnicity and age were also significant, as they were in the Working Well: Expansion Programme analyses. However, interestingly for ethnicity the result was the opposite – for this programme white clients are more likely to start a job whereas for the previous programme BAME clients were more likely. For age, for each year older a client is the probability a client starts a job is reduced by approximately 0.2 percentage points.
- 5.17** Finally, considering barriers to work, there were many that were found to be significant so please refer to Table 5-2 for these. However, of particular note are:
- Time since last in work: A client that has been out of work for 0-6 months has a 36% probability of starting a job compared to 14% for a client who has not worked for 10+ years. Given the drastic difference in job start probability for this variable, it is a

reasonable proposition that too many referrals to the programme are further from the labour market than anticipated due to their length of unemployment.

- Confidence they would be successful in a job if they started today: A client who ranked this 1 out of 6 has a 12% probability compared to 29% for a client ranking it 6. This is another variable where there is a drastic difference, so is an important variable in the hypothesis that the programme's cohort is further from the labour market than anticipated.
- Computer skills: A client who ranked their computer skills 1 out of 6 has a 15% probability compared to 23% for a client ranking it 6.
- Number of health conditions: For each additional health condition, a client's probability of starting a job is reduced by approximately 0.8 percentage points.

Comparison to Working Well: Expansion econometric analysis

5.18 Some of the results from this analysis are similar to the results of the previous econometric analyses on the Working Well: Expansion. Length of unemployment, local authority, age, qualifications, client type (albeit different types of clients) were also found to be significant in the previous analyses. As noted, the results for ethnicity were reversed in the previous analyses.

5.19 However, there are differences. For some this reflects variables not being recorded in both datasets and in some instances it is possibly due to the variables being recorded in a different manner. This is most notably the case for physical and mental health conditions, substance misuse and convictions – although it should be noted that number of health conditions were found to be significant. These variables were found to be significant in the Working Well: Expansion Programme econometric analysis, but not found to be significant in this programme. This may reflect that for the Working Well: Expansion Programme clients scored these as barriers to work on a scale of 0-6, giving some indication of severity, whereas for this programme it is a binary 'yes' or 'no' which gives no indication of severity.

Table 5-2: Variables that affect the likelihood a client has started a job

Variable	Base	Significance	Comment
Programme related			
Provider	Ingeus	Pluss**	A client with Ingeus has a 21.3% probability of starting a job while a client with Pluss has a 31.5% probability of starting a job.
Local Authority	Bolton	Oldham** Rochdale** Stockport** Tameside** Wigan**	A client that lives in Bolton has a 21.5% probability of starting a job compared to: 14.8% for a client that lives in Oldham, 14.1% for a client that lives in Rochdale, 16.9% for a client that lives in Stockport, 16.4% for a client that lives in Tameside and 17.8% for a client that lives in Wigan.
Inactivity ratio	n/a	**	A client that is 100% actively engaged in the programme has a greater probability of starting a job than a client that is never engaged in the programme. Specifically, never engaging in the programme reduces the probability of starting a job by 31.6 percentage points. A person that is inactive for 25% of the programme has a 16.2% probability of starting a job while a person that is inactive for 75% of the programme has a 6.8% probability of starting a job.
Client characteristics			
Client type	Early Entrant	Health and Disability**	A client in the client group 'early entrant groups' has a 18.7% probability of starting a job compared to 22.6% for a client in the client group 'health and disability' and 15.8% for a client in the client group 'long term unemployed'.
		Long-Term Unemployed*	
Age	n/a	**	With each year of age, the probability a client starts a job is reduced by approximately 0.2 percentage points. For example, a client aged 30 has a 22.9% probability of starting a job. This decreases to 21.1% when the client reaches 40.
Ethnicity	BAME	White**	A client that is 'BAME' has a 18% probability of starting a job while a client that is 'white' has a 21.3% probability of starting a job.
Barriers to work			

Variable	Base	Significance	Comment
Time since last in work	0-6 months	7-12 months** 1-2 years** 3-5 years** 6-10 years** 10+ years** I have never worked before**	A client that has been out of work for 0-6 months has a 36.1% probability of starting a job compared to 28.6% for a client that is has been out of work for 7-12 months, 22.7% for a client that is has been out of work for 1-2 years, 18.5% for a client that is has been out of work for 3-5 years, 17.2% for a client that is has been out of work for 6-10 years, 13.9% for a client that is has been out of work for 10+ years and 14.2% for a client that is has never been in work.
Confidence they would be successful in a job if they started today	1	3** 4** 5** 6**	A client that ranked their job success as 1 had a 11.5% probability of starting a job compared to 18.2% for a rank of 3, 20.1% for a rank of 4, 25.8% for a rank of 5, and 29% for a rank of 6.
Requested skills support	No	Yes**	A client that would not like any support to develop skills has a 18.7% probability of starting a job while a client that that would like support to develop skills has a 21.8% probability of starting a job.
Qualifications	No qualifications	Under 5 GCSEs at grade A*-C (or equivalent)*	A client that has no qualifications has a 22.5% probability of starting a job while a client that has Under 5 GCSEs at grade A*-C has a 19.9% probability of starting a job.
Computer skills	1	2* 3** 4** 5** 6**	A client that ranked their computer skills as 1 had a 15.4% probability of starting a job compared to 18.8% for a rank of 2, 21.2% for a rank of 3, 20.7% for a rank of 4, 20.5% for a rank of 5, and 23.1% for a rank of 6.
Number of health conditions	n/a	**	With each additional condition a client's probability of starting a job is reduced by approximately 0.8 percentage points. For example, a client with one condition has an 21.3% probability of starting a job compared to 18.1% for a client with five conditions.

Variable	Base	Significance	Comment
Caring responsibilities	No	Yes**	A client that does not have caring responsibilities that might impact their ability in getting a job has a 20.9% probability of starting a job while a client that does has a 15.9% probability of starting a job.
Debt	No	Yes**	A client that does not have a problem with debt has a 19.9% probability of starting a job while a client that does have a problem with debt has a 23.5% probability of starting a job.
Driving licence	No	Yes - no penalty points**	A client that has no driving licence has a 19.7% probability of starting a job while a client that has a driving licence with no penalty points has a 23% probability of starting a job.
Existing work support	No	Yes**	A client that is not already receiving support in relation to work has a 20% probability of starting a job while a client that is already receiving support has a 23.8% probability of starting a job.

Source: SQW analysis of GM WHP monitoring data (significance level: * $p < .1$; ** $p < .05$)

Supporting clients into jobs

5.20 Consultations with provider staff, including with Employment Services Team²³ members, identified the following issues, suggestions for what constitutes good practice and action taken in the last year to improve job start performance:

- The Employment Services Team play a key role in moving clients into work. They are the most common source of jobs started through the programme, accounting for 24% of starts where the source is recorded, followed by the internet (23%) and ‘other support from Ingeus’ (20%).²⁴ The Employment Services Team work intensively with work-ready clients which includes supporting them to develop realistic job goals, providing opportunities to meet employers (e.g. through job fairs and employers coming into the programme offices) and supporting them through job applications. Some consultees expressed concern that supposedly work-ready clients still have significant barriers to work so Key Workers may be putting clients forward before they are ready; however, in some instances this was due to additional barriers only emerging as clients moved closer to work.
- The Employment Services Team is also responsible for employer engagement and identifying job opportunities. The widespread view amongst consultees was that the programme’s clients struggle to compete in the general labour market, so employer engagement is vital to securing jobs for clients. By working with employers, the programme is able to secure adaptations to job roles and application processes for clients, develop their understanding of the client before first meeting them and even provide space for interviews that clients will be comfortable in. Positively, the consensus amongst Employment Services Team consultees was that the programme is easy to sell to employers due to (a) the in-work support that is available to clients, particularly the health offer and (b) because the programme is voluntary for most clients, whereas mandatory programmes tend to be harder to sell.
- Views on bulk vacancies were mixed amongst consultees. Some consultees thought it was important to have bulk vacancies available within the mix of opportunities for clients – provided they were accompanied by good advice on the likelihood of success and the expectations in such jobs. However multiple consultees felt that the Employment Services Team were too focused on bulk vacancies that programme clients were unlikely to be competitive for or were less likely to be permanent roles or sustained by clients. Arguably supporting this concern, a common frustration amongst Employment Services Team consultees was that there was an insufficient supply of work-ready clients to move into plentiful bulk vacancies. Consultees who expressed doubts around bulk vacancies

²³ Names for this team function differ across the supply chain but all play a similar role in sourcing jobs and engaging with employers.

²⁴ 2,192 clients (76% of those with a job started) completed an in-work diagnostic where this information is recorded.

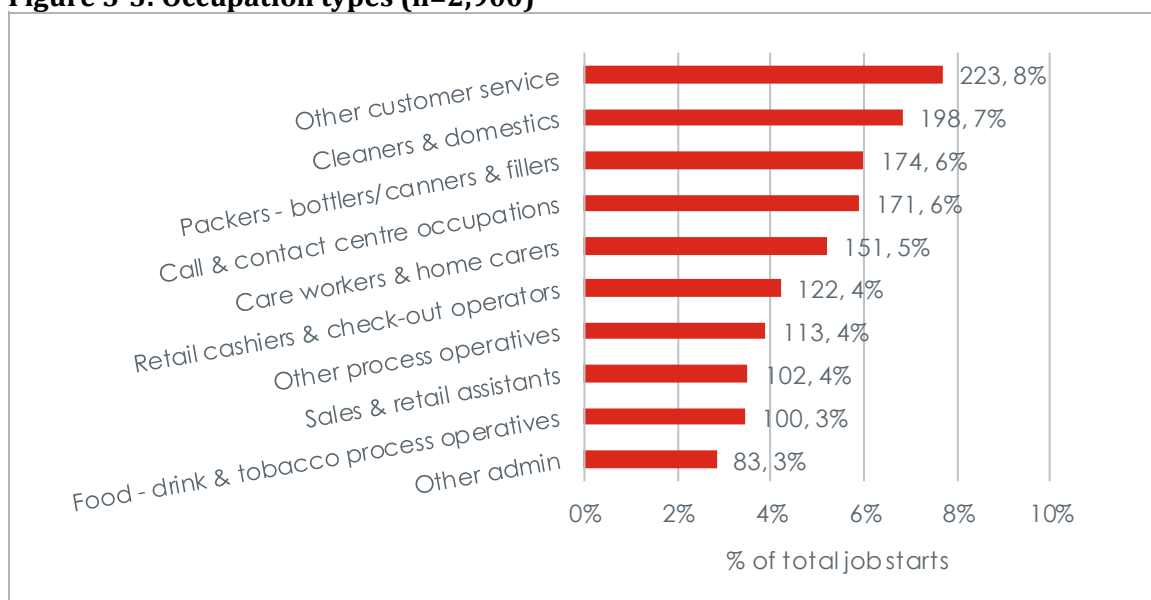
suggested there needed to be more of an emphasis on the reverse marketing of clients with smaller employers and for specific vacancies. Multiple consultees did say that this was increasingly the approach being taken over the course of the past year, although some consultees felt that there was insufficient capacity for the Employment Services Team to fully adopt such an intensive and bespoke approach.

- Multiple consultees highlighted that referring clients to sector-based work academies is a good route into work, due to the mix of training with a work experience placement and guaranteed job interview upon completion. This approach offers clients a good insight into working, helps build their confidence and either lead directly into a job or provide some initial interview practice through the guaranteed interview.
- An issue identified in consultations was that job vacancies were not being shared between the providers to the extent that they could be.

Types of jobs started

5.21 The most common high-level occupations started are Elementary occupations (29% of all job starts), Sales and customer services (23%), Process, plant and machine operatives (16%) and Caring, leisure and other service occupations (11%) which together account for four-fifths of all job starts. Figure 5-3 sets out the ten most common low-level (i.e. detailed) occupations for initial job starts to date, which together account for half of all job starts. To date, 200 different occupations have been recorded.²⁵

Figure 5-3: Occupation types (n=2,900)



Source: SQW analysis of GM WHP monitoring data

²⁵ Note, it is likely that some of the occupations overlap but have been recorded differently

5.22 Around half of the initial job starts to date have been in full-time roles (51%), with part-time roles accounting for around a third (34%).²⁶ Table 5-3 sets out how contract types differ by occupation. Full time contracts are most common across Process, plant and machine operatives (71%) and Administrative and secretarial occupations (70%), while nearly half of Caring, leisure and other service occupations are part time roles.

Table 5-3: Contract type by high-level occupation category for initial job starts (n=2,900)

	Full time	Part time	Varies	Zero hours contract	Other / Unknwn	n=
Elementary occupations	49%	35%	8%	7%	1%	842
Sales and customer service occupations	41%	48%	7%	3%	1%	677
Process, plant and machine operatives	71%	12%	10%	5%	2%	471
Caring, leisure and other service occupations	36%	48%	10%	6%	0%	315
Administrative and secretarial occupations	70%	24%	4%	2%	0%	213
Skilled trades occupations	54%	27%	13%	6%	1%	188
Professional occupations	58%	18%	15%	8%	1%	89
Associate professional and technical occupations	48%	26%	19%	6%	0%	62
Managers, directors and senior officials	41%	41%	15%	4%	0%	27
Unknown	56%	38%	6%	0%	0%	16
All initial job starts	51%	34%	9%	5%		2,900

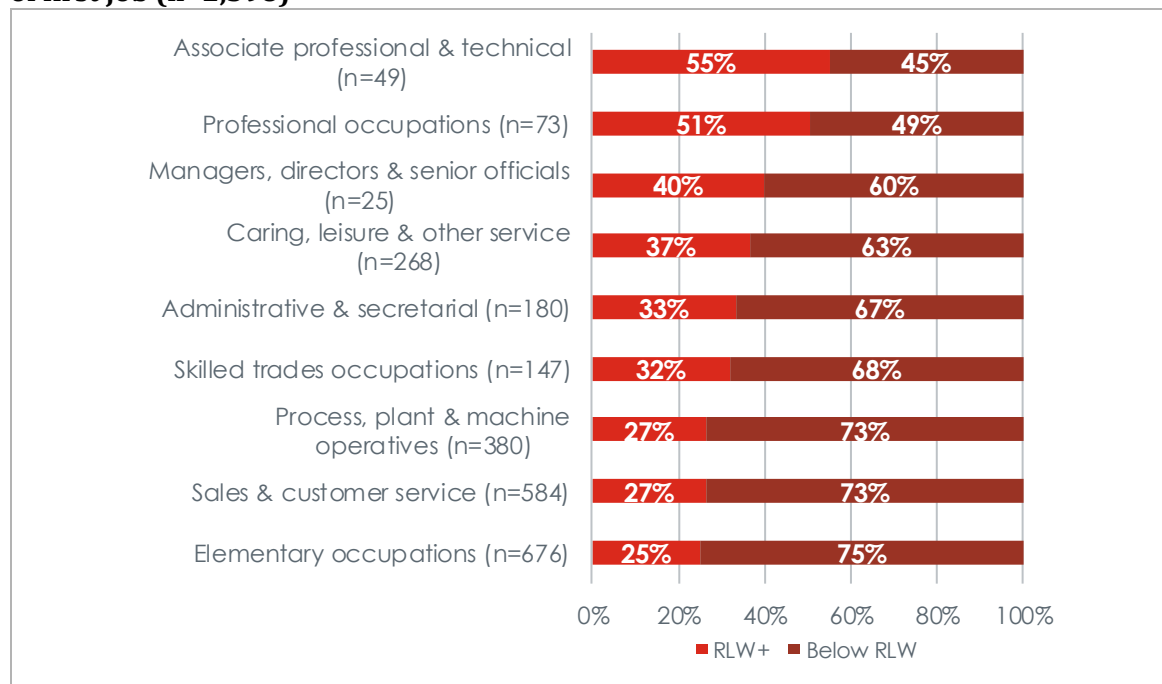
Source: SQW analysis of GM WHP monitoring data

5.23 Most clients are receiving an hourly wage of £8-8.99 (65%). Overall, 25% of clients are being paid the Real Living Wage or above in their first job – Figure 5-4 shows the proportion of clients receiving the Real Living Wage or above by occupation.²⁷ Given the Higher Earnings Outcome threshold was set based on earning the Real Living Wage and is distinct from the national programme – reflecting Greater Manchester Combined Authority’s ambitions around well paid jobs – this is an important measure and earning above the threshold will support better progression towards an Earnings Outcome and Higher Earnings Outcome.

²⁶ Note that 196 jobs are recorded as ‘full time’ but recorded average weekly hours are below 35hrs, many of them substantially below.

²⁷ The real living wage was £9.00 in 2018/19 and £9.30 in 2019/20 and 2020/21.

Figure 5-4: Proportion of job starts paying Real Living Wage by high-level occupation of first job (n=2,398)



Source: SQW analysis of GM WHP monitoring data

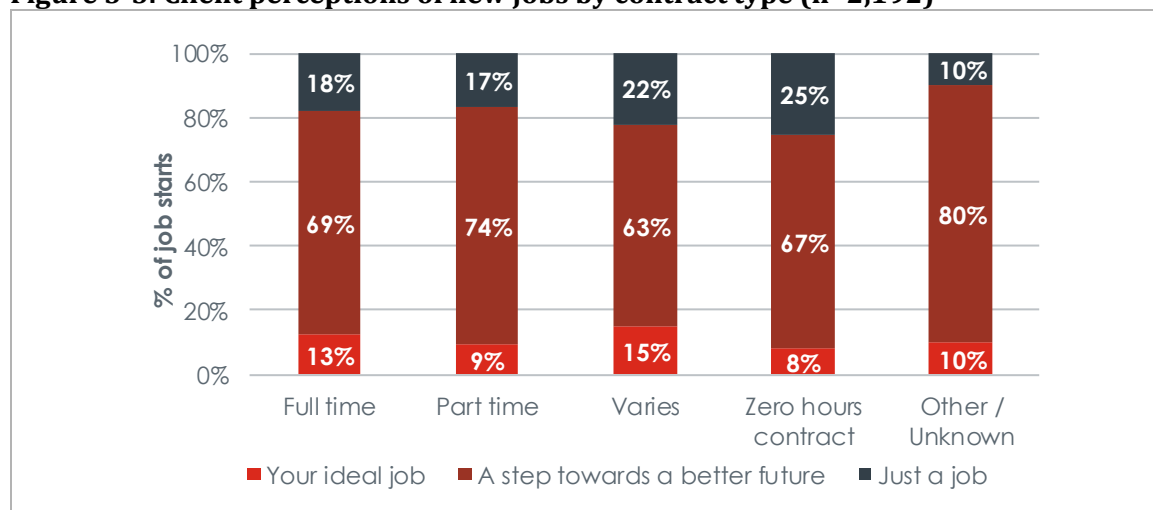
Client perceptions of their new job

5.24 Of the 2,900 clients who have started jobs to date, 2,192 clients (76%) completed an in-work diagnostic – a set out questions that is completed around the time of securing or starting their job.²⁸ The in-work diagnostic also includes an opportunity for clients to express how they view their new job, which shows:

- A majority (70%) considered their new job as ‘a step towards a better future’
- Second most commonly, 18% considered their new job to be ‘just a job’
- While, positively, 11% considered their new job to be their ‘ideal job’

5.25 Figure 5-5 shows how clients perceived their new job based on their contract type. Those on zero-hour contracts are most likely to consider their new job to be ‘just a job’ while clients on full-time or varied contracts are most likely to view the jobs as an ‘ideal job’.

²⁸ Note that completion of the diagnostic varies widely by provider. The Growth Company has considerably less non-completion (13%) than Ingeus (32%) or Pluss (30%). It varies even more widely by local authority, with 66% non-completions in Wigan and 59% in Tameside.

Figure 5-5: Client perceptions of new jobs by contract type (n=2,192)

Source: SQW analysis of GM WHP monitoring data

5.26 There is considerable variation in the way clients view their new job by high-level occupation categories, as shown in Table 5-4.

Table 5-4: High level SOC and client perceptions of new jobs (n= 2,192)

	Your ideal job	A step towards a better future	Just a job	n=
Managers, directors and senior officials	44%	48%	8%	25
Professional occupations	25%	73%	2%	64
Associate professional and technical occupations	23%	61%	16%	44
Skilled trades occupations	22%	60%	18%	145
Caring, leisure and other service occupations	16%	75%	9%	235
Administrative and secretarial occupations	11%	77%	12%	171
Sales and customer service occupations	10%	75%	15%	510
Elementary occupations	8%	70%	22%	659
Process, plant and machine operatives	7%	65%	28%	325

Source: SQW analysis of GM WHP monitoring data

5.27 Further analysis of low-level (i.e. detailed) occupations also shows that for the ten most common occupations:

- Care worker and home carer occupations are most likely to be considered the 'ideal job' by new job starters (20%)

- Call and contact centre occupations are most likely to be considered 'a step towards a better future' by new job starters (82%)
- 'Other process operative' occupations are most likely by a considerable margin to be considered 'just a job' by new job starters (41%).

5.28 Finally, Table 5-5 shows the better-off calculations completed as part of the in-work diagnostic. Positively, the majority of clients (88%) will be financially better-off in work, with over half of clients likely to be above £46 better-off per week. The figures suggest only a very small number of clients will be 'about the same' or 'worse off' financially per week. It is worth noting that Key Workers promote that work offers benefits beyond an improved financial situation, such as the health, wellbeing and social benefits.

Table 5-5: Better-off calculation results (n=2,192)

	Worse off	About the same	Under £15 better off	£16-£30 better off	£31-£45 better off	Over £46 better off	Don't know
Count	1	18	111	244	263	1,314	241
%	0%	1%	5%	11%	12%	60%	11%

Source: SQW analysis of GM WHP monitoring data

6. Working Well: Work and Health Programme – Earnings Outcomes

- 1,093 Earnings Outcomes were achieved by the end of March 2020.
- 63% of clients who had entered employment 15 months previously had achieved an Earnings Outcome – which is in-line with expected conversion rate
- Despite good conversion of job starts to Earnings Outcomes, the overall number of Earnings Outcomes claimed is below expectation, reflecting underperformance in securing job starts
- Econometric analysis shows a statistically significant difference in the likelihood a client achieves an Earnings Outcome depending on their provider, local authority, level of engagement and certain characteristics and barriers to work
- The likelihood of converting a job to an Earnings Outcome also appears to differ based on the characteristics of the job started

6.1 This chapter considers Earnings Outcomes achieved to date by the Working Well: Work and Health Programme, exploring performance across three key metrics:²⁹

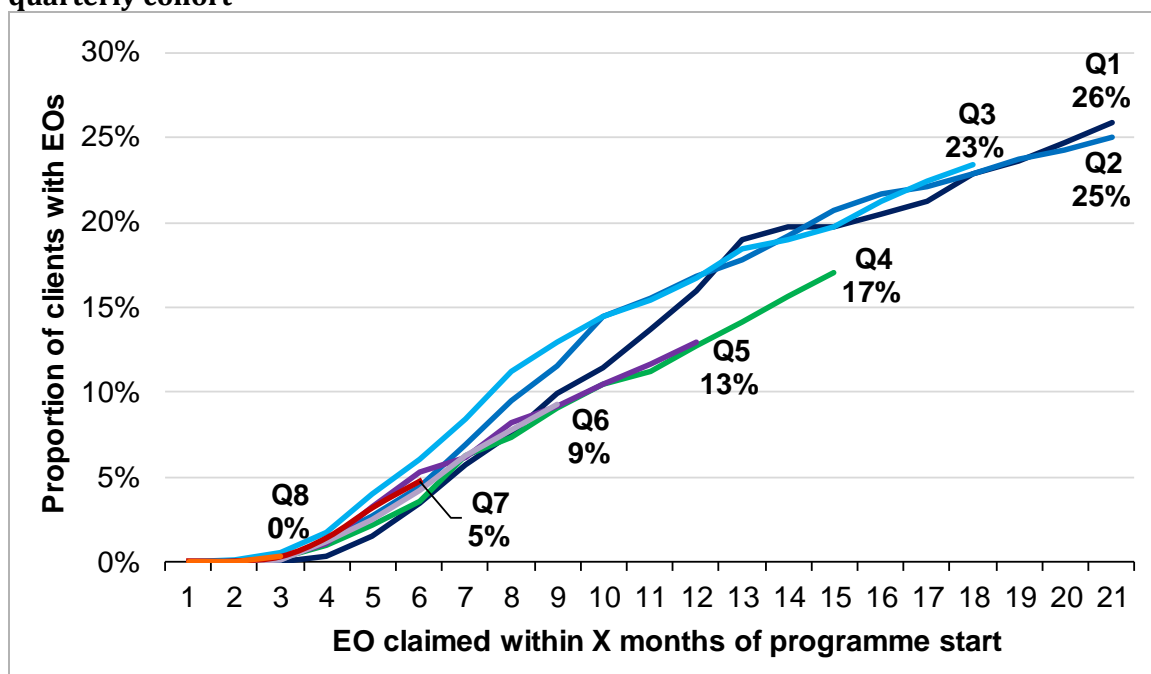
- Earnings Outcomes: triggered when a client is employed and meets the accumulated earnings threshold – equivalent to working for 16 hours per week for 182 days at the adult rate (aged 25 or over) of the Real Living Wage – within 15 + 6 months of starting the programme
- Higher Earnings Outcomes: triggered when a client reaches the Earnings Outcome threshold within six months of starting work
- Self-Employed Outcomes: when a participant has been in self-employment for 182 days.

²⁹ These measures are used across the ten other Work and Health Programmes for performance management purposes, aside from Higher Earnings Outcomes which are only used in Greater Manchester and one of the devolved London programmes. Comparisons between areas are challenging, however, due to: different EO thresholds (in GM it is based on Real Living Wage whereas for other contracts it is based on National Minimum Wage); different time profiles for the achievement of EOs; a lack of comparable data on client characteristics and barriers to work; different labour markets; and the difficulty of factoring in the impact of the previous Working Well programmes which other areas did not have.

Earnings Outcomes

- 6.2** To the end March 2020, there had been 1,093 Earnings Outcomes (EO) through the Working Well: Work and Health Programme – equivalent to 11% of clients and 38% of all clients with a job start.
- 6.3** Figure 6-1 shows the proportion of clients that have achieved an EO over time, split out by quarter of programme start. Of the quarterly cohorts that started the programme at least 21 months ago (15 months max support + 6 months in-work support) Q1 performed best with 26% of clients achieving an EO. Reflecting lower job start performance, Q4 and Q5 have performed worse than earlier quarters.

Figure 6-1: Proportion of clients with an EO by months since programme start, by quarterly cohort



Source: SQW analysis of GM WHP monitoring data

- 6.4** The programme's EO target is 47% of starts but to date the quarters that started 21 months ago are considerably below this level. This underperformance reflects lower than expected job starts to a greater extent than lower than expected conversion of job starts to EOs. The target conversion rate for the programme is 63% – and as Figure 6-2 shows, this conversion rate is met by clients who have been in their job for at least 15 months. For clients whose initial job start was at least 12 months ago 60% have achieved an EO. Therefore the issues for performance appear primarily due to job start performance.

Figure 6-2: Proportion of job starters achieving an EO by months since initial job start



Source: SQW analysis of GM WHP monitoring data

Higher Earnings Outcomes

- 6.5** To the end March 2020, there had been 682 Higher Earnings Outcomes (HEOs) achieved.
- 6.6** The programme target for HEOs is to convert 83% of EOs to HEOs, equivalent to 39% of all clients or 52% of job starts. To date 62% of clients with an EO have achieved an HEO which is considerably below target. However, clients who started a job at least 13 months ago have hit the target conversion of 52% of job starts or 83% of EO, suggesting that achievements will improve over time.

Figure 6-3: Proportion of job starters achieving a HEO by months since initial job start



Source: SQW analysis of GM WHP monitoring data

EOs and HEOs by local authority, client type and provider

6.7 Table 6-1 sets out the proportion of target EOs and HEOs to date achieved, the conversion rate for clients who started a job at least 12 months ago and the conversion of EOs to HEOs for clients who achieved an EO at least 4 months ago. It shows that:

- Trafford performs best against target, reflecting strong job start performance and a high conversion rate
- Although The Growth Company are performing best against target to date, Ingeus are performing similarly on the conversion of jobs to EOs and EOs to HEOs, while Pluss a little below but converting EOs well
- Reflecting strong job start performance, EEs are performing best against target although the conversion rate is below H&D clients. LTU clients are lowest on all measures.

Table 6-1: EOs and HEOs against target (based on actual referrals) and conversion rate

	Count		% of target to date based on actual referrals		% of clients with job start at least 12 months ago		% of clients with EO 4 months ago that achieved HEO
	EO	HEO	EO	HEO	EO	HEO	
Local authority							
Bolton	153	96	55%	41%	61%	50%	76%
Bury	65	40	48%	36%	52%	45%	72%
Manchester	223	133	47%	34%	61%	52%	78%
Oldham	113	67	52%	37%	67%	58%	76%
Rochdale	72	41	39%	27%	60%	45%	66%
Salford	113	77	55%	45%	54%	46%	73%
Stockport	77	50	65%	51%	64%	53%	77%
Tameside	89	50	54%	37%	59%	48%	75%
Trafford	81	53	71%	56%	71%	61%	79%
Wigan	94	66	35%	30%	59%	51%	83%
Provider							
Ingeus	581	362	50%	37%	61%	51%	76%
TGC	423	267	53%	41%	60%	51%	76%
Pluss	89	53	43%	31%	56%	47%	78%
Client type							

	Count		% of target to date based on actual referrals		% of clients with job start at least 12 months ago		% of clients with EO 4 months ago that achieved HEO
	EO	HEO	EO	HEO	EO	HEO	
H&D	856	567	51%	40%	62%	53%	79%
LTU	165	76	46%	26%	50%	36%	62%
EE	72	39	62%	41%	59%	47%	69%
Total	1,093	682	51%	38%	60%	51%	76%

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

Supporting clients to achieve Earnings Outcomes

6.8 To improve the conversion of job starts to EOs, there have been changes made to in-work support in the last year to improve the sustainment of work and reduce the time between falling out of work and getting back into work. There are four notable areas of action that were identified through consultations:

- The In-Work Support Team moved to the local delivery sites, having previously been based in a central call centre in Birmingham. This had been considered a positive change, as it enabled the team to work more closely with the wider team (Key Workers, Integration Coordinators and Employment Services Team) and to provide support quickly.
- A Response Team was put in place across all areas to support clients who fall out of work to get back into work as quickly as possible and those at risk of falling out of work. Over the last year the focus has been on embedding the team and refining the support it provides. This included putting in place systems, processes and line management arrangements to ensure it is able to identify issues quickly and respond accordingly. The teams have been particularly focused on clients who are close to achieving an EO – as these clients will have been in work for a longer period of time and are more likely to be able to continue in work or find a new job with appropriate support. Senior consultees in the providers believed a reduction in the job leaver rate over time was attributable to the Response Team.
- Health issues were identified as a key reason for the first three months of work being the period when there is the highest risk of falling out of work. In response, the Health Team developed a strategy to better support with health in-work to avoid clients falling out of work.

- On ongoing approach to supporting clients includes reviewing employers based on the progression of clients towards EOs. This has led to the providers to avoid future employment with particular employers where issues with retention or progression have been identified.

Likelihood of achieving an Earnings Outcome

6.9 A further econometric model was run which tested the likelihood of achieving an EO. The same introduction to the job start model also applies here, so for the methodology and assistance in interpreting the results please either refer to the previous section or for a more detailed overview please refer to Annex B. There are however two additional points that apply to this model:

- Due to the time dependent nature of achieving an EO the model excludes clients that started on the programme after September 2019. As a result, the model has a reduced sample of 5,178 clients.
- A further group of variables that are relevant to EOs are the characteristics of the jobs started. The model considered all clients, not just those with job starts, which meant it was not possible to include job characteristics – because this would require removing those without jobs from the sample. As a result, there is further analysis on how the characteristics of the jobs started after this section. The subsequent chapter on job in-work support and job retention is also highly relevant.

Results of the econometric analyses

6.10 Table 5-2 sets out the results from the model. The results are broadly similar to the job start model, however there are some differences. First of all, some variables were found to not be significant here: computer skills, debt and request for skills support. Second, the following variables were notably different in terms of their significance:

- Local Authority: This is quite different, with clients in Salford significant less likely to achieve an EO than clients in Bolton (14% versus 5%) whereas all other local authorities are no significantly different.
- Provider: Pluss and The Growth Company are significantly more likely than Ingeus to have clients that achieve an EO, whereas only Pluss was significantly more likely to have clients achieve a job start. A client with Ingeus has a 7% probability of achieving an EO, compared to 9% for Pluss and 17% for The Growth Company.

6.11 And finally, the following variables were found to be significant in this model but not the job start model:

- Marital status: A client who is cohabiting has a higher probability of achieving an EO (16%) than client that is married (11%) or single (9%).
- English support: A client that needs help with their English has a 10% probability of achieving an EO compared to 18% for a client who does not. It should be noted that just 4% of clients fall into the former category.

Table 6-2: Variables that affect the likelihood a client has achieved an Earnings Outcome

Variable	Base	Significance	Comment
Programme related			
Provider	Ingeus	Pluss* The Growth Company**	A client with Ingeus has a 7% probability of achieving an EO while a client with Pluss has a 9.1% probability and a client with The Growth Company has a 17.2% probability of achieving an EO.
Local Authority	Bolton	Salford**	A client that lives in Bolton has a 13.9% probability of achieving an EO while a client that lives in Salford has a 5.3% probability of achieving an EO.
Inactivity ratio	n/a	**	A client that is 100% actively engaged in the programme has a greater probability of achieving an EO than a client that is never engaged in the programme. For example, a person that is inactive for 25% of the programme has a 6.7% probability of achieving an EO while a person that is inactive for 75% of the programme has a 0.7% probability of achieving an EO.
Client characteristics			
Client type	Early Entrant	Long-Term Unemployed*	A client in the client group 'early entrant groups' has a 13.2% probability of achieving an EO while a client in the client group 'long term unemployed' has a 6% probability of achieving an EO.
Age	n/a	**	With each year of age, the probability a client achieves an EO is reduced by approximately 0.1 percentage points. For example, a client aged 30 has a 11.7% probability of achieving an EO. This decreases to 10.5% when the client reaches 40.
Ethnicity	BAME	White**	A client that is 'BAME' has a 7% probability of achieving an EO while a client that is 'white' has a 10.9% probability of achieving an EO.
Marital status	Cohabiting	Married* Single**	A client that is 'cohabiting' has a 16% probability of achieving an EO compared to 11.4% for a client that is married and 9.4% for a client that is single.
Barriers to work			

Variable	Base	Significance	Comment
Time since last in work	0-6 months	7-12 months** 1-2 years** 3-5 years** 6-10 years** 10+ years** I have never worked before**	A client that has been out of work for 0-6 months has a 22.9% probability of achieving an EO compared to 16.9% for a client that is has been out of work for 7-12 months, 13.3% for a client that is has been out of work for 1-2 years, 8.9% probability for a client that is has been out of work for 3-5 years, 8.1% for a client that is has been out of work for 6-10 years, 5% for a client that is has been out of work for 10+ years and 6% for a client that is has never been in work.
Confidence they would be successful in a job if they started today	1	2** 3** 4** 5** 6**	A client that ranked their job success as 1 had a 2.9% probability of achieving an EO compared to 7.1% for a rank of 2, 9% for a rank of 3, 9.8% for a rank of 4, 14.2% for a rank of 5, and 15.6% for a rank of 6.
Qualifications	No qualifications	A levels / NVQ Level 3 (or equivalent)**	A client that has no qualifications has a 9.5% probability of achieving an EO while a client with A Levels has a 12.9% probability of achieving an EO.
Requested English support	No	Yes**	A client that does not need help with English has a 9.9% probability of achieving an EO while a client that does need help with English has a 18.4% chance of achieving an EO.
Number of health conditions	n/a	**	With each additional condition a client's probability of achieving an EO is reduced by approximately 0.5 percentage points. For example, a client with one condition has an 10.6% probability of achieving an EO compared to 8.6% for a client with five conditions.
Caring responsibilities	No	Yes**	A client that does not have caring responsibilities that might impact their ability in getting a job has a 10.3% probability of achieving an EO while a client that does has a 6.2% probability of achieving an EO.
Driving licence	No	Yes - no penalty points**	A client with no driving licence has a 9.4% probability of achieving an EO. A client that has a driving licence with no penalty points has a 11.7% probability of achieving an EO and a client that has a driving licence with penalty points has a 15% probability of achieving an EO.

Variable	Base	Significance	Comment
		Yes - with penalty points*	
Existing work support	No	Yes**	A client that is not already receiving support in relation to work has a 9.5% probability of achieving an EO while a client that is already receiving support has a 13.9% probability of achieving an EO.

*Source: SQW analysis of GM WHP monitoring data (significance level: * p<.1; ** p<.05)*

Earnings Outcomes by type of job and for job leavers

6.12 As highlighted earlier, the econometric analyses did not consider the effect that job characteristics had on the likelihood of achieving an EO. Therefore this section briefly considers the conversion of job starts to EOs and HEOs by types of jobs and for job leavers.

6.13 Table 6-3 shows conversion to an EO and HEO for clients whose job start was at least 12 months ago for all high-level occupation categories. Of the occupation categories with a reasonable number of job starts, Caring, leisure and other service occupations have the highest conversion rate whereas Process, plant and machine operatives are somewhat below the average for the programme.

Table 6-3: Proportion of job starters achieving EOs and HEOs based on occupation of initial job start

	% of clients with job start at least 12 months ago with EO	% of clients with job start at least 12 months ago with HEO	n=
Associate professional and technical occupations	81%	75%	16
Professional occupations	74%	63%	19
Administrative and secretarial occupations	70%	64%	67
Caring, leisure and other service occupations	69%	58%	98
Sales and customer service occupations	62%	50%	233
Skilled trades occupations	59%	49%	71
Elementary occupations	56%	48%	274
Process, plant and machine operatives	54%	45%	125
Managers, directors and senior officials	29%	29%	7
All occupations	60%	51%	919

Source: SQW analysis of GM WHP monitoring data

6.14 Analysis of the conversion for those who started a job at least 12 months ago also shows:

- Clients in full time jobs are more likely to have achieved an EO (68%) compared to those in part time jobs (53%), while the pattern is similar for HEOs (60% vs 41%)
- Clients who viewed their initial job start as 'A step towards a better future' are most likely to have achieved an EO (63%) followed by 'Ideal job' (62%) and 'Just a job' (56%) – clients

who did not complete the in-work assessment are least likely (53%). The pattern is similar for HEOs.

- Clients who left their initial job are far less likely to have achieved an EO (40%) than those who did not (79%), while the pattern is similar for HEOs (39% vs 73%)

Self-Employed Outcomes

6.15 To the end March 2020, there had been just two Self-Employed Outcomes (SEOs) achieved. The low number reflects the challenge of getting these claims approved, as the number of clients into self-employment to date is close to 100 – albeit not all have reached the six month mark. There are a few aspects to this:

- Validation requires a substantial level of evidence, which is more demanding than other programmes consultees had experienced. This includes a requirement for clients on Universal Credit to attend JCP each month for six months to make a declaration of their earnings for that month. Compared to clients who are employees, the evidence required the level of evidence is considerably more demanding. In many instances the provider is unable to claim Self-Employed Outcomes because they are missing just one or two pieces of this evidence.
- With this evidence in place, ultimately the approval rests on whether the client's Work Coach deems them to be 'gainfully self-employed'. In some instances Work Coaches have deemed a client not to be, in contrast with the perspective of the programme provider, and it has not been possible to challenge this decision.
- There is also a disparity between Universal Credit (UC) and Employment Support Allowance (ESA) clients. If clients are on ESA they can work up to 16 hours a week and have it classed as 'permitted work' and still receive their benefit payments. This means working in self-employment for below 16 hours a week does not qualify for an outcome. However, a UC client working 15 hours a week could be valid provided they are considered 'gainfully self-employed.'

6.16 This issue requires attention to ensure Self-Employed Outcomes are possible to claim and seen as a viable route for the provider to achieve an outcome payment. Otherwise there is a risk of disincentivising the provider, so that self-employment is not promoted even where it would suit the client. This would be disservice to the programme's clients, as self-employment can be the best option for some clients – particularly those who are older, have health conditions or caring responsibilities – for whom it can be vital to be able want to dictate their working hours and take breaks when needed, and those who may be less competitive in applying for employee roles. Previous Working Well annual reports have included case studies that show how self-employment can be an appropriate and rewarding route for such clients.

7. Working Well: Work and Health Programme – In-Work Support, Job Retention and Progression

- Of those who started a job, 45% are recorded as having left their first job and 32% were recorded as subsequently being out of work as of March 2020 or upon completing the programme
- Job leaver rates are higher for those starting in certain occupations, particularly Process, plant and machinery operatives

7.1 This chapter explores the in-work support offer and the extent to which clients are staying in their jobs and progressing. The analysis in this chapter is particularly important in considering the programme's ability to achieve Earnings Outcomes, as to achieve an outcome requires clients to remain in their job or, if they leave, to progress into a new job.

In-work support

7.2 Upon securing a job offer, clients receive support to transition into work. This includes the better-off calculation for the job, assisting the client with their travel plans, plans for care of dependents and budget management as they transition from welfare to paid employment. All clients with health needs are contacted by the health team to discuss their health management and ensure reasonable adjustments are in place. Clients may also receive support to purchase work clothes and basic equipment, support with lunch costs, and support with public transport costs from Transport for Greater Manchester.

7.3 Clients will discuss their support needs with their Key Worker, and are placed into three categories accordingly. Clients with high-intensity need will remain on their Key Worker's caseload whereas medium and low-intensity need clients have the support delivered by an In-Work Adviser at a central Contact Centre. To date, 37% of clients who have started a job are recorded as requiring low-intensity in-work support. 23% are recorded as needing high-intensity support and the remaining 40% as medium-intensity.

7.4 This varies substantially by local authority and provider, as set out in Table 7-1.³⁰ Manchester has the greatest proportion of job starters requiring high-intensity support (43%) while Tameside has the lowest (8%). Considered by provider, The Growth Company's clients are far more likely to be recorded as high-intensity (34%) than Ingeus (15%) and Pluss (7%).

³⁰ Note that completion of the diagnostic varies widely by provider. The Growth Company has considerably less non-completion (13%) than Ingeus (32%) or Pluss (30%). It varies even more widely by local authority, with 66% non-completions in Wigan and 59% in Tameside.

Table 7-1: Perceived need for in-work support (n=2,190)

	Low	Medium	High
Local authority			
Bolton	40%	47%	13%
Bury	39%	52%	10%
Manchester	27%	30%	43%
Oldham	40%	52%	8%
Rochdale	23%	49%	28%
Salford	40%	43%	17%
Stockport	55%	34%	11%
Tameside	67%	25%	8%
Trafford	43%	26%	31%
Wigan	44%	36%	20%
Provider			
Ingeus	36%	49%	15%
TGC	33%	33%	34%
Pluss	68%	25%	7%
Client type			
Health and Disability	37%	40%	23%
Long-Term Unemployed	39%	38%	23%
Early-Entrant Groups	37%	40%	23%
Total	37%	40%	23%

Source: SQW analysis of GM WHP monitoring data. Local authority breakdown excludes unknowns

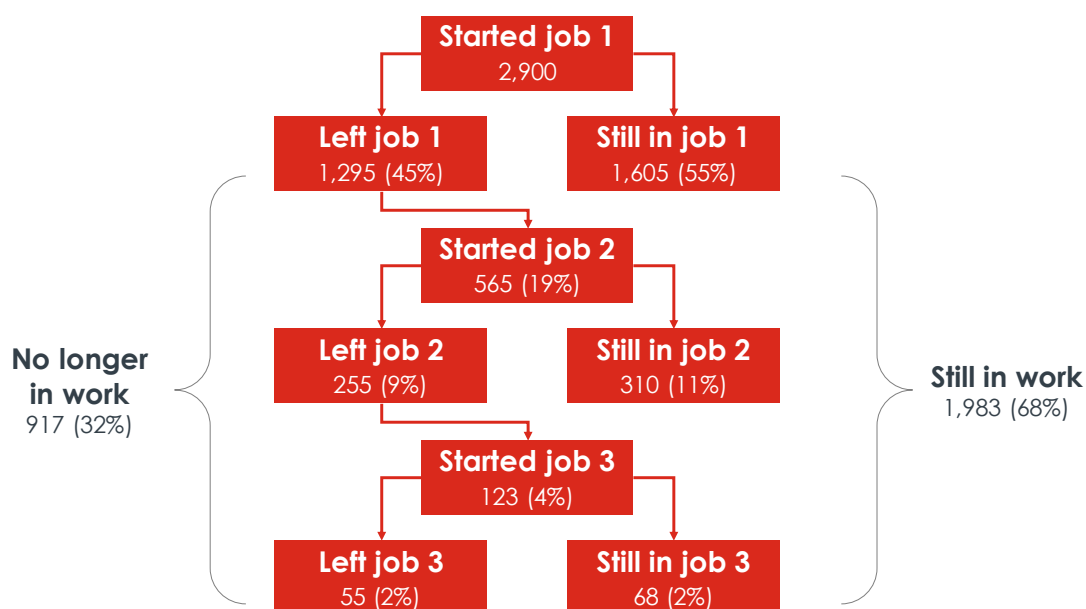
7.5 Clients who move into work continue to have access to the support offer during their 15 months on the programme, and for up to an additional six months following the 15 months. Throughout this time, clients have access to the full range of support the programme offers to out-of-work clients. After 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, 59% of job starters are recorded as having received in-work support.³¹

³¹ The true proportion may be higher as concerns about the quality of support data also apply here.

Job leavers, subsequent jobs and progression

- 7.6** As of the end of March 2020, 1,295 clients have left their initial job. This is equivalent to 45% of clients that had started a job.³² It should be noted that leaving a job is not necessarily a negative outcome, as clients may have secured a more suitable job. The timeframe covered meant any impact from COVID-19 was negligible, with the proportion of job leavers reasonably steady over the last year. In the last annual report, the figure was 40%.
- 7.7** Figure 7-1 sets out the numbers starting and leaving subsequent jobs. In total, 68% of clients who started a job are still in that job or a subsequent job (upon leaving the programme or as of March 2020). If a client falls out of work within the 15-month support period then the provider will support them to move back into work.

Figure 7-1: Number and proportion of clients leaving jobs and starting subsequent jobs



Source: SQW

- 7.8** Table 7-2 sets out the proportion of clients that left their initial job and the proportion that are still in work (including the initial job or a subsequent job) or out of work, broken down by local authority, provider and client type.
- By local authority, Salford and Manchester have the lowest level of job starters no longer in work (26% and 28% respectively). Wigan and Rochdale perform considerably worse than other areas, at 39% and 38% respectively, and are also the worst performing at the proportion of clients going into work (see Table 5-1).

³² Note that clients may have left their job since finishing on the programme which would not have been captured.

- By client type, LTU and EE are similar while H&D clients are considerably less likely to leave their initial job and less likely to be out of work after a job start.
- By provider, the proportion of clients leaving their initial job is similar but The Growth Company's clients are less likely to be out of work following a job start (28%) than Pluss (32%) and Ingeus (34%).

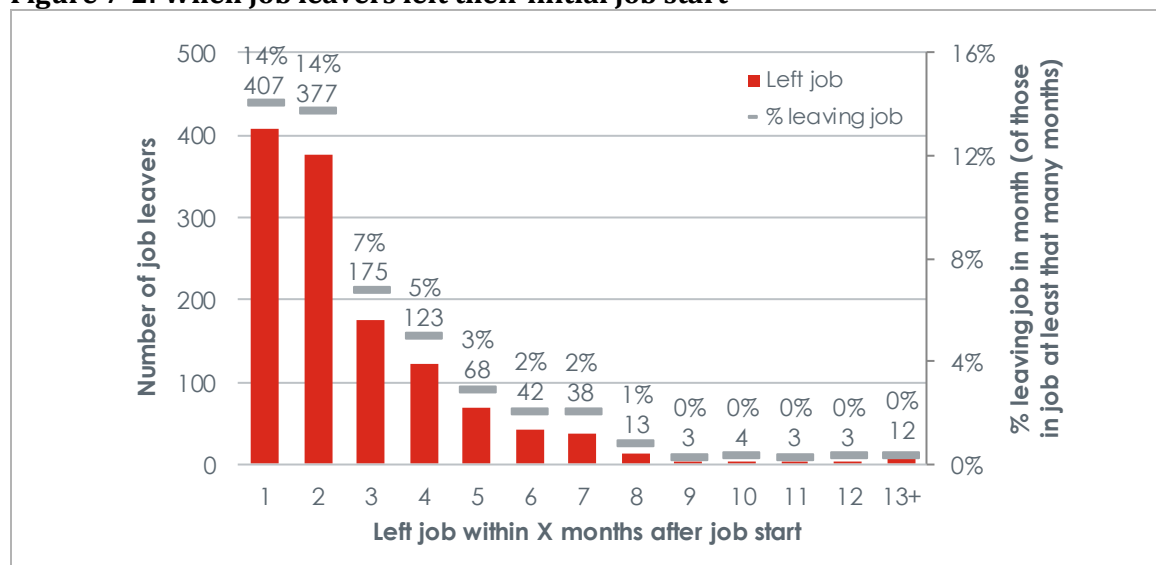
Table 7-2: Proportion of clients with job starts leaving their initial job and subsequently out of work

	Initial job starts	% left job 1	% no longer in work (any job)
Local authority			
Bolton	368	43%	32%
Bury	186	41%	34%
Manchester	627	44%	28%
Oldham	286	47%	33%
Rochdale	215	51%	38%
Salford	306	43%	26%
Stockport	184	41%	32%
Tameside	241	41%	30%
Trafford	187	45%	31%
Wigan	273	50%	39%
Provider			
Ingeus	1,513	45%	34%
TGC	1,123	44%	28%
Pluss	264	45%	32%
Client type			
H&D	2,174	45%	32%
LTU	412	55%	39%
EE	143	56%	38%
Total	2,900	45%	32%

Source: SQW analysis of GM WHP monitoring data

7.9 Figure 7-2 sets out when clients who have left their initial job. It shows a high proportion of clients leave their jobs within the first two months, and then the proportion drops considerably. 14% of clients left their job within the first month, compared to just of those who were in their job at least six months leaving at six months. The pattern is different to the Working Well: Expansion Programme, for which analysis in last year's annual report showed clients were most likely to leave work at the three-month mark.

Figure 7-2: When job leavers left their initial job start



Source: SQW analysis of GM WHP monitoring data

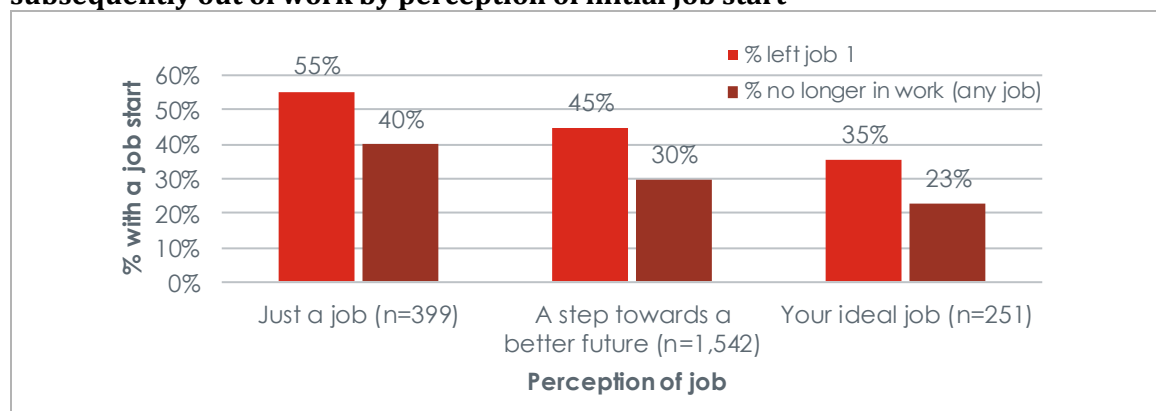
Job leavers and progression by type of job

7.10 This section looks at the proportion of clients leaving jobs and subsequently no longer in any job as of March 2020 or at the point of leaving the programme by types of jobs. It also looks at progression between first and second job for certain job characteristics.

Client perceptions of job start

7.11 Firstly, there is a considerable difference in the job leaver rate and the proportion of clients that are subsequently no longer in any job based on how clients viewed their initial job in their in-work diagnostic.

Figure 7-3: Proportion of clients with job starts leaving their initial job and subsequently out of work by perception of initial job start

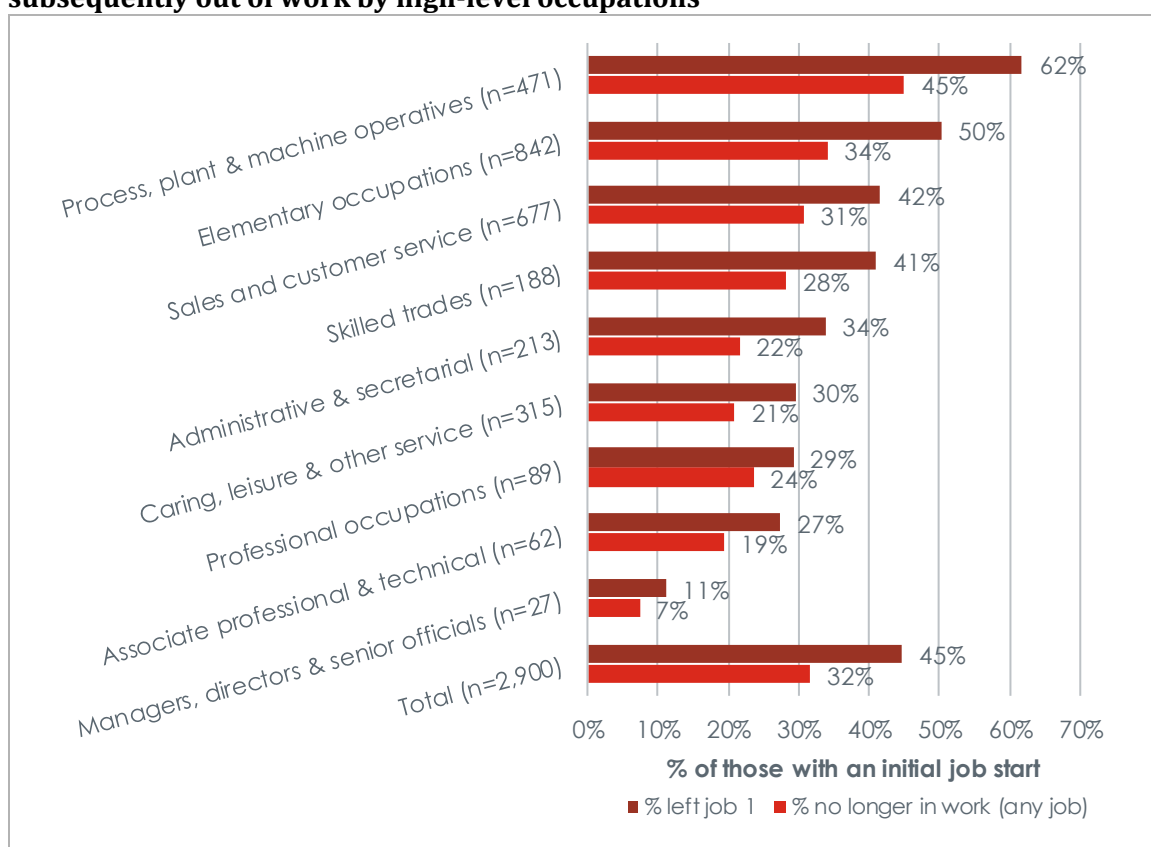


Source: SQW analysis of GM WHP monitoring data

Occupations

7.12 Figure 7-4 sets out the same analysis by the high-level occupation categories of clients' initial job starts. It shows that nearly two-thirds of those going into Process, plant and machinery occupations left that initial job – this is to some extent likely to reflect the temporary nature of these jobs. More concerning is that 45% of those who left an initial job in this occupation were no longer in work as of March 2020 or at the point of leaving the programme. All other occupation categories are around or below the average for the programme overall.

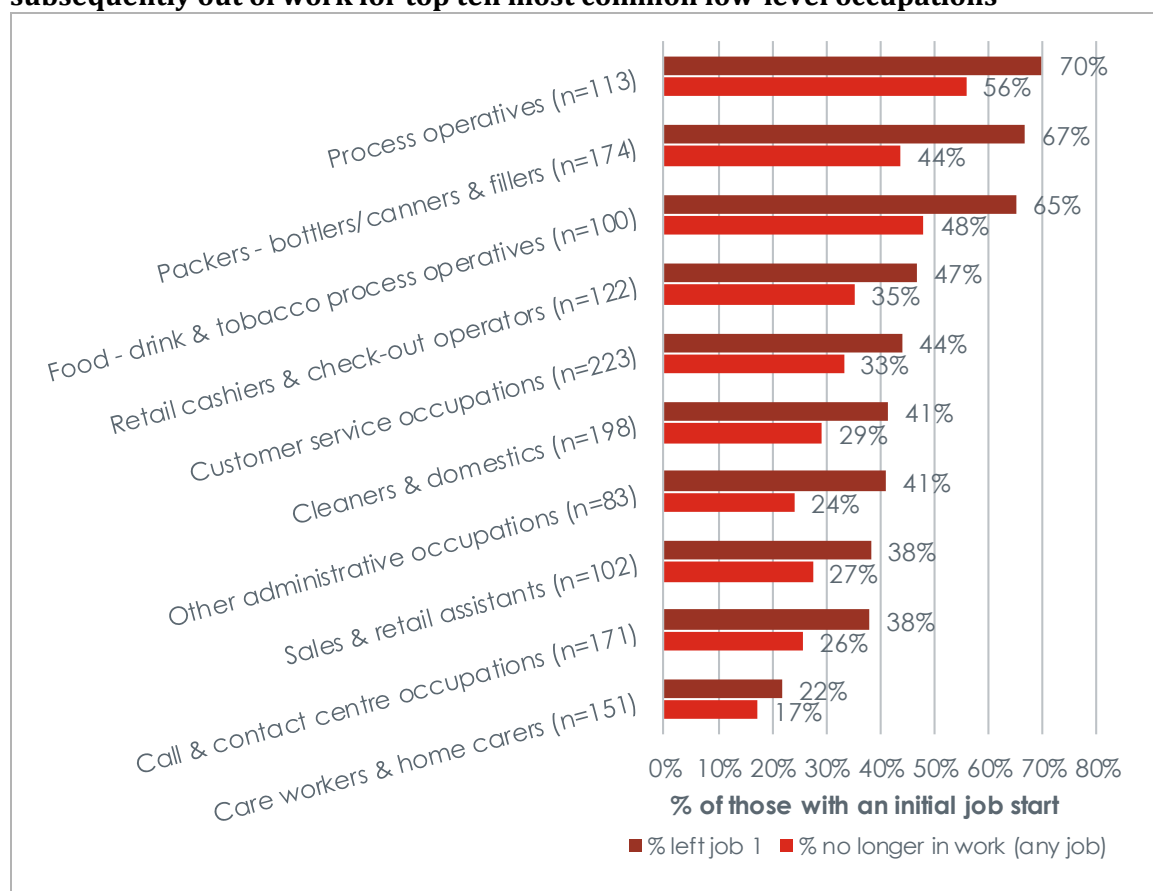
Figure 7-4: Proportion of clients with job starts leaving their initial job and subsequently out of work by high-level occupations



Source: SQW analysis of GM WHP monitoring data. Based on first occupation.

7.13 Figure 7-5 considers the ten most common low-level (i.e. detailed) occupations, and shows a similar pattern, with process operatives most likely to have left their initial job and not subsequently be in work. Common occupations that have seen a low level of turnover include Call and contact centre occupations and Care workers and home carers.

Figure 7-5: Proportion of clients with job starts leaving their initial job and subsequently out of work for top ten most common low-level occupations



Source: SQW analysis of GM WHP monitoring data. Based on first occupation.

Wages

7.14 Clients whose first job paid the Real Living Wage or higher are slightly more likely to have stayed in their initial job (42% vs 45%) and less likely to subsequently be out of work (29% vs 32%) than those earning less than the Real Living Wage. Looking at wage bands, of the 428 clients earning £7-£7.99 60% left their initial job and 38% were subsequently not in work.

7.15 Table 7-3 shows the difference in wages between a first and second job. Positively, nearly 40% of clients for whom both wages are known progressed onto a second job which pays a higher hourly rate compared to their first job. This said, a fifth pay a lower hourly rate. The mean difference in wage between first and second job is +9p per hour while the median is no change; amongst only those seeing an increase, the mean difference is +55p per hour.

Table 7-3: Difference in hourly rate between first and second job (n=565)

	Count	%*
Higher hourly rate	159	28% (39%)
Same hourly rate	163	29% (40%)
Lower hourly rate	82	15% (20%)

	Count	%*
Unknown	161	28%

Source: SQW analysis of GM WHP monitoring data. *% figures in brackets exclude unknowns. Where the hourly rate is unknown for both or either jobs it has been classified as unknown.

7.16 Table 7-4 shows that the majority of clients who moved job did not earn the Real Living Wage in either their first or second job, while around a third earned the Real Living Wage in both or either their first or second job.

Table 7-4: Proportion of clients earning Real Living Wage (first and second job) (n=432)

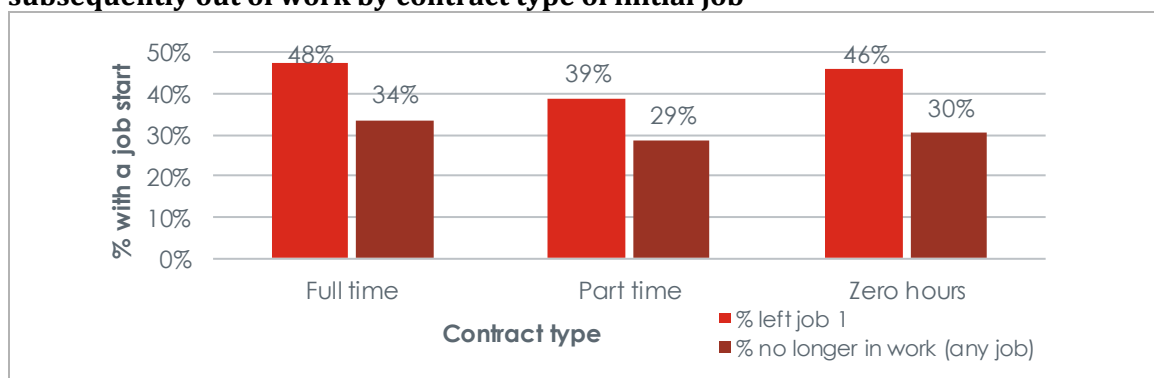
	Job 2: RLW+	Job 2: Below RLW
Job 1: RLW+	12%	10%
Job 1: Below RLW	12%	43%

Source: SQW analysis of GM WHP monitoring data. Excludes unknowns (n=133).

Contract types

7.17 Figure 7-6 shows that clients whose first job is part time are less likely to leave that job than those who enter full time work. They are also more likely to remain in work.

Figure 7-6: Proportion of clients with job starts leaving their initial job and subsequently out of work by contract type of initial job



Source: SQW analysis of GM WHP monitoring data

7.18 Table 7-5 shows the difference in contract types between the first and second job. A majority remain in the same type of contract although overall 44% of clients have moved to a different type of contract. When comparing the average weekly hours of second jobs with first jobs, the median change is 0hrs and mean change is -0.9hrs.

Table 7-5: Difference in contract type between first and second jobs (n=565, rows sum up to 100% excluding the final column which shows breakdown for first job)³³

	Second job					First job % split
	Full time	Part time	Varies	Zero hours	Other / unknown	
First job						
Full time	68%	19%	7%	5%	1%	58%
Part time	32%	57%	8%	3%	1%	25%
Varies	51%	32%	9%	7%	2%	10%
Zero hours contract	63%	13%	13%	13%	0%	6%
Other / unknown	0%	100%	0%	0%	0%	1%
Total	56%	30%	8%	5%	1%	n=565

Source: SQW analysis of GM WHP monitoring data

Job leavers by personal characteristics and barriers to work

7.19 Table 7-6 shows the proportion of job leavers and clients who found work but were subsequently not in work by key characteristics and barriers to work. It shows generally those who might be considered most disadvantaged to start are more likely to fall out of work:

- Men are more likely to not now have a job than women
- Younger people and older (55-64) were more likely not to be in work
- Those with health conditions were more likely not to have a job, although there is no clear pattern by the number of conditions
- Those with lower qualifications were less likely to re-enter work.

Table 7-6: Proportion of clients with job starts, leaving their initial job and subsequently out of work by client characteristics and barriers to work

Characteristic / barrier to work	Initial job starts	% left job 1	% no longer in work (any job)
Gender			
Female	952	38%	27%
Male	1,812	49%	34%
Age			
18-24	358	51%	38%

³³ Shows proportion

Characteristic / barrier to work	Initial job starts	% left job 1	% no longer in work (any job)
25-34	785	44%	30%
35-44	544	43%	29%
45-54	653	42%	30%
55-64	531	46%	34%
65+	23	52%	30%
Health condition / disability that could affect your ability to stay in a job			
No	1,336	45%	29%
Yes	1,319	46%	36%
Number of health conditions			
0	1,265	45%	31%
1	333	50%	38%
2	535	45%	32%
3	302	44%	32%
4	148	46%	32%
5	76	39%	32%
6+	109	39%	29%
Length of unemployment			
0-6 months	489	48%	31%
7-12 months	546	45%	31%
1-2 years	703	48%	34%
3-5 years	463	42%	31%
6-10 years	199	42%	31%
10+ years	226	45%	33%
Highest qualification			
No qualifications	331	47%	34%
Below GCSE level	281	49%	39%
Under 5 GCSEs at grade A*-C (or equivalent)	608	48%	37%
5 or more GCSEs at grades A*-C (or equivalent)	501	45%	30%
A levels / NVQ Level 3 (or equivalent)	581	44%	29%
Degree or higher	277	38%	23%
Access to a car			
No	2,225	48%	35%
Yes	517	34%	22%

Source: SQW analysis of GM WHP monitoring data

8. Impact of COVID-19 on clients and programme delivery, performance and management

- The programme adapted quickly to the challenges presented by COVID-19 by shifting to remote working, increasing the level of online support and adapting contractual and performance management arrangements
- The initial focus was on supporting clients' issues that arose from COVID-19 such as increased issues with mental health and anxiety, financial trouble and access to food
- There is evidence that clients are further from being work-ready and less motivated to find work as a result of COVID-19, and there are clear challenges in finding employment for the programme's cohort given the impact it has had on the labour market – posing clear risks to the programme's future performance
- Although changes to delivery were made out of necessity, consultees identified a variety of benefits from the shift to remote working that could inform any future delivery model

8.1 The impact of the COVID-19 pandemic on the United Kingdom is unprecedented. The national lockdown restrictions that were initiated in March 2020 severely curtailed social interactions and economic activity. Delivery of the programme was significantly impacted and had to adapt accordingly, at high speed and with (inevitably) poor knowledge of what would be required or for how long. This chapter sets out the response that was put in place and the lessons learned.

8.2 This chapter is mostly based on consultation evidence, with reference to monitoring data and a client survey. The survey was conducted in May 2020 to understand the impact of COVID-19 and what support clients wanted. It received 231 responses, equivalent to 4% of active clients at that point in time. The split of respondents by age, gender and local authority³⁴ is broadly reflective of the wider programme cohort but given the response rate the results should be treated as indicative and not representative. Furthermore, as it was an online survey there may be issues with bias due to inaccessibility for some programme clients.

Impact on the programme's clients

8.3 The impact of the COVID-19 pandemic on the programme's clients was significant. In the consultations it was apparent that there were immediate effects from the imposition of

³⁴ The survey was not linked to CDP data and no other characteristics were collected in the survey.

lockdown and subsequent longer-term effects. The impacts highlighted by consultees included:

- **Deaths:** There were a small number of clients that sadly died from COVID-19 or who committed suicide since the pandemic started.
- **Shielding:** Reflecting the health issues of clients on the programme, many clients were in at-risk categories and directed to shield by staying at home. There were also clients who lived with someone or helped to care for some that needed to shield.
- **Access to food:** Some clients who were shielding or hesitant to leave their house were unable to access food. In one instance a client had no food and thought it was illegal to leave the house. In some areas food banks that clients used prior to the lockdown were no longer available.
- **Social isolation:** Reflecting restrictions on social contact, many clients experienced social isolation, particularly those that lived alone or were required to shield. Many of these clients lacked the digital equipment and/or knowledge to be able to keep in touch with family and friends.
- **Mental health:** Reflecting the unprecedented and overwhelming nature of the pandemic and social distancing, issues with depression and anxiety were very common. Research has found this to be the case nationally, with average mental health having worsened and those with the poorest mental health prior to the crisis “having had the largest deterioration.”³⁵ In the case of clients, consultees said these impacts stemmed from bereavements, confusion, worry, social isolation and boredom. For some clients the lockdown interrupted their routine or self-management strategies, with repercussions for their mental health. Many consultees were concerned about the impact of social isolation on clients’ confidence and social anxiety. The client survey asked about wellbeing, with 10% of respondents saying they were ‘not coping well’ and 53% saying ‘I sometimes feel anxious or down, but I know how to cope’.
- **Access to health services:** At the outset many clients were unsure how to access their medicines or GP services.
- **Physical health:** Lockdown limited the opportunity for leaving the house and exercising, with implications for the physical and mental of the programme’s clients.
- **Housing:** Clients who were homeless or sofa surfing when lockdown started were particularly challenging. In some instances these clients were shielding or living with someone who needed to shield in circumstances where it was difficult to socially distance

³⁵ Institute for Fiscal Studies. 2020. The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK, p.5.

e.g. in shared accommodation or hostels. There are also examples of clients who were being threatened with eviction.

- **Caring responsibilities:** The closure of schools and childcare meant parents were full-time carers. Some clients also had care responsibilities for vulnerable people that needed to shield.
- **Domestic violence and family issues:** Being mostly confined to their home during a difficult time saw an increase in domestic violence and family issues, particularly as time progressed.
- **Universal Credit and access to JCP:** Some clients were concerned they would not be paid their benefits because they had no contact from JCP so needed informing that the payment was automatic for 13 weeks. There was also an increase in Universal Credit payments that benefitted clients.
- **Financial:** Issues with finances were prevalent, but not as prevalent as some consultees feared initially. This likely reflected the point above, as well as reduced costs from going out, with consultees reporting that many were actually better-off as a result. However, given that children were no longer received free meals at schools, some clients needed help in accessing food including via food vouchers.

8.4 Overall, the picture presented by consultees was of an initial spike in issues – particularly confusion, panic, anxiety, mental health and food access – when the lockdown began. As time progressed, many clients settled into a ‘new normal’ but for others their issues worsened. The prolonged social isolation and being stuck at home caused many clients to experience a deterioration in their mental and physical health and heightened issues such as domestic violence, family problems and social anxiety. The expectation of consultees was that many clients would be anxious about going out in public for the foreseeable future, particularly going on public transport and crowded places.

Impact on readiness for work

8.5 The issues set out above have clear implications for the work-readiness or even the ability to seek work of the programme’s clients. Consultees reported a mix of clients in terms of how they have been impacted:

- Some work-ready clients experienced a minimal impact and have continued to search for work. Of the client survey respondents 39% said they were still looking for work.
- Some work-ready clients were adversely affected by the pandemic and lockdown so were no longer able or willing to consider moving into work, for example due to concerns about their health, caring responsibilities or a deterioration in their mental health or anxiety. Of

the client survey respondents 38% said they had been looking for work but COVID-19 meant they had stopped. The most common main reason given for those not looking for work (including those not looking prior to COVID-19) was 'shielding for myself' (35%) followed by care responsibilities for children (18%) and 'reduced public transport options' (11%).

- For clients who were not work-ready prior to the pandemic, progression towards being work-ready was expected to be more challenging. Of the client survey respondents 23% said they did not feel ready to look for work.

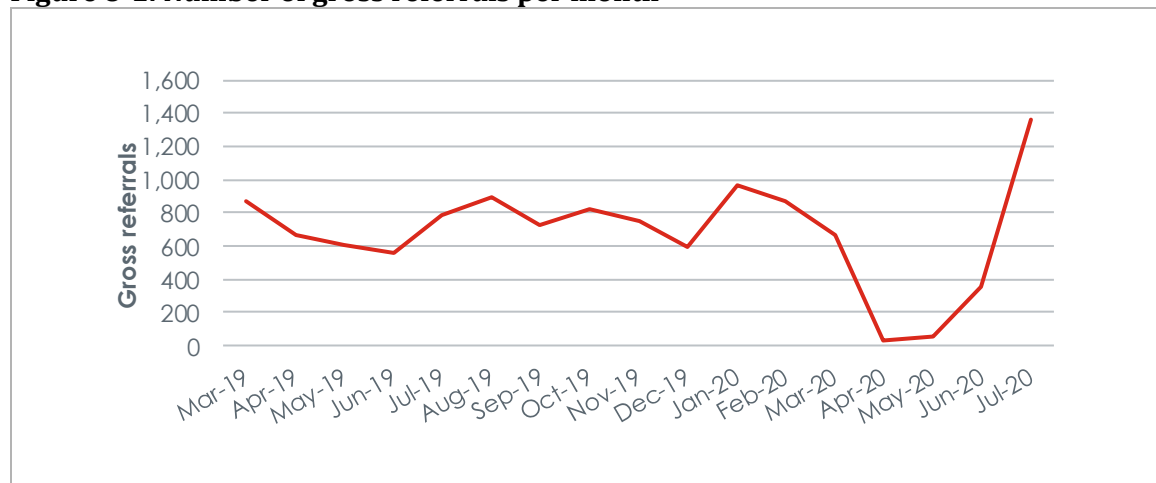
8.6 While the latter two points were largely seen as genuine and understandable, there was some concern that in some cases clients who were less committed to work may have become less so through Covid. A further issue highlighted by consultees was the change in message from JCP, with clients no longer obligated to search for work during the initial lockdown period. Some consultees were concerned that certain clients had used this as an excuse – with instances of clients refusing to search for work as a result.

8.7 As well as worsening existing barriers to work, the pandemic has also presented new barriers to work. In particular, making clients anxious about or unwilling to travel, go in public spaces, workplaces and programme delivery sites specifically due to concerns about catching coronavirus. One consultee also raised a concern about the affordability of masks for clients to be able to travel on public transport.

Impact on programme delivery, performance and management

Referrals and starts

8.8 At the outset of the lockdown, JCP halted on-site delivery and resource was redirected towards processing new benefit claims, with no support for the newly unemployed – meaning no new referrals to the programme. Over time referrals gradually started up again, and in July alone there were 1,367 referrals. It is important to give consideration to how manageable such a spike in referrals is, particularly if this pattern is likely to continue.

Figure 8-1: Number of gross referrals per month

Source: SQW analysis of GM WHP monitoring data

- 8.9** *A Plan for Jobs (2020)* included a commitment to doubling the number of Work Coaches in JCP before April 2021. Given that the first part of this report set out how fundamental to programme performance it is to have a good relationship with JCP and well-informed Work Coaches who refer those that fall into the ‘goldilocks group’, it will be vital that the programme continues to focus on this area. This does present a risk that time and efforts will be redirected from elsewhere, particular Integration Coordinators, but the shift towards increased remote working and contact, and associated efficiencies, may help to an extent.
- 8.10** The random allocation tool, which feeds into the randomised control trial (RCT), was paused due to concerns about its ethicalness during a pandemic. It is currently unknown whether the RCT is likely to be viable and produce results at a sub-regional evaluation level.

Self-referral route

- 8.11** In response to the drop in referrals, a national self-referral pathway was established for the programme. This went live in June (and a couple of months later in Greater Manchester) with capacity to process a limited number of self-referrals a week nationally on a first-come-first-serve basis, so the pathway will only feed a small proportion of clients into the programme unless it is expanded.
- 8.12** There was a keen appetite amongst consultees within the providers and Programme Office for the self-referral route to be expanded, provided that it functions well during what was considered a trial period. Having this route available would help to address some of the issues with the role of JCP in the programme that were highlighted in this and last year’s report, namely: inappropriate referrals being sent through, particularly those who do not wish to look for work, and discouraging referrals through from External Local Signposting Organisations. It was hoped that this route would produce referrals who genuinely want help with their barriers to work in order to move into work. Going forwards, there will be a need to reflect on whether the cohort coming through the self-referral route is appropriate and

whether the programme is genuinely adding value or whether the client would find similar work without the programme's support.

Supporting clients

8.13 Consultees involved in the delivery of the programme all expressed their pride at how the programme had responded to lockdown and supported clients through a challenging time. The response was described as an 'overnight switch' – with the programme adapting immediately to provide support remotely and clients receiving quality support from the outset.

8.14 The immediate focus was on looking after the welfare of the programme clients, ensuring they were coping and any issues or safeguarding concerns – such as those set out above – were supported. Consultees all reported a shift in emphasis away from moving clients into employment to what one consultee described as 'fire fighting' – ensuring clients' basic needs were being met including access to food and medicine. In some instances Key Workers delivered food parcels to clients who were unable to access food. Key Workers also ensured clients understood the guidance and were kept up-to-date, particularly as many clients had stopped engaging with the news due to anxiety.



I've never been more proud of working for Ingeus and with the team. The response blew me away. It was immediate – what're we doing? How do we help our customers?



8.15 Reflecting the change in focus, two key changes were made to client engagement:

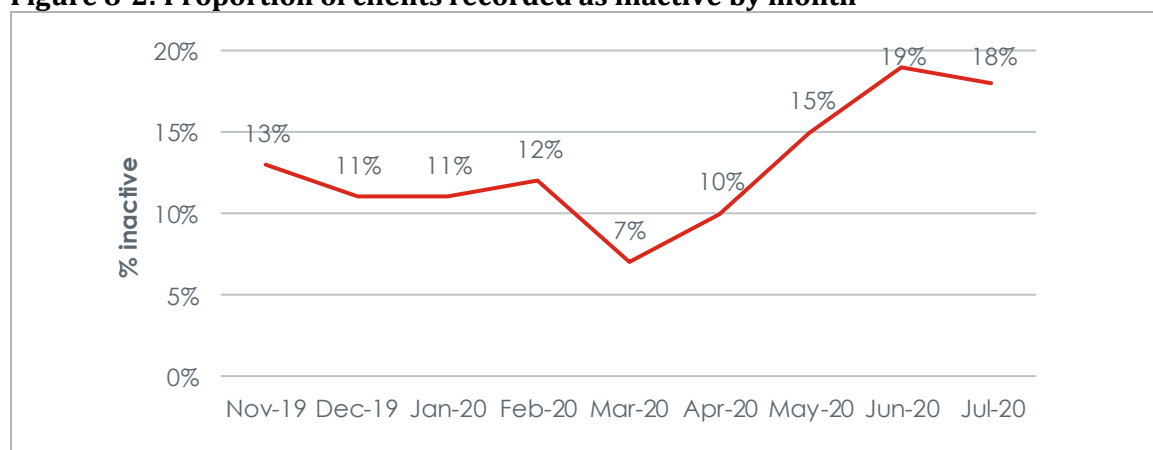
- Key Workers sought to make contact with all non-engaged clients to check up on their welfare and inform them that the programme could still help with issues they were facing. Senior JCP staff were invaluable in addressing out-of-date contact details to ensure clients were reachable given that usual JCP operations had stopped so incorrect contact details could not be resolved with Work Coaches.
- Contact shifted from fortnightly face-to-face appointments to a minimum of a weekly call. This increase in contact time was possible due to efficiencies from remote working and a reduction in caseload sizes as a result of no new referrals coming onto the programme. Where Key Workers had concerns about a client the contact could be even more frequent. For June, there was an average of 5.1 contacts booked per client.

8.16 Consultees reported that this change in approach was broadly well-received. Engagement actually increased, which was also attributed to: a lower barrier to engagement than having to travel into the programme's offices fortnightly; clients having issues as a result of lockdown that they needed assistance with; and lockdown limiting what else they could do and their

social contacts. Consultees said that many clients expressed appreciation for the support and weekly calls – for some clients the calls were there only contact with another person while in lockdown, and many had little other social contact.

- 8.17** There were some clients that were difficult to engage, particularly those who usually used a library for contact and lacked a device to be contacted. These people could be difficult to chase up due to JCP not being available to support this.

Figure 8-2: Proportion of clients recorded as inactive by month



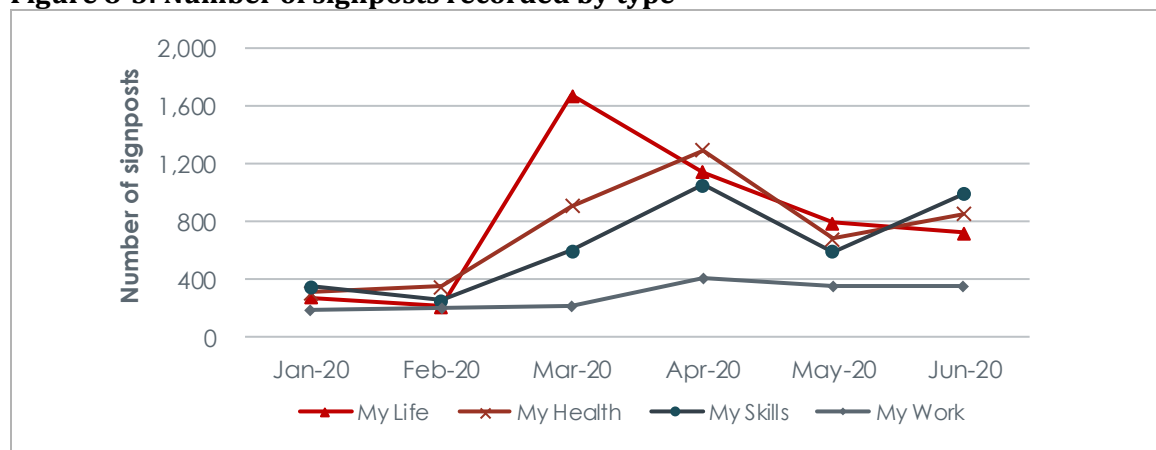
Source: SQW analysis of GM WHP monitoring data

- 8.18** Over time, however, inactivity has increased. Key Workers reported that some clients have become fed up with weekly phone calls where their circumstances have not changed and they are unwilling to look for work or do not think there are appropriate jobs available. This shows there is likely to be a challenge around engagement if clients doubt their prospects of finding work.

Signposting to support

- 8.19** During the initial period, the volume of signposts to support increased, particularly for My Life which was driven by referrals for support with finances.³⁶ Signposts for My Health also increased, peaking in April, driven mainly by mental health needs although physical health signposts also peaked. June also saw a spike in mental health signposts. Positively, signposts for My Skills increased and peaked in June, suggesting clients were seeking to develop their skills – consultees proposed that ease of remote access, concerns about their competitiveness in a difficult labour market and boredom may have driven this.

³⁶ Reflecting data quality concerns and reports of the proportion of signposts being recorded increasing due to more time to focus on compliance, these figures should not be interpreted as exact. There was however consensus amongst consultees that the level of signposting had increase from prior to COVID-19 in response to client needs. More generally the improvement on data quality on this important issue needs to maintained.

Figure 8-3: Number of signposts recorded by type

Source: SQW analysis of GM WHP monitoring data

- 8.20** Consultees noted that during this period the support landscape was in flux, with services suddenly unavailable because they did not offer remote delivery or lacked staff or volunteers. Closures of food banks were a recurring example from consultees. There were also new services created in response to needs in Greater Manchester arising from COVID-19. Consultees emphasised the importance of Integration Coordinators for navigating this shifting landscape – mapping out the services available to address client needs.
- 8.21** Integration Coordinators’ relationships with Local Leads and other key people meant they could liaise or escalate appropriately to plug any new gaps in provision and be kept abreast of new services that clients could benefit from or might require. For example, Local Authority Hubs were established as a triage point and various local and national services gradually offered remote and online support offers. Integration Coordinators disseminated this to Key Workers through regular team meetings and frequently updated directories of services to support with needs. Integration Coordinators said that support service landscape has since settled into a ‘new normal’.
- 8.22** Given the shifting landscape of support services, with many suddenly unavailable, consultees emphasised how important the programme’s in-house support offer was. In particular, the Health Team was seen as invaluable because many of the usual support services took time to adapt to providing remote support and experienced increased demand.

Case Study – Client C – supported by Hollie (Health Educator, CBT Therapist and Psychotherapist)

After an initial health triage appointment, an appointment with Hollie uncovered that the participant was drinking large amounts of alcohol daily due to low mood and dental pain. He felt he was unable to go to the dentist due to a previous negative experience and the current COVID-19 situation. It was explained that the dentists are offering telephone appointments and he may be able to get help this way. After role playing the dentist call a few times over the phone they set a goal for him to call the dentist and other goals around mood management and alcohol reduction. Hollie advised his keyworker about the need for alcohol support services.

A week later Hollie spoke with the participant again. Grateful for the support, he reported he had significantly reduced his alcohol intake and his mood had hugely improved. He had also called the dentist and they had diagnosed an abscess and prescribed antibiotics. In a further follow up call the participant could pinpoint that his low mood was due to persistent COVID-19 news as he was watching it multiple times a day. After discussing how to decrease this the participant also shared that he had been getting out of the house for walks as per his goal, his abscess had settled down and he was drinking only a few days a week now.

The participant has started playing his musical instruments again, which bring him joy and has also downloaded Hollie's recommended relaxation and mindfulness apps which are helping him sleep. He is now feeling so much better that he is supporting his vulnerable neighbours through these hard times.

Remote working

8.23 Out of necessity, the programme switched to remote working overnight. Amongst consultees views were mixed on how well the programme works remotely. The positives cited by consultees include:

- All consultees reported efficiencies from working remotely. It requires less travel and has made work more streamlined, with less ad-hoc distractions. This had made caseloads more manageable and provided more time for completing admin tasks and ensuring compliance.
- The greater use of online meetings was valued by teams that are spread across different localities. Integration Coordinators, the Response Team, Employer Services Team and Health Team, each of which are spread across different locations, reported working better and communicating more within their teams due to regular online meetings – whereas previously they were reliant on face-to-face meetings which were not possible as

regularly. The regular online team meetings set-up to better coordinate in response to COVID-19 have been continued, with consultees reporting that there had been a culture shift, with online meetings more accepted.

- The greater use of online meetings was also particularly valued by those whose roles entailed lots of travel. Integration Coordinators previously spent much of their time travelling to meet stakeholders, so conducting their meetings online was saving lots of time.
- As highlighted above, engagement increased for some clients because it is easier to engage through a phone call than having to travel to the programme's offices. Travelling to the office can be difficult for those who have poor transport access, long journeys, physical health conditions and caring responsibilities. Consultees reported clients with social anxiety had also found it easier to engage and 'open up' in conversation over the phone or online compared to face-to-face.
- Multiple benefits were identified for the Health Team. Clients were now able to access the full range of support, rather than just the health practitioner based in their locality whose specialism may not relate to their need. While good, it does highlight some issues with previous delivery.
- One consultee reported more scope for three-way calls between clients, Key Workers and either the Employment Support Team or Health Team.
- Interventions, such as workshops, also tend to be shorter when provided online and are able to reach a wider audience than if they were run in particular locality.
- Some staff appreciated being able to work from home as it saved them from having to commute and gave them more flexibility.

8.24 The negatives of remote working included:

- Conducting appointments and providing support over the phone was seen by some as lacking the personable nature of the programme which was considered a strength.
- In some cases interventions over the phone or online were considered to be suboptimal. For example, the Employment Services Team had been conducting mock interviews over the phone which meant they could not provide feedback on their body language. Online workshops were also generally shorter and less intensive due to concerns about engagement.
- The Health Team have been unable to deliver group sessions due to lack of sign-off the Department for Work and Pensions because of concerns around information security. This has reduced the number of clients the Health Team can reach. In the meantime they

had recorded bitesize workshop content – which involved a video, the client setting goals and the Key Working following up. There was concern that engagement with this intervention would not be as meaningful as a workshop however.

- Key Worker appointments, and JCP appointments, are the only routine some clients have, so some have experienced a loss of routine.

8.25 As of the end of July, the process of moving back to some face-to-face delivery within the programme's offices had commenced. Reflecting the need for social distancing, however, capacity within the offices is limited. As part of this process Key Workers have contacted clients to ask whether they would be willing to travel into the office and got a mixed response – some keen to attend in person and some unwilling due to anxiety and concern about their health. As the implementation of a local lockdown in Greater Manchester in late July shows, the feasibility of returning to programme offices is not entirely clear.

8.26 As the programme moves forward and there is the option for more face-to-face support there is a need to understand how the programme could benefit from a model that offers a mix of remote and face-to-face support. Two of the key benefits set out above include efficiencies and better engagement for clients with access issues. The expectation is that there will be a greater use of remote working, informed by an ongoing period of reflection and evaluation to determine what model is optimal for moving clients towards and into work. The Growth Company already plan to continue conducting initial appointments via telephone because of their length and personal nature, to make it more convenient for clients and help them be more willing to open up.

8.27 Consultees were keen for remote working to facilitate more outreach. Greater use of outreach was seen a vital for reaching clients who are more challenging to engage, particular as clients were more fearful of travelling into town and city centres. The culture shift towards remote working and more online contact was seen as allowing more outreach without the team members being out of the loop.

Online support offer

8.28 In response to COVID-19, the programme expanded its online support offer. This includes the recent launch of iWorks, which contains a library of resources to support moving into work. It also includes functionality for Key Workers to set actions for clients, which are subsequently reviewed. For mental health, clients are able to access SilverCloud and BeMindful. The former was expanded from 10 to 30 modules. These mental health tools have seen a fairly significant uptake from clients due to their accessibility. As of the start of June, 722 clients had been given a place on BeMindful of which 429 (59%) had completed the introduction and self-assessment and moved onto at least first module. Comparable data for SilverCloud is not available.

8.29 Consultees reported increased demand for online support and learning more generally. Many local and national support services have developed an online offer in response to COVID-19, including those providing support for skills and mental health. The programme has been signposting clients to these resources where relevant.

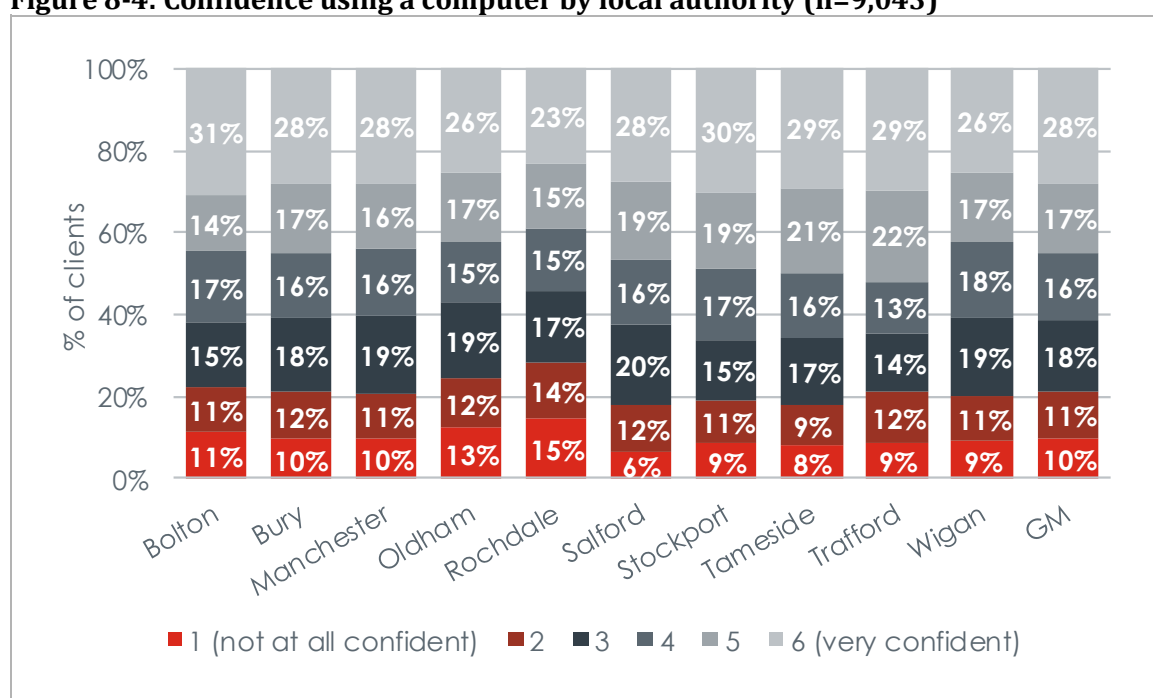
8.30 A key benefit of online resources is ease of access. Some consultees expressed concern though that with many of the resource they are signposting it was not possible to ensure clients were actually completing the resources. Accessibility is also not universal, with three key issues that mean it is not necessarily accessible to all clients: (1) digital skills; (2) access to digital equipment and the internet; and (3) client attitudes.

Digital skills and knowledge

8.31 Figure 8-4 sets out how confident clients are using a computer by local authority, based on a self-reported ranking on a scale of 1-6. It shows 10% of clients, a sizeable minority, are not confident at all using a computer while nearly a third ranked their confidence at between 1 and 3. Low confidence is most prominent in Rochdale. Positively, however, over a quarter of respondents expressed the highest level of confidence.

8.32 The figures suggest that the programme has a substantial proportion of clients with low computer literacy who are likely to require additional support to ensure they can access digital support services. Further, the notable differences across local authorities highlights a need for greater client support in some local authorities (e.g. Rochdale) compared to others (e.g. Stockport). It is worth noting that the proportion of clients who identified being unconfident using a computer has remained constant over the programme's lifetime.

Figure 8-4: Confidence using a computer by local authority (n=9,043)



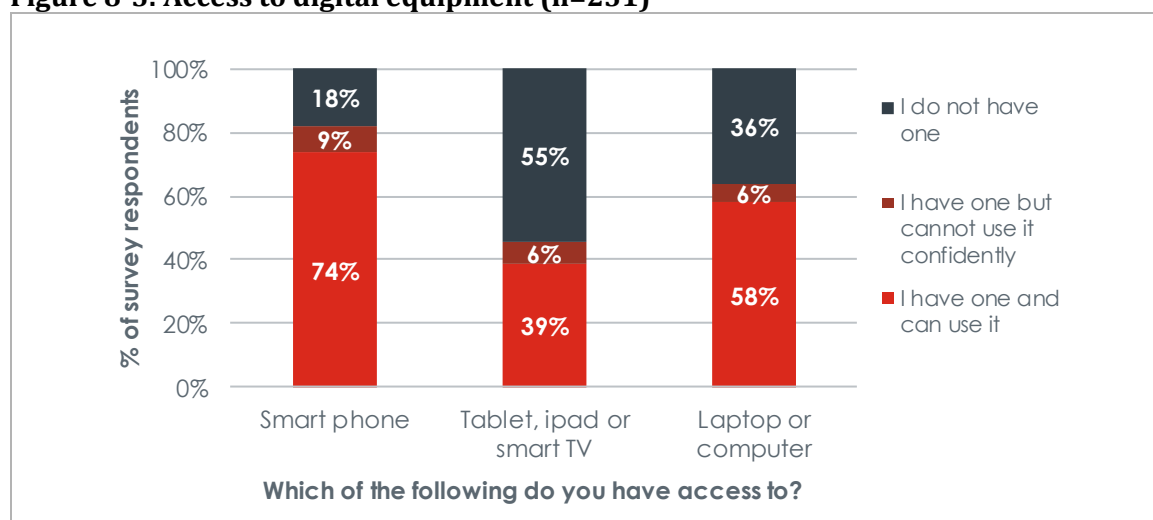
Source: SQW analysis of GM WHP monitoring data. Local authority breakdown excludes unknowns.

Access to digital equipment and the internet

8.33 Consultees reported that many clients lack access to digital equipment, such as computers, laptops or smart phones, as these are high expense items. The same is true of access to the internet, with many either lacking an internet connection or having a restrictive data limit. Prior to the lockdown, many clients were using library or community services to access such equipment and the internet – and these were no longer available upon lockdown commencing.

8.34 Of those responding to the client survey, 36% did not have access to a laptop or computer and 18% lacked access to a smart phone. Further, 68% said they had a good internet connection, 19% said they had an internet connection but limited connectivity or data while 13% said they lacked an internet connection. It should be remembered that this was an online survey and so it likely overstates the level of access.

Figure 8-5: Access to digital equipment (n=231)



Source: SQW analysis of GM WHP monitoring data of WHP client survey

8.35 There are examples of the programme supporting clients to get such access – with local authorities providing laptops and data bundles, including through drawing on Adult Education Budget funding. Nonetheless this likely remains a barrier for some clients, limiting the extent to which they can access the resources available to others.

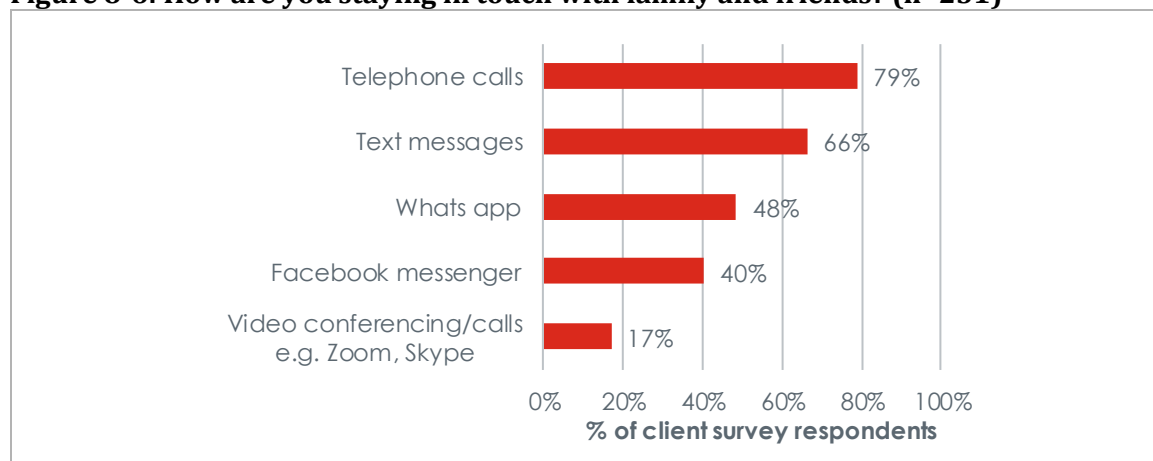
Attitudes towards digital

8.36 Many consultees expressed hope that one of the positives to come from COVID-19 would be a shift in attitudes towards digital technology, with an increased recognition of how important it can be. Consultees did report a shift in attitude amongst some clients who previously shied away from digital technology, after they had used it during lockdown, for example to keep in contact with friends and family or for online banking. Figure 8-6 shows how clients were keeping in touch with family and friends. In addition to this, 58% of clients said they had not

participated in a video call from home, but overall these results (again from the online survey) suggest limited access.

- 8.37** One consultee hope that there would be more interest in the basic IT training which local authorities provide as a result of a shift in attitudes.

Figure 8-6: How are you staying in touch with family and friends? (n=231)



Source: SQW analysis of GM WHP monitoring data of WHP client survey

Staff wellbeing and training

- 8.38** It is important to note that Key Workers and the wider team were also experiencing the lockdown and the associated pressures. There was a focus on staff training and wellbeing during the initial period as a result, with weekly training to ensure Key Workers were equipped to deal with client issues including low mood and handling difficult conversations, daily team calls to boost morale and check-in, and support around wellbeing and exercise from the Health Team.

Supporting clients into work

- 8.39** There was an initial focus on supporting client welfare rather than pushing clients towards work, due to concerns about the ethics about pressuring clients into work during a pandemic. Nonetheless there was a recognition that supporting clients' welfare should help maintain their work-readiness in the longer-term. As time progressed, the emphasis has shifted somewhat, with a renewed focus on the work-readiness of clients and supporting them into work.

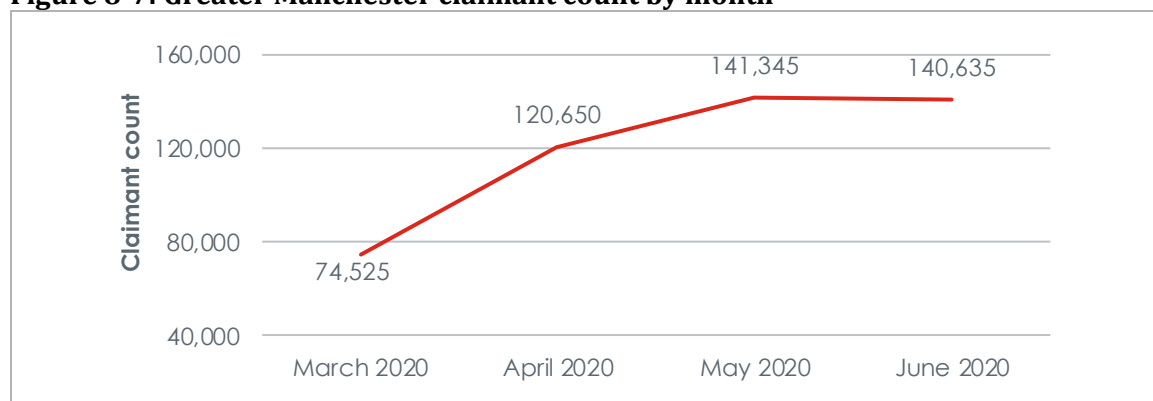
Labour market

- 8.40** When the lockdown commenced, consultees said that vacancies plummeted. There were however vacancies in certain sectors and occupations that experienced increased demand from lockdown such as supermarkets, delivery drivers, warehouse staff, call centres, testing centres, cleaners, care and track and trace. Many of these were bulk vacancies and also considered higher-risk for coronavirus. For other sectors, hiring stopped, with vacancies

gradually reappearing in some sectors in line with the phased reopening of the economy. Others sectors that clients were seeking work in have not yet seen vacancies return. Overall, despite increased vacancies for some sectors, the level of vacancies is still reportedly far below the pre-lockdown level

- 8.41** Despite some vacancies being available, consultees reported that it was difficult to move clients into work. Reflecting the number of newly unemployed people in Greater Manchester, competition for vacancies was extremely high.
- 8.42** Claimant count data from June 2020 showed claims for unemployment related benefits rose 89% from March, a considerable increase, although for England the rise was 110%. Across Greater Manchester, Trafford saw the largest increase (110%) and Bolton the lowest (73%). The claimant count as a proportion of residents aged 16-64 rose for Greater Manchester rose from 4.2% to 7.9%. In Oldham, 9.5% of working age residents were claiming unemployment-related benefits in June 2020.

Figure 8-7: Greater Manchester claimant count by month



Source: Claimant count data, Nomis

- 8.43** Consultees gave examples of jobs receiving thousands of applications in the space of days. It was challenging for programme clients to compete for these jobs as a result, particularly as they were competing against the newly unemployed.
- 8.44** In addition, many of the vacancies were advertised with quick turnaround. Some clients could struggle to meet this, particularly those with anxiety who needed support to build their confidence to apply. Also problematic was that clients generally did not receive responses to their job applications, which could be demoralising.
- 8.45** Over the longer-term, consultees were concerned a further about an increase in unemployment – especially with the ending of the Coronavirus Job Retention Scheme. Given that many of the programme’s clients have struggled to compete in a labour market with historically low unemployment rates, they are likely to struggle further in a more competitive labour market.

8.46 HMRC data on the uptake of the Coronavirus Job Retention Scheme shows that 384,700 claims were made in Greater Manchester up to the end of June 2020, equivalent to 30% of everyone that is eligible – which is the same as the rate for England.³⁷ By local authority, the proportion ranges from 27% for Trafford to 32% for Bolton and Salford. Nationally, younger workers are more likely to have been furloughed and there are clear sectoral differences with the take-up rate highest amongst Accommodation & food services (87%), Construction (75%), Arts, entertainment, recreation and other services (75%) and Manufacturing (74%).

How the programme adapted

8.47 In response to the challenges posed by the labour market and willingness of clients to move into work, the programme has adapted its approach and trialled new means of supporting clients:

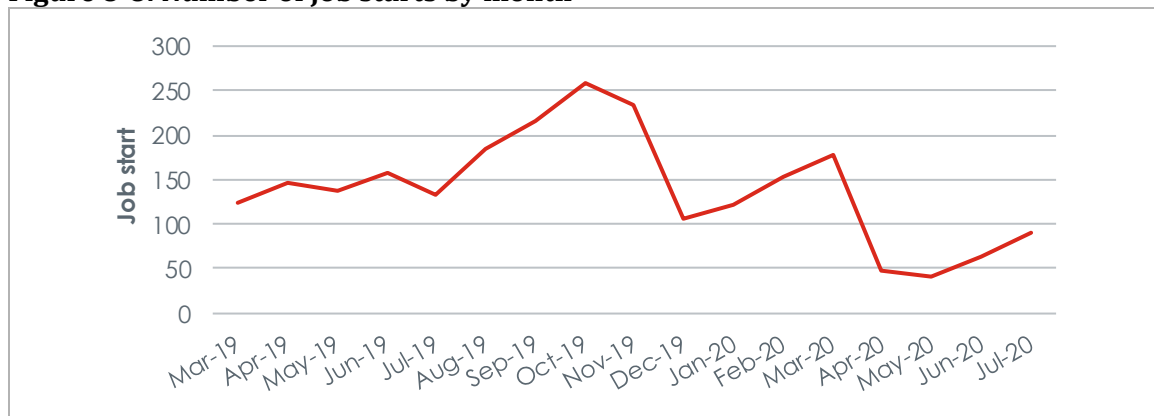
- There has been more of a shift towards reverse marketing for individual clients by the Employment Services Team. This approach is more feasible due to the low number of clients willing to move into work currently, enabling more bespoke support.
- The programme purchased laptops and headsets for a number of clients to enable them to take up working from home opportunities.
- The Employment Services Team have facilitated online employer engagement for clients including a virtual jobs fair. The hope is that more use of online contact will allow more employers to engage with clients, as it minimises the time and effort required.
- All work-ready clients now have a three-way call with their Key Worker and the Employment Services Team, whereas previously it tended to be with just the latter. This means the Key Worker can feed in and is kept updated.

8.48 Moving forwards, consultees considered the key challenge to be keeping clients engaged and busy by developing their skills, particularly for those who are seeking work in a sector of the economy where there are fewer opportunities or more competition. More positively, consultees expressed their hope that in the longer term the cultural shift towards working from home in some sectors might increase the viability of certain roles for those with caring responsibilities, mobility issues and limited options for transport.

Job start performance

8.49 Reflecting everything set out above, Figure 8-8 shows the number of job starts per month for the programme. Following an initial spike in March, which partly reflected the first half of March, job start levels plummeted.

³⁷ HM Revenue and Customs. Coronavirus Job Retention Scheme statistics: June 2020.

Figure 8-8: Number of job starts by month

Source: SQW analysis of GM WHP monitoring data

Earnings Outcomes

- 8.50** In-work clients experienced many of the same issues that impacted on the programme's clients in general. The in-work support offer meant the programme could help them with any issues that had arisen.

Case Study – Client D – supported by Tracey (Mental Health Practitioner, Accredited Psychotherapist)

This participant is currently working from home and is finding it ok as he struggles with social anxiety. His worry is that when he returns to work, this may be a struggle.

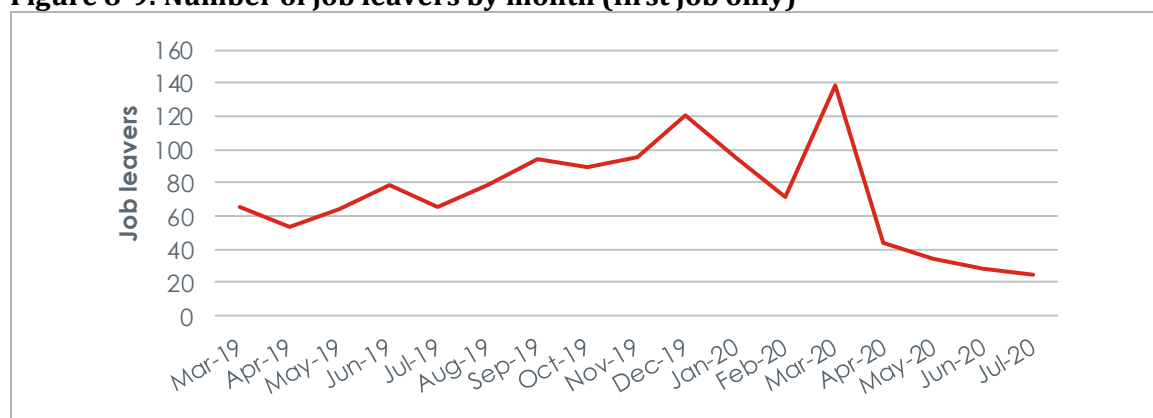
While discussing his prescribed medication for anxiety, he mentioned he ran out of it and has not contacted his GP due to the COVID -19 pandemic. He was worried about what to do next. Tracey reassured the participant that he can still telephone the surgery and arrange a telephone consultation and that he could ask for his medication to be sent to his local pharmacy. They discussed his thoughts around counselling and participant stated that he would consider this to help with his social anxiety.

Tracey also discussed the benefits of Silvercloud, an on-line CBT programme to help with anxiety. After the call Tracey emailed the participant information to consider accessing Silvercloud and a link to Healthy Minds counselling service in his area, so that he can self-refer.

During the follow appointment the participant reported that he has a telephone consultation this week with his GP and completed the self-referral for Healthy Minds. He has also signed up for the Silvercloud program and a further support call is booked to see how he gets on with this.

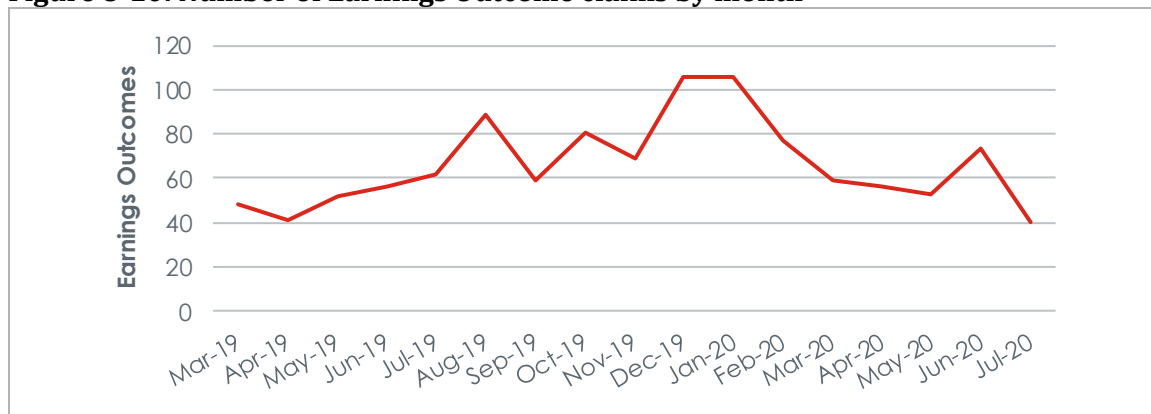
- 8.51** While many in-work clients faced challenges from COVID-19, the impact of the pandemic on employment and earnings was regulated by the Coronavirus Job Retention Scheme and opportunities for remote working. The scheme meant that where clients might have struggled to continue working – for example due to shielding for themselves or others, caring responsibilities, unwillingness to travel on public transport or issues with anxiety or mental health – in many instances it was possible for the client to be furloughed or work from home.
- 8.52** Nonetheless there were unfortunately some instances of clients losing their jobs, though the scale of job losses was considerably below what consultees expected might happen. Figure 8-9 shows the initial spike in March

Figure 8-9: Number of job leavers by month (first job only)



Source: SQW analysis of GM WHP monitoring data

- 8.53** Over the longer-term, however, there are concerns that the Job Retention Scheme ending and general health of the labour market will lead to an increase in clients falling out of work.
- 8.54** The frequency of contact with in-work clients increased and, at the outset, Key Workers and the In-Work Support Team requested detailed information about their work circumstances and pay to understand who was furloughed or in work, and whether they were likely to progress to an Earnings Outcome. Consultees reported that some clients on zero hours or minimal hours contracts have only been paid furlough money for their contracted hours, which is substantially below what they otherwise would be earning. Aside from this though, most clients have continued to earn or are receiving furlough payments – so those in work or furloughed have continued to progress towards achieving Earnings Outcomes. Reflecting this, Figure 8-10 shows that although claims for Earnings Outcomes since March have seen a decline some claims are still coming through.

Figure 8-10: Number of Earnings Outcome claims by month

Source: SQW analysis of GM WHP monitoring data

Contract and performance management

8.55 Changes have been made to the contractual obligations and performance management regimes as a reflection of the impact of Covid-19. Depending on the longevity and severity of the pandemic and associated economic crisis, these changes may be temporary or they may remain indefinitely. There are two key changes worth highlighting:

- A shift in emphasis from performance management based on outcomes and the minimum service delivery standards (MSDS) to performance management focused primarily on the MSDSs alone, albeit with outcome performance benchmarked and measured against the Work and Health Programme in other areas
- A corresponding change in the payment model away from outcomes to reflect the uncertainties and challenges of placing and keeping people in work.

8.56 The new funding arrangement is initially in place for 12 months and will be reviewed on a quarterly basis

Extending the programme

8.57 Finally, a recurring point raised by consultees was many clients have essentially missed out on months of support due to the lockdown during quite a short programme. This was a complaint some consultees had heard from clients. As a result, a common suggestion was that the programme ought to be extended for the clients who were on the programme during lockdown or that there should be some flexibility around exit dates.

8.58 One response which is currently being developed is a similar, but slightly tweaked model, to support clients who are more newly unemployed. The new programme is called Working Well: Work and Health Programme - Job Entry: Targeted Support.

9. Working Well: Pilot and Expansion Programmes

- The Working Well: Pilot Programme supported 610 clients (13% of all who started) into work between early 2014 and early 2019.
- The Working Well: Expansion Programme had supported 2,998 clients (24% of all clients) into work by the end of March 2020. The programme is running to early 2021, albeit with only a small number of clients left on the programme.

9.1 This chapter briefly sets out the achievements of the Working Well: Pilot Programme and Working Well: Expansion Programme. Both have now finished, with the former ending in early 2019 and the latter ending in early 2021.

Working Well: Pilot

9.2 The Working Well: Pilot Programme began in March 2014 and finished in early 2019. In total, 4,984 referrals were made to the Working Well: Pilot. Of these, 4,688 (94%) attached to the programme. The programme achieved 610 job starts, which is equivalent to 13% of attachments. Out of the 610 clients with job starts, 255 (42%) were recorded as sustaining employment for more than 50 weeks. The actual job start and sustained job start figure is accepted to be somewhat higher, reflecting the difficulties of evidencing them.

Working Well: Expansion

9.3 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 below 100 so it is close to winding down. In total, 19,674 referrals were made to the Working Well: Expansion Programme, with the last referral taking place in February 2018. Of these, 12,480 attached to the programme.³⁸

9.4 There has been little change in the data since last year, which reflects the small number of clients remaining on the programme. This section only briefly sets out the proportion of clients experiencing a change in their barriers to work, the level of job starts and the level of jobs sustained.

Non-employment outcomes

9.5 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

³⁸ Excluding clients that did not consent to share data (488), there were 11,992 clients attached. Much of the analysis in this section only considers the 11,992 clients for which data is available.

provided a follow-up score at their most recent intermediate assessment, the proportion that reported an improvement, no change or worsening of the barrier.

Table 9-1: Proportion of clients ranking barriers to work as severe, and the proportion of these clients reporting a change in the barrier³⁹

Barrier to work	% ranking severe	Improved	No change	Worsened	n= ⁴⁰
Confidence in starting work	29%	70%	19%	11%	2,607
General confidence and self-esteem	27%	76%	17%	7%	2,303
Lack of work experience	26%	82%	14%	4%	2,251
Access to private transport to travel to work	25%	75%	20%	5%	2,172
Lack of qualifications/skills	23%	86%	11%	4%	1,919
Health: Mental health	20%	76%	17%	7%	1,677
Health: Physical health	20%	69%	20%	10%	1,727
Local labour market	16%	88%	9%	2%	1,393
Care responsibilities for children	16%	71%	24%	5%	1,309
Management of health	16%	71%	17%	12%	1,280
Age	14%	78%	14%	8%	1,301
Housing issues	10%	86%	11%	3%	803
Debt/finances	10%	87%	9%	3%	801
Bereavement	10%	87%	9%	4%	824
Access to public transport to travel to work	9%	86%	10%	4%	845
Chaotic family lifestyle	9%	84%	11%	5%	691
Family support	7%	89%	7%	4%	551
Divorce/relationship break-up	5%	87%	11%	2%	421
Care responsibilities, not children	4%	89%	8%	4%	323
Convictions	4%	76%	18%	6%	312
Substance misuse	3%	77%	16%	7%	270
Unspent convictions	3%	75%	19%	6%	247
Domestic violence	3%	89%	10%	1%	257
Other	3%	90%	7%	3%	226

Source: SQW analysis of GM WVE monitoring data

³⁹ A barrier is classed as severe where the client has ranked it as 4-6 out of 0-6. The improvement/worsening considers the change that has occurred between the initial assessment and most recent intermediate assessment, which takes place each three months.

⁴⁰ Number of clients that initially ranked the barrier as severe that have also provided a second score at an intermediate assessment.

9.6 In addition to these improvements, the monitoring data captures the extent to which the programme has supported clients to gain qualifications or develop skills. These figures are the same as they were last year.

- 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).

Employment outcomes

Job starts

9.7 Almost one quarter of clients (24%, 2,998) started a job through the programme against a target of 20%. Since last year's report the number of clients starting a job has increased by 46. All areas reached the 20% target, with Bury and Wigan achieving the highest proportion of attachments into jobs at 30% and 28% respectively. Looking by provider, 25% of Ingeus clients and 22% of The Growth Company's clients achieved a job start.

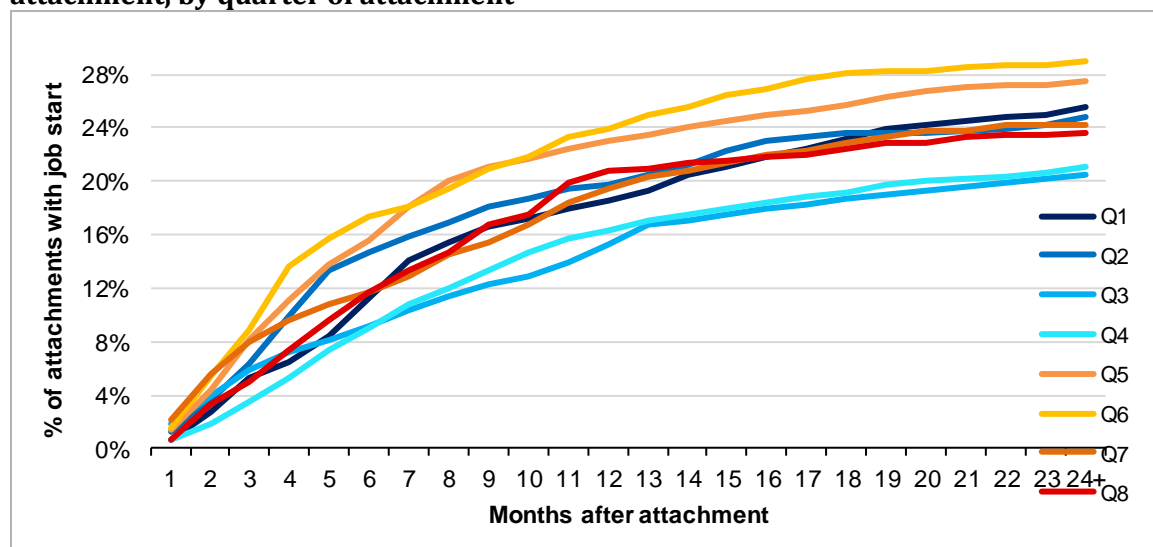
Figure 9-1: Number of job starts and proportion of clients with job starts by local authority



Source: SQW analysis of GM WWE monitoring data

9.8 Figure 9-2 shows how the programme has performed at getting clients into jobs over time, broken down by quarter of attachment. Clients in all quarters were now attached 24 months ago, and all quarters achieved over 20% into jobs. Performance was 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.

Figure 9-2: Proportion of attachments with a valid job start by months since attachment, by quarter of attachment

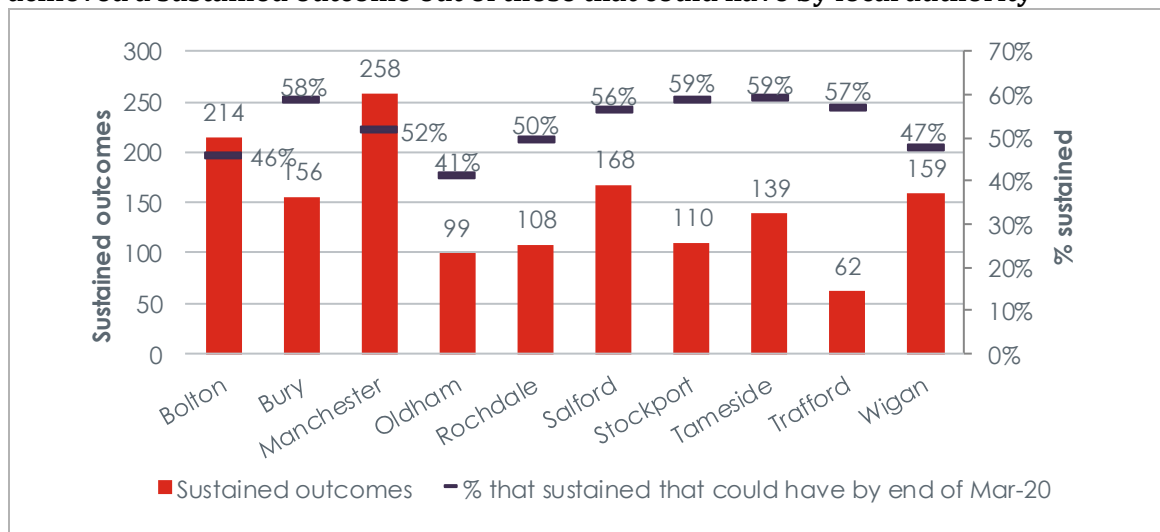


Source: SQW analysis of GM WWE monitoring data

Sustained employment

9.9 Over half of all clients who started a job that could now be recorded as sustained achieved sustained employment (52%, 1,387) – defined as being in employment for 50 out of 58 weeks. As Figure 9-3 shows, Stockport and Tameside achieved the highest level of sustained outcomes as a proportion of those that could have sustained by this point at 59%. The lowest proportion by some margin was Oldham, with a 41% sustain rate. By provider, clients with The Growth Company were more likely to sustain (54%) than clients with Ingeus (50%).

Figure 9-3: Number of sustained outcomes and proportion of clients that have achieved a sustained outcome out of those that could have by local authority



Source: SQW analysis of GM WVE monitoring data

10. Lessons and conclusions

10.1 This is the second Annual Evaluation Report that considers the Working Well: Work and Health Programme. Previously the main focus was on referrals and entry to the programme, with much more emphasis on job outcomes this time. The time since the last report has seen the outbreak of COVID-19 which has impacted all facets of life in the UK, and the programme has had to respond to that. In this report we have looked both at how the programme was performing up to the outbreak in March and how it has been delivered since then. In both instances we have sought to identify learning to inform future programme development.

Referrals to Working Well: Work and Health programme

10.2 It is important to note that the actions flagged as underway in last year's report to improve referral have shown some success. By March 2020, the programme was at 83% of target for unique referrals. This is a substantial improvement on 74% of target by the end of March 2019. This shows the importance of investing time in building and maintaining good relationships, and having robust on-boarding systems in place. This is important learning for any future programme.

10.3 There were several on-going issues around the start process though that remain to be fully resolved:

- The ELSO route was still not delivering the numbers that had been expected. The need to go through JCP and the RCT process appear to have created barriers. Finding a way which lets a broader set of organisations refer suitable people (or indeed individuals to self-refer) to any programme is important, and the lesson from this programme appears to be to remove as many intermediary steps as possible and thereby make the process as simple as possible.
- A continued concern around this programme has been the nature of people being referred. They are often reported to be less job ready than expected, and in some cases to have come out of a sense of obligation (despite the programme being voluntary for some groups). Hence while the issues around the numbers being referred is much improved, the mix of people appears to have only changed marginally. There may be more that could be done to develop a greater range of provision and better signpost people to the most appropriate provision. We return to this issue below.

Support offered to clients

10.4 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 is consistent with good practice and in general

appears to be working well. Two particular aspects of the programme were seen to be real strengths:

- The in-house health team which has given clients ready access to services (although some of the positive changes made in response to COVID-19 suggest there was scope for improvement in the pre-COVID-19 offer)
- The Integration Coordinators, who are able to identify and develop relationships and support pathways for clients.

10.5 Interestingly there is a tension between these points, highlighting the need for an internal service while linking to external services. In designing future programmes consideration should be given to the balance between the two, probably in relation to the anticipated demand a programme might generate and the capacity of wider services to meet this demand.

10.6 While the management and evaluation of the programme benefits greatly from the wealth of data collected on the client journey, one on-going weakness is the collection of data on the support offered to and taken up by clients (including with external providers). Work is on-going to develop an IT solution to track referrals to support and this is welcomed, but care must also be taken that Key Workers have sufficient time and understand the importance of recording data. The introduction of a new system offers the opportunity to get this right going forwards.

Entry to employment and generating earnings outcomes

10.7 To the end of March 2020, there had been 2,900 job starts through the Working Well: Work and Health Programme, 29% of those who had started the programme. This figure rises to 42% for those who have completed their period of support. However, this is some way short of the original programme expectation (as is also happening in other areas with WHP).

10.8 This programme is different from those which came before in measuring outcomes based on earnings, and tracking this through HMRC. The target conversion rate of job entry to claiming an earning outcome for the programme is 63%. This rate is being met by clients who have been in their job for at least 15 months. For clients whose initial job start was at least 12 months ago 60% have achieved an Earnings Outcome. This is encouraging and suggests the key issue on performance was job entry.

10.9 Some of the actions which have been taken to improve job entry and retention include: having the In-Work Support Team based locally to allow better engagement with Key Workers and more three-way conversations with clients when required; having a response team focussed on those who are close to claiming an Earning Outcomes, and able to deal with any issues quickly; and similarly focussing the Health team on the period up to three months which was the most likely time before which people left, and often for health related reasons.

10.10 The good conversion rate also reflected the in-work support offer, which runs for six months or until an Earnings Outcome is achieved. 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. The focus on the future is particularly important for the 45% of job starters who subsequently leave their first job. Staying in the first job is a key influence on the client attaining an Earnings Outcome.

- 10.11** The consultees commonly related the challenges around job entry to the client group being more challenging than anticipated. They reported some clients not wanting to work, being some distance from being work-ready, and the programme being too short to fully address the barriers faced. This despite the programme being aimed at people who had “committed to the goal of finding employment within one year”. The analysis of client characteristics supports this concern, with the client group continuing (as last year) to look broadly similar to the Working Well Expansion programme, which has lower job expectations. This again also demonstrates the fundamental importance of the relationship with JCP to ensure the correct number and type of referrals. It also reveals a tension between getting sufficient referrals and restricting referrals to those the programme was intended for, whereby prioritising the former can have a detrimental impact on performance against expectation.
- 10.12** There is also a learning point around the commissioning stage, with the competitive process leading to providers bidding with employment outcome targets that were considerably higher than the business case expectation. The overbidding alongside the challenges from referrals has led to a situation where the programme is underperforming, which adds unnecessary pressure on the provider and programme staff. In commissioning future programmes the focus should perhaps be on providers competing on the quality of their offer rather than outcome targets. This would also address the challenge of a change in context between the commissioning stage and delivery of the programme that can make targets less feasible.
- 10.13** The econometric analysis on job entry both supports and challenges the argument that the performance challenges are due to those being referred. It challenges by demonstrating that differences are occurring in performance across the programme, independent of client type. For example, five local authorities are below our base local authority by 7-15 percentage points. If all areas performed to the base case this would make a significant difference to performance. The programme is delivered by a consortium and efforts have been made in the last 12 months to enhance collaboration and learning between the partners through the Alliance Board. If done properly, this should drive up performance.
- 10.14** At the same time, the analysis does show that the programme is more likely to get those in to work who appear most employable from the outset. Put another way, clients are less likely to find work if they have more barriers, have caring responsibilities, lower qualifications and so on. Similarly, those who have been out of work two years are (all other things being equal) about half as likely to have found a job as those out of work for under 6 months (and the ratios deteriorate the longer someone has been out of work).
- 10.15** This analysis emphasises the strong and inevitable influence of how the characteristics of those who come onto the programme influence outcomes achieved. It raises the question of

whether the client group is too broad for the support being offered or the period over which it is offered. While the principles may apply to all groups, it is likely that those with more needs will require more support over a longer time and more likely reverse marketing in to work; while those closest to the labour market may require a lower level of support for a short time and be more competitive for open or bulk vacancies. This would lead potentially to a more segmented programme offering, but that would only be fully effective if a robust triage entry route was in place to guide clients to the most appropriate support (independent of commercial pressures on providers).

- 10.16** The different groups are likely to place different demands on Key Workers, which could be reflected in different ratios of clients to Key Workers. This continues to be an issue, with Key Workers feeling that they do not have sufficient time to work as much as they wish with some clients. The pressures seem to come from caseload sizes, especially when they spike, and the limited time available for admin. While the latter is important it does appear to be taking more time than allowed and as mentioned above in relation to support, is at times one bit of the system which slips when there are competing demands on time.

Responding to COVID-19

- 10.17** COVID-19 and the lockdown which followed caused major issues for the programme, most notably in the personal challenges it raised for clients, and in terms of a referral and delivery model based around face to face contact. The Programme Office and providers responded at speed. It was recognised that existing contractual arrangements and delivery had to be changed.
- 10.18** In the early days of the lockdown the focus was very much on ensuring clients, who are a vulnerable group, were supported in any way which was required: there was a clear move away from a focus on employment with some clients affected by shielding, facing increased caring responsibilities and struggling to access basic necessities such as food and medicine. At a time of crisis this was required and appreciated. As time has moved on so the focus is moving back to employment and a number of actions taken and lessons learned which should influence future design and delivery, even in more normal times.
- 10.19** It has emphasised the importance of holistic, personalised support for clients and the role of Integration Coordinators in identifying what wider support is or is not available. In addition, it has highlighted a range of possible improved ways of working including:
- The use of telephone and video calls as an efficient way for both staff and clients to interact (with improved remote staff interaction also supporting more outreach delivery)
 - The scope to deliver a range of interventions, including for health issues, remotely
 - Providing clients access to a wider range of quality online tools, where take-up has been encouraging.

- 10.20** However, while these are positive it is recognised that they are not total substitutes for face to face delivery. More likely there will be a return to a mixed model with a greater focus on outreach. Such a mixed model would better reflect the ethos of Working Well, which is that a one-size-fits-all approach to employment support does not work for everyone. For some, increased remote and outreach delivery will offer better accessibility and has the potential to improve engagement.
- 10.21** Even so, care must be taken that the mixed model is available to all and the client survey did highlight (even in an online survey) limitations in both digital skills and access. These issues require to be addressed if this group is not become more disadvantaged.
- 10.22** It will be important all of the lessons set out in this report are learned. The UK is moving to a period of rising unemployment due to COVID-19. This will mean increased challenges for clients of the Working Well: Work and Health programme looking for work at the same time as others who have been employed more recently and at a time of reduced vacancies and hiring. Moreover, some of those who are newly unemployed will need support if they are to avoid becoming long term unemployed – as this report has demonstrated how much more difficult it is to move the long-term unemployed back into work even in a period of low unemployment.
- 10.23** Looking forwards, *A Plan for Jobs (2020)* sets out the initial response of the government to respond to the crisis. Key within this is the expansion of the national Work and Health Programme, with additional national funding of up to £95m in 2020 to expand the offer to those unemployed for more than 3 months, starting in autumn. In Greater Manchester this will be in the guise of the Working Well: Lite Programme. Additional funding is also being directed towards various services that the programme can draw on, such as the National Careers Service and tripling number of placements available in sector-based work academies.
- 10.24** An important challenge for this new provision will be developing the funding model to incentivise providers. Two issues need to be balanced: recognising the challenges of moving different groups in to work, especially at a time when opportunities may be limited; and at the same time not reverting to a position where providers are paid for simply ‘having people on their books’. This needs to be addressed through procurement in a way whereby realistic expectations are set about the client group (numbers and nature, in a way that can be reviewed against what actually happens) and anticipated outcomes, and providers discouraged from (over-) bidding on outcomes and instead competing on the quality and details of their approach.

Annex A: Barriers to work by local authority table

Table A-1: Proportion of starters identifying barriers to work⁴¹

Barrier	All starts	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
My Life											
Housing: % that would like support with living situation	10%	12%	16%	8%	8%	13%	7%	10%	10%	9%	8%
Housing: % who have been in care	6%	7%	9%	6%	6%	6%	6%	5%	7%	4%	6%
Finance: % reporting debt as a problem	16%	18%	21%	16%	15%	20%	13%	18%	16%	16%	14%
Finance: % needing help to budget and manage money	9%	11%	14%	7%	10%	9%	6%	11%	10%	7%	11%
Childcare: % reporting childcare responsibilities impact on ability to search for or take up work	6%	8%	8%	6%	5%	10%	7%	6%	4%	7%	4%
Caring/Childcare: % who are a lone parent	13%	13%	15%	13%	14%	15%	11%	14%	13%	12%	10%
Caring/Childcare: % currently caring for a friend or family member	6%	9%	10%	5%	6%	7%	4%	8%	4%	5%	6%
Conviction: % convicted for a criminal offence	16%	16%	15%	18%	14%	16%	14%	15%	16%	20%	12%
Conviction: % reporting a conviction would restrict access to jobs requiring a DBS check	5%	5%	5%	9%	4%	5%	4%	5%	2%	5%	3%
Family: % that would like support with family life challenges	6%	6%	10%	6%	6%	7%	4%	11%	5%	6%	5%
Confidence: % who don't consider themselves to be a confident person	27%	31%	29%	22%	29%	26%	27%	31%	28%	26%	29%
Skills: % without a car that could be used to get to and from work	85%	85%	84%	88%	84%	84%	85%	79%	87%	79%	86%

⁴¹ 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 up to end February 2020 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 Work											
Attitude: % not believing or not sure they can find and obtain work	19%	21%	20%	18%	21%	24%	15%	13%	19%	13%	26%
Confidence: % not confident they would be successful in a job if they took one today (% scoring 1-3 out of 6)	40%	38%	40%	39%	48%	40%	38%	37%	37%	33%	44%
Work Experience: % who have served in the armed forces	3%	4%	4%	3%	2%	3%	4%	3%	3%	3%	2%
My Skills											
Skills: % that would like support to develop skills	62%	60%	82%	59%	73%	51%	74%	64%	52%	54%	57%
Skills: % needing help with reading	12%	12%	15%	11%	17%	11%	13%	10%	11%	7%	9%
Skills: % needing help with writing	15%	17%	20%	15%	22%	15%	15%	12%	15%	11%	11%
Skills: % needing help with maths	16%	20%	19%	15%	20%	17%	13%	16%	13%	14%	9%
Skills: % not confident using a computer (% scoring 1-3 out of 6)	39%	38%	39%	40%	43%	46%	38%	34%	35%	36%	39%
Skills: % not confident with reading and writing (% saying 1-3 out of 6)	22%	19%	22%	24%	27%	22%	22%	18%	17%	16%	22%
Skills: % whose first language is not English	13%	10%	14%	19%	14%	13%	15%	9%	7%	9%	4%
Skills: % who need help with their English to find work or remain in work	4%	3%	6%	5%	8%	4%	4%	2%	3%	3%	1%
Skills: % already attending classes/ training to improve their English	3%	2%	6%	4%	5%	2%	4%	2%	3%	2%	1%
Skills: % without a GCSE pass (A*-C) or equivalent qualification in English or Maths	36%	41%	44%	37%	39%	39%	35%	34%	41%	29%	24%
Skills: % without a full driving licence that is valid in the UK	71%	72%	70%	72%	71%	71%	72%	64%	74%	60%	73%
My Health											
Health: % reporting a health condition or disability that could affect their ability to get a job	56%	62%	62%	51%	55%	61%	56%	56%	60%	50%	59%

Barrier	All starts	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
Health: % reporting a health condition or disability that could affect their ability to stay in a job	46%	48%	49%	45%	42%	43%	50%	46%	46%	38%	46%
Health: % reporting they would you need 'reasonable adjustments' if moving into work	30%	42%	36%	24%	34%	29%	29%	38%	24%	27%	26%
Physical health: % that do not do any exercise	24%	22%	22%	26%	28%	25%	21%	22%	23%	27%	21%
Physical health: % that do not eat a healthy diet	25%	28%	26%	26%	24%	31%	22%	24%	28%	24%	21%
GAD-7: % scoring as having moderate anxiety or more severe (as % of starters; note that only 20% of starters have taken the test and this varies widely by LA)	59%	61%	65%	65%	72%	55%	59%	47%	51%	47%	63%
PHQ-9: % scoring as having moderate anxiety or more severe (as % of starters; note that only 20% of starters have taken the test and this varies widely by LA)	66%	63%	66%	74%	73%	62%	67%	59%	58%	58%	73%
Mental Health: % reporting they have suffered a recent bereavement	22%	24%	32%	22%	18%	19%	18%	25%	24%	22%	21%
Addiction: % reporting they would you need to reduce drug or alcohol use if starting a job	4%	4%	5%	4%	4%	4%	3%	4%	4%	3%	4%
Learning Disability: % with a learning disability	6%	7%	8%	4%	7%	6%	6%	8%	8%	5%	7%
Learning Disability: % who require additional learning support	1%	1%	1%	1%	1%	0%	1%	1%	0%	1%	1%
Learning Disability: % who believe their learning disability makes it harder to find work	2%	2%	2%	1%	1%	1%	2%	3%	1%	1%	2%
% in receipt of Personal Independence Payments	8%	9%	10%	6%	8%	10%	9%	9%	8%	8%	8%
Dental: % with problem or pain in their mouth at the moment	9%	12%	12%	9%	10%	6%	6%	10%	12%	8%	8%
Dental: % with problems with teeth or mouth problems that stop them smiling or speaking without embarrassment	11%	16%	13%	10%	12%	11%	7%	11%	13%	9%	6%
Dental: % not registered with a dentist	34%	46%	38%	33%	36%	30%	27%	32%	43%	29%	29%

Source: SQW analysis of GM WHP monitoring data

Annex B: Econometrics Technical Information

Introduction

- B.1** The analysis in this annex explains the use of statistical/econometric techniques. The use of statistical/econometric 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.
- B.2** We have used logistic regression to model binary outcomes. Logistic regression is used to calculate the probability of a binary event occurring based on a set of explanatory variables. A binary outcome is one where there are only two possible scenarios. Our analysis is concerned with the following models:
- Model 1: the probability that a client starts a job based on a set of explanatory variables reflecting personal and programme characteristics
 - Model 2: the probability that a client achieves an earnings outcome based on a set of explanatory variables reflecting personal and programme characteristics.
- B.3** We have also used the Heckman Selection Model to model wages. The Heckman Selection Model is a method for estimating regression models which suffer from sample selection bias. For example, the sample selection problem may be present in our wage equation because a client's wage is only observed if they get a job and is unobservable if they do not. The results from this estimation are not the primary focus of the report and were mainly used to cross-validate our findings.
- B.4** Econometric analysis has been conducted on data collected in Working Well: Work and Health Programme.

Selecting explanatory variables

- B.5** In econometric estimations there is a trade-off between the number of variables that are included in the model and the sample size. The reason for this is that if a client has data missing for any variable it is not possible to include them in the analysis, resulting in a smaller sample size.
- B.6** Selecting explanatory variables was an iterative process that involved refinement of the regressions, whereby several models were developed and tested to arrive at a combination of explanatory variables that provided robust results. The aim was to include as many variables as possible - initially Models 1 and 2 included 40 each. To improve the specification and reduce the 'noise' in each model, variables that were found to be not statistically significant across

iterations were excluded. These included: 'budget support', 'criminal record', 'confidence', 'mental condition', 'physical condition', 'learning condition', 'addiction', 'other health condition', 'recent bereavement', 'reading support', 'writing support', and 'math support'. Overall, both models produced broadly consistent results throughout their respective iterations in terms of which variables ought to be excluded and which variables were statistically significant, which supports the selection of variables in the final models.

- B.7** Due to the time dependent nature of achieving an earnings outcome it was decided that Model 2 should exclude clients that started on the programme after Q3 of 2019. As a result, the econometric analysis for Model 2 has been conducted based on a reduced sample of 5,178 clients. The time restriction was not applied to Model 1 and so the analysis for Model 1 was conducted on a larger sample of 9,080 clients.
- B.8** Where appropriate, we grouped some subcategories within a categorical variable. This was to avoid subcategories that were small in terms of the number of clients who had those characteristics. For example, ethnicity was grouped into 'white', 'BAME' (Black, Asian, and minority ethnic), and 'chose not to say'.
- B.9** Table B-1 presents the final list of variables used in analysis of Models 1 and 2.

Table B-1: List of explanatory variables included in Model 1 and Model 2

Variable name (short)	Description
Computer skills	How confident are you with using a computer? (1 = not at all confident, 6 = very confident)
Perceived job success	How confident are you that you would be successful in a job if you took one today? (1=not confident; 6=very confident)
Number of conditions	Number of health conditions
Provider	Ingeus, Pluss, The Growth Company
Local Authority	What Local Authority do you live in?
Client type	'Early Entrant Groups', 'Health and Disability', or 'Long-Term Unemployed'
Age	Age of client
Marital status	Marital status of client ('cohabiting', 'married', 'single', or 'other')
Ethnicity	Ethnicity of client ('white', 'BAME', or 'chose not to say')
Gender	Gender of client ('female', 'male', 'other')
Debt problem	Is debt a problem for you?
Childcare responsibilities	Does your childcare responsibilities impact on your ability to search for or take up work?
Lone parent	Are you a lone parent?
Caring for friend or family	Do you currently care for a friend or family member?

Variable name (short)	Description
Ability to problem solve	How well can you cope when something unexpected or difficult happens to you or someone close to you?
Family life challenges	Are there any challenges in your family life that you would like us to support with?
Existing personal support	Are you already receiving support in relation to your personal circumstances?
Existing skills support	Are you already receiving support in relation to your skills?
Skills support	Would you like any support to develop skills?
English support	Do you need any help with your English to find work or remain in work?
Qualifications	What is your highest qualification?
Driving licence	Do you have a full driving licence that is valid in the UK?
Existing work support	Are you already receiving support in relation to moving into and/or remaining in work?
Last in work	When was the last time you were in work?
Existing health support	Are any health or specialist services currently supporting you for these health conditions or disabilities?
PIP recipient	Are you in receipt of Personal Independence Payments?
Inactivity ratio	Percent of time a client is engaged with the programme
Earnings outcome	Client achieved an earnings outcome
Job outcome	Start a job

Summary of results

B.10 The table below summarises the results of the logistic regression for Models 1 and 2.

- For categorical variables the 'base' category (or 'reference' category) is identified as the category to which the results of all other subcategories of the variable are compared. In in Table B-2 , comparisons between the base category and all other categories are summarised using red and green colour coding – green indicates that the category has a greater probability of achieving an outcome than the base category while red indicates the category has a smaller probability of achieving an outcome than the base category. The same colour coding is applied for continuous variables ('number of conditions', 'age', and 'inactivity ratio') – red indicates that an increase in the value of the variable has a negative impact on the probability of achieving an outcome.
- In statistical analysis there is always a chance of a false positive outcome i.e. attributing an effect to a variable which in fact does not affect the outcome. The level of statistical significance represents the probability of this happening (p) – the lower the value the more confident we are the variable has an impact on the outcome. Table B-2 indicates which variables meet the conventionally acceptable levels of statistical significance: a 10% significance level is marked with a single asterisk and 5% significance level with two asterisks (i.e. * p<.1; ** p<.05).

Table B-2: Summary of results

Variable	Base	Significance		Comment	
		Job start	Earnings Outcome	Job start	Earnings Outcome
Programme-related					
Provider	Ingeus	Pluss**	Pluss* The Growth Company**	A client with Ingeus has a 21.3% probability of starting a job while a client with Pluss has a 31.5% probability of starting a job.	A client with Ingeus has a 7% probability of achieving an earnings outcome while a client with Pluss has a 9.1% probability and a client with The Growth Company has a 17.2% probability of achieving an earnings outcome.

Variable	Base	Significance		Comment	
		Job start	Earnings Outcome	Job start	Earnings Outcome
Local Authority	Bolton	Oldham** Rochdale** Stockport** Tameside** Wigan**	Salford**	A client that lives in Bolton has a 21.5% probability of starting a job compared to: 14.8% for a client that lives in Oldham, 14.1% for a client that lives in Rochdale, 16.9% for a client that lives in Stockport, 16.4% for a client that lives in Tameside and 17.8% for a client that lives in Wigan.	A client that lives in Bolton has a 13.9% probability of achieving an earnings outcome while a client that lives in Salford has a 5.3% probability of achieving an earnings outcome.
Inactivity ratio	n/a	**	**	A client that is 100% actively engaged in the programme has a greater probability of starting a job than a client that is never engaged in the programme. Specifically, never engaging in the programme reduces the probability of starting a job by 31.6 percentage points. A person that is inactive for 25% of the programme has a 16.2% probability of starting a job while a person that is inactive for 75% of the programme has a 6.8% probability of starting a job.	A client that is 100% actively engaged in the programme has a greater probability of achieving an earnings outcome than a client that is never engaged in the programme. For example, a person that is inactive for 25% of the programme has a 6.7% probability of achieving an earnings outcome while a person that is inactive for 75% of the programme has a 0.7% probability of achieving an earnings outcome.
Client characteristics					
Client type	Early Entrant	Health and Disability** Long-Term Unemployed*	Long-Term Unemployed*	A client in the client group 'early entrant groups' has a 18.7% probability of starting a job compared to 22.6% for a client in the client group 'health and disability' and 15.8% for a client in the client group 'long term unemployed'.	A client in the client group 'early entrant groups' has a 13.2% probability of achieving an earnings outcome while a client in the client group 'long term unemployed' has a 6% probability of achieving an earnings outcome.

Variable	Base	Significance		Comment	
		Job start	Earnings Outcome	Job start	Earnings Outcome
Age	n/a	**	**	With each year of age, the probability a client starts a job is reduced by approximately 0.2 percentage points. For example, a client aged 30 has a 22.9% probability of starting a job. This decreases to 21.1% when the client reaches 40.	With each year of age, the probability a client achieves an earnings outcome is reduced by approximately 0.1 percentage points. For example, a client aged 30 has a 11.7% probability of achieving an earnings outcome. This decreases to 10.5% when the client reaches 40.
Ethnicity	BAME	White**	White**	A client that is 'BAME' has a 18% probability of starting a job while a client that is 'white' has a 21.3% probability of starting a job.	A client that is 'BAME' has a 7% probability of achieving an earnings outcome while a client that is 'white' has a 10.9% probability of achieving an earnings outcome.
Marital status	Cohabiting	N/A	Married* Single**	N/A – not significant	A client that is 'cohabiting' has a 16% probability of achieving an earnings outcome compared to 11.4% for a client that is married and 9.4% for a client that is single.
Barriers to work					
Time since last in work	0-6 months	7-12 months** 1-2 years** 3-5 years** 6-10 years** 10+ years** I have never worked before**	7-12 months** 1-2 years** 3-5 years** 6-10 years** 10+ years** I have never worked before**	A client that has been out of work for 0-6 months has a 36.1% probability of starting a job compared to 28.6% for a client that is has been out of work for 7-12 months, 22.7% for a client that is has been out of work for 1-2 years, 18.5% for a client that is has been out of work for 3-5 years, 17.2% for a client that is has been out of work for 6-10 years, 13.9% for a client that is has been out of work for 10+ years and 14.2% for a client that is has never been in work.	A client that has been out of work for 0-6 months has a 22.9% probability of achieving an earnings outcome compared to 16.9% for a client that is has been out of work for 7-12 months, 13.3% for a client that is has been out of work for 1-2 years, 8.9% probability for a client that is has been out of work for 3-5 years, 8.1% for a client that is has been out of work for 6-10 years, 5% for a client that is has been out of work for 10+ years and 6% for a client that is has never been in work.
Confidence they would be	1	3** 4**	2** 3**	A client that ranked their job success as 1 had a 11.5% probability of starting a job	A client that ranked their job success as 1 had a 2.9% probability of achieving an earnings outcome compared

Variable	Base	Significance		Comment	
		Job start	Earnings Outcome	Job start	Earnings Outcome
successful in a job if they started today		5** 6**	4** 5** 6**	compared to 18.2% for a rank of 3, 20.1% for a rank of 4, 25.8% for a rank of 5, and 29% for a rank of 6.	to 7.1% for a rank of 2, 9% for a rank of 3, 9.8% for a rank of 4, 14.2% for a rank of 5, and 15.6% for a rank of 6.
Requested skills support	No	Yes**	N/A	A client that would not like any support to develop skills has a 18.7% probability of starting a job while a client that that would like support to develop skills has a 21.8% probability of starting a job.	N/A – not significant
Qualifications	No qualifications	Under 5 GCSEs at grade A*-C (or equivalent)*	A levels / NVQ Level 3 (or equivalent)**	A client that has no qualifications has a 22.5% probability of starting a job while a client that has Under 5 GCSEs at grade A*-C has a 19.9% probability of starting a job.	A client that has no qualifications has a 9.5% probability of achieving an earnings outcome while a client with A Levels has a 12.9% probability of achieving an earnings outcome.
Computer skills	1	2* 3** 4** 5** 6**	N/A	A client that ranked their computer skills as 1 had a 15.4% probability of starting a job compared to 18.8% for a rank of 2, 21.2% for a rank of 3, 20.7% for a rank of 4, 20.5% for a rank of 5, and 23.1% for a rank of 6.	N/A – not significant
English support	No	N/A	Yes**	N/A – not significant	A client that does not need help with English has a 9.9% probability of achieving an earnings outcome while a client that does need help with English has a 18.4% chance of achieving an earnings outcome
Number of health conditions	n/a	**	**	With each additional condition a client's probability of starting a job is reduced by approximately 0.8 percentage points. For example, a client with one condition has an	With each additional condition a client's probability of achieving an earnings outcome is reduced by approximately 0.5 percentage points. For example, a client with one condition has an 10.6% probability of

Variable	Base	Significance		Comment	
		Job start	Earnings Outcome	Job start	Earnings Outcome
				21.3% probability of starting a job compared to 18.1% for a client with five conditions.	achieving an earnings outcome compared to 8.6% for a client with five conditions.
Caring responsibilities	No	Yes**	Yes**	A client that does not have caring responsibilities that might impact their ability in getting a job has a 20.9% probability of starting a job while a client that does has a 15.9% probability of starting a job.	A client that does not have caring responsibilities that might impact their ability in getting a job has a 10.3% probability of achieving an earnings outcome while a client that does has a 6.2% probability of achieving an earnings outcome.
Debt	No	Yes**	N/A	A client that does not have a problem with debt has a 19.9% probability of starting a job while a client that does have a problem with debt has a 23.5% probability of starting a job.	N/A – not significant
Driving licence	No	Yes - no penalty points**	Yes - no penalty points** Yes - with penalty points*	A client that has no driving licence has a 19.7% probability of starting a job while a client that has a driving licence with no penalty points has a 23% probability of starting a job.	A client with no driving licence has a 9.4% probability of achieving an earnings outcome. A client that has a driving licence with no penalty points has a 11.7% probability of achieving an earnings outcome and a client that has a driving licence with penalty points has a 15% probability of achieving an earnings outcome.
Existing work support	No	Yes**	Yes**	A client that is not already receiving support in relation to work has a 20% probability of starting a job while a client that is already receiving support has a 23.8% probability of starting a job.	A client that is not already receiving support in relation to work has a 9.5% probability of achieving an earnings outcome while a client that is already receiving support has a 13.9% probability of achieving an earnings outcome.

Source: SQW analysis of GM WHP monitoring data (significance level: * $p < .1$; ** $p < .05$)

Regression tables

10.25 Table B-4 and Table B-3 report the full output from the logistic regression for Model 1 and Model 2 respectively. These tables contain the detail that underpin the summary in Table B-4.

- The sign of the coefficients shows the direction of the effect (i.e. positive or negative);
- However, the coefficients cannot be interpreted directly as the magnitude of the effect on the outcome because our model is non-linear. The effect of each variable on the probability of getting a job or achieving an earnings outcome is different depending on the value of the variable;
- The magnitude of the effects can be analysed through predicted probabilities of a positive outcome presented in Table B-5 and Table B-6 in the following section.

Job outcome

Table B-3: Results from the logistic regression for Model 1 – client starts a job

Job outcome	Coef.	Std. Err.	P>z	[95% Conf. Interval]	
Computer skills					
1	(base)				
2	0.24	0.17	0.08*	0.97	1.66
3	0.39	0.18	0.00**	1.16	1.89
4	0.36	0.18	0.01**	1.11	1.83
5	0.35	0.18	0.01**	1.10	1.82
6	0.50	0.21	0.00**	1.29	2.11
Perceived job success					
1	(base)				
2	0.13	0.18	0.40	0.84	1.57
3	0.54	0.24	0.00**	1.30	2.26
4	0.66	0.28	0.00**	1.47	2.56
5	0.99	0.38	0.00**	2.04	3.53
6	1.15	0.45	0.00**	2.38	4.15
Number of conditions		0.02	0.01**	0.91	0.99
Provider					
Ingeus	(base)				
Pluss	0.53	0.17	0.00**	1.39	2.06
The Growth Company	-0.23	0.25	0.46	0.43	1.47
Local Authority					
Bolton	(base)				
Bury	-0.05	0.12	0.71	0.75	1.22
Manchester	0.36	0.47	0.26	0.76	2.72
Oldham	-0.45	0.08	0.00**	0.5	0.80
Other	-0.20	0.31	0.60	0.39	1.72

Rochdale	-0.51	0.08	0.00**	0.47	0.77
Salford	-0.01	0.33	0.98	0.52	1.9
Stockport	-0.30	0.10	0.03**	0.57	0.97
Tameside	-0.33	0.09	0.01**	0.56	0.91
Trafford	0.43	0.52	0.21	0.79	2.98
Wigan	-0.23	0.09	0.04**	0.64	0.99
Client type					
Early Entrant Groups	(base)				
Health and Disability	0.23	0.14	0.04**	1.02	1.57
Long-Term Unemployed	-0.21	0.10	0.09*	0.64	1.03
Age	-0.01	0.00	0.00**	0.98	0.99
Marital status					
Cohabiting	(base)				
Married	0.06	0.17	0.70	0.78	1.44
Other	0.04	0.18	0.83	0.74	1.44
Single	-0.03	0.12	0.79	0.75	1.24
Ethnicity					
BAME	(base)				
Chose not to say	0.13	0.35	0.67	0.63	2.08
White	0.21	0.09	0.01**	1.07	1.44
Gender					
Female	(base)				
Male	0.00	0.06	0.94	0.88	1.12
Other	-1.19	0.24	0.13	0.06	1.44
Debt problem					
No	(base)				
Yes	0.21	0.08	0.00**	1.08	1.41
Childcare responsibilities					
No	(base)				
Yes	-0.34	0.1	0.01**	0.55	0.93
Lone parent					
No	(base)				
Yes	-0.03	0.09	0.78	0.81	1.17
Caring for friend or family					
No	(base)				
Yes	-0.08	0.11	0.5	0.74	1.16
Ability to problem solve					
No	(base)				
I have difficulty coping with unexpected or difficult situations	-0.06	0.12	0.64	0.74	1.21
Not very well	-0.12	0.09	0.24	0.72	1.08
Prefer not to say	-0.17	0.28	0.61	0.43	1.63
Quite well	0.06	0.1	0.54	0.88	1.27
Very well	0.07	0.12	0.52	0.86	1.34
Family life challenges					
No	(base)				
Yes	0.17	0.12	0.10*	0.97	1.44

Existing personal support					
No	(base)				
Prefer not to say	-0.33	0.50	0.64	0.18	2.82
Yes	-0.04	0.08	0.65	0.81	1.14
Existing skills support					
No	(base)				
Prefer not to say	0.35	1.10	0.66	0.31	6.53
Yes	0.08	0.11	0.44	0.89	1.31
Skills support					
No	(base)				
Yes	0.19	0.07	0.00**	1.08	1.35
English support					
No	(base)				
Not sure	-0.06	0.31	0.85	0.49	1.80
Yes	0.21	0.20	0.21	0.89	1.69
Qualifications					
No qualifications	(base)				
Below GCSE level	-0.16	0.09	0.15	0.69	1.06
Under 5 GCSEs at grade A*-C (or equivalent)	-0.16	0.08	0.10*	0.71	1.03
5 or more GCSEs at grades A*-C (or equivalent)	-0.10	0.09	0.32	0.74	1.10
A levels / NVQ Level 3 (or equivalent)	-0.04	0.10	0.69	0.79	1.17
Degree or higher	-0.20	0.10	0.10*	0.65	1.04
Don't know	-0.23	0.10	0.07*	0.62	1.02
Driving licence					
No	(base)				
Yes - no penalty points	0.20	0.08	0.00**	1.07	1.38
Yes - with penalty points	0.10	0.20	0.60	0.77	1.58
Existing work support					
No	(base)				
Prefer not to say	-0.39	0.55	0.63	0.14	3.29
Yes	0.22	0.1	0.01**	1.06	1.46
Last in work					
0-6 months	(base)				
7-12 months	-0.34	0.07	0.00**	0.59	0.85
1-2 years	-0.66	0.05	0.00**	0.43	0.62
3-5 years	-0.92	0.04	0.00**	0.33	0.48
6-10 years	-1.00	0.04	0.00**	0.29	0.46
10+ years	-1.26	0.03	0.00**	0.23	0.36
I have never worked before	-1.23	0.04	0.00**	0.23	0.38
Existing health support					
No	(base)				
Yes	0.04	0.1	0.64	0.87	1.26
PIP recipient					
N/A	(base)				
No	-0.01	0.11	0.93	0.80	1.22

Not Sure	0.25	0.45	0.49	0.64	2.56
Prefer not to say	-0.91	0.51	0.47	0.03	4.80
Yes	-0.23	0.12	0.12	0.59	1.06
Inactivity ratio	-1.93	0.02	0.00**	0.10	0.20
_cons	-1.16	0.09	0.00	0.18	0.56

Source: SQW analysis of GM WHP monitoring data (significance level: * $p < .1$; ** $p < .05$)

10.26 The overall rate of correct classification in our model is estimated to be 76.39%. This figure is obtained for the cut-off probability of 0.5 i.e. individuals are predicted to start a job if the estimated probability of such an outcome for them is greater or equal to 0.5.

Earnings outcome

Table B-4: Results from the logistic regression for Model 2 – client achieves an earnings outcome

Earnings outcome	Coef.	Std. Err.	P>z	[95% Conf. Interval]	
Computer skills					
1	(base)				
2	-0.11	0.19	0.60	0.59	1.36
3	-0.11	0.17	0.58	0.61	1.31
4	-0.13	0.17	0.51	0.60	1.29
5	0.00	0.20	1.00	0.68	1.47
6	-0.02	0.19	0.93	0.67	1.43
Perceived job success					
1	(base)				
2	0.92	0.75	0.00**	1.41	4.50
3	3.26	0.88	0.00**	1.92	5.53
4	3.59	0.98	0.00**	2.10	6.13
5	5.49	1.48	0.00**	3.24	9.30
6	6.13	1.66	0.00**	3.61	10.42
Number of conditions	-0.06	0.03	0.06*	0.89	1.00
Provider					
Ingeus	(base)				
Pluss	0.30	0.22	0.07*	0.98	1.85
The Growth Company	1.02	1.36	0.04**	1.07	7.26
Local Authority					
Bolton	(base)				
Bury	-0.07	0.18	0.72	0.63	1.37
Manchester	-0.80	0.22	0.11	0.17	1.19
Oldham	-0.07	0.16	0.70	0.66	1.32
Other	-0.08	0.60	0.91	0.26	3.28
Rochdale	-0.14	0.17	0.47	0.59	1.28
Salford	-1.07	0.17	0.04**	0.13	0.93
Stockport	-0.01	0.19	0.94	0.67	1.45
Tameside	-0.07	0.17	0.71	0.65	1.34
Trafford	-0.67	0.27	0.20	0.19	1.41

Wigan	-0.23	0.14	0.19	0.56	1.12
Client type					
Early Entrant Groups	(base)				
Health and Disability	-0.18	0.15	0.32	0.59	1.19
Long-Term Unemployed	-0.87	0.09	0.00**	0.28	0.63
age	-0.01	0.00	0.00**	0.98	0.99
Marital status					
Cohabiting	(base)				
Married	-0.39	0.15	0.09*	0.43	1.06
Other	-0.20	0.20	0.41	0.51	1.32
Single	-0.60	0.10	0.00**	0.38	0.78
Ethnicity					
BAME	(base)				
Chose not to say	0.21	0.65	0.69	0.44	3.48
White	0.48	0.20	0.00**	1.26	2.06
Gender					
Female	(base)				
Male	-0.12	0.08	0.20	0.74	1.06
Other	-0.98	0.43	0.40	0.04	3.60
Debt problem					
No	(base)				
Yes	0.03	0.11	0.77	0.84	1.27
Childcare responsibilities					
No	(base)				
Yes	-0.54	0.14	0.02**	0.37	0.92
Lone parent					
No	(base)				
Yes	-0.03	0.15	0.86	0.72	1.32
Caring for friend or family					
No	(base)				
Yes	-0.11	0.16	0.55	0.63	1.28
Ability to problem solve					
Don't know	(base)				
I have difficulty coping with unexpected or difficult situations	-0.12	0.16	0.51	0.62	1.27
Not very well	-0.24	0.12	0.13	0.58	1.07
Prefer not to say	-0.74	0.32	0.26	0.13	1.75
Quite well	-0.13	0.12	0.34	0.67	1.15
Very well	-0.25	0.13	0.14	0.56	1.09
Family life challenges					
No	(base)				
Yes	0.21	0.18	0.17	0.92	1.65
Existing personal support					
No	(base)				
Prefer not to say	0.36	1.36	0.70	0.23	9.12
Yes	0.07	0.14	0.61	0.82	1.39
Existing skills support					

No	(base)				
Prefer not to say	0	(empty)			
Yes	0.04	0.16	0.77	0.78	1.40
Skills support					
No	(base)				
Yes	-0.03	0.09	0.71	0.81	1.16
English support					
No	(base)				
Not sure	-0.54	0.46	0.49	0.13	2.69
Yes	0.72	0.55	0.01**	1.22	3.47
Qualifications					
No qualifications	(base)				
Below GCSE level	-0.20	0.14	0.27	0.58	1.16
Under 5 GCSEs at grade A*-C (or equivalent)	-0.02	0.15	0.91	0.73	1.33
5 or more GCSEs at grades A*-C (or equivalent)	0.13	0.18	0.42	0.83	1.56
A levels / NVQ Level 3 (or equivalent)	0.34	0.22	0.03**	1.04	1.91
Degree or higher	0.08	0.20	0.65	0.75	1.57
Don't know	-0.05	0.19	0.81	0.64	1.42
Driving licence					
No	(base)				
Yes - no penalty points	0.25	0.12	0.01**	1.07	1.55
Yes - with penalty points	0.54	0.48	0.06*	0.98	2.97
Existing work support					
No	(base)				
Prefer not to say	0	(empty)			
Yes	0.44	0.20	0.00**	1.21	1.98
Last in work					
0-6 months	(base)				
7-12 months	-0.38	0.10	0.01**	0.52	0.90
1-2 years	-0.66	0.07	0.00**	0.40	0.67
3-5 years	-1.11	0.05	0.00**	0.25	0.44
6-10 years	-1.21	0.05	0.00**	0.21	0.42
10+ years	-1.73	0.03	0.00**	0.12	0.25
I have never worked before	-1.54	0.05	0.00**	0.14	0.32
Existing health support					
No	(base)				
Yes	-0.05	0.13	0.72	0.72	1.25
PIP recipient					
N/A	(base)				
No	0.12	0.18	0.44	0.83	1.55
Not Sure	-0.63	0.33	0.32	0.15	1.83
Prefer not to say	0.00	(empty)			
Yes	-0.22	0.18	0.31	0.52	1.23
Inactivity ratio	-4.54	0.00	0.00**	0.01	0.02
_cons	-0.66	0.24	0.16	0.20	1.30

Source: SQW analysis of GM WHP monitoring data (significance level: * $p < .1$; ** $p < .05$)

The overall rate of correct classification in Model 2 was higher than Model 1 at 82.89%, also estimated at the cut-off probability of 0.5.

Interpreting coefficients

- 10.27** In logistic regression, interpreting coefficients is less straightforward than in the case of a linear regression. The sign of the coefficients shows the direction of the effect (i.e. positive or negative); however, the coefficients cannot be interpreted directly as the magnitude of the effect on the outcome because of the non-linear nature of the model (the magnitude of the effect of a variable depends on its value). For ease of interpretation, we have presented the effects on outcomes as predicted probabilities of success when all covariates are held at their means. In other words, the effect of each variable has been calculated for 'the average client'. For continuous variables the results are presented as the effect of an increase in the value of the variable on the probability of achieving an outcome.

Interpreting the results for continuous variables

Number of conditions

- With each additional health condition a client's probability of achieving an earnings outcome is reduced on average by approximately 0.5 percentage points and a client's probability of achieving a job outcome is reduced on average by approximately 0.8 percentage points.

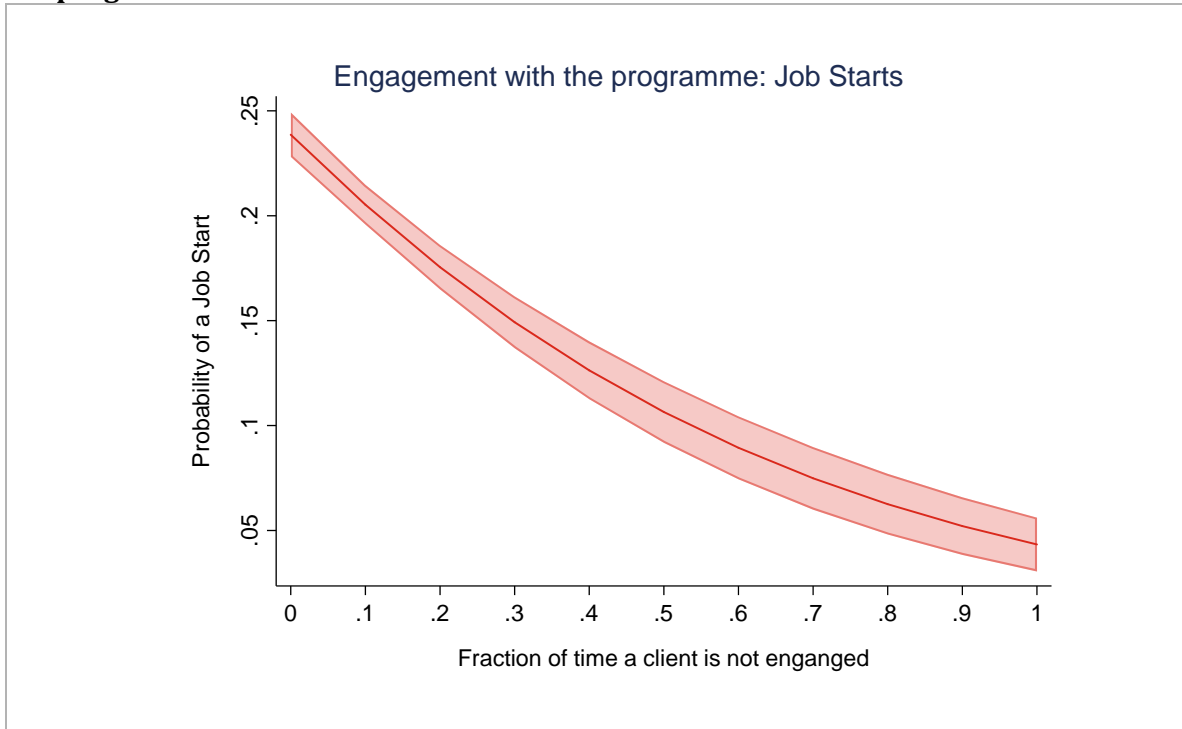
Age

- With each additional year of age a client's probability of achieving an earnings outcome is reduced by approximately 0.1 percentage points and a client's probability of achieving a job outcome is reduced by approximately 0.2 percentage points.

Inactivity ratio

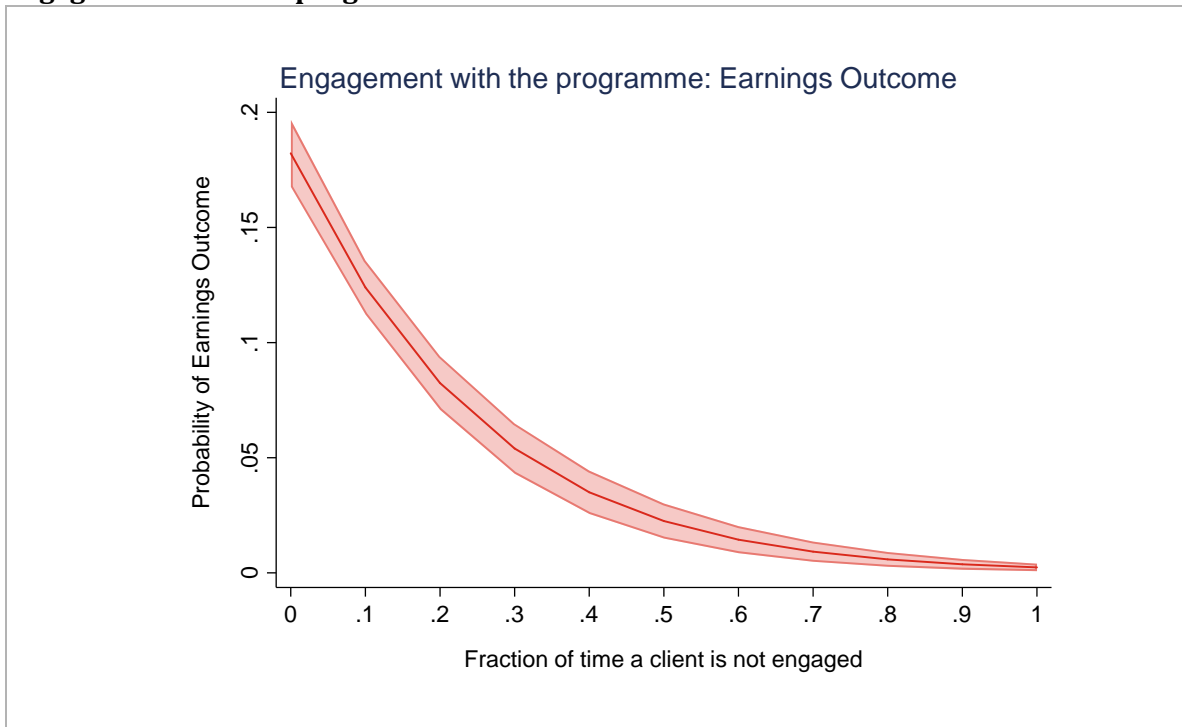
- A client that is more engaged in the programme has a greater probability of achieving an earnings outcome/job outcome than a client that is less engaged in the programme. A client that never engages in the programme reduces their chance of achieving an earnings outcome by 18.2 percentage points and starting a job by 19.6 percentage points compared to someone that is 100% engaged in the programme. Small gaps in engagement have a stronger negative effect on the probability of achieving the earnings outcome than on the probability of starting a job, as demonstrated by Figure B-1 and Figure B-2.

Figure B-1: Estimated probability of starting a job at various levels of engagement with the programme



Source: SQW. Shaded area represents the 95% confidence interval. The predicted probabilities are calculated holding all other variables at their mean values

Figure B-2: Estimated probability of achieving an earnings outcome at various levels of engagement with the programme



Source: SQW. Shaded area represents the 95% confidence interval. The predicted probabilities are calculated holding all other variables at their mean values

Job outcome

Table B-5: Interpretation of margins from the logistic regression for Model 1 – client starts a job

Variable	Base category	Likelihood of a JO for base category	Significance	Likelihood of a JO for significant variables	Difference versus base category (percentage points)
Computer skills	1	15.4%	2*	18.8%	3.4
			3**	21.2%	5.8
			4**	20.7%	5.2
			5**	20.5%	5.1
			6**	23.1%	7.7
			Perceived job success	1	11.5%
			4**	20.1%	8.6
			5**	25.8%	14.3
			6**	29.0%	17.5
Provider	Ingeus	21.3%	Pluss**	31.5%	10.1
Local Authority	Bolton	21.5%	Oldham**	14.8%	-6.7
			Rochdale**	14.1%	-7.4
			Stockport**	16.9%	-4.6
			Tameside**	16.4%	-5.1
			Wigan**	17.8%	-3.6
Client type	Early Entrant Groups	18.7%	Health and Disability**	22.6%	3.8
			Long-Term Unemployed*	15.8%	-3.0
Ethnicity	BAME	18.0%	White**	21.3%	3.3
Debt	No	19.9%	Yes**	23.5%	3.6
Caring impact	No	20.9%	Yes**	15.9%	-5.1
Skills support	No	18.7%	Yes**	21.8%	3.0
Qualifications	No qualifications	22.5%	Under 5 GCSEs at grade A*-C (or equivalent)*	19.9%	-2.7

Variable	Base category	Likelihood of a JO for base category	Significance	Likelihood of a JO for significant variables	Difference versus base category (percentage points)
Licence	No	19.7%	Yes - no penalty points**	23.0%	3.3
Existing work support	No	20.0%	Yes**	23.8%	3.8
Last in work	0-6 months	36.1%	7-12 months**	28.6%	-7.5
			1-2 years**	22.7%	-13.5
			3-5 years**	18.5%	-17.7
			6-10 years**	17.2%	-18.9
			10+ years**	13.9%	-22.3
			I have never worked before**	14.2%	-22.0
<i>Continuous variable</i>					
Number of conditions	n/a	n/a	**	-0.8 percentage points	n/a
Age	n/a	n/a	**	-0.2 percentage points	n/a
Inactivity ratio	n/a	n/a	**	-19.6 percentage points	n/a

Source: SQW analysis of GM WHP monitoring data (significance level: * $p < .1$; ** $p < .05$)

Earnings outcome

Table B-6: Interpretation of margins from the logistic regression for Model 2 – client achieves an earnings outcome

Variable	Base category	Likelihood of a EO for base category	Significance	Likelihood of a EO for significant variables	Difference versus base category (percentage points)
Perceived job success	1	2.9%	2**	7.1%	4.1
			3**	9.0%	6.0
			4**	9.8%	6.8
			5**	14.2%	11.3
			6**	15.6%	12.7
			Provider	Ingeus	7.0%
Local Authority	Bolton	13.9%	Salford**	5.3%	-8.7
Client type	Early Entrant Groups	13.2%	Long-Term Unemployed**	6.0%	-7.2
Marital status	Cohabiting	16.0%	Married*	11.4%	-4.6
			Single**	9.4%	-6.6
Ethnicity	BAME	7.0%	White**	10.9%	3.8
Caring impact	No	10.3%	Yes**	6.2%	-4.1
English support	No	9.9%	Yes**	18.4%	8.5
Qualifications	No qualifications	9.5%	A levels / NVQ Level 3 (or equivalent)**	12.9%	3.4
Licence	No	9.4%	Yes - no penalty points**	11.7%	2.3
			Yes - with penalty points*	15.0%	5.6
Existing work support	No	9.5%	Yes**	13.9%	4.5
Last in work	0-6 months	22.9%	7-12 months**	16.9%	-6.0
			1-2 years**	13.3%	-9.6
			3-5 years**	8.9%	-14.0
			6-10 years**	8.1%	-14.8

			10+ years**	5.0%	-17.9
			I have never worked before**	6.0%	-16.9
<i>Continuous variables</i>					
Number of conditions	n/a	n/a	*	-0.5 percentage points	n/a
Age	n/a	n/a	**	-0.1 percentage points	n/a
Inactivity ratio	n/a	n/a	**	-18.2 percentage points	n/a

Source: SQW analysis of GM WHP monitoring data (significance level: * $p < .1$; ** $p < .05$)

Wage equation

- B.11** As an additional piece of analysis, we have estimated the Mincer-style⁴² wage equation. The logarithm⁴³ of wages of those who started a job was modelled as a function of gender, qualifications, ethnicity, age (to capture experience), age squared (to capture the standard inverse-U trajectory of earnings over lifetime) and the length of unemployment prior to joining the programme.
- B.12** Because wages are only observed for those who started a job, a selection bias may be present i.e. people with certain conditions may choose not to accept a job offer. To account for this, we have used the Heckman Selection Model. This two-stage model first estimates the probability of getting a job as function of observable characteristics (much like our main Model 1) and uses this information to adjust the estimates for the effects of the main predictors of wages.
- B.13** Table B-7 presents the results from the estimation of the wage model. The coefficients in the wage equation can be interpreted as percentage effects on wages. For example, having a degree or higher increases a client's wage by 6% compared to a person with no qualifications.
- B.14** Our findings are in line with the general results in labour economics literature. Wages follow an inverse U path – first increase with age but at a certain point start to decrease. Men secure wages which are on average 2% higher than those of women, white clients have wages which are 1% higher than those of BAME clients, clients with higher levels of education receive higher wages. Interestingly the length of unemployment spell prior to joining the programme does not have a statistically significant effect on the wage. This may be explained by the fact that observations are clustered, with large masses of data points concentrated exactly at the living wage.
- B.15** The results of the Wald test for independent equations indicate that there is not enough evidence to suggest that the wage equation is affected by selection bias. One explanation could be that, perhaps, the clients do not tend to turn job offers down, or if they do, the reasons are only weakly correlated with their observable characteristics or characteristics of the programme.
- B.16** The results of the first stage selection equation – which predicts the probability of getting a job by the means of a Probit regression – are in line with our results obtained from Model 1. This serves as an additional robustness check for our analysis of Model 1.

⁴² Mincer, J. (1974). *Schooling, Experience and Earnings*. New York: National Bureau of Economic Research.

⁴³ The logarithmic transformation was used to allow interpretation of coefficients as percentages or 'semi-elasticities'

Table B-7: Results from the Heckman Selection Model – log wage

	Coef.	Robust Std. Err.	P>z	[95% Conf. Interval]	
Wage equation					
age	0.01	0.00	0.00**	0.00	0.01
age ²	0.00	0.00	0.00**	0.00	0.00
Gender					
Female	(base)				
Male	0.02	0.01	0.00**	0.01	0.03
Other	0.03	0.02	0.14	-0.01	0.06
Last in work					
0-6 months	(base)				
7-12 months	-0.01	0.01	0.34	-0.02	0.01
1-2 years	0.00	0.01	0.89	-0.01	0.02
3-5 years	0.01	0.01	0.38	-0.01	0.03
6-10 years	0.00	0.02	0.87	-0.03	0.03
10+ years	0.00	0.02	0.96	-0.04	0.03
I have never worked before	-0.01	0.02	0.44	-0.05	0.02
Qualifications					
No qualifications	(base)				
Below GCSE level	0.00	0.01	0.51	-0.01	0.02
Under 5 GCSEs at grade A*-C (or equivalent)	0.01	0.01	0.07*	0.00	0.02
5 or more GCSEs at grades A*-C (or equivalent)	0.02	0.01	0.00**	0.01	0.03
A levels / NVQ Level 3 (or equivalent)	0.01	0.01	0.04**	0.00	0.03
Degree or higher	0.06	0.02	0.00**	0.03	0.10
Don't know	0.02	0.01	0.00**	0.01	0.04
Ethnicity					
BAME	(base)				
Chose not to say	0.02	0.02	0.29	-0.01	0.05
White	0.01	0.01	0.04**	0.00	0.02
_cons	1.93	0.04	0.00**	1.85	2.00
Select equation					
Provider					
Ingeus	(base)				
Pluss	0.26	0.15	0.08*	-0.03	0.55

	Coef.	Robust Std. Err.	P>z	[95% Conf. Interval]	
The Growth Company	-0.09	0.15	0.54	-0.38	0.20
Local Authority					
Bolton	(base)				
Bury	-0.03	0.02	0.08*	-0.06	0.00
Manchester	0.17	0.12	0.17	-0.07	0.41
Oldham	-0.25	0.02	0.00**	-0.29	-0.21
Other	-0.08	0.05	0.10*	-0.18	0.02
Rochdale	-0.32	0.03	0.00**	-0.37	-0.27
Salford	-0.03	0.13	0.80	-0.29	0.22
Stockport	-0.12	0.01	0.00**	-0.15	-0.09
Tameside	-0.23	0.01	0.00**	-0.24	-0.21
Trafford	0.16	0.14	0.24	-0.11	0.43
Wigan	-0.17	0.02	0.00**	-0.20	-0.14
age	-0.01	0.00	0.00**	-0.01	0.00
Marital status					
Cohabiting	(base)				
Married	0.02	0.07	0.84	-0.13	0.16
Other	-0.02	0.06	0.78	-0.14	0.10
Single	-0.04	0.06	0.54	-0.15	0.08
Ethnicity					
BAME	(base)				
Chose not to say	0.09	0.16	0.58	-0.23	0.41
White	0.10	0.03	0.00**	0.05	0.15
Gender					
Female	(base)				
Male	0.03	0.03	0.32	-0.03	0.10
Other	-0.66	0.33	0.04**	-1.30	-0.02
Last in work					
0-6 months	(base)				
7-12 months	-0.23	0.07	0.00**	-0.37	-0.09
1-2 years	-0.46	0.04	0.00**	-0.55	-0.38
3-5 years	-0.66	0.04	0.00**	-0.74	-0.58
6-10 years	-0.73	0.08	0.00**	-0.88	-0.58
10+ years	-0.88	0.07	0.00**	-1.01	-0.75
I have never worked before	-0.88	0.08	0.00**	-1.03	-0.73

	Coef.	Robust Std. Err.	P>z	[95% Conf. Interval]	
Number of conditions	-0.05	0.01	0.00**	-0.07	-0.03
Driving licence					
No	(base)				
Yes - no penalty points	0.13	0.02	0.00**	0.09	0.18
Yes - with penalty points	0.09	0.10	0.39	-0.11	0.29
Existing support					
0	(base)				
1	-0.03	0.04	0.39	-0.10	0.04
Inactivity ratio	-1.03	0.11	0.00**	-1.24	-0.83
Qualifications					
No qualifications	(base)				
Below GCSE level	-0.06	0.05	0.20	-0.15	0.03
Under 5 GCSEs at grade A*-C (or equivalent)	-0.03	0.05	0.53	-0.13	0.07
5 or more GCSEs at grades A*-C (or equivalent)	0.04	0.06	0.45	-0.07	0.16
A levels / NVQ Level 3 (or equivalent)	0.08	0.04	0.04**	0.01	0.15
Degree or higher	0.05	0.05	0.36	-0.06	0.15
Don't know	-0.14	0.05	0.01**	-0.24	-0.03
English support					
No	(base)				
Not sure	-0.11	0.24	0.66	-0.59	0.37
Yes	-0.04	0.08	0.66	-0.19	0.12
_cons	0.23	0.11	0.03**	0.02	0.43

Wald test of indep. eqns. (rho = 0): chi2(1) = 1.36 Prob > chi2 = 0.2439

Source: SQW analysis of GM WHP monitoring data (significance level: * p<.1; ** p<.05)



Contact

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About us

SQW Group

SQW and Oxford Innovation are part of SQW Group.

www.sqwgroup.com

SQW

SQW is a leading provider of research, analysis and advice on sustainable economic and social development for public, private and voluntary sector organisations across the UK and internationally. Core services include appraisal, economic impact assessment, and evaluation; demand assessment, feasibility and business planning; economic, social and environmental research and analysis; organisation and partnership development; policy development, strategy, and action planning. In 2019, BBP Regeneration became part of SQW, bringing to the business a RICS-accredited land and property team.

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Oxford Innovation

Oxford Innovation is a leading operator of business and innovation centres that provide office and laboratory space to companies throughout the UK. The company also provides innovation services to entrepreneurs, including business planning advice, coaching and mentoring. Oxford Innovation also manages investment networks that link investors with entrepreneurs seeking funding from £20,000 to £2m.

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