

Working Well: Work and Health Programme & Job Entry: Targeted Support (JETS) Evaluation

2021 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. The report focuses predominantly on the Working Well: Work and Health Programme (WHP), which started in 2018. The report also considers the Working Well: Work and Health Programme - Job Entry Targeted Support (JETS) programme which was introduced in 2020 in response to the rise in unemployment from the COVID-19 pandemic. This programme will be considered in greater depth in next year's Annual Report.

Working Well: Work and Health Programme (WHP)

Who is on the programme?

2. Nearly 15,000 people had started on the programme by the end of March 2021, out of over 21,000 people who had been referred. The narrative of the last year includes challenges in converting programme referrals to starts, so improving the conversion rate has been a key focus, with some success in addressing this evident.
3. Those starting the programme have a range of barriers to work and support needs, including health conditions, a long time since they last worked and low skills. This report considers how those joining WHP have changed since the start of the pandemic, finding that on average they have fewer barriers to work, have been unemployed for less time, are higher qualified, younger, and less likely to report needing skills support. However, many of those joining do still have complex barriers to work, and the pandemic has introduced new challenges for those on the programme. Most notably there has been reluctance and fear around starting work, due to the health risks presented by the pandemic.

How is the programme providing support?

4. WHP offers personalised, holistic and intensive support to unemployed individuals to help them to address issues that are barriers to starting and sustaining employment. Each client has a Key Worker who is responsible for navigating the support offer of the provider and wider local services. The support is provided for 15 months, with 6 months of in-work support also provided.
5. The support offer was considered to have adapted well to the pandemic. All support switched to remote support and there has been a significant expansion of the online support offer and tools available to clients. There has been a limited return to face-to-face delivery, which is expected to continue.

6. A key challenge over the last year has been keeping clients engaged. This appears to primarily be the result of the support being remote and a reluctance amongst some to seek work during the pandemic. Despite these challenges, client satisfaction with the support has been high and for many clients the support has been a 'lifeline' – particularly during the early stages of the pandemic. Support from the in-house Health Team has been regarded as especially important during the last year.
7. The programme has also made over 56,000 signposts to external support since it started, most frequently for support with mental health, finances, physical health and exploring clients' skillset. This reflects the expectation that the programme integrates with the wider support ecosystem to support clients, rather than just providing support in-house.

How many people has the programme moved into work?

8. By the end of March 2021, over 4,700 clients achieved a job start, with 37% of those who those who had completed the 15 months of support having achieved a job start. Those joining the programme in the last year have generally moved into work at a better rate than previous years – an impressive feat given the impact of the pandemic on levels of unemployment and the local labour market. This reflects multiple factors, including the changing nature of those joining the programme and successes in employer engagement and securing 'working from home' roles and COVID-related occupations.
9. The programme measures whether clients achieve an Earnings Outcome which is triggered when clients reach an earnings threshold¹ – a proxy for the job being sustained and paying at a sufficient level. By the end of March 2021, nearly 2,100 Earnings Outcomes had been achieved with 54% of those who entered employment 15 months previously achieving one.
10. Econometric analysis on the likelihood that a client starts work and achieve an Earnings Outcome shows that length of unemployment, age and confidence in being successful in a job have the greatest effect the likelihood of achieving these outcomes.

Working Well: Work and Health Programme - Job Entry: Targeted Support (JETS)

11. The JETS programme was developed to support the anticipated increase in unemployment due to the pandemic and launched in October 2020. Completing the design, commission and mobilisation of the programme within such a short timeframe was considered a significant achievement.

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.

Who is on the programme?

12. By the end of March 2021 there had been nearly 5,300 programme starts from nearly 11,000 referrals. The scale of referrals within just six months, at 156% of target, demonstrates the need for this new programme. As with WHP, improving the conversion of referrals to starts has been a key focus of the programme's initial lifetime.
13. The programme offers lighter touch support than WHP as it is targeted at those unemployed for 3-12 months, who are expected to be more 'work ready' given they were recently in employment. Broadly those on the programme are those that were anticipated – the short-term unemployed who only require light-touch support.

How is the programme providing support?

14. Clients are supported by an Employment Coach, who performs a similar role to a Key Worker. The support offer is predominantly around job search support and skills development, but also includes support around finances and wellbeing which distinguishes the Greater Manchester programme from the national programme. The support is provided for six months, with no formal in-work support offer.

How many people has the programme moved into work?

15. By the end of March 2021, nearly 1,200 clients had achieved a job start, with 34% of those on the programme for 3 months having achieved a job start. This is considerably higher than initial expectations, perhaps reflecting the labour market being less challenging than anticipated when designing the programme.
16. JETS also measures whether clients achieve an Earnings Outcome which is triggered when clients reach an earnings threshold². By the end of March 2021, over 500 Earnings Outcomes had been achieved.

Key lessons and recommendations

17. Amongst the many lessons and recommendations identified in the report, are the following:
 - There are advantages and disadvantages of supporting clients remotely. The effectiveness of different modes of delivery needs to continue to be tested as a full return to face-to-face delivery is increasingly possible. It looks likely that different modes of support are more effective for different clients, and at different stages in their journey. Blended delivery could therefore enable a more effective programme than reverting fully to the pre-pandemic model.

² The threshold for JETS is different to WHP, at £1,000 which must be reached within the programme duration + 56 days.

- Roles focused on integration with key partners – Integration Coordinators on WHP, and Adult Skills Coordinators and Jobcentre Plus Relationship Coordinators on JETS – continue to be well received. Integration Coordinators were particularly important to navigating the shifting support landscape during the pandemic. Integration Coordinators and Adult Skills Coordinators have also played a key role in the introduction of Elemental, which is a new system for making referrals to external support. Initial feedback on Elemental has been generally positive, but the value this system adds needs testing going forwards.
- Econometric analysis of job start and Earnings Outcome performance on WHP found the programme is less good at supporting clients with certain characteristics and barriers to work, especially low confidence in starting work, length of unemployment and age. Other key factors associated with lower likelihood of achieving outcomes are disengagement from the programme, starting a job in certain occupations, job outlooks and leaving an initial job start. Further support, targeted at clients with these characteristics is required to improve outcomes.
- There has been increased investment in employer engagement for both WHP and JETS. Analysis in the report found employer engagement is particularly important for clients who have been unemployed for longer, those with fairly poor health and those who fall out of a job secured on the programme. Jobs sourced via employer engagement are also slightly more likely to convert to an Earnings Outcome. Many job starts in the last year have been the result of successful engagement with COVID-related roles, so shifts away from these present a key risk to performance in the next year.
- There were concerns that the introduction of JETS would impact referrals to WHP and that JETS clients would disadvantage WHP clients trying to secure employment. In practice this has not happened, but the introduction of Restart presents a similar risk. This new programme is targeted at those unemployed for 12 months, so overlaps with WHP, and in practice may overlap with JETS too. The main risk is there will be fewer referrals to WHP and/or referrals will be those that are more challenging to help, with implications for performance, which therefore need to be monitored.
- WHP and JETS a ‘cost plus’ model rather than ‘payment by results’ (PBR), which WHP had used prior to the pandemic. The shift has led to little, if any, noticeable change in delivery, staff management, performance or commitment. This is an important lesson for future programme commissioning, though the effectiveness of this model will need to continue to be monitored. It may also provide a basis for more investment or experimentation given more security of payment.

1. Introduction

- 1.1** This annual report was written in summer 2021 to detail the progress made in the delivery of Greater Manchester’s devolved Working Well: Work and Health Programme (WHP), and the Work and Health Programme Job Entry: Targeted Support (JETS) programme. The Working Well: Work and Health Programme began delivery in 2018 and so this is the third Annual Report which has covered that programme. It is part of a suite of devolved employment programmes, which began with the Working Well Pilot programme in 2014. An overview of the programmes can be found [here](#).
- 1.2** The JETS programme began in October 2020. It was introduced as part of the Government’s response to the COVID-19 pandemic. Available nationally, it is designed to deliver light touch support to people who had recently become unemployed. It is aimed at people unemployed for 13 weeks. As part of the Work and Health Programme, it was devolved to Greater Manchester, which provided scope to flex and amend some aspects of delivery. In practice, the key variations in Greater Manchester’s programme are enhanced offers around money and debt management, skills development and mental health. The programme is due to run until March 2023 and is expected to support 20,040 clients over that period.

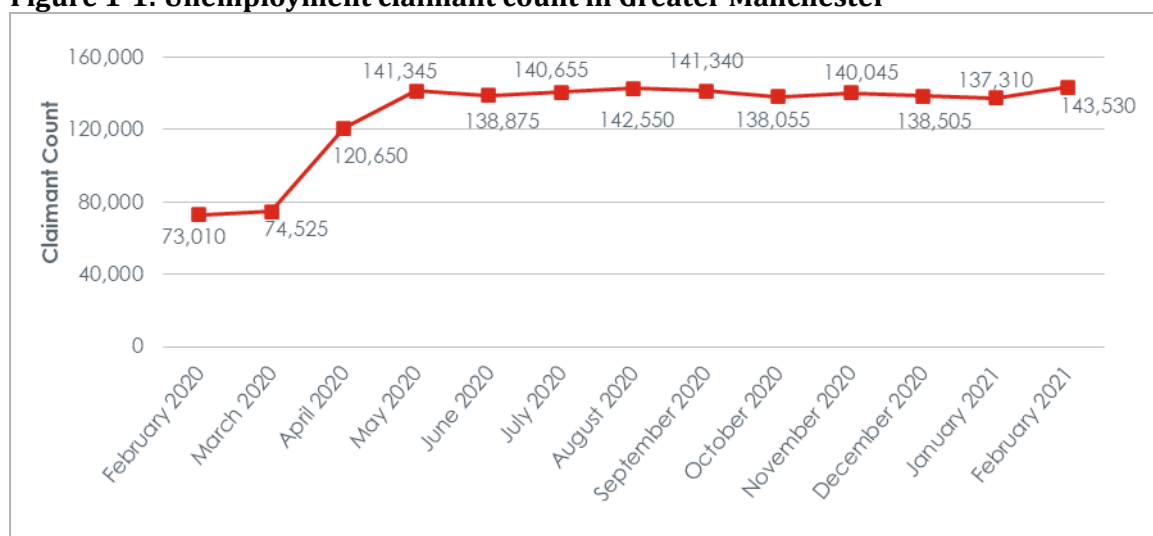
The wider context

- 1.3** The JETS programme is part of the Government’s wider response to the employment impacts of COVID-19. This initially focussed on the Coronavirus Job Retention Scheme (commonly known as furlough) and Self-Employment Income Support Scheme. This was added to through A Plan for Jobs (2020) and the Spending Review 2020 with a range of further initiatives, of which the most relevant here are:
- Doubling the number of Work Coaches before April 2021 and increased funding for the National Careers Service
 - Recruiting an additional 315 Disability Employment Advisor roles in Jobcentre Plus by May 2021
 - Introduction of the Kickstart Scheme which funds six month job placements for 16-24 year olds at risk of long-term unemployment
 - Additional funding for sector-based work academies to triple the number of places available
 - Introduction the Restart Scheme to provide “intensive and tailored support to over one million unemployed people and help them find work” (Spending Review 2020, p.22) which will focus on those unemployed for at least 12 months.
- 1.4** Greater Manchester, and certain areas within Greater Manchester have suffered the impact of COVID-19 to a greater extent, and for longer, than much of the UK. The pandemic and the

containment measures which have followed have had a significant impact on the labour market. As can be seen in Figure 1-1, the number of people on unemployment benefits doubled March-May 2020, peaking in August and remaining roughly stable after that. As a proportion of Greater Manchester's working age residents (aged 16-64) the rate increased from 4.0% to 8.0% over this period.

- 1.5** This increase has affected all local authority areas and all age groups. However, Trafford and Stockport experienced the greatest rise in people on unemployment benefits, increasing by 117% and 105% respectively between March-August 2020. As of February 2021, Oldham had the highest proportion of its working age population claiming unemployment benefits at a rate of 9.9%

Figure 1-1: Unemployment claimant count in Greater Manchester



Source: Claimant Count, Nomis.

- 1.6** There have been significant gender impacts. GMCA report that in the three months to January there were more unemployed women than men – a turnaround in the recent pattern. In the same period, male unemployment has been falling.
- 1.7** In addition to the unemployed, many people remain on furlough. In January 2021, 10.3% of the working population across Greater Manchester were on furlough (UK wide the figure was 11.3%).³ The Greater Manchester Population Survey, March 2021, was more stark, reporting that 40% of those in work were currently furloughed, on reduced hours, or reduced pay.
- 1.8** This all impacts on residents who report being concerned about their finances, and mental and physical health. The scale of the challenges around health in Greater Manchester were set out clearly by the Institute for Health Equity which reported that rates of mortality from COVID-19 in Greater Manchester were 25% higher than in England as a whole.⁴ Life expectancy in the North West of England also declined more during 2020 than in England

³ From GMCA calculations

⁴ [Institute of Health Equity. 2021. Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives.](#)

overall (according to provisional data). Even before the pandemic, poor health had been shown to be directly responsible for 30% of the productivity gap in the Northern Powerhouse⁵ and it has been estimated that reduced mental health in the Northern Powerhouse as a result of the pandemic could cost the UK economy £5bn in GVA.⁶

- 1.9** While this situation is very challenging, it is thankfully not as difficult as expected earlier in the pandemic. The Office for Budget Responsibility is now forecasting that unemployment will peak at 6.5% towards the end of 2021. This compares to a forecast a peak of 7.3% six months prior, and with estimates of over 10% early in the pandemic. This reflects more optimism over the economy, and unemployment has declined in recent months, but it is still well above pre-pandemic levels, standing nationally at 4.8% compared to 4% before the pandemic and not expected to decline to that level again even by late 2025.⁷
- 1.10** These impacts provide a challenging context for any programmes seeking to move people into work. Through much of 2020 and 2021, the programmes have sought to achieve this at a time of rising or high unemployment, which creates more competition for a reduced number of vacancies.

The Working Well family

1.11 The Working Well family consists of:

- Working Well: Work and Health Programme (WHP)
- Work and Health Programme: Job Entry: Targeted Support (JETS)
- Working Well: Early Help (WW:EH)
- Working Well: Enterprising You (WW:EY)
- Working Well: Specialist Employment Support (WW:SES)
- Plus two concluded programmes: the Working Well Pilot and Working Well Expansion programmes, with the latter including access to specially commissioned Talking Therapies Services.

1.12 The following briefly sets out an overview of the first two programmes. Other evaluations have been commissioned for two WW:EH and WW:EY.

Working Well: Work and Health Programme

1.13 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

⁵ [Northern Health Science Alliance. 2018. Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity.](#)

⁶ [Northern Health Science Alliance. 2020. COVID-19 and the Northern Powerhouse.](#)

⁷ [Labour market - Office for Budget Responsibility \(obr.uk\)](#)

devolved – the Greater Manchester programme and four London programmes. The remaining six Contract Package Areas (CPAs) areas feature a model designed and managed by DWP.

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

1.15 The programme offers 15 months of support and 6 months of in-work support. The support model broadly follows the Working Well Pilot and Expansion model, consisting of (a fuller overview of the support model as it stands is presented in Chapter 4):

- 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.

- 1.16** Its main outcome targets are 47% of starts achieving an Earnings Outcome and 83% of these achieving a Higher Earnings Outcome.⁸ These are measured using HMRC PAYE data used to trigger payments when earnings thresholds are met.
- 1.17** The programme is being delivered by InWorkGM, a single provider that represents a partnership between Ingeus, The Growth Company, Seetec Pluss and Pathways CIC.

Work and Health Programme: Job Entry: Targeted Support (JETS)

- 1.18** As stated above, the JETS programme began in October 2020. The programme is due to run until March 2023, and is expected to support 20,040 clients over that period. The programme was designed and commissioned rapidly by building on the existing WHP contract.
- 1.19** The support model is lighter touch than WHP as it is aimed at people unemployed for 13 weeks and over who need less intensive support. Similar to the WHP, clients are supported by a single key worker, in this instance called an Employment Coach. The programme offers 6 months of support, with no in-work support offer.
- 1.20** The support provided is predominantly around job search support, although the holistic ethos does remain and the Greater Manchester programme includes enhanced offers around money and debt management, skills development and mental health. The method of delivery is almost exclusively remote support, having been designed to provide support during the pandemic.
- 1.21** Its main outcome target is 22% of starts achieving an Earnings Outcome of £1,000. These are measured using HMRC PAYE data used to trigger payments when earnings thresholds are met. The target is considerably lower than WHP despite clients being better equipped to find work. This reflects the context of the pandemic which the target was set in.
- 1.22** The programme is being delivered by Ingeus and The Growth Company, who also deliver WHP, plus local authority specific delivery by Bolton Council, Employment Links Partnership (Rochdale Council), Get Oldham Working (Oldham Council) and Get SET Academy.

Methodology

- 1.23** 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,

⁸ An Earnings Outcome is 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. A Higher Earnings Outcomes is triggered when a client reaches the Earnings Outcome threshold within six months of starting work.

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 2021, unless otherwise stated. Each of the 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 have also been used for comparison against other areas. Some of these are from GMCA monitoring material and not publicly available, so precise figures are not used where this is the case. There may be slight differences in figures between different sources, reflecting the different data sources and not all clients consenting to their data being shared for evaluation purposes.

- A series of 6 one-on-one and 16 groups interviews conducted in April to July 2021 with the Programme Office and provider staff including Key Workers and Employment Coaches, Employment Services Team members, Health Team members, Integration Coordinators, site managers and senior managers. A series of eight group interviews with programme participants were also conducted. Fieldwork conducted for previous reports has also informed this report where findings from the most recent round remained in line with previous findings.
- Case studies from the providers 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.

Structure of report

1.24 The report is structured into the following chapters:

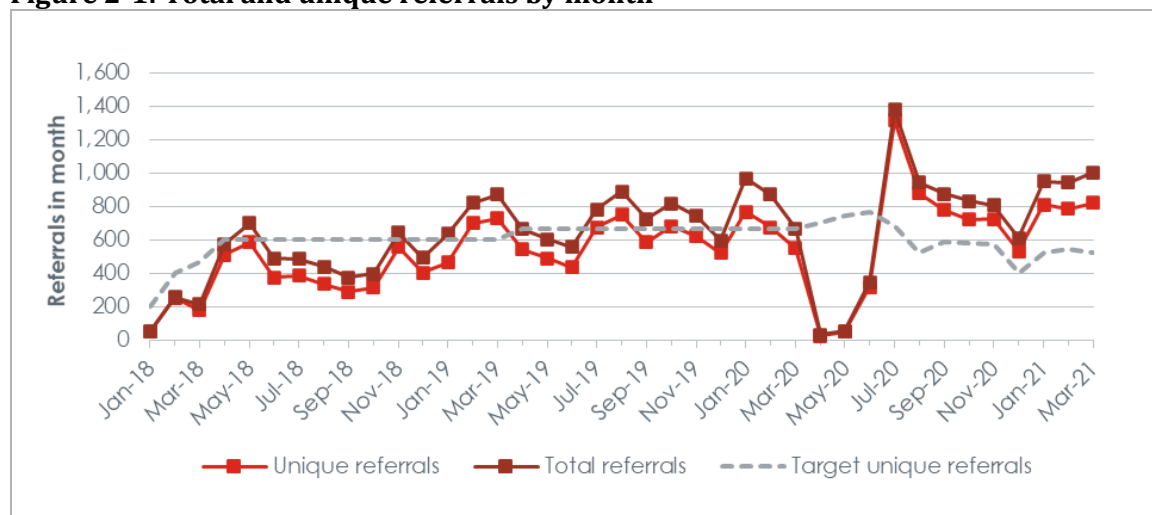
- Chapter 2: Work and Health Programme – Referrals and Starts
- Chapter 3: Work and Health Programme – Profile of Clients
- Chapter 4: Work and Health Programme – Support
- Chapter 5: Work and Health Programme – Job Starts
- Chapter 6: Work and Health Programme – Earnings Outcomes
- Chapter 7: Job Entry: Targeted Support (JETS) – Referrals, Starts and Support
- Chapter 8: Job Entry: Targeted Support (JETS) – Job Starts and Outcomes
- Chapter 9: Integration
- Chapter 10: Lessons and Conclusions

2. Work and Health Programme – Referrals and Starts

- Gross referrals reached 25,132 by the end of March 2021 – with 21,218 unique referrals
- Referral levels fell significantly during the start of the pandemic, but have since been at a higher level than before the pandemic
- Programme starts reached 14,673 by the end of March 2021
- There have been challenges around the rate of referrals that do not start on the programme, seemingly driven by the switch to remote support by JCP and WHP – addressing this has been a key area of focus over the last year
- JETS appears to have had little impact on the clients joining the programme but the introduction of Restart presents a serious risk

Programme referrals

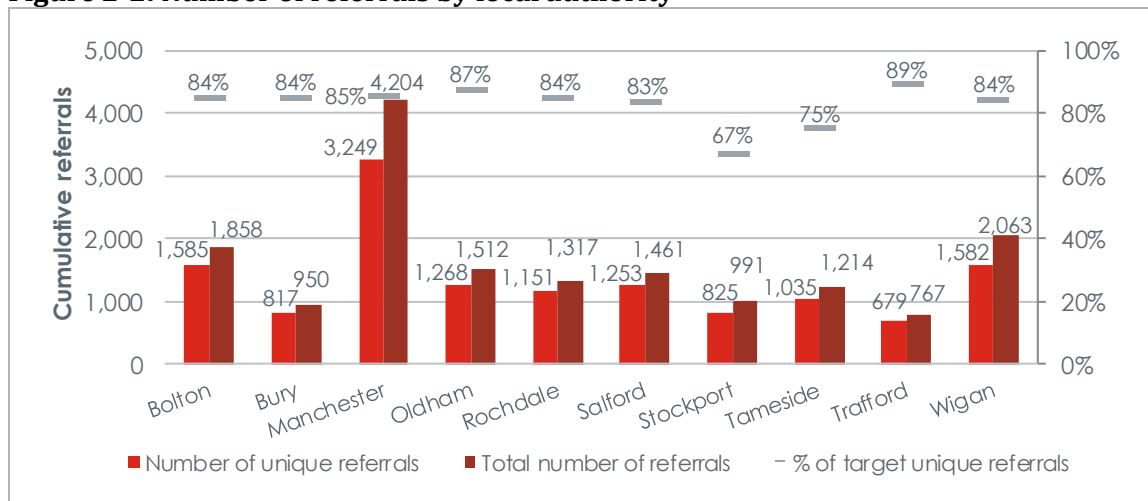
- 2.1** The Working Well: Work and Health Programme received 25,132 referrals by the end of March 2021. Of these, there were 21,218 unique individuals referred to the programme.
- 2.2** Overall, the programme was at 91% of target for unique referrals, which is a clear improvement on 83% last year despite the pandemic. The chart below shows how referral levels plummeted following the start of the COVID-19 pandemic. This reflected the suspension of mandatory work search reviews, checks on work related activity and the requirement to accept a claimant commitment. These temporary measures were introduced by the Government to reallocate available resource to the processing of new Universal Credit claimants resulting from the pandemic.
- 2.3** Referrals did subsequently pick up, reaching their highest level in July with nearly 1,400 referrals, and throughout the remainder of 2020/21 the average level of referrals has been higher than in previous years. Concerns that JETS would have a detrimental impact on referral levels do not appear to have materialised, after JETS launched in October. There was a self-referral route for WHP temporarily, but this was removed in October and was only ever small in scale so it has not been possible to explore the merits of this alternative model.

Figure 2-1: Total and unique referrals by month

Source: SQW analysis of GM WHP monitoring data

- 2.4** Comparative monitoring information shows referrals in Greater Manchester performed relatively strongly versus other Contract Package Areas (CPAs) – 32% of all referrals up to February 2021 in Greater Manchester, higher than any of the six DWP Department for Work and Pensions (DWP) managed CPAs.⁹ The recovery of referral levels also happened relatively more quickly in Greater Manchester. These achievements are despite the temporary removal of mandation and the Work and Health programme targeting relatively larger in referral volumes in Greater Manchester as the programme draws on additional ESF funding. Consultees attributed this performance to the strong working relationships between JCP, WHP providers and GMCA. This was considered an important legacy of delivering the Working Well programmes in Greater Manchester since 2013.
- 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 across 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.

⁹ DWP. Stat-Xplore. Referrals to WHP.

Figure 2-2: Number of referrals by local authority

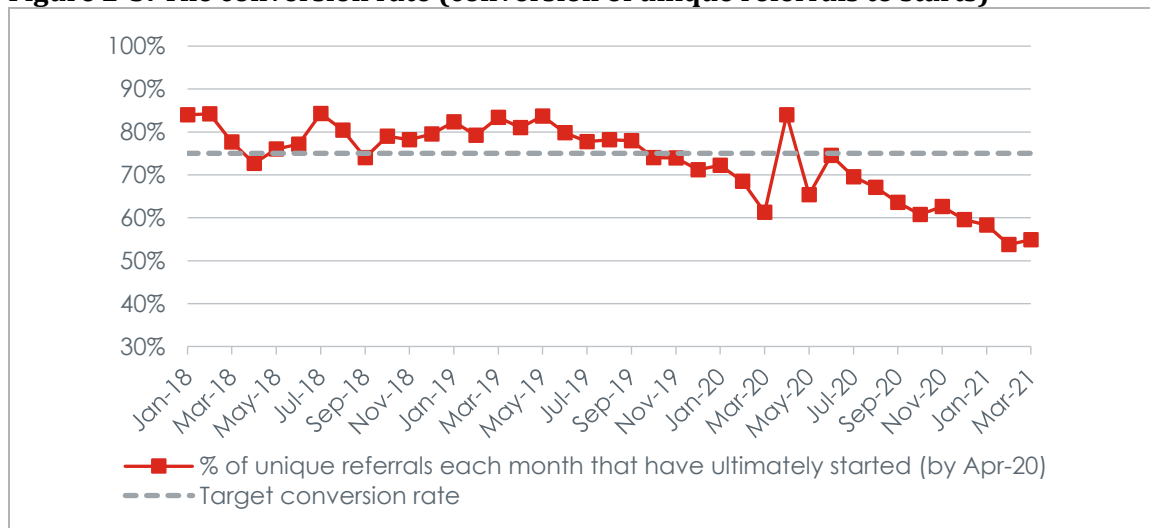
Source: SQW analysis of GM WHP monitoring data

Programme starts

- 2.6** The programme had 14,673 starts by the end of March 2021. The level of starts in Greater Manchester for April 2020 to March 2021 is below its original profile, but 10 percentage points above the average performance for the DWP CPAs. The performance reflects the conversion rate of unique referrals to starts being 72%¹⁰ – below the target of 75%. Figure 2-3 shows how the conversion rate has been consistently below the target since September 2019, with the exception of April and June 2020, when referrals were considerably lower than usual.
- 2.7** The relatively low conversion rate in very recent months will also somewhat reflect those referrals having less time to have started and less time and opportunity for a re-referral resulting in a start. However, it does appear that the conversion rate has been lower since the implementation of remote working due to the pandemic.

¹⁰ This conversion rate includes referrals in March 2021, for whom starts in April are considered to allow sufficient time for referrals to be processed and start.

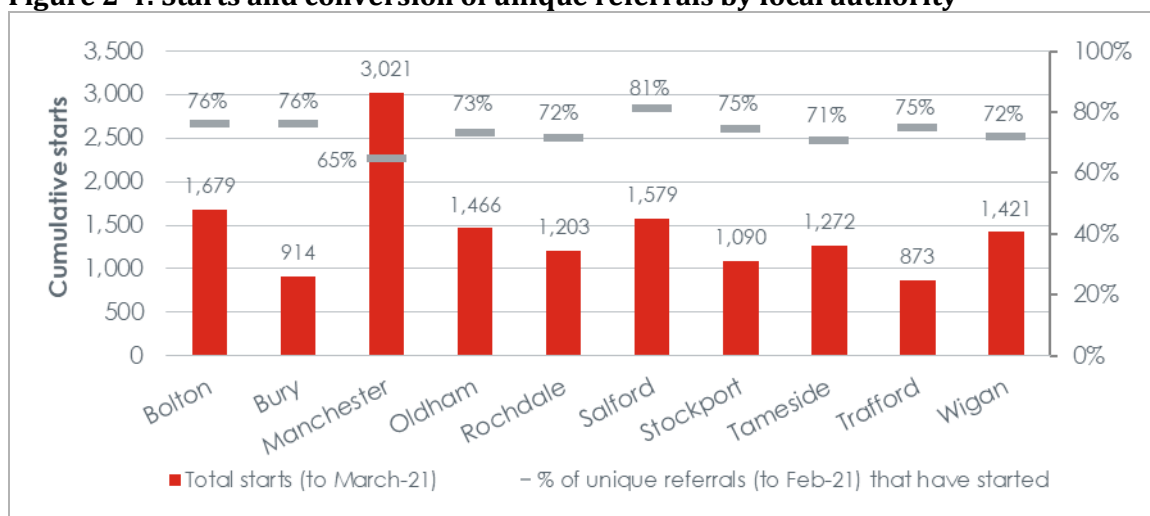
Figure 2-3: The conversion rate (conversion of unique referrals to starts)



Source: SQW analysis of GM WHP monitoring data

2.8 Figure 2-4 sets out the number of starts and conversion rates by local authority. It shows half of the localities are at or above the 75% conversion target, and half are below. Manchester is furthest below, at 65%, which continues a trend of lower conversion experienced on the previous Working Well programmes. All areas have a lower conversion rate than they did in March 2020 except Oldham.

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



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

2.9 At a JCP site level the difference in the conversion rate is starker. For the Didsbury JCP site just 56% of referrals have ultimately started, compared to 88% for the Ashton-in-Makerfield JCP site. Out of 30 JCP sites, 21 are below target. The conversion rate of all individual JCP sites is set out in Table A-1 in Annex A, alongside conversion rates for JETS.

2.10 Considering the providers, Seetec-Pluss have the highest conversion rate (74%) followed by Ingeus (73%) and The Growth Company (70%), with the latter reflecting the Manchester conversion rate.

- 2.11** The conversion rate differs more substantially by client type. Long-Term Unemployed (LTU) referrals have been considerably more likely to start the programme (80%) than Health and Disability (H&D) (71%) or Early Entrant (EE) (66%) referrals. However, this has fallen to 58% for LTU referrals in the last year (H&D fell by 7 percentage points, EE fell by 5 percentage points), likely reflecting the removal of mandation to the programme for LTU clients.¹¹
- 2.12** The conversion rate has been a key area of focus on the programme throughout the last year. Referrals who do not start (DNS) are a concern because: (a) they are not signing up to and benefitting from support that was deemed appropriate for them; and (b) processing referrals puts resource requirements on JCP and programme providers, with DNS referrals particularly resource intensive while not delivering a positive outcome. The DNS reasons have been recorded throughout the last year, and are set out in Table 2-1. It shows the leading reasons are an inability to contact the referral (32%) and non-attendance (18%). This leading reason reflects a mix of contact details being incorrect and referrals simply not answering the phone. A further 39% cited being unwilling or unable to join for reasons other than having found work.

Table 2-1: DNS reason

DNS reason	% of DNS
Unable to contact	32%
Participant did not attend Initial Appointment	18%
Participant is not well enough to engage on a regular basis	13%
Participant does not want to join now due to personal/family circumstances	11%
Participant does not feel the programme will benefit them	8%
Participant has job offer/started work	4%
Participant feels they have enough help from other services/agencies to support them	3%
Participant advised they were misinformed by WC/RO	3%
Unable to attend within required time frame	2%
Participant does not want to attend on a regular monthly basis	2%
Participant is not able to attend appointments in the required location/vicinity of assigned area	1%
Participant is unable to attend on a regular basis due to caring responsibilities	1%
Participant moved out of area	1%
Participant feels they have enough help from their Work Coach	1%
Participant is currently on another ESF programme	<1%

Source: SQW analysis of GM WHP monitoring data

- 2.13** The fieldwork findings reflected this data and illustrate the reasons and wider context. Some of the reasons have been set out in the previous evaluation reports, including: referrals being

¹¹ Small volumes of LTU referrals also makes this figure more volatile.

misinformed about or not understanding the programme; referrals not being appropriate, for example because their health conditions are too severe to be able to secure work; challenges getting initial appointments booked in within the 15 day timeframe and around existing Key Worker (KW) commitments; and people who do not wish to join agreeing due to concerns their benefits may otherwise be affected, but not joining upon it being made clear participation is voluntary. But others are implications of the pandemic. These include:

- During the early stages of the pandemic all WC mandatory appointments were suspended and WCs were focused on supporting the case management of the high volume of new claims. Consultees reported that high caseloads also limited the time available to discuss the programme with customers, which helps to ensure that those volunteering for WHP are fully aware of the offer and so are likely to start. Furthermore, there has been continually high levels of recruitment within JCP since the pandemic started. This means lots of new WCs who need to learn about WHP, who is appropriate, how to make referrals, and how to ensure at least 75% of those referrals ultimately start the programme. The workload faced by WCs also appears to have reduced the level of communication they have directly with WHP staff, and the quality of information shared on individual referrals. There are new JCP sites planned for opening, to increase the available floorspace within Greater Manchester, which may mean more 'newness'.
- The policy response to the pandemic has entailed the introduction of new programmes and the expansion of existing provision. WCs therefore have a range of provision to refer to, which makes it challenging for WHP to maintain prominence and be well understood by all WCs. Part of WHP's uniqueness is its health offer, but WCs viewing it through this lens has reportedly led to frequent referrals with health conditions that are considered too severe for WHP to be the appropriate programme. This may also reflect the difficulty for WCs in gauging the severity of conditions remotely.
- The switch from face-to-face contact to remote contact has had implications for the WC relationship with potential referrals. Consultees highlighted how WCs have had less frequent and intensive contact with much of their caseload. Providing support over the phone has also limited the ability of WCs to form relationships and insight into their customers, limits the ability to read body language, and has meant WCs may fail to recognise the severity of health conditions. Consultees said referrals frequently did not fully understand the programme and often referrals have been made without being communicated to the referred individual, sometimes because the WC was not able to contact them and/or lacked up to date contact details themselves, or because referrals were not reading/understanding the communications and materials provided. Face-to-face delivery is slowly returning, but at small scale, and JCP consultees reported a reluctance to attend onsite appointments amongst much of the caseload. There are also plans for more recruitment of Disability Employment Advisors, which should provide additional resource for identifying relevant customers and discussing potential referrals.

- The switch from face-to-face contact to remote contact has had implications for communication between WHP and referrals. Referrals can simply choose not to answer the phone when initial contact is made and for their initial appointment. One client spoken to during the fieldwork said they had felt overwhelmed initially, and only picked up the phone after multiple calls. Some participants have been difficult to start on the programme because of limited access to IT equipment. Consultees had mixed views on whether a return to face-to-face delivery might improve the start conversion rate, given physical attendance is a more of onerous than answering a phone call.
- The switch from face-to-face contact to remote contact has had implications for communication between JCP and WHP providers. Prior the pandemic, WHP staff had a presence in JCP sites, with Integration Coordinators (ICs) and KWs spending a significant amount of time on-site. This supported regular, ad-hoc communication between WCs and WHP staff, and enabled WHP staff to engage with referrals directly. The switch to working remotely has removed this possibility, and has made the process of making and maintaining contact more challenging. ICs said that while they had made the situation work, it was an inferior to face-to-face engagement.
- The impact of the pandemic on attitudes towards finding work. Many referrals have reportedly been anxious or unwilling to start working (or looking for work) during a pandemic. The majority of the programme's clients have health conditions, so many have felt the need to shield to stay safe, while others have needed to shield for people they live with. Childcare responsibilities have also impacted on the willingness of some referrals to start, with consultees remarking that the conversion rate and engagement of parents tended to be worse when children have been out of school due to the pandemic. Other referrals have reportedly declined to join because they did not believe they would be likely to secure employment in the current labour market – recognising that the labour market and the messaging around employment prospects has evolved throughout the pandemic.
- The removal of mandation to the programme and the requirement to look for work. The role of mandation in conversion rates has been apparent in fall from a high conversion rate for the LTU category of clients. Removing the requirement to search for work has reportedly led to referrals being less bought in to the need to secure work. The proportion of starts that are LTU has dropped considerably as a result, from 23% pre-pandemic to 4% since April 2021. Plans to reintroduce mandation are currently being explored, but with no timescale agreed.

2.14 There has been a considerable amount of effort made by WHP and JCP staff to improve the conversion rate. The most notable interventions have been:

- An ongoing programme of profile raising for WHP. The induction programme for WCs includes sessions on the provision available locally, which is delivered in partnership between the providers of the various local programmes, including the Working Well family. Existing WCs are reached through sessions presented in team meetings as well as

other sessions that are open for attendance. WHP staff pointed to the efficiencies created by the use of video meetings for this – as it enabled sessions to be delivered Greater Manchester-wide, rather than individually at each of the 30 JCP sites in Greater Manchester. Sharing good news stories with JCP has been vital throughout the programme, as they communicate the programme’s support offer and illustrate the impact the programme has on individual participants. These have continued to be shared during the pandemic. Consulted WCs spoke very favourably on these.

- The Working Well family of programmes developed desk aids for WCs which provide an easy overview of the programmes, to assist them to identify which programme might be most appropriate. JCP psychologists are currently working on further materials to support WCs nationwide in understanding and selling programmes to customers, and securing commitment from referrals.
- ICs have been a key asset for improving referrals and the conversion rate. They have liaised closely with JCP throughout the pandemic, sharing regular data reports with individual JCP sites that identify issues contacting referrals and DNS referrals. These set out the reasons for the DNS referrals and consider conversion rates at the level of individual WCs and KWs. ICs have also been sample auditing DNS referrals, which involves speaking with the relevant KW, WC and referred individual if possible. This has acted as quality check on the data being recorded on DNS reasons. The active use and auditing of data has enabled the range of issues set out above to be identified, and for remedial action to be taken – which might be as simple as addressing training needs or updating contact information. The focus on JCP has been time intensive for ICs but having this dedicated resource is seen by most as vital to improving and maintaining DNS rates.
- The process above has identified the issue of certain KWs being selective in who is admitted onto the programme, where referrals are deemed unlikely to be able to find work through the programme. This runs counter to the expectation that any WC referral is correct so needs to be addressed, however it has been useful for identifying referrals that (even if technically appropriate because they have been referred) might be better placed to benefit from different provision. There has been a focus on ensuring all DNS referrals are signed off by the WHP site managers, and communicated to the IC to pick up a conversation with JCP.
- ICs have also been actively intervening within the 15 day referral period where numerous unsuccessful contact attempts, rather than after the 15 day period, to work with JCP and WCs to make contact with participants before this referral period ends, at which point they have to be recorded as a DNS. This was considered especially impactful, but it is resource intensive.
- New WCs have been upskilled digitally, claimant commitments were reintroduced in February 2021 and increasingly WC appointments are face-to-face. These changes have reportedly improved engagement between WCs and customers.

- Ensuring WCs include a note in the Universal Credit journal for referrals to highlight the referral and ensure they expect to receive a call, in some instances including the number that referrals should expect a call from. This is being used routinely in Bolton if the first attempt at contact is unsuccessful.
- Strong partnership working between JCP and WHP at the senior and pan-GM level, as well as operationally with individual WCs and JCP site managers. This is enabled through fortnightly partnership meetings and the monthly Operations Board as well as regular, ad-hoc communication. Recently there has been an emphasis on reconnecting KWs with WCs, as the reduction in contact was considered to have been detrimental.
- There is ongoing recruitment of disability specialists in JCP sites, who will be well placed to engage customers who might be appropriate for WHP and to explain the programme well.
- Where lack of digital equipment has been a barrier, referrals have been supported to access equipment by tapping into discretionary JCP funding, Housing Association initiatives and other routes.
- ICs identified that some referrals would not answer their phone if the time of the call was not precisely when expected, so have recommended KWs and WCs tell referrals to expect a phone call within a timeslot rather than at a specific time.

2.15 The extent to which the individual changes above – which appear to be having an effect in the data, from around March 2021 onwards – have been universally implemented is unclear, as the fieldwork for this report was fairly light touch and covered more than just referrals and conversion. The specificity of the impact of each change has not been possible to gauge. It was not possible to locate specific points at which changes were implemented in full, which might enable a before and after comparison. That said, in practice, the combination of approaches is likely required to address a range of different issues.

2.16 Finally, there are a limited number of recommendations for consideration moving forwards:

- Referrals to the JETS programme are reportedly all contacted via a single phone number. That makes it easy to let referrals know which number to expect a call for. If this approach could be duplicated for WHP this might reduce the instances of referrals who want to join the programme not answering their phone.
- Some WCs wished to be more informed about the referral process from the client perspective, including how many calls they should expect and when, to be able to better prepare their customer.
- KWs need to have ready access to WCs, so that KWs can resolve simple issues in a streamlined manner without needing to involve ICs. That said, ICs will need to remain sighted on specific instances as the value added by their role is reliant on having a comprehensive view of the referrals and clients in their area.

- KWs are currently expected to schedule initial appointments even when referrals have not been contacted, so are unlikely to attend. This takes up KW time that could be better spent on other tasks. There may be scope for trialling a different approach, as permitted by the provider guidance.
- Multiple WCs suggested that referrals were being marked as DNS before the 15 day referral window is expired, so there may be instances where referral processes are not being correctly followed.
- The different providers have trialled different approaches to addressing issues with referrals and DNS referrals. It is vital that learning on what works or does not work is captured and shared between the providers. The Alliance Board between WHP providers, Partnership Meeting between JCP and Working Well providers, and other regular opportunities for sharing between delivery staff should enable this. There is scope for more structured trials of changes to referral processes to test and understand impact with more specificity.
- The introduction of Power BI to WHP will support easier access to live data on referrals and DNS. It is important that staff are well equipped and bought in to make active, intelligent use of this data. Learning on how to use the data effectively should be captured and disseminated.
- The Restart programme represents a threat to referral levels for WHP as it is expected it will receive around 2,500 referrals a month and includes support for health. It is vital that WHP is communicated and positioned appropriately alongside this programme, as well as other provision. Close monitoring of who is joining which programme, and whether it is the most appropriate provision, will be vital, particularly in the early stages of Restart.

3. Work and Health Programme – Profile of Clients

- The types of clients joining the programme has shifted since the pandemic started – most notably by client type, age, length of unemployment, number of barriers to work, and severity of health conditions
- This has meant the overall cohort is likely easier to move into work than previously
- However, there is a proportion of the cohort that are more challenging than previously due to the impact of the pandemic

3.1 This chapter sets out the characteristics and barriers to work of clients that have started on the programme, considering to what extent the types of people joining the programme have changed since the pandemic started.

Characteristics

3.2 Table 3-1 presents on programme starts by local authority. The data show that the split by local authority is broadly the same pre and post the start of the Covid-19 pandemic. The most noticeable change is in Stockport.

Table 3-1: Programme starts by local authority, pre/post the start of the pandemic

	Pre-pandemic	Post	Total
Bolton	12%	9%	11%
Bury	7%	5%	6%
Manchester	21%	19%	21%
Oldham	9%	11%	10%
Rochdale	8%	8%	8%
Salford	11%	11%	11%
Stockport	6%	10%	7%
Tameside	8%	10%	9%
Trafford	6%	6%	6%
Wigan	10%	9%	10%
Unknown	1%	1%	1%

Source: SQW analysis of GM WHP monitoring data

3.3 Table 3-2 sets out a breakdown of programme starts by local authority and client type and presents a split of the data pre and post pandemic. It shows since the pandemic Health and Disability (H&D) clients rose from 72% to 82% of starts, Early Entrant (EE) clients more than doubled from 6% to 13% of starts, and Long-Term Unemployed (LTU) clients fell from 23%

to 4% of starts. This shift likely reflects the removal of mandating of the LTU group. The table shows that extent of shifts varies across local authorities, with Bury and Tameside seeing the largest changes, and Manchester and Rochdale the least change.

Table 3-2: Programme starts by local authority and client type, pre/post the start of the pandemic

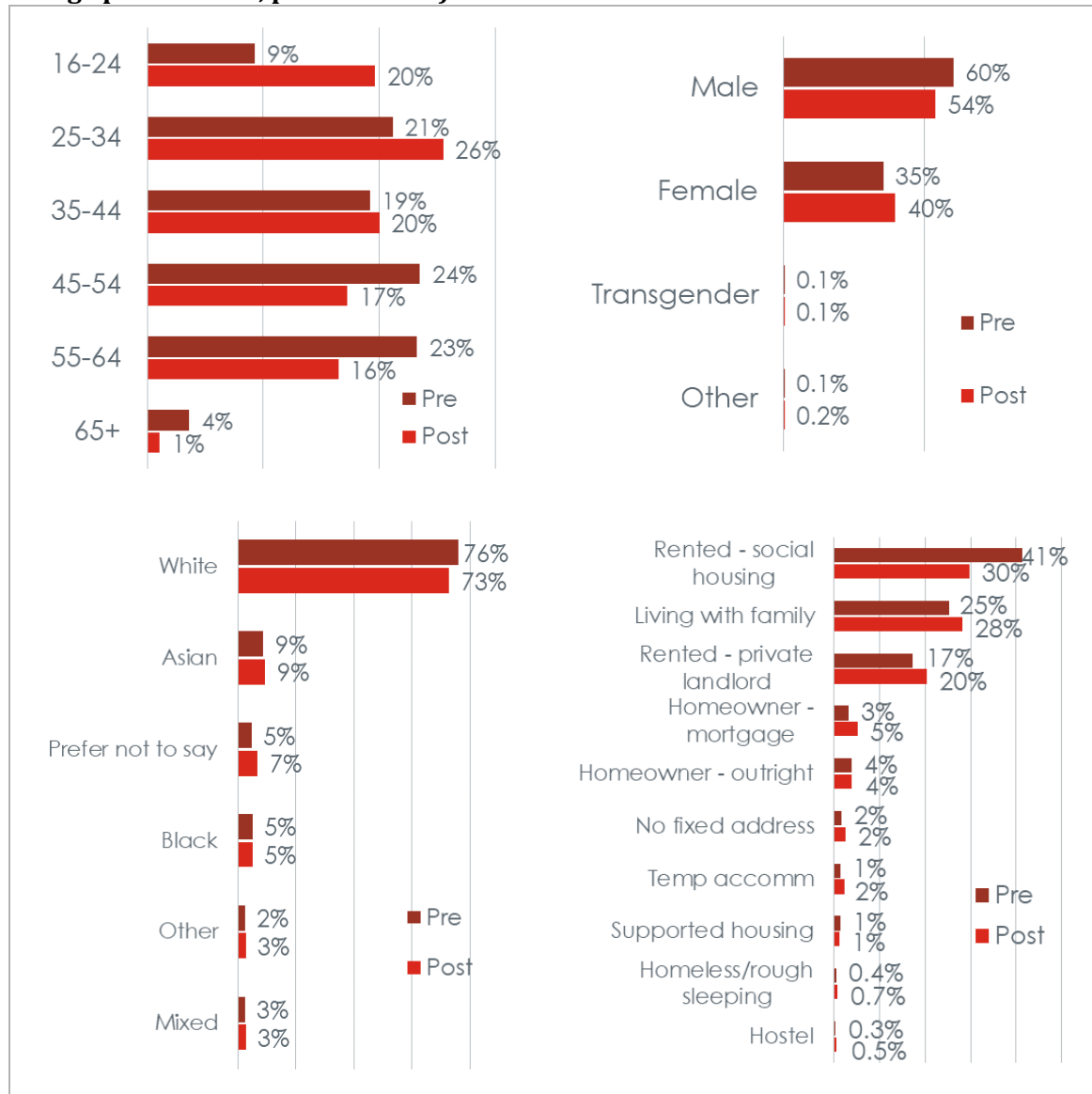
	Pre -pandemic			Post			Difference		
	EE	H&D	LTU	EE	H&D	LTU	EE	H&D	LTU
Bolton	5%	76%	18%	5%	91%	4%	0pp	15pp	-15pp
Bury	8%	56%	36%	18%	80%	2%	10pp	24pp	-34pp
Manchester	6%	74%	20%	16%	77%	7%	9pp	3pp	-12pp
Oldham	4%	75%	21%	13%	85%	2%	9pp	10pp	-19pp
Rochdale	6%	75%	19%	18%	77%	6%	12pp	2pp	-14pp
Salford	9%	73%	18%	18%	80%	2%	9pp	7pp	-15pp
Stockport	4%	70%	27%	9%	89%	2%	5pp	19pp	-25pp
Tameside	7%	61%	32%	11%	86%	3%	4pp	25pp	-29pp
Trafford	3%	68%	29%	10%	85%	5%	6pp	17pp	-23pp
Wigan	5%	68%	27%	12%	79%	9%	8pp	11pp	-18pp
Total	6%	71%	23%	13%	82%	4%	7pp	11pp	-19pp

Source: SQW analysis of GM WHP monitoring data

3.4 A selection of key characteristics is presented in Figure 3-1. These charts and other analysis show that since the onset of Covid-19:

- Clients are younger on average – prior to the pandemic the median age was 45 and since then the median age has fallen to 38 – with ages lower across all client types
- Women account for a higher proportion than previously (35% pre and 40% post)
- The proportion of white clients has fall slightly (76% pre and 73% post)
- The proportion of clients in rented social housing has fallen (40% pre and 30% post) while other categories of living situations have risen

Figure 3-1: Characteristics of programme starts (pre: n=9562, post: n=5111, except for age pre: n=9456, post: n=5108)



Source: SQW analysis of GM WHP monitoring data

- 3.5** Table 3-3 shows the length of time clients have been out of work prior to joining WHP pre/post the start of the pandemic. Pre-pandemic 22% of clients had been out of work for less than one year. This has now almost doubled to 43%, suggesting a more work-ready cohort.
- 3.6** At a local authority level, some areas have seen large shifts – in Trafford the proportion of clients out of work for more than a year or having never worked fell by 38 percentage points, from 78% to 40% whereas in Manchester it fell just 14 percentage points. Further analysis finds that following the introduction of JETS the proportion of clients unemployed for less than six months decreased considerably – from 22% of starts between April 2020 to the introduction JETS to 14% of starts post-JETS, though the proportion unemployed under two years months remained similar.

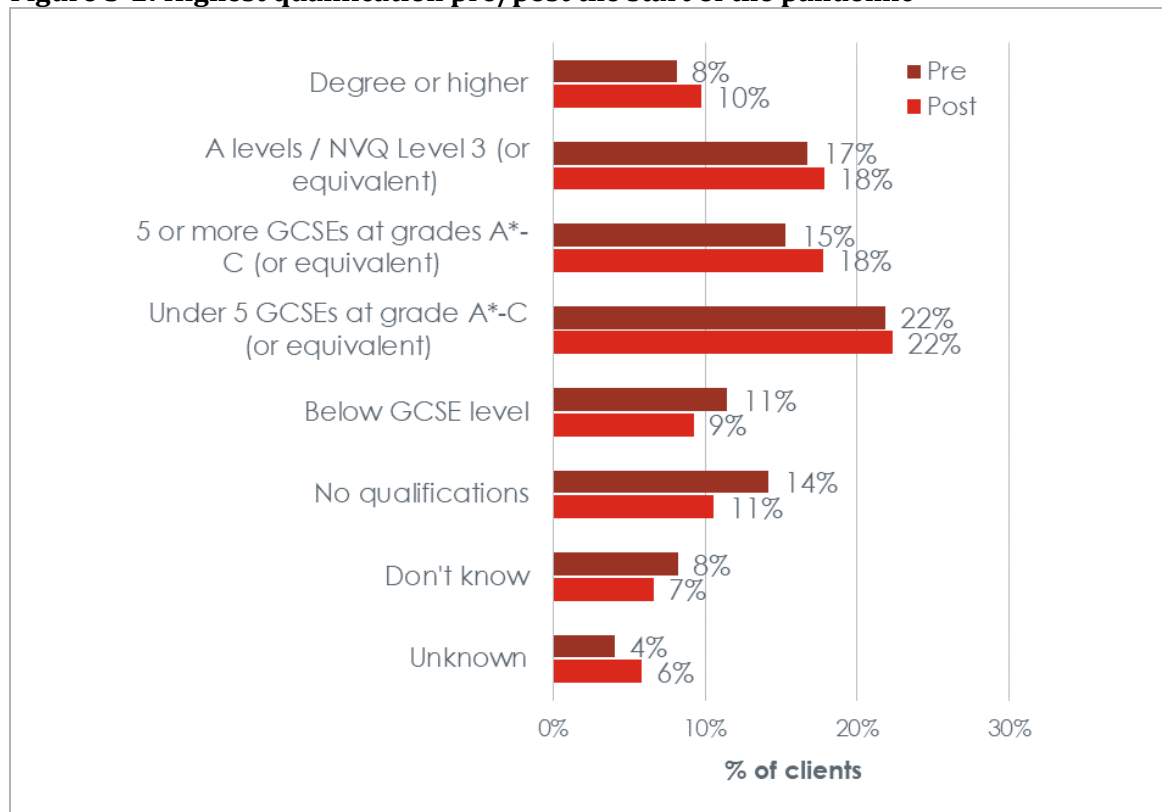
Table 3-3: Length of time clients have been out of work, pre/post the start of the pandemic (pre: n=9,562, post n=5,111)

	Pre-pandemic	Post	Difference
0-6 months	9%	19%	10pp
7-12 months	13%	24%	11pp
1-2 years	21%	20%	-1pp
3-5 years	19%	12%	-7pp
6-10 years	10%	5%	-5pp
10+ years	15%	5%	-10pp
I have never worked before	8%	8%	0pp
Unknown	4%	6%	2pp

Source: SQW analysis of GM WHP monitoring data

3.7 Figure 3-2 shows the highest qualification of clients. It shows those joining since the start of the pandemic are marginally higher qualified than clients who joined previously.

Figure 3-2: Highest qualification pre/post the start of the pandemic



Source: SQW analysis of GM WHP monitoring data

Barriers to work

- 3.8** Table 3-4 shows the number of presenting issues based on fourteen key barriers, which are identified during the initial assessment¹². It shows the average number of barriers fell across all local authority areas for starters since the start of the pandemic, with Wigan falling the most.

Table 3-4: Number of presenting issues per client based on fourteen key barriers¹³ (n=14,518)

	0	1	2	3	4-6	7-10	Average no. pre	Average no. post	Difference
Bolton	13%	19%	21%	23%	24%	1%	2.5	2.2	-0.3
Bury	10%	16%	20%	22%	30%	2%	3.1	2.0	-1.1
Manchester	13%	22%	24%	21%	20%	1%	2.4	2.0	-0.4
Oldham	12%	18%	27%	20%	22%	1%	2.6	2.1	-0.5
Rochdale	13%	20%	26%	19%	21%	1%	2.4	2.1	-0.3
Salford	7%	20%	30%	23%	19%	1%	2.5	2.3	-0.2
Stockport	13%	20%	23%	21%	21%	1%	2.5	2.1	-0.4
Tameside	14%	25%	24%	19%	18%	1%	2.3	1.9	-0.4
Trafford	20%	22%	24%	18%	15%	1%	2.2	1.6	-0.6
Wigan	14%	25%	27%	17%	17%	1%	2.3	1.5	-0.8

Source: SQW analysis of GM WHP monitoring data

- 3.9** Table A-2 (in Annex A) comprehensively sets out the proportion of clients reporting the various barriers to work and support needs that are collected by the programme, pre/post the start of the pandemic. The remainder of this section considers key findings from this table. The headline findings to report are:

- Fewer participants want support with their skills (62% pre and 34% post), the proportion of clients without a GCSE pass or equivalent qualification in English or Maths fell (36% pre and 28% post) and there are slight decreases in the proportion of clients needing support with reading, writing and maths, and more confidence around the use of IT.

¹² 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; 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

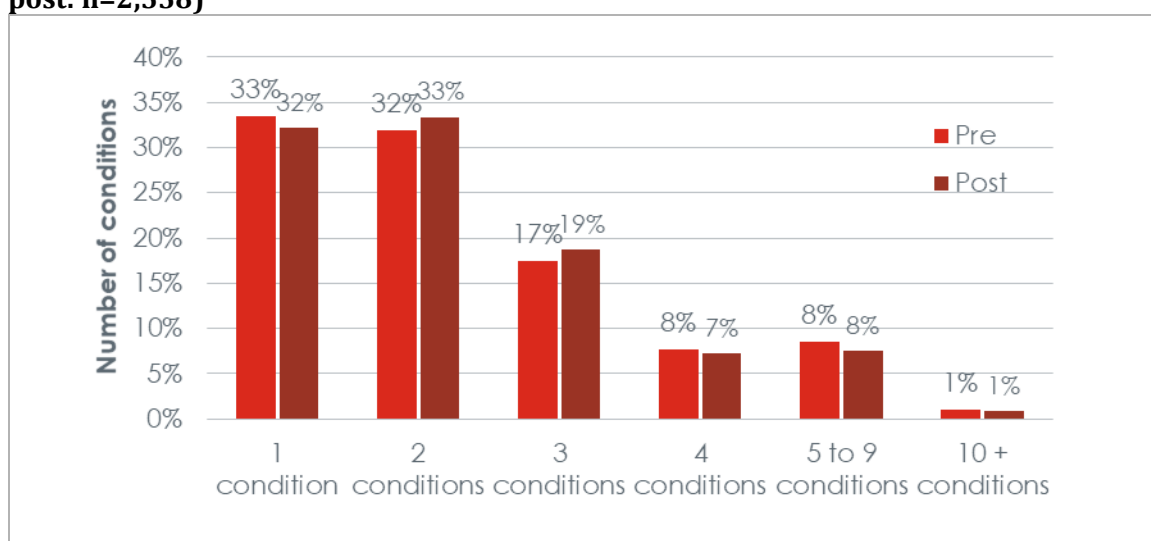
¹³ See above.

- The proportion of clients with health needs is broadly similar, although a smaller proportion said they would need reasonable adjustments if moving into work (19% pre and 10% post) and more clients said they did not exercise (24% pre and 46% post)
- Confidence around being successful in a job remained broadly the same, but confidence in job searching skills decreased somewhat
- Fewer clients lacked access to a car (85% pre and 78% post) and fewer clients wanted support with their housing situation (8% pre and 4% post) but other barriers under 'My Life' stayed broadly the same according to the data including confidence, caring responsibilities and finances.

Health conditions and disabilities

3.10 The proportion of clients reporting specific health conditions (regardless of whether they see them as a barrier to work) has remained similar, with 55% of clients pre-pandemic and 53% post the start of the pandemic reporting at least one. Figure 3-3 shows that the number of conditions reported is very similar pre/post the start of the pandemic.

Figure 3-3: Number of health conditions and disabilities identified (pre: n=5,424, post: n=2,558)

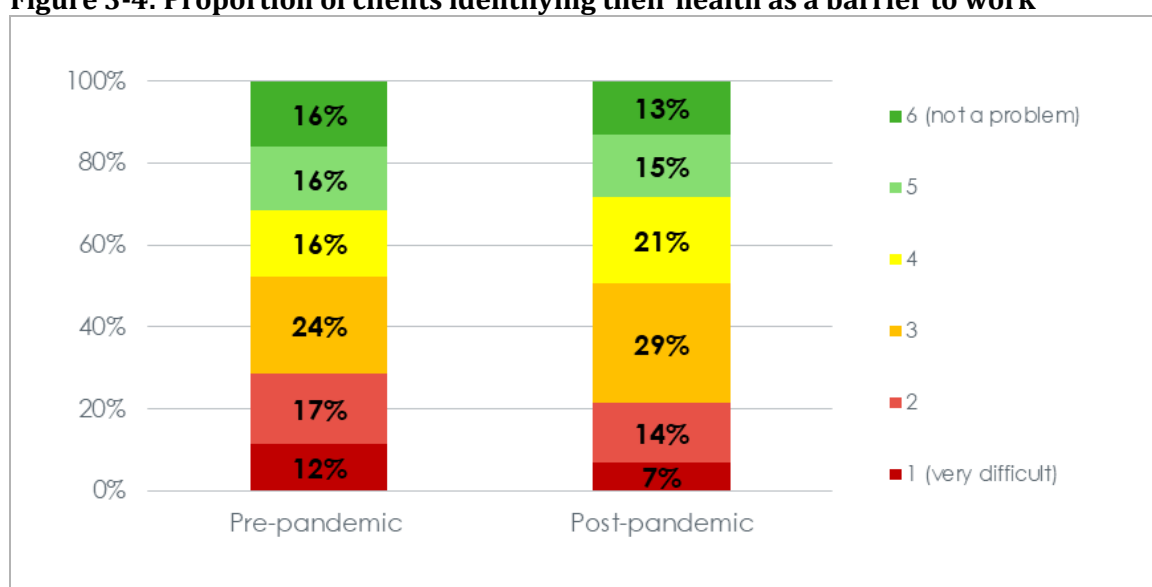


Source: SQW analysis of GM WHP monitoring data

3.11 The types of conditions are very similar too, with similar proportions reporting physical health conditions (33% pre and 31% post), mental health conditions (31% pre and post) and a pervasive or specific development disorder (PDD/SDD) or learning difficulties (6% pre and post). Analysis of the specific health conditions clients have found no notable differences in the frequency of mental health conditions clients report in their initial assessment pre/post the start of the pandemic. Very similar proportions had the most common conditions of anxiety disorders (25% pre and 25% post), depression or low mood (23% pre and 23% post) and problems with back (10% pre and 9% post).

3.12 Yet while the prevalence and types of conditions are very similar for clients starting pre/post the start of the pandemic, the severity of health conditions as a barrier to work does appear to have improved overall, as shown in Figure 3-4. The proportion of clients ranking their health as 'very difficult' has nearly halved. This might reflect people with more severe health issues not feeling able to join an employment programme during a pandemic. However, while the cohort overall has improved, there is still this minority with severe health issues. In the fieldwork, consultees reported that for a minority of clients the health conditions are much worse. It should also be noted that this chart only shows the score given at the initial assessment, and consultees reported that many clients have seen deteriorations in their mental health, anxiety and/or physical health while on programme – reflecting the challenges posed by the pandemic.

Figure 3-4: Proportion of clients identifying their health as a barrier to work



Source: SQW analysis of GM WHP monitoring data

Reflections on characteristics and barriers to work

3.13 In much of the data presented above, those joining the programme since the pandemic started appear to have fewer barriers to work and characteristics associated with an increased likelihood of finding work – the clients have been unemployed for less time, are higher qualified, younger, less likely to report needing skills support, and fewer LTU clients. Anecdotally, those joining the programme have, on average, been more motivated to find work, reflecting fewer mandated clients and possibly the fact that voluntarily joining an employment support programme during a pandemic is indicative of motivation to find work. These shifts in the client group are not uniform by local authority either, so in some areas clients appear considerably more likely to find employment than those joining prior to the pandemic.

3.14 However, on some measures the cohort appears harder to help. Most notably a minority have more severe health needs and confidence in job searching skills are lower. Consultees also

reported an increase in safeguarding issues, more issues with access to public transport, and that some clients lacked the necessary equipment and skills to engage with remote support. The pandemic has meant anxiety and health has been especially volatile for some, with genuine fear around starting work for some clients.

- 3.15** The story of clients joining in the last year appears to be somewhat polarised – many clients are closer to the labour market, but there’s a proportion of clients that are more challenging to support and move into work.
- 3.16** The introduction of JETS and Restart may affect who joins the programme over the course of the next year. Both programmes are likely to receive referrals who are closer to the labour market, meaning WHP will increasingly receive those with more complex barriers to work. This should be monitored going forwards, and if those joining the programme are less likely to go into work there needs to be a recognition of this in how the programme is delivered and performance managed.

4. Work and Health Programme – Support

- The support offer was considered to have adapted well to the pandemic by switching to a remote support offer, with the introduction and expansion of the online support offer
- Client satisfaction with the support has remained high
- There have however been challenges around keeping clients engaged with the programme

4.1 The WHP support model 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 WHP support model

Key Worker		
<ul style="list-style-type: none"> • Minimum fortnightly appointments • Quarterly reviews • Resolving simple issues • Signposting to support • Building relationship, trust and understanding 		
In-house support Health Team Financial advisors Digital Champions 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 iWorks SilverCloud Be Mindful

How the support offer has been adapted

4.2 Last year’s Annual Report covered how the programme had adapted to the pandemic environment, up to around July 2020. In brief, the delivery of support switched from face-to-

face support to remote appointments and support – with KWs and wider support services providing support over the phone, video call and email. The delivery of health support also shifted, which is considered in greater depth later.

- 4.3** Since last year’s evaluation report support has remained almost exclusively remote, except a brief offices and some face-to-face delivery around August and September 2020. Subsequently from around March 2021 KWs have again returned to offices, with face-to-face appointments for some clients starting from May-July across all sites. There were some instances where KWs have travelled to see clients, for example to deliver food parcels and cash.
- 4.4** The support offer has been augmented with access to the iWorks online platform. The platform offers clients a range of courses, tools and self-assessments that clients can access at their convenience to develop their skills, improve their CV and job applications. An iWorks mobile app is expected to be introduced in August 2021, providing greater ease of access to the platform.
- 4.5** The shift to greater online delivery means WHP greater reflects the hybrid delivery model that WHP was intended to be delivered at from the outset, with the pandemic heightening the need to realise this original vision. The last year further saw the introduction of Elemental, a digital referral tool which again was planned before the pandemic. Clients can also access SilverCloud and Be Mindful for support with their mental health. These are all considered further later.
- 4.6** Given the last year has been predominantly remote delivery and that a return to more extensive face-to-face delivery is increasingly possible, one of the focuses of the fieldwork was on the merits of the remote model so that these were not lost:
- WHP staff reported efficiencies from working from home, with diary management easier and fewer distractions. This had freed up time for providing more contact points and support to clients and administrative tasks, so many cited this as partially responsible for improvements to minimum service delivery standards (MSDS) measures. Staff have saved on commuting time too, providing a better work-life balance. The providers have implemented wellbeing sessions and initiatives to support staff wellbeing.
 - Virtual meetings meant holding meetings has been easier and more convenient, particularly pan-GM meetings and meetings with external partners, so communication was now more frequent. This was particularly true for the Integration Coordinators (ICs), who now hold daily morning meetings which has enabled far greater sharing of learning. It has also freed up time that was previously spent travelling. That said, many consultees expressed the view that while virtual meetings can at times be inferior, so there may be value in occasional face-to-face meetings. This was emphasised in relation to the lack of IC presence in JCP, as reflected in Chapter 2 on WHP referrals and starts. Some staff also reported that at times there have been too many meetings, to the detriment of time available with clients, necessitating some limit on time spent on non-client calls.

- The use of pan-GM virtual meetings has made training easier to implement, with a range of 'bitesize' training sessions delivered in the last year.
- Some WHP staff have worked more flexibly, often due to personal circumstances during the pandemic such as children being out of school. Staff had appreciated this flexibility, but also found that some clients were more contactable out of usual hours or at weekends, so there may be some merit in less fixed offices hours.
- The advantages for clients include more convenient access to support, with no need to travel which means time and cost savings. Clients with anxiety or mobility issues have especially benefited and appreciated the remote support. KWs and the Health Team report that some clients have felt more able to open up, speaking with more anonymity compared to regular appointments in an open plan office.
- KWs also reported participating in joint calls between the client, KW and external services or employers, which had been beneficial. This demonstrates the culture of greater openness to such calls within society, that can be capitalised to good effect on WHP.

4.7 However, there are numerous significant disadvantages:

- Client engagement with the programme was lower in the last year compared to previously. There are multiple factors at play including lack of mandate, especially amongst those who joined prior to the pandemic when the support was face-to-face before switching to remote. This is considered in greater detail later.
- KWs reported greater difficulty forming relationships and trust with clients, found it more difficult to recall specific clients without seeing their face, and miss out on body language and visual cues that offer further insights into a client's circumstances and reception of support. So while some clients are more open with mental health needs for example, others with similar needs may not be opening up or be as easily identifiable. KWs received training on providing remote support, including on motivational techniques, to ensure they are well equipped and keep clients engaged.
- Access to support is limited for those without IT equipment, internet connections and/or skills. The programme has supported clients to access equipment and internet access, by tapping into local initiatives that provide this, and by purchasing repurposed laptops. However, a lack of digital skills is difficult to overcome remotely. While the fieldwork did identify instances of clients engaging with basic digital skills courses, provision is limited remotely, and there can be a unwillingness to engage. Some services and training providers have supported these clients with paper copies of their resources and courses, and KWs have used iWorks content offline with clients, but they are still missing out on much of the support that is only available online. Therefore the consensus from the fieldwork was that clients who lack IT skills are less likely to receive the same level and quality of support. This includes those who were already more socially isolated during the pandemic and a disproportionate number of older clients.

- Customers with poor English have also been more difficult to support remotely, due to increased difficulty communicating over the phone and a lack of appropriate resources. Assigning a Key Worker with the appropriate language skills might be an option when providing support remotely, however.
- While the support is more accessible for most, there is value in committing to attend appointments and support in-person. One WHP manager recommended that work ready clients can benefit more from in-person appointments, whereas less work ready are better suited to remote calls, so alternating the delivery mode might work as part of the client journey.
- Likewise, clients with anxiety and mobility issues might find remote support more comfortable, but being pushed to go outside of their comfort zone, and to perform tasks that would be required of them in employment, has been an important part of clients' journeys previously.
- Clients have missed out on peer support, which can be a valuable and formative element of the programme, helping to overcome social isolation. This has been replicated virtually to an extent, including through group sessions, but is no substitute for actual social contact.

4.8 Reflecting the issues above, concerns about the depth and intensity of support were expressed by some consultees. Given last year's report set out how clients are further from work than anticipated when designing the programme, less intensive support may not be appropriate for the WHP cohort. KWs did report recurring requests from clients for extensions to their time on the programme, because they did not feel they have got the 'full experience' or intensity of support needed.

4.9 Based on the evidence to date, which suggests strong benefits to staff and benefits for some clients, as well as the need to be COVID-safe and positioned to respond to surges in the virus, there is a strong rationale for some continued remote delivery going forwards. It is vital to continue to monitor and reflect on what works and for whom, and at what stage, especially if it becomes possible to adopt a hybrid. There is also a lot of 'noise' that makes it challenging – including the evolution of the pandemic, the changes in the labour market, and changes in those joining the programme. Implementing monitoring of whether support is delivered remotely or in-person would be beneficial to collect evidence on trends and implications; otherwise there will be no way to factor the different modes of delivery into any evaluation data analysis. There may also be scope for pilots to test the effectiveness of different delivery models on different cohorts, or by adopting different approaches in different locations.

4.10 Plans for the near future differ by provider, as of the time of the fieldwork. Ingeus have returned KWs to their offices full time, delivering face-to-face support alongside remote support, with limits on the number of clients coming in to be COVID-safe. TGC were have returned KWs to the office part-time using a rota system to deliver some face-to-face support, but are considering more of a hybrid approach and maintaining more of the flexibilities

introduced during the pandemic. Pluss were similarly leaning towards more of a hybrid model. Reflecting on the plans to return to offices and face-to-face delivery, KWs made the following comments:

- The fieldwork and KWs found some clients are eager to return to face-to-face delivery, but many are hesitant, mainly because they prefer the convenience of remote support and/or due to anxiety around safety during the pandemic. This was reflected in the experience of JCP consultees, who have been gradually trying to get more customers attending in-person but found high levels of reluctance and pushback. WHP has been preparing clients for this return, by highlighting transition plans and explaining the approach being taken for safety.
- Views amongst KWs were similarly mixed. Some were keen to return to the office, but many expressed a preference for a hybrid approach going forwards in order to sustain the efficiencies and improved work-life balance they had experienced, and the perceived benefits to some clients.

Addressing support needs

4.11 The story of the support needs arising and early response to the pandemic, up to around July 2020, was set out in last year's report, but is worth restating briefly. At the outset of the pandemic the programme focused on welfare support, rather than maintaining a focus on securing employment. All clients received check-in calls, including those who were disengaged, to identify any support needs and provide help. In the early pandemic there were frequent requests for support with access to food, access to transport, housing and finances. Many clients have needed to shield for themselves or those they live with, limiting what they could do and the feasibility of work. During the early pandemic KWs were helping clients by delivering food parcels, medication and personal protective equipment – instances where KWs have gone above and beyond to help their clients. In effect WHP was reappropriated as a COVID response programme to support GM residents who were facing difficulties due to the pandemic.

4.12 KWs have offered a vital support throughout. As the pandemic has progressed, other issues became more prevalent, most notably mental health, anxiety, physical health, domestic violence, family troubles and issues with motivation, which the programme supported. Safeguarding issues have become more common, reflecting how some of the WHP cohort have faced severe difficulties during the pandemic. KWs received training to help identify and support mental health and safeguarding issues, including from the Health Team.

4.13 Issues that KWs and ICs identified as challenging to support during the last year include:

- Lone parents – when schools were shut, or children have needed to be at home, lone parents have been more difficult to engage and less likely to be willing to consider employment

- Homelessness – at stages during the pandemic it was challenging to get homeless clients into full time accommodation
- Addiction and substance misuse – KWs reported a higher prevalence of this due to the pandemic and boredom
- Access to mainstream health services – this is considered more below in a section on health support
- IT equipment and skills – as set out previously.

4.14 Consultees thought the programme and support ecosystem had adapted well to support clients through the past year. While some services had shut, or taken a while to adapt, new services have emerged. Integration Coordinators played a key role in navigating the changes to services, identifying gaps and new services, and working with Local Leads in local authorities to support and understand the local response.

4.15 Despite this turbulence in the wider support ecosystem, consultees reported that ultimately there is a richer support landscape than previously – with services and skills courses that previously had been restricted to a specific area available now available across GM or nationwide. The expectation was that many services would consider to provide this offer going forwards. Notably, consultees reported more timely access to skills courses due to this approach, as sufficient numbers could be recruited more easily from a wider geography. Another change has been the introduction of a Greater Manchester Bereavement Service line, which has helped to address a gap identifying in previous Annual Reports. Thus in some ways the pandemic has improved the availability of support. The issues set out above that have been difficult to address in the last year are therefore broadly the same as those that were challenging prior to the pandemic – the only notable change has been the challenges with IT skills and greater difficulties accessing health services. Integration, the wider support landscape and the introduction of Elemental are considered in more detail in Chapter 9.

4.16 Gradually over time the focus on finding employment returned, driven by clients and KWs. However, the willingness to search for and start work has varied as pandemic has progressed, with less willingness to work during peaks in cases and clients wanting to be vaccinated first, but greater willingness more recently. Importantly, throughout the pandemic WHP and JCP have avoided pushing clients to move into work if they do not feel comfortable.

Support delivered

4.17 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 2021.

Interventions data

4.18 Data on support interventions captured in the CDP show over 337,000 out-of-work interventions for clients,¹⁴ equivalent to an average of 23 per client. Out of these, 85% have been delivered by the WHP providers and 15% have been delivered by external providers. The use of external support varies from 7% for Pluss to 13% for Ingeus and 21% for TGC. Table 4-1 shows the most common areas of support are 'My Work' followed by 'My Health'. More detailed data shows the most common support areas have been 'Exploring job goals/career planning interventions' (53% of clients), 'Other skills interventions' (46%), 'Mental health interventions' (46%) and 'Job search techniques interventions' (40%).

Table 4-1: Interventions by area

Support area	Clients supported	% of clients	Instances of support
My Life	9,148	62%	56,638
My Health	10,726	73%	81,333
My Skills	8,239	56%	34,022
My Work	13,535	92%	165,059

Source: SQW analysis of GM WHP monitoring data

Signposting data

4.19 There have been over 56,000 signposts to external support recorded for over 11,000 clients, equivalent to 76% of clients being signposted to support, and an average of 5 signposts per signposted client.¹⁵ Since the start of April 2020 there have been nearly 44,000 signposts. At 78% of all signposts to date, it is likely this reflects better recording of signposts as well as an increase in the number occurring.

4.20 Table 4-2 shows the number of signposts by area of support. It shows health signposts are most common, but that a higher proportion of clients have received a signpost relating to work. More detailed signpost categorisation shows the most common signposts have been for mental health (19% of signposts), finances (11%), physical health (9%) and exploring skillset (8%). These have also been the most frequent types of signposting since April 2020.

Table 4-2: Number of signposts by area of focus (January 2018-March 2021)

	Signposts	% of signposts	Number of clients signposted	% of clients signposted	Average signposts per signposted client
My Health	16,611	30%	6,468	44%	2.6

¹⁴ This data includes signposts, which are considered in more detail below. Note that figures do not fully align between the two datasets. It is also likely this data somewhat underreports the extent to which clients are being supported, especially historically.

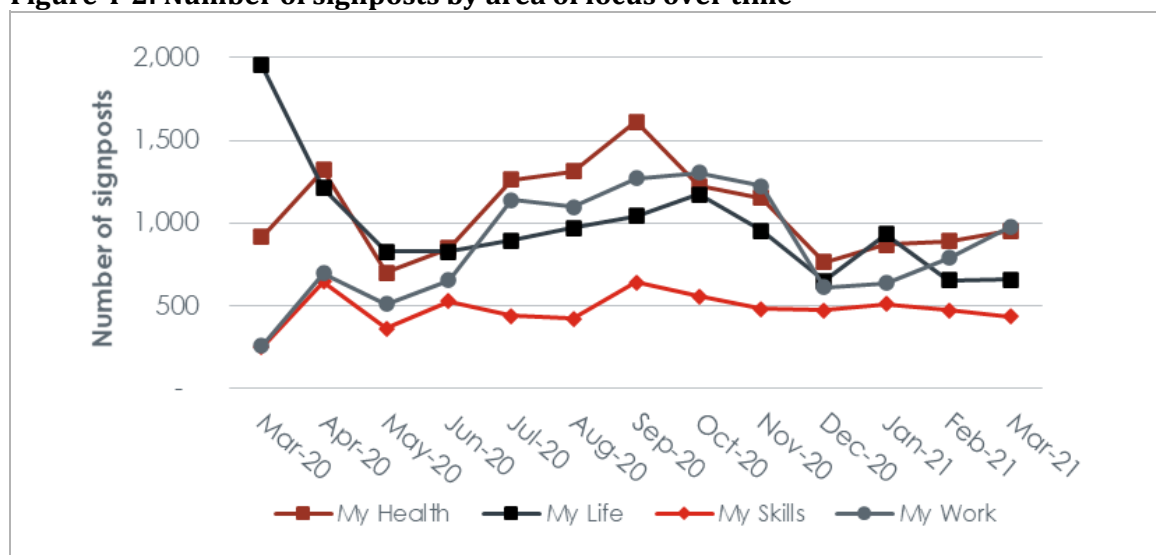
¹⁵ This excludes signposts using Elemental which are currently recorded separately, and which were low by the end of March 2021 but far higher since.

	Signposts	% of signposts	Number of clients signposted	% of clients signposted	Average signposts per signposted client
My Life	15,626	28%	6,182	42%	2.5
My Skills	9,272	17%	4,912	33%	1.9
My Work	14,679	26%	6,766	46%	2.2
Total	56,188	100%	11,183	76%	5.0

Source: SQW analysis of GM WHP monitoring data

4.21 Figure 4-2 below sets out the number of signposts in the past year by type. It shows 'My Life' signposts were most common at the outset of the pandemic, with health signposts then accounting for the largest proportion for much of the rest of the year.

Figure 4-2: Number of signposts by area of focus over time



Source: SQW analysis of GM WHP monitoring data

4.22 Table 4-3 shows the ten most common signposting destinations, with GPs accounting for the most signposts.

Table 4-3: Top 10 signposting organisations (January 2018-March 2021)

Organisation	Number of Signposts	% of Total Signposts
GP	4,876	9%
National Careers Service	4,566	8%
Transport for Greater Manchester	3,133	6%
Indeed	2,171	4%
Pathways Mental Health	2,065	4%
Pathways Physical Health	1,300	2%
SSE	1,218	2%

Organisation	Number of Signposts	% of Total Signposts
Jobcentre Plus	1,073	2%
111	633	1%
CV Library	525	1%

Source: SQW analysis of GM WHP monitoring data

Health support

4.23 WHP clients have needed a significant level of support around mental and physical health. The pandemic has exacerbated existing conditions for some and led to new conditions presenting for others. Mental health issues and anxiety have arisen through stress and social isolation resulting from the pandemic, physical health issues worsened from limited physical activity, and clients suffering from COVID-19 and long COVID. Limited access to mainstream health services – due to limited capacity, increased waiting lists, closed services, difficulties with remote access, anxiety about accessing services, and wanting to avoid ‘bothering’ services – have also seen conditions emerge or worsen. The Health Team has therefore been vital to many clients, providing lighter touch support and equipping clients with coping strategies while they wait to access mainstream health services.

4.24 The Health Team adapted to the pandemic by shifting to a remote support offer. This delivered multiple benefits:

- It has enabled each member of the team to be available across Greater Manchester, whereas previously they had been predominantly restricted to their locality. This has enabled clients to be supported by a member of the team with a relevant specialism. The team also felt more integrated as a team, with more regular communication.
- As highlighted earlier, the team have reported that clients are more likely to open up sooner about their mental health over the phone, which prompts, more efficient support, which was considered an additional key benefit of providing support remotely.
- The team suggested the current approach is more efficient, and has enabled more appointments and workshops to be delivered, with the latter reaching more clients by being cross-GM. In March 2021 alone 1,966 appointments and 127 workshops were booked in. However, the attendance rate is significantly lower than face-to-face appointments at 74% for appointments and 43% for workshops in March 2021, albeit these have been increasing. Workshops are being used to provide peer support, which the team see as key as it helps clients realise they are not alone with their conditions. The team reported clients with anxiety had been more likely to attend virtual workshops than in-person workshops. The length of workshops have been shortened, from three/four hours to one hour, so are less intensive.
- There has also been a greater focus on getting clients to use online mental health platforms, including SilverCloud and Be Mindful. Data on SilverCloud use shows that by June 2021 some 749 clients had activated an account, with 627 having completed the

initial assessment.¹⁶ Between August 2020 and March 2021 an average of 36 accounts were activated each month. The most popular programmes have been for depression and anxiety (432 activations), anxiety (108), depression (49) and social anxiety (33). In total, 394 clients have completed the second assessment. Of these, some 30% were found to have reliably improved, 19% had recovered and 15% had reliably recovered.¹⁷

- A Mindset Matters series of four workshops has been developed for delivery over the course of a month, complemented by one-on-one calls. These are focused on mindset and resilience, as the team identified these as key barriers to employment amongst the caseload.
- The team reported greater collaboration with KWs in supporting clients, including more joint calls. The team have also delivered training to KWs on different health conditions, upskilling them to identify and support clients' health issues, and looking after KWs' own wellbeing too.
- The team are also more involved in in-work support now. If a client has a health condition then the health team will make three calls, during the first month of a new job. Clients who have not reported health conditions are also contacted to ensure they are aware of the health support in case.

4.25 KWs cited the in-house support available through the team as invaluable. Given high levels of demand, some WHP consultees suggested a need for greater investment in the Health Team, particularly in more in-demand specialisms. However, the Health Team and KWs said it was challenging to support clients with more severe health issues who are awaiting more specialist support.

4.26 The Health Team were keen to maintain a hybrid approach moving forward, with plenty of remote delivery, given the benefits to delivery volume and engagement of some clients.

Client engagement

4.27 Participation in the programme is voluntary for the majority of clients as only LTU clients (who account for 17% of starts to date) have been mandated to the programme; although LTU clients referred since the start of the pandemic are not mandated either. 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 for moving clients towards and into work and therefore central to programme performance.

4.28 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 consecutive 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

¹⁶ SilverCloud monitoring data.

¹⁷ This terminology reflects improvements in the PHQ9 and GAD7 score recorded in each assessment.

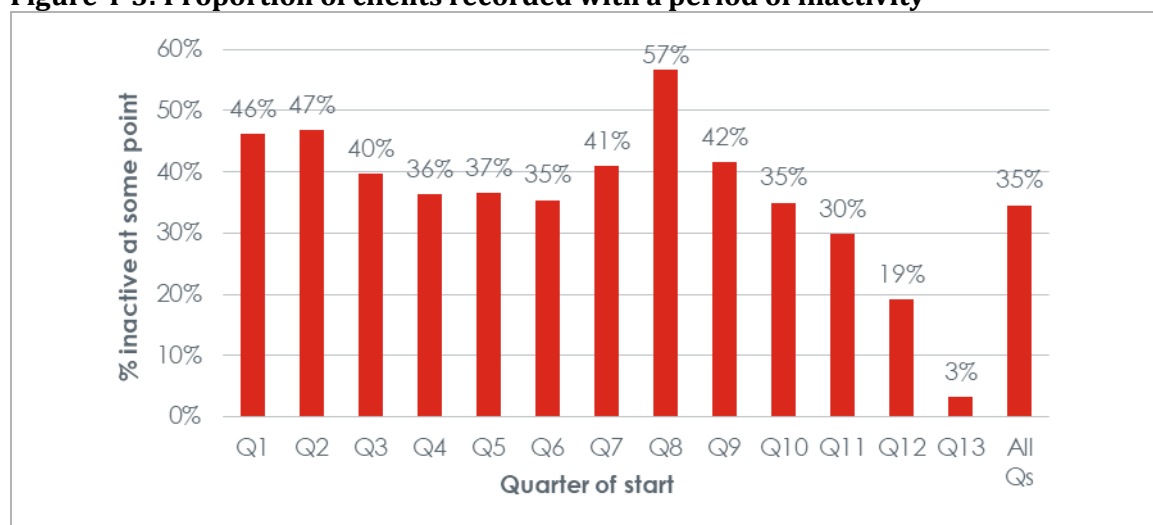
manager. Prior to the pandemic, anecdotally the three main reasons for disengagement an inactive status were: (1) a client being unwilling to engage; (2) a client being difficult to contact; and (3) health issues. Disengaged clients are able to re-engage but are not contacted as actively by the programme.

4.29 The pandemic has had important implications for engagement. On the one hand, the fieldwork found evidence that on average clients who joined following the start of the pandemic have been more motivated and engaged – this might be expected of clients who voluntarily joined an employment support programme during a pandemic. On the other: some of those who started prior to the pandemic no longer wanted to engage; the support is all delivered remotely and is arguably less intensive (albeit easier to engage with); and as highlighted earlier there are wider factors influencing motivation and so engagement.

4.30 Overall, 35% of clients have been inactive at some point during the programme. Figure 4-3 presents a breakdown by quarterly cohorts, showing that for the first two quarters nearly half of the clients had a period of inactivity. This gradually decreased, but rose significantly for the Q7 cohort and Q8 cohort in particular. These groups joined the programme in the six months prior to the end of March 2020, so are the groups arguably most impacted by the pandemic, which likely explains the high levels of inactivity. Interestingly, more recent quarters show higher levels of disengagement compared to quarters at a similar point last year. For example, in last year's report 6% of the Q8 cohort had disengaged compared to 19% of the Q12 cohort this year – despite both being on the programme equally as long. This highlights the difficulty of keeping clients engaged remotely.

4.31 In many of the consultations, provider staff highlighted a concerted effort to improve engagement in recent months. Avoiding disengagement in the first instance is particularly important given that of those that became inactive, 65% did not become active again (albeit this is a drop from 71% in last year's report). Of those that did become active again, 72% subsequently became inactive again.

Figure 4-3: Proportion of clients recorded with a period of inactivity



Source: SQW analysis of GM WHP monitoring data

4.32 Table 4-4 sets out the level of inactivity amongst those on the programme at the end of March 2021, as well as the proportion of clients with a period of inactivity, by local authority, provider and client type:

- Local authority areas covered by The Growth Company are more likely to have clients currently recorded as having a period of inactivity, although there has been an improvement in the proportion of clients currently inactive. Notably, Manchester has improved considerably, from the highest last year to joint lowest this year.
- H&D and LTU clients are more likely to be inactive than EE clients. Interestingly, the proportion of LTU clients with a period of inactivity has increased by x3 and the proportion currently inactive by around x4 since last year's report – whereas for the overall cohort it increased by rose x1.6 and x1.4 respectively.

Table 4-4: Number and proportion of clients currently inactive¹⁸ and proportion of clients with a period of inactivity

	Inactive clients	% currently inactive (excluding completers)	% of all clients inactive at some point
Local authority			
Bolton	89	15%	33%
Bury	70	20%	35%
Manchester	202	15%	41%
Oldham	111	18%	29%
Rochdale	92	18%	31%
Salford	142	20%	39%
Stockport	104	18%	30%
Tameside	111	18%	33%
Trafford	65	16%	37%
Wigan	100	17%	31%
Provider			
Ingeus	597	18%	32%
TGC	415	16%	39%
Pluss	87	14%	32%
Client type			
Health and Disability	815	16%	35%
Long-Term Unemployed	170	27%	36%

¹⁸ Note that this includes clients currently in employment, who ideally would be excluded from calculations on the level of engagement amongst the caseload.

	Inactive clients	% currently inactive (excluding completers)	% of all clients inactive at some point
Early-Entrant Groups	114	14%	29%
Total	1086	17%	35%

Source: SQW analysis of GM WHP monitoring data

4.33 Further analysis also shows that:

- Length of unemployment matters, with clients unemployed for 10 years+ most likely to be inactive (39%) and those unemployed up to a year least likely (28%)
- Clients who are not confident they can find and obtain work are considerably more likely to have a period of inactivity (42%) than those who are confident (32%)
- Clients who are not confident they would be successful in a job if they took one today are far more likely to have a period of inactivity, with those giving a ranking of 1 meaning not confident at 44% compared to 39% for a score of 2, 34% for a score of 3 and 31% for 4-6
- Clients with a health condition or disability are more likely to have had a period of inactivity (35%) than those without (31%)
- 30-39 year olds are most likely to have a period of inactivity (37%), while 20-29 year olds (33%) and 50+ clients (33%) are slightly less likely.

4.34 Figure 4-4 sets out when clients are most likely to first have a period of inactivity, showing the findings in last year's report for Q1-Q8 for pre-COVID and counting all quarters that might be affected by COVID, which covers Q5-Q13. It shows clients are much more likely to become inactive during the first two months than previously. This holds true when only considering clients that started from Q9 onwards. This may reflect the challenges around getting buy-in and building relationships remotely.

Figure 4-4: 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

4.35 The analysis above points to the need to secure engagement early, and highlights people more at risk of disengaging – with lack of work history, motivation and confidence seemingly especially important. It also suggests action aimed at ensuring customers referred to the programme are genuinely willing and motivated to start and find work ought to also help address engagement given the level of early disengagement. Consultees reported that varying the times clients are called, including late night calls, have been effective at re-engaging some clients. There have also been internal competitions between KWs to increase engagement that helped. Looking forwards, consultees had mixed views on whether a return to face-to-face delivery would improve engagement. The inactivity data suggests that overall it is likely to improve engagement, but this will not necessarily be true of all clients, as some have been reported as more likely to engage with remote support. It will therefore be important to explore to test the impact of a hybrid model on engagement, and specifically who is more or less engaged depending on method of delivery. Data on the style of delivery is not currently captured in the evaluation metrics, so some additions should be considered. The return of mandation for some clients is also expected to help increase engagement.

Non-employment outcomes

4.36 Table 4-5 below shows whether clients reported a higher or lower score between their initial and intermediate assessment across the statements that use a ranking, which are useful for gauging distance travelled. Some 59% of clients that have reported two scores. The mean time between the assessments is 283 days, and the median is 306 days, although for 14% the gap is 3 months or less.

4.37 The analysis shows low numbers of clients reported either a worsening or improving score across these statements. Concerningly, across all of the statements more clients have reported

a worsening score than an improvement. These figures would likely be better if more clients who achieve a job start – who are more likely to have progressed on these measures – completed an intermediate assessment (46% of job starters have vs 63% of those without a job start) but it does suggest difficulties progressing those who are more challenging clients and who do not find work.

Table 4-5: Changes in scoring (1-6) between initial and intermediate assessment (n=8,708-8,712)

Scored statement	Worse	Same	Improved
To what degree do you think your skills level is making it harder for you to secure work?	5%	94%	2%
How confident are you with using a computer?	3%	97%	0%
How confident are you with reading and writing?	1%	98%	1%
How do you feel about your current level of job searching skills?	4%	94%	2%
How confident are you that you would be successful in a job if you took one today?	4%	94%	2%
To what degree do you think your health is making it harder for you to secure work?	7%	90%	4%
To what degree do you think your personal circumstances are making it harder for you to secure work?	7%	89%	4%

Source: SQW analysis of GM WHP monitoring data

4.38 Table A-3 in Annex A presents similar analysis for more metrics, only considering those who reported a barrier in the initial assessment. It should be noted that most of the metrics are binary (i.e. yes/no it is a barrier) so are more difficult to evidence partial improvements with. The table shows similarly low levels of clients reporting improvements across many of the measures. The main improvement is the proportion of clients reporting they would no longer need reasonable adjustments if moving into work.

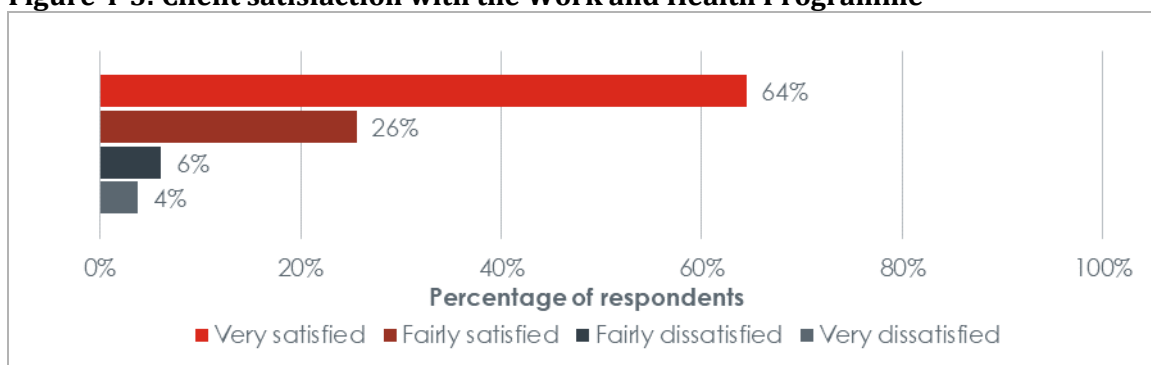
4.39 Although the data shows little change for most clients, there is extensive anecdotal evidence from the fieldwork and survey responses of the programme having a significant or transformative impact on the lives of those who do report a change. The range of impacts is extensive, spanning, inter alia, housing issues, improving finances, developing skills and securing work experience. The most prominent outcomes from client testimonies are improved confidence, self-esteem and self efficacy, better management of health conditions, improved aspirations and more knowledge of relevant jobs.

Client feedback

4.40 This section presents feedback from the fieldwork with WHP clients and a client survey. The survey of WHP clients was conducted in January to February 2021 and collected feedback on client satisfaction with the programme. The survey received 949 responses, a response rate of roughly 10%. Overall, the feedback was very positive, with 90% of respondents very/fairly

satisfied with their experience of the programme, with almost two thirds were 'very satisfied' (see Figure 4-5).

Figure 4-5: Client satisfaction with the Work and Health Programme



Source: SQW analysis of WHP client survey

- 4.41** Clients were very positive about the support the programme provides, commenting positively on the skills support (such as help with using the internet or Excel), employment support (such as CVs, job searching and interviews), and mental and physical health support, as well the 'softer' support such as encouraging self-confidence and a "sense of hope" during challenging times.

"I have two other advisors one for my mental health and one for my physical. They both are very easy to talk to and offered helpful advice and sent me guidance such as videos, leaflets and website pertaining to my conditions. Because of them I have gained some skills of being able to better handle my conditions and being a bit more confident in my future than before."

- 4.42** Specific feedback on the Key Workers was very complementary with clients describing them as "polite", "professional", "non-judgmental" and "understanding". Clients felt they could speak openly to Key Workers about their employment and health challenges and that they went "the extra mile" to support them, which for some clients has proved invaluable during the pandemic. Frequent communication, either via phone or email, was also commonly cited as a positive, albeit some clients would have liked to have met their Key Worker face-to-face. Some appreciated video calls for this reason. Clients also commented positively on the breadth of wider support they had accessed, particularly health support, skills support, and resources on iWorks.

[Client's Key Worker] "has been the most helpful person in the last months ... in terms of support"

"[My Key Worker] always makes me feel better. Helps focus and calm me down. The programme has been amazing. [Key Worker] has been a rock. Helped me to stand on my own two feet – I didn't know how to pay bills, get housing etc. The call is a like a lifeline."

[Key Worker] "helped turn my life around. I received an amazing amount of help. I didn't even know what anxiety was beforehand, wouldn't have been able to have gained work experience"

without my Key Worker's support. It felt like I was hitting roadblocks at every point, so to have someone help unlock the blocks has been very helpful. Childcare was a big challenge."

"The programme gives me the support that I need, and it enables me to do things at my own pace. The people that work with me through the programme genuinely care and their support and guidance make me feel quite positive as I move towards my future in the work field, which I hope will lead to long-lasting and satisfying career."

"Everyone I have spoken to has been really lovely. My key worker has been so understanding about my mental health issues. He has helped me loads, we put a new CV together and I got a new job within a few days of using it. I was also put in touch with [Health Team] who gave me access to a CBT course which I'm working on right now she's also a great listener when I was explaining my issues."

"They helped with so many things, not just getting back into work. Nothing was too much trouble for them, and I honestly felt like I mattered to them. I ended up applying for a job on my own but Ingeus helped me to get work clothes etc. They also gave me the confidence to get back into work. I'm now almost 6 months into my new job and have already been promoted."

"[My Key Worker] always calls when needed. We had weekly calls when I had a car accident because I had a panic attack. [They] literally turned my life around."

4.43 While the majority of clients were very positive about the programme, a few concerns were raised across the feedback. Specifically, some survey respondents stated that the support was too generic and not tailored to their individual needs. This feedback was reflected further in some of the comments regarding job opportunities, with some clients stating that opportunities had not been appropriate, for example, because they had not had the required skill set for the roles or the locations were unsuitable.

"You didn't do anything to help me. I appreciate the challenging times and volume of applicants but to be honest needs to be specifically tailor made to suit each individual's needs."

4.44 Scope to improve communications was also identified in the feedback. Some clients had experienced various different staff calling, making the support inconsistent, while others reported not receiving regular contact from their Key Worker or found it difficult to keep track of appointments.

"The services are there but the professionalism seems somewhat lacking. Appointments are made by staff but seldom kept. I was called regularly on days that I had no appointment OR calls came an hour later than the actual appointment. On my first day of being signed up, I was the one who had to ring the office 20 mins after my appointment time as the coach didn't even manage to keep that first appointment and things never improved with regards to his time keeping at any time. I'm not an on call customer, so last week I asked to be withdrawn from the programme after months of frustration and feeling let down."

4.45 Lastly, some clients felt the support received had been limited, but many stated that this was due to Covid-19 and acknowledged that the programme had been as helpful as it could be given the challenging circumstances. An opportunity to participate again on the programme post-pandemic would be valuable to some clients who felt they had not experienced the full benefits of WHP's offer.

"I think that with Covid-19 it is very hard to get the most out of the programme, but what help is on offer is the best it can be."

"Maybe if they could extend the time on programme in the view of abnormal circumstances it would allow us a fuller experience of the programme."

Further reflections on delivery

Programme management

4.46 All Minimum Service Delivery Standards (MSDS) were achieved in March 2021, reflecting all expectations around timely, responsive and quality delivery being achieved. There were challenges earlier in 2020, reflecting the impact of the pandemic and changes to modes of delivery, but since late 2020 almost all the MSDS have been consistently achieved. This is the result of closer monitoring and in-depth exploration of any issues, down to provider and KW level. For example, in the May 2021 Operations Board it was reported that 11% of the team accounted for 60% of MSDS failures, enabling more targeted remedial action. Revisions to the MSDS in 2019 were considered to have been worthwhile, and to have made their measurement more straightforward, if still time intensive.

4.47 While MSDS expectations were maintained throughout the pandemic, there were numerous changes to how the programme was otherwise managed. This included a change from payment based on outcomes to payment based on costs, with management driven by MSDS and the possibility of financial penalties for underperformance. This change was initially for 12 months, and has been sustained for now. The implications of the revised contract model are considered later. This change, as well as other changes necessitated by the pandemic require contract variations to be made. The speed at which contract variations were implemented by GMCA and DWP was considered an important success, and had enabled the programme to continue delivery and supporting clients during a turbulent period.

4.48 The alliance model has been observed as shifting towards more of a 'prime and supply chain' model since the start of the programme. This has entailed just Ingeus attending the Operations Board, with the other providers attending the Alliance Board and Working Well partnership board instead. This was reported to generally be working well, though there are instances where communication to other providers could be more routine. There is also scope for more sharing and implementing of good practice between the providers, including piloting changes in a controlled manner to test their impact. This does happen to an extent through

the two forums and regular contact between managers, ICs and the Health Teams in the different providers, but more of a 'test and learn' approach could be taken.

4.49 Over the last year or so, the monthly Operations Board has become increasingly data focussed, with the providers and GMCA bringing richer insights to the Board than on the previous Working Well contracts. This has enhanced a reflective, collaborative approach to continual evaluation and improvement of the programme. Plans to introduce Power BI for data reports ought to improve this further. This has already been introduced on JETS, and is expected to reduce time spent on generating data reports, particularly on MSDS, and improve access to and use of data.

Social Value

4.50 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. The revised Greater Manchester Social Value Framework Priorities from 2020 are:

- Develop a local, GM based and resilient supply chain
- Raise the living standards of local residents
- Citizen Engagement
- Build the capacity and sustainability of the VCS
- Promote Equality and Fairness
- Promote Environmental Sustainability.

4.51 The programme has 43 different social value commitments it has been delivering. These are reported on every six months, most recently in December 2020. Amongst the numerous examples given of leveraging the providers, their assets and expertise are:

- Delivering 13 Disability Confident events, including six between July and December 2020, including one webinar reaching over 200 employers
- The launch of Elemental, the first use of the platform for employment and skills provision, and enabling links into health and social prescribing services
- Promoting the Greater Manchester Good Employment Charter and Real Living Wage in communications to employers and on social media, securing jobs that pay the Real Living Wage for clients (31% of job starts) and paying in excess of the Real Living Wage to the providers' own employees

- A vast number of referrals to external support to draw on the VCSE sector (over 56,000 external signposts as of the end of March 2021)
- Delivering 48 Community Engagement Events to local support services, including an event on WHP and Elemental to social prescribing link workers
- Investing in the VCSE using a Community Investment Fund to strengthen the VCSE sector and remedy gaps in the local support offer, including investing in bespoke ESOL courses
- Providing leadership training to 26 voluntary, community and social enterprise (VCSE) sector partners and running 4 business capability workshops to the VCSE sector
- Supporting 481 households to access support to reduce fuel poverty
- Developing an accredited volunteering qualification with Adult Education Budget skills providers which have been promoted to local charity partners
- Training 10 members of staff as Digital Champions and signposting 256 participants to digital skills training between July and December 2020
- Completing over than 550 Volunteer Days
- Raising more than £84,000 in in-cash donations and in-kind staff time
- Recruiting six apprentices in the local teams
- Promoting voter registration to clients via text during the first six months on programme, and prior to local elections.

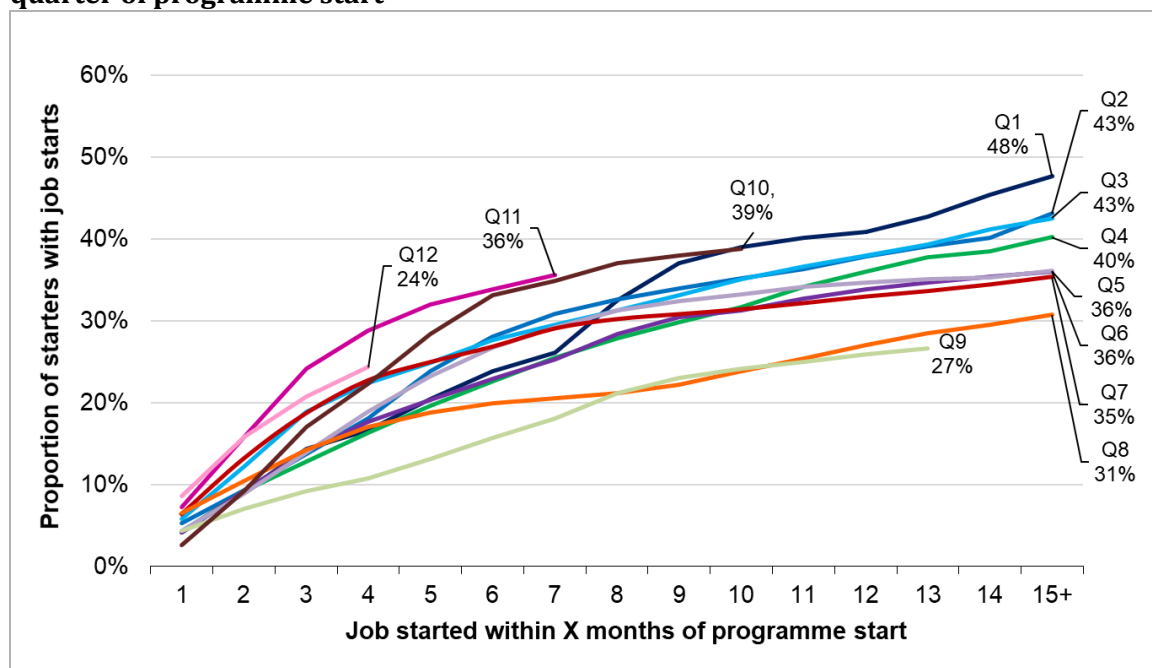
5. Work and Health Programme – Job Starts

- 4,739 clients achieved a job start by the end of March 2021 – and 37% of clients on the programme for 15 months (the maximum length of out-of-work support) achieved a job start
- Job start performance was lower for those on the programme when the pandemic started, but has been relatively high for those joining since
- The types of jobs clients have started have changed occupation-wise and are more likely to be full time, but otherwise look broadly similar
- Econometric analysis shows a statistically significant difference in the likelihood a client starts work depending on their time out of work and confidence around starting work in particular
- The rate of clients leaving their initial job is quite high at 51%, with 38% of job starters recorded as subsequently not in work (as of the most recent data or upon programme exit)

Job starts

- 5.1** To the end of March 2021, there had been 4,739 clients with initial job starts through the Working Well: Work and Health Programme – equivalent to 32% of programme starters into jobs. 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) 37% achieved a job start.
- 5.2** 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, with Q7 and Q8 starters – who were on the programme 0-6 months before the pandemic started – having performed worse. Performance Q10 onwards has been considerably better. To some extent this likely reflects the differences in those joining the programme set out in Chapter 3 and the different phases of the Covid pandemic.

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



Source: SQW analysis of GM WHP monitoring data

- 5.3** The programme's job start target is 74% but to date the quarters that have finished have substantially underperformed against this expectation.¹⁹ This is also the case for the Work and Health Programme nationally. Last year's Annual Report set 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. Performance management has since shifted away from the original profiles towards profiles based on the 'business case targets' which are the minimum level for the programme to be cost effective, as well as comparisons between CPAs.

Job starts by local authority, client type and provider

- 5.4** Table 5-1 shows that as a proportion of the job start target²⁰ Trafford and Stockport are performing best at 60%, and the proportion of starters 15 months+ ago shows Trafford has performed consistently well. The rate is fairly similar across the three providers. By client type there is much greater variation, with LTU clients considerably less likely to have started a job compared to the other client groups.

¹⁹ 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.

²⁰ As set out above, the target is higher than it arguably ought to be, but performance against profile is a useful measure because it factors in when clients started as well so is not unduly weighted by high or low numbers of recent starters.

Table 5-1: Number of clients with a job start, proportion of job start target and proportion of clients who started at least 15 months ago that have started a job

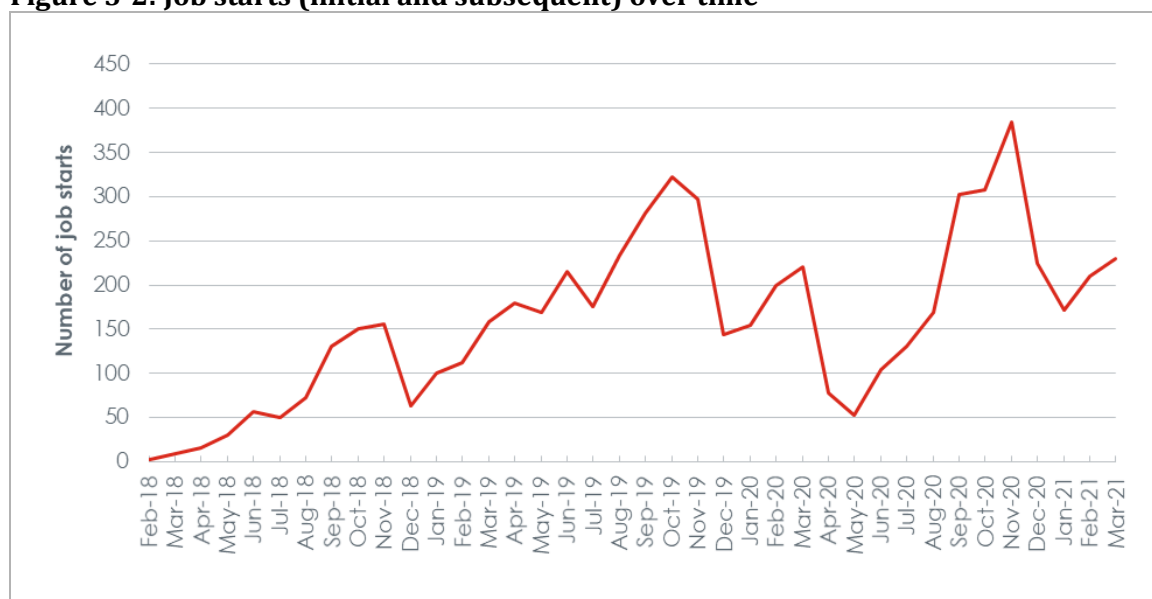
	Clients with job starts	% of programme starts	% of target to date based on actual starts	% of clients starting at least 15 months ago with a job start
Local authority				
Bolton	563	34%	55%	37%
Bury	322	35%	58%	37%
Manchester	955	32%	54%	39%
Oldham	481	33%	57%	37%
Rochdale	381	32%	54%	34%
Salford	475	30%	51%	36%
Stockport	357	33%	60%	37%
Tameside	429	34%	59%	37%
Trafford	297	34%	60%	43%
Wigan	418	29%	50%	35%
Provider				
Ingeus	2,548	33%	56%	36%
TGC	1,733	31%	54%	39%
Pluss	458	33%	58%	37%
Client type				
H&D	3,669	33%	58%	38%
LTU	685	28%	42%	32%
EE	385	31%	61%	44%
Total	4,739	32%	55%	37%

Changes in the labour market and approach to securing employment

- 5.5** The willingness of clients to move into work has been volatile throughout the last year, tending to respond to the level of COVID-19 cases. Willingness to work during the summer was reportedly high, then willingness decreased in the autumn and decreased further during the winter. Clients have also reportedly wanted to wait until being vaccinated as the vaccination roll-out began.
- 5.6** The labour market has been similarly volatile, though not to the extent that all consultees had initially expected last year. After an initial drop in vacancy levels, consultees reported good levels of job availability since, again with some volatility depending on the pandemic. This is evident in Figure 5-2 which shows the number of job starts (initial and subsequent jobs) by

month. Following a massive drop in April and May 2020 the programme has since achieved some of its highest numbers of job starts.

Figure 5-2: Job starts (initial and subsequent) over time



Source: SQW analysis of GM WHP monitoring data

- 5.7** The types of jobs available has evolved since the start of the pandemic. At the outset there were high numbers of vacancies for roles such as delivery drivers, call centre workers, supermarket workers, cleaners and warehouse roles. This did create opportunities for some clients who wanted to work. The switch to remote working has provided further opportunities. Between March 2020 and early July 2021 just over 300 Ingeus clients started working in roles from home. Many of these were COVID response roles such as the 111 helpline, vaccine helpline, Track and Trace and Universal Credit call centres secured as bulk vacancies through the Employer Services Team. These have been particularly attractive to clients with health conditions and anxiety. Some have seen them as a good first step towards further work. WHP has supported some clients with IT equipment, such as laptops, in order to take up these roles.
- 5.8** As restrictions have been removed other occupations have seen greater recruitment, for example the re-opening of hospitality saw more hospitality jobs available. Labour markets have also differed within Greater Manchester, reflecting the uneven sectoral impact which has greater implications on unemployment and vacancies in some local labour markets than others. There is more analysis on the changes in occupations started later.
- 5.9** As set out earlier, the programme contract also switched away from management and payment based on outcomes, to management by MSDS and payment based on a 'cost plus' model. Similarly, KW job start targets were either removed or reduced by the providers at the start of the pandemic, reflecting concerns about pushing clients into work during a pandemic plus pessimism about vacancy levels. Job start targets have gradually increased and are now

at 4 per month per KW across the supply chain. Some consulted KWs flagged their concerns about the rise in job start targets, with some thinking they would not be achievable.

- 5.10** As well as targets on job starts and the MSDS, Ingeus have recently implemented further expectations for KWs. These include progression of their caseload based on the work ready rating (of Bronze, Silver and Gold) with a minimum of 20% Gold clients, as in January 2021 just 11% of the caseload were rated Gold, which increased to over 20% in March. Across the providers there are also expectations around evidencing of job starts and ensuring clients achieve Earnings Outcomes, and Ingeus KWs are targeted on the number of interview clients attend.
- 5.11** During the fieldwork KWs reported increased interest from clients in self-employment and a need for more support around this. This is reportedly being addressed through training of KWs on self-employment.

Employer Services Team

- 5.12** The other notable change has been a greater investment in Ingeus' Employer Services Team (EST) and a restructure from November 2020. To date, the respective ESTs have accounted for 15% of Ingeus' job starts compared to 38% for TGC. Pluss do not have their own EST, receiving support from Ingeus instead, and to date just 7% of job starts have come from EST vacancies. The ambition for Ingeus is to increase the proportion of jobs from EST vacancies to 40%, around the level TGC has been at. KWs are responsible for supporting and contributing towards the remaining 60%. TGC also reported making greater investments in their EST recently.
- 5.13** The changes made by Ingeus include setting the team up as a separate pillar with more direct management, and a greater focus on performance and the use of data. The EST provides support on sourcing jobs for WHP, as well as JETS and soon Restart too, with vacancies available across all three programmes. The size of the team has grown from four Employer Account Managers (EAMs) in March 2020 to seven EAMs attached to WHP plus six for JETS, with plans to grow to 27 by November 2022. The EST is Greater Manchester focused, but there are also national EAMs who secure vacancies with large, national employers nationwide. Account managed employers are employers with at least five vacancies regularly on an ongoing basis. Most of the EAMs are employer focused, but some are more client facing to identify and prepare clients for vacancies.
- 5.14** The EST pitch to employers has two main components:
- One is that the programme offers a recruitment solution – supporting employers to recruit high volumes of matched, pre-screened clients. This is appealing during periods of low unemployment when recruits are difficult, and during periods of high unemployment when employers regularly receive hundreds of job applications that require sifting through. This sell also includes support with pre-employment training and qualifications, chances to meet candidates at events and webinars, induction support, the purchase of

equipment and the ongoing in-work support offer. WHP regularly provides training linked to specific upcoming bulk vacancies. The relationships with certain employers are very close and active, enabling high numbers of WHP clients to secure jobs in a collaborative, supportive environment. The team is currently exploring getting EAMs embedded within the recruitment teams in larger employers, to further support the supply of vacancies to the programmes.

- The other strand entails appealing to corporate social responsibility, including inclusive employment ambitions. The EST particularly focuses on Disability Confident employers, and promotes the scheme to those lacking the status, and has provided support to some employers to achieve the status. Disability Confident employers are especially important for providing the WHP cohort with opportunities. The EST push employers to consider their recruitment and employment practices, such as paying the Real Living Wage, offering permanent contracts and flexible working. EST consultees reported this second strand was more challenging during a period of high unemployment, where employers have more options.

5.15 EST consultees highlighted the value of having the three contracts – WHP, JETS and Restart – as they provide a larger cohort and diversity of clients, increasingly the likelihood of being able to find suitable recruits for the available vacancies. EAMs did report difficulties and frustrations with not enough work-ready clients being progressed to the team, both in the most recent round of fieldwork and in previous years. The TGC EST suggested that recently around 25% of vacancies tended to be filled.

5.16 The changes to the Employer Services Team have seen the level of vacancies available to the programme increase. In April 2021 the average number of available vacancies a week was reportedly around 625-650. Many of the vacancies are ring-fenced vacancies or in restricted circulation, which means less competition. During a period of high unemployment, when WHP clients are competing against more people – many of whom have more recent work history and are less likely to have health conditions for example which employers might perceive as an issue – having access to such vacancies is important for programme performance. The team have targets for the individual programmes, so that one the team do not focus on some programmes to the detriment of others. This had been a key concern amongst WHP consultees last year, but was viewed as not having materialised. With the introduction of Restart it is vital that this approach continues.

5.17 Analysis shows that the two ESTs are particularly important for some clients with characteristics and barriers that are shown below to be less likely to start a job – accounting for 34% of jobs secured by those unemployed for 10 years+ compared to 22%-23% of those unemployed for less than 2 years. Those scoring their health 2-3 out of 6 are also more likely than average to have secured a job via the EST, although those scoring it 1 are less likely. The impact of the EST warrants further testing going forwards, given changes to the EST have only happened recently. The proportion of job starts the Ingeus EST were responsible for with

Ingeus clients reached 23% in January to March 2021 and 30% in April, against 14% up to December 2020.

5.18 The EST's use of data includes using data on the caseload's job ambitions to inform which types of employers are actively targeted. Additionally, a labour market insights (LMI) tool has recently been introduced, which provides live data on job vacancies and sought after skills at a detailed geographical level for a more informed, intelligent approach. The knowledge on which sectors are hiring can inform direct approaches from EAMs, can be fed to KWs and clients, and informs the design of or signposting to training sessions for clients. There are plans to introduce an LMI dashboard that can be accessed across all three programmes, including by KWs, providing more ready access to this information. Providing real, live information on the labour market is vital for ensuring clients have informed and realistic job goals, and KWs can help to identify relevant transferable skills. Data on sustainment rates for EST vacancies is also being used, to ensure the jobs are being sustained through to Earnings Outcomes.

5.19 Looking forwards, the following areas warrant consideration for the EST:

- While good at securing bulk vacancies and vacancies in particular sectors, multiple consultees highlighted a need for greater engagement of SMEs and some niche roles. KWs do have responsibility for supporting this, including through reverse marketing, but there may be a role for the EST. Plans to switch to more of a sectoral focus for Ingeus EAMs may support this. One suggestion was for separate targets for SME roles.
- There may be a role for GMCA and local authorities to be more active in facilitating the EST – brokering meetings, promoting Working Well to the NHS and key business groups, and tapping into the Growth Hub, Employ GM, the Good Employment Charter and wider employer engagement activities. There may also be scope for better promoting the Working Well programmes to employers – using existing communication channels, identifying employer touchpoints, and capitalising on the greater engagement local authorities have had with their local businesses during the pandemic through business grants for example. There is evidence that marketing should avoid using terms that have stigma attached, such as long-term unemployment and health conditions, so as not to dissuade employers from engaging, at least at the outset.²¹ Instead any marketing should communicate the Working Well as a recruitment solution. This approach could help local businesses in addressing their skills gaps.
- The extent to which vacancies are being fully shared between the providers is unclear. Anecdotally it seems some vacancies have been ringfenced rather than shared, certainly historically. It is understood that this issue is known and is either now addressed or in the process of being addressed. Examples where sharing and collaboration do take place have been mutually beneficial to the providers, as clients and linked employers have both

²¹ The Behavioural Insights Team. (2016). Poverty and decision-making: How behavioural science can improve opportunity in the UK, p.18.

benefitted. More communication between the EAMs within the providers ought to support this further, making use of virtual meetings.

Likelihood of achieving a job start

Introduction to the econometric analyses

5.20 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 a logistic regression technique to independently consider the effects of different variables simultaneously in a way that simple descriptive statistics do not. This is a repeat of the analysis conducted in last year's report. For a more detailed overview of the methodology and findings, please refer to Annex B.

5.21 The variables that have been considered can be grouped into four broad categories: relating to programme delivery (provider, local authority and level of engagement); client characteristics (such as client type, age and ethnicity); barriers to work (such as length of unemployment, qualification level and health conditions); and variables relating to the pandemic (those who were on the programme while the pandemic started (COVID affected) and those who joined subsequent to the start of the pandemic (COVID start)).

5.22 Overall, the sample size for this model is 13,778 clients (versus 9,080 last year) and includes all starters up the end of March 2021. In addition to last year, the model now also includes the 'exercise' variable, due to the larger sample size making its inclusion feasible. The following exclusions from both models should also be noted:

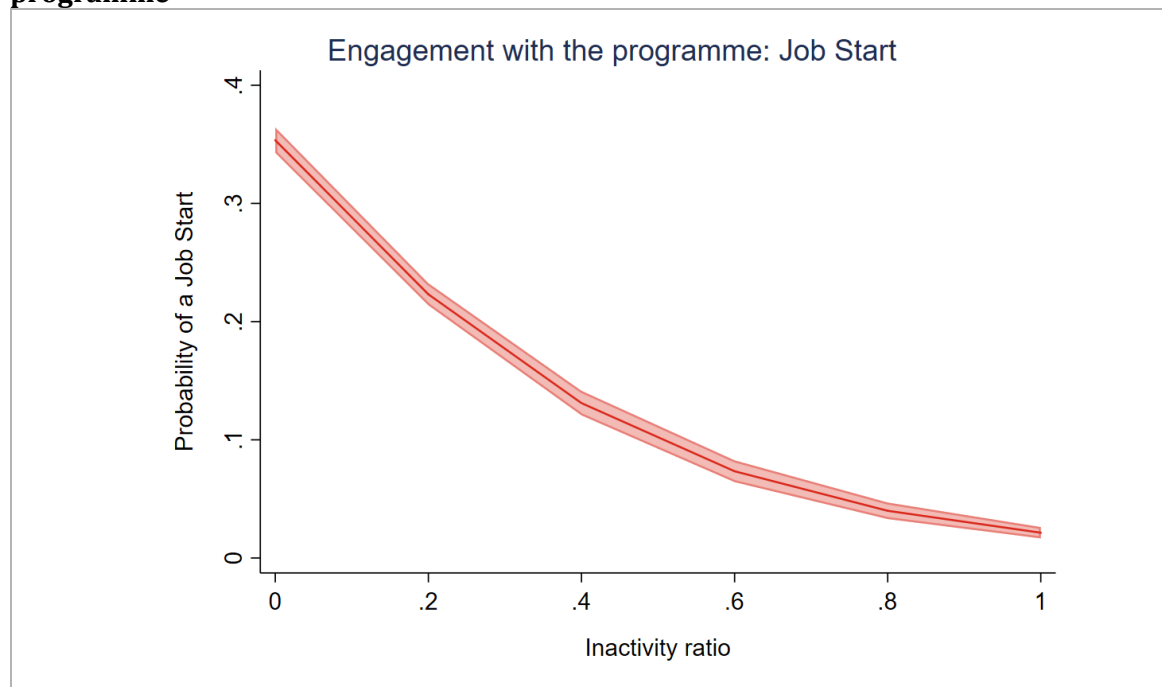
- An additional group of variables – support received – were excluded due to the concerns around historic data quality.
- Some specific characteristics and barriers to work had to be excluded due to correlation with other variables or too many blanks reducing the sample size.

Results of the econometric analyses

5.23 The full results are set out in Table B-2 and summarised here. The results show the percentage point difference in the likelihood a client starts a job based on the effect of changing one variable – from a base variable to an alternative variable – when all other variables are held constant at 'the average client'. So for example, by local authority Bolton is the base variable. The analysis tests the impact of changing the local authority while holding all other variables constant at their base variable. The effect is how many percentage points more or less likely a client in a different local authority is to have started a job versus Bolton. The effect is only considered when it is found to be statistically significant. The key findings from this analysis:

- **Provider:** Clients with Pluss have a higher probability of starting a job (31.8%) compared to Ingeus (26.6%), while TGC clients are not significantly different. Last year's analysis also found Pluss clients to be more likely to start a job.
- **Local authority:** Clients in Bury have a higher probability of starting a job (29.2%) compared to Bolton (25%) when considering the 'average client'. There is no difference for any other local authority. This contrasts with last year's analysis, which found five Ingeus local authority areas were clients were less likely to have started a job. This shows that much of the difference between areas is likely to be attributable to other variables, such as client characteristics and barriers.
- **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 – Table 5-3 shows how the likelihood of starting a job falls from around 35% for those engaged the entire time to a few percentage points for those that barely engaged. Level of engagement is likely a reasonable proxy for the motivation to find work, and will also reflect the severity of issues that might result in someone disengaging. This finding does highlight the tension with all referrals having to be accepted onto the programme, even where they have indicated they do not intend to engage even although participation for all is now voluntary. The effect of engagement on the likelihood of finding work is stronger than in last year's analysis.

Figure 5-3: Estimated probability of starting a job by level of engagement with the programme

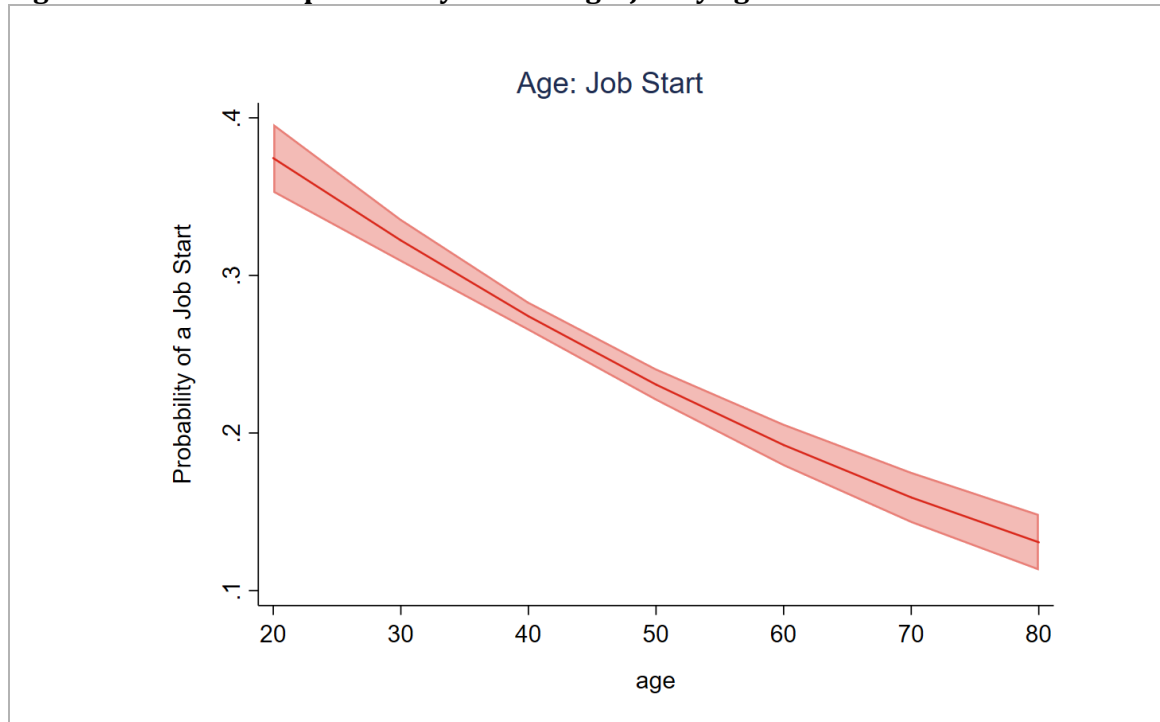


Source: SQW analysis of GM WHP monitoring data (Shaded area represents the 95% confidence interval. The predicted probabilities are calculated holding all other variables at their mean values)

- **Client type:** EE clients have a 25.6% probability of having started a job, compared to 28.2% for H&D clients and 20.2% for LTU clients.

- Highest qualification: Clients no qualifications have a 25.3% probability, compared to 28.1% for those with 5 or more GCSE passes and 28.7% for those with a degree or higher.
- Age: Older clients are less likely to have started a job than younger clients, falling from nearly 40% of for 20 year olds to around 20% for 60 year olds (Figure 5-4)

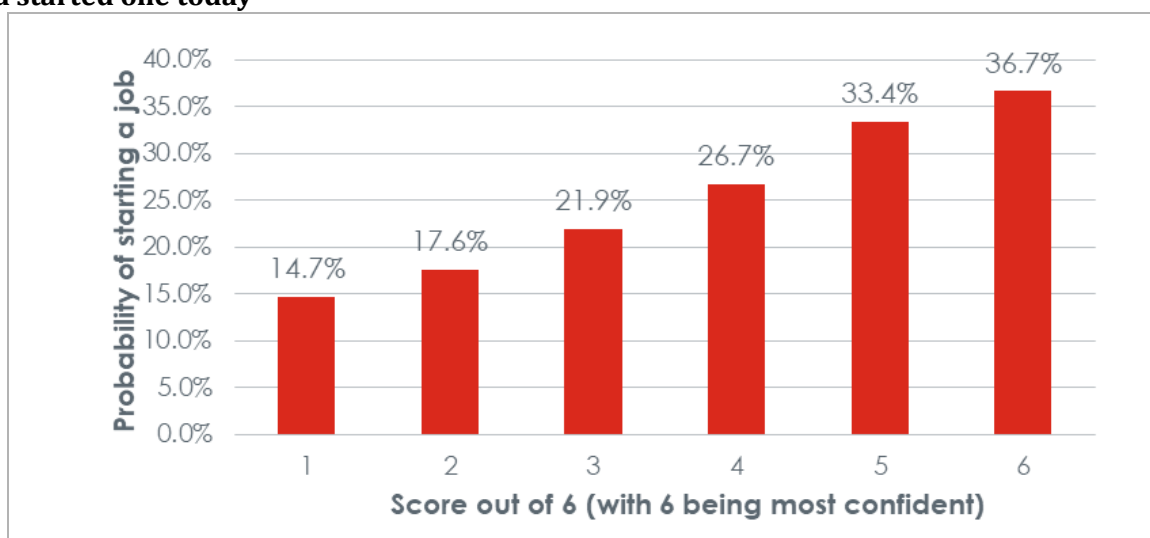
Figure 5-4: Estimated probability of starting a job by age



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)

- Length of time out of work: Clients last in work 0-6 months ago are most likely to have started a job (49.7%), with those out of work for longer progressively less likely to have started a job, with those out of work over 10 years least likely (13.6%). The effect of this variable on the likelihood of finding work has grown since last year's analysis.
- Confidence of being successful in a job if starting one today: Clients who are the most confident about being in work (a score of 6 out of 6) are far more likely (36.7%) than those who are least confident (14.7%), as illustrated in Figure 5-5. The size of this effect is far larger than most of the other results.

Figure 5-5: Probability of starting a job by confidence of being successful in a job if you started one today



Source: SQW analysis of GM WHP monitoring data

- Computer skills: Clients who are most confident in their IT skills, scoring 6 out of 6, are more likely to have started a job (28.1%) than those scoring it 1 out of 6 (23.7%) but other scores are not significantly different to a score of 1.
- Caring responsibilities: Clients caring responsibilities are less likely to have started a job (22.4%) than those without (26.8%).
- Debt: Clients reporting debt is an issue are more likely to have started a job (29.9%) than those who do not (25.8%) which likely reflects debt as a motivating factor.
- Number of health conditions: With each additional health condition the probability of client has started a job falls by 1.31 percentage points.
- Exercise: Clients who exercise are slightly more likely to have started a job, with those exercising regularly (27.3%) more likely than those who exercise sometimes (26.8%) and those who do not exercise least likely (24.9%). It is possible this could be capturing motivation and/or positive effects of physical activity on mental health for both clients who do and do not suffer from an established mental health condition.
- Driving license: Clients with a driving license are more likely to start a job (30.8%) than those without a driving license (24.7%).
- The pandemic has had an impact: Clients already on the programme when the pandemic started, the COVID-affected, are far less likely to have started a job (9.8%) compared to those who were not (32.6%). Those starting since the pandemic, COVID-starts, are also less likely (10.3%) than those who started before (40.0%). To an extent the latter result is likely to reflect these clients being on the programme for less time, so it should be interpreted with caution. It does mean that some of the improved performance over

recent quarters is likely to be the result of clients being different, rather than due to changes in delivery. This is further complicated by the changing labour market conditions.

- Other factors found to be positively impact the likelihood of starting work include being married rather than single, not being in receipt of Personal Independence Payment (PIP) and being in receipt of existing work support, English support or skills support, while those not receiving existing personal support are more likely.

5.24 Considering the results together, the variables that have the largest magnitude of effect are length of unemployment, confidence in starting work, engagement with the programme, age, and timing in relation to COVID. To address these gaps the delivery could take a greater focus on addressing confidence around work and levels of engagement, and in how the programme is explained to people which may lead to more appropriate decisions about whether or not to join in the first place.

5.25 For the issue of unequal outcomes by age there is currently training being piloted with Ingeus KWs in some localities on supporting older clients in partnership with the Centre for Ageing Better and the Institute for Employability Professionals. The impact of the support is being evaluated, with the results expected in time for next year's Annual Report.

5.26 The impact of COVID is interesting given Figure 5-1 earlier, which does reflect the worse performance of the COVID-affected quarters but shows improved performance amongst COVID-start quarters. This could reflect changing client mix as well as wider economic conditions. As suggested above, it may simply be too early to read into, so the analysis will need revisiting at a later date.

Moving into work pre/post the start of the pandemic

5.27 Analysis of the factors shown to be more significant above shows how the proportion of certain clients moving into work the start of the pandemic has changed. These are summarised in the table below, showing job start rate for starters since the pandemic started (Q10-Q13) versus starters before the pandemic who were less COVID-affected (Q1-6). Time will be a factor in the difference, with recent starters having less time to move into work, but the magnitude of difference for some characteristics is striking, and suggests some clients have been less likely to move into work. In short, the following patterns are observable:

- EE and especially LTU clients are relatively less likely to start a job than before
- There is little difference by health condition pre/post the start of the pandemic
- Those unemployed for longer are relatively less likely to start a job than before
- Those with lower levels of confidence are relatively less likely to start a job than before.

Table 5-2: Proportion of clients starting pre/post start of the pandemic that have started work

	Pre: % into work	Post: % into work	% of previous rate
Client type			
Early Entrant Groups	50%	36%	72%
Health and Disability	40%	37%	91%
Long-Term Unemployed	34%	22%	66%
Health condition			
No	50%	45%	89%
Yes	33%	31%	93%
Last time in work			
0-6 months	69%	55%	79%
7-12 months	60%	45%	76%
1-2 years	49%	35%	71%
3-5 years	34%	23%	66%
6-10 years	27%	14%	54%
10+ years	20%	10%	50%
I have never worked before	27%	15%	55%
Confidence in being successful in a job			
1	17%	15%	88%
2	23%	16%	67%
3	32%	25%	80%
4	39%	37%	96%
5	51%	50%	98%
6	56%	55%	98%

Source: SQW analysis of GM WHP monitoring data

Types of jobs started

5.28 This section considers the types of jobs started on the programme pre/post the start of the pandemic. Table 5-3 shows how the occupations started in have changed over time.²² Job starts are 30% more likely to be in 'Customer service occupations' than previously and 40% more likely to be in 'Caring personal service occupations'. There have been relative drops in

²² Note the table includes all job starts, including initial and subsequent job starts, rather than just initial job starts.

the proportion of 'Elementary trades and related occupations' (minus 30%) and Sales occupations (minus 20%).

5.29 Considering more detailed occupation categories, there has been notable growth since the pandemic in the top four occupations started: 'Call and contact centre occupations' (292 starts, +120%); 'Packers - bottlers/canners and fillers' (176 starts, +20%); 'Care workers and home carers' (176 starts, +40%); and 'Process operatives' (151 starts, +40%). The largest increase has been for 'National government administrative occupations' (48 starts, +2,240%). The largest increases reflect some of the opportunities for employment from COVID-related roles such as testing centres and sectors that grew during the pandemic such as call centres and care.

Table 5-3: Jobs by high level occupation category pre/post start of the pandemic, including the proportion of jobs and the relative proportion post vs pre²³

Occupation category	Post		Pre		Diff.	Relative prop.
	No.	%	No.	%		
Customer service occupations	435	18%	485	13%	4%	1.3
Process, plant and machine operatives	356	14%	519	14%	0%	1.0
Elementary administration and service occupations	333	14%	674	19%	-5%	0.7
Elementary trades and related occupations	267	11%	380	11%	0%	1.0
Caring personal service occupations	238	10%	244	7%	3%	1.4
Administrative occupations	192	8%	243	7%	1%	1.2
Sales occupations	168	7%	318	9%	-2%	0.8
Leisure, travel and related personal service occupations	85	3%	149	4%	-1%	0.8
Transport and mobile machine drivers and operatives	77	3%	106	3%	0%	1.1
Skilled construction and building trades	75	3%	78	2%	1%	1.4
Textiles, printing and other skilled trades	39	2%	94	3%	-1%	0.6
Science, research, engineering and technology professionals	36	1%	28	1%	1%	1.9
Teaching and educational professionals	25	1%	45	1%	0%	0.8
Skilled metal, electrical and electronic trades	17	1%	28	1%	0%	0.9
Business and public service associate professionals	16	1%	19	1%	0%	1.2

²³ The relative proportion figure calculates the jobs since the pandemic in each occupation category as a proportion of all job starts relative to jobs in the occupation category pre-pandemic. For example the figure of 1.3 for Customer service occupations means these occupations are 30% more prevalent than previously, and a figure of 0.7 for Elementary administration and service occupations means they are 30% less prevalent than previously.

Occupation category	Post		Pre		Diff.	Relative prop.
	No.	%	No.	%		
Protective service occupations	15	1%	19	1%	0%	1.2
Skilled agricultural and related trades	14	1%	28	1%	0%	0.7
Other managers and proprietors	14	1%	30	1%	0%	0.7
Business, media and public service professionals	13	1%	17	0%	0%	1.1
Science, engineering and technology associate professionals	12	0%	19	1%	0%	0.9
Corporate managers and directors	10	0%	6	0%	0%	2.4
Health professionals	9	0%	14	0%	0%	0.9
Culture, media and sports occupations	8	0%	11	0%	0%	1.1
Secretarial and related occupations	6	0%	20	1%	0%	0.4
Health and social care associate professionals	4	0%	12	0%	0%	0.5

Source: SQW analysis of GM WHP monitoring data

5.30 Other changes, or lack of changes, pre/post pandemic include:

- The proportion of jobs paying the Real Living Wage has increased from 26% to 29%
- Better off calculations show a slightly higher proportion of clients will be £46 a week better off in work, increasing from 60% to 63%
- The proportion of jobs that are full time has increased from 52% to 65%, primarily driven by a reduction in the proportion of part time jobs
- Client views on jobs have not changed, however, with very similar proportions viewing their new job as a step towards a better future (pre: 70%, post: 69%), their ideal job (pre: 12%, post: 12%) and just a job (pre: 19%, post: 20%)
- Clients are less likely to have monthly in-work check-ins (pre: 23%, post: 13%) and more likely to have bi-weekly check-ins (pre: 27%, post: 37%).

In-work support

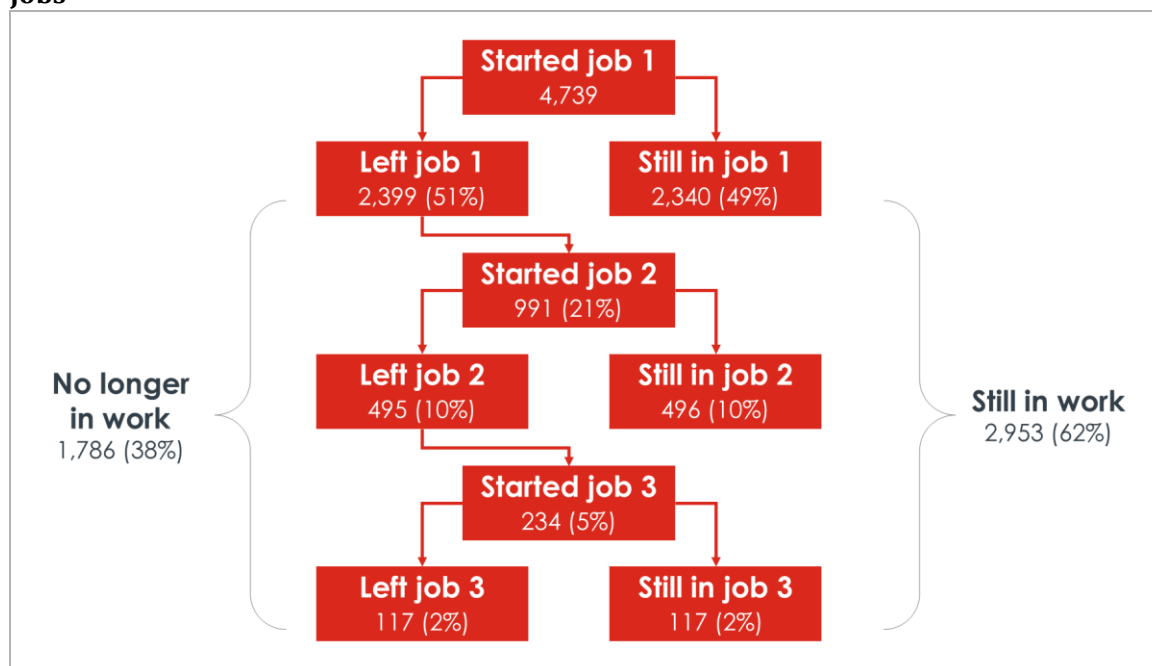
5.31 Upon securing a job offer, clients receive support to transition into work. This includes the better-off calculation for the job, assisting the client with their travel plans, plans for care of dependents and budget management as they transition from welfare to paid employment. All clients with 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.

- 5.32** Client will discuss their support needs with their Key Worker and are placed into three categories accordingly. To date, 39% of clients who have started a job are recorded as requiring low-intensity in-work support; 20% are recorded as needing high-intensity support and the remaining 41% as medium-intensity.
- 5.33** All clients receive in-work support from their KW during the first four weeks, as this is when clients are most likely to fall out of work. After this, 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. However, many clients do continue to keep in contact with their KW given the relationship built. In-work support appointment attendance has been high recently, which was attributed to two changes: the introduction of Saturday and out of hours calls, and the in-work support team sharing an updated CV around the first in-work support call for a warmer handover.
- 5.34** 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. During the fieldwork, consultees emphasised how important the in-work support was to some clients sustaining their jobs. 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.
- 5.35** The team also work to identify the in-work clients that are not progressing through earnings milestones, and provide support to enable this, such as supporting the client to secure more hours or move job. EAMs are increasingly playing a role in supporting this. In-work clients continue to receive job vacancy updates too.

Job leavers and subsequent jobs

- 5.36** As of the end of March 2020, 2,399 clients have left their initial job. This is equivalent to 51% of clients that had started a job – in last year's report the figure was 45%. It should be noted that leaving a job is not necessarily a negative outcome, as clients may have secured a more suitable job.
- 5.37** Figure 5-6 sets out the numbers starting and leaving subsequent jobs. In total, 62% of clients who started a job are still in that job or a subsequent job (upon leaving the programme or as of March 2021). 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 5-6: Number and proportion of clients leaving jobs and starting subsequent jobs



Source: SQW analysis of GM WHP monitoring data

5.38 Table 5-4 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 Stockport have the lowest level of job starters no longer in work (31% and 33% respectively). Wigan has the highest at 44%, and has the joint highest proportion of clients leaving their first job along with Trafford.
- By provider, Pluss' clients are more likely to be out of work following a job start (43%) than TGC (36%) and Ingeus (38%).
- By client type, H&D and EE clients are identical, while LTU clients are more likely to leave their initial job and be out of work after a job start.

Table 5-4: Proportion of clients with job starts leaving their initial job and subsequently out of work

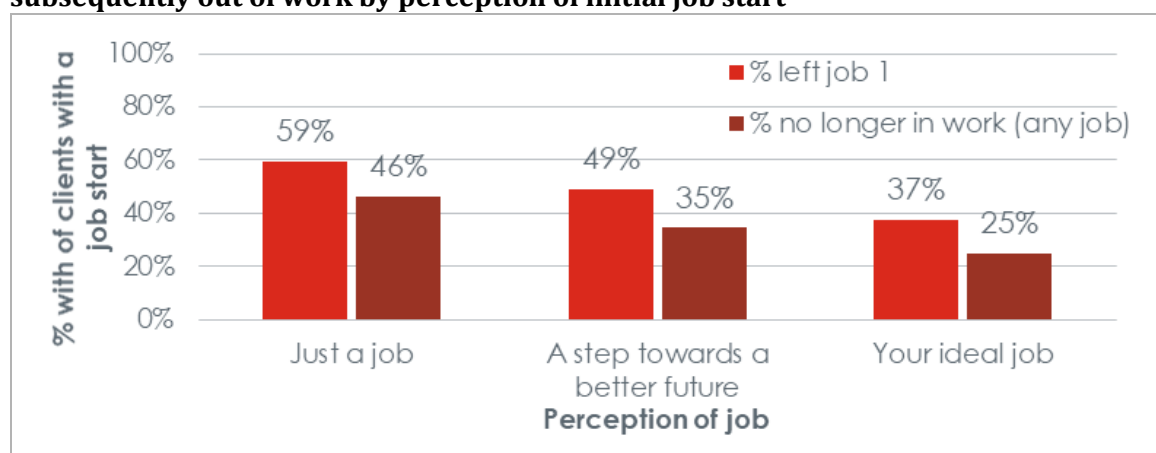
	Initial job starts	% left job 1	% no longer in work (any job)
Local authority			
Bolton	563	53%	39%
Bury	322	48%	39%
Manchester	955	53%	36%
Oldham	481	51%	40%
Rochdale	381	53%	41%

	Initial job starts	% left job 1	% no longer in work (any job)
Salford	475	47%	31%
Stockport	357	43%	33%
Tameside	429	46%	36%
Trafford	297	55%	41%
Wigan	418	55%	44%
Provider			
Ingeus	2,548	49%	38%
TGC	1,733	52%	36%
Pluss	458	55%	43%
Client type			
H&D	3,669	50%	37%
LTU	685	57%	43%
EE	385	50%	37%
Total	4,739	51%	38%

Source: SQW analysis of GM WHP monitoring data

5.39 Figure 5-7 shows 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. Further analysis shows clients are just as likely to fall out of EST jobs as they are from jobs sourced elsewhere.

Figure 5-7: 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

5.40 Figure 5-8 sets out when clients left their initial job. It shows that the early months have the largest risks. Indeed, high proportion of clients leave their jobs within the first month, with the average time for leaving an initial job start 60 days and initial or subsequent job is 58 days.

Action to try and minimise this includes clients receiving in-work support from their KW during the first month, rather than the in-work support team, and the introduction of in-work support calls from the Health Team for all clients.

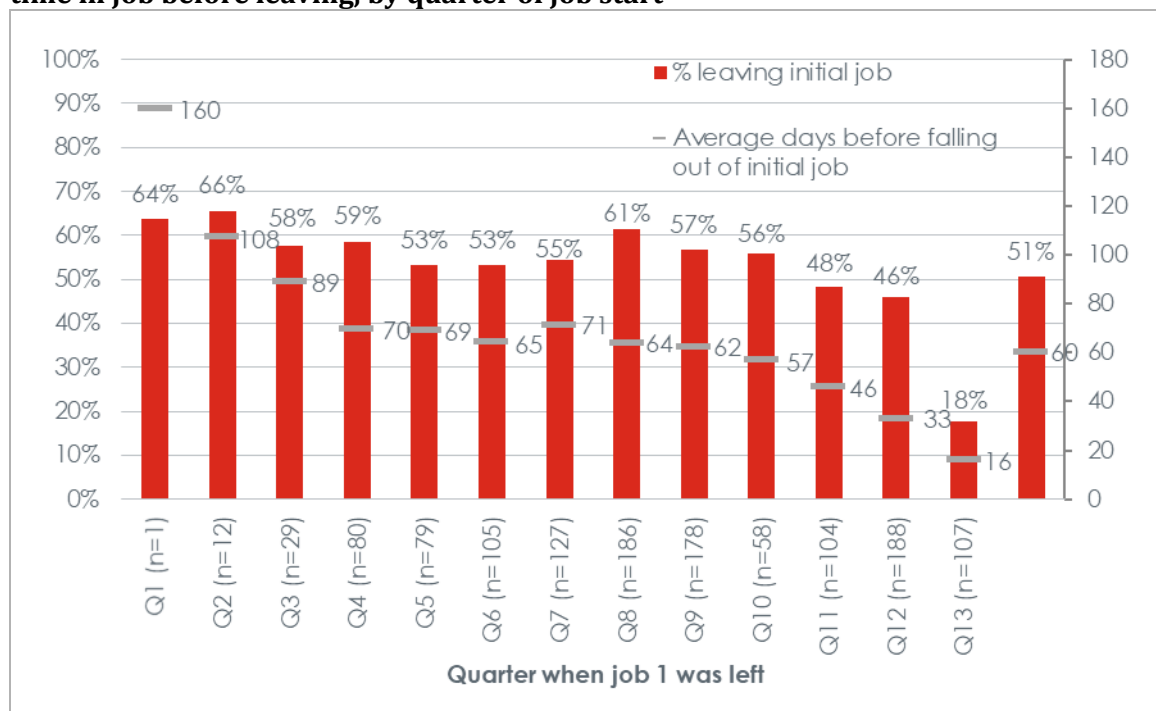
Figure 5-8: Proportion of initial jobs left by months since job start



Source: SQW analysis of GM WHP monitoring data

5.41 Figure 5-9 shows the proportion of clients leaving their initial job starts over time, and the average time in the job before leaving. It shows higher job leaving rates in Q8 and Q9, which cover Oct-19 to Mar-20, leading in to the outset of the pandemic. Recent quarters are more difficult to interpret, given there has been less time available for clients to have left their job.

Figure 5-9: Proportion of clients with job starts leaving their initial job, and average time in job before leaving, by quarter of job start



Source: SQW analysis of GM WHP monitoring data

5.42 The top ten reasons given for why clients left jobs are set out below in Table 5-5. Only one reason is recorded per job left, but in practice it is often multiple factors. The prevalence of the reasons in the table has generally held throughout the programme, though notably the proportion of leavers due to redundancy was no higher than 4% until Q9 (Jan-Mar 2020), when it rose to 18%, and it has remained relatively high since. Consultees reported that the impact of the pandemic was less than expected, which was attributed to the furlough scheme.

Table 5-5: Reason clients left their job

Reason	Count	%
Client was in temporary employment	569	20%
Client found that job was not a good fit	405	14%
Client unable to manage their health condition in work	373	13%
Employer confirmed, no details given	369	13%
Client not given enough hours	251	9%
Client was made redundant	237	8%
Client had an issue with employer	165	6%
Client had a poor attitude to work	67	2%
Client did not understand the basic expectations of work	62	2%
Career progression	58	2%

Source: SQW analysis of GM WHP monitoring data

5.43 Analysis of job starts by the source of the job show the reason for leaving jobs secured through the EST are broadly similar to jobs secured through other methods.

Response Team

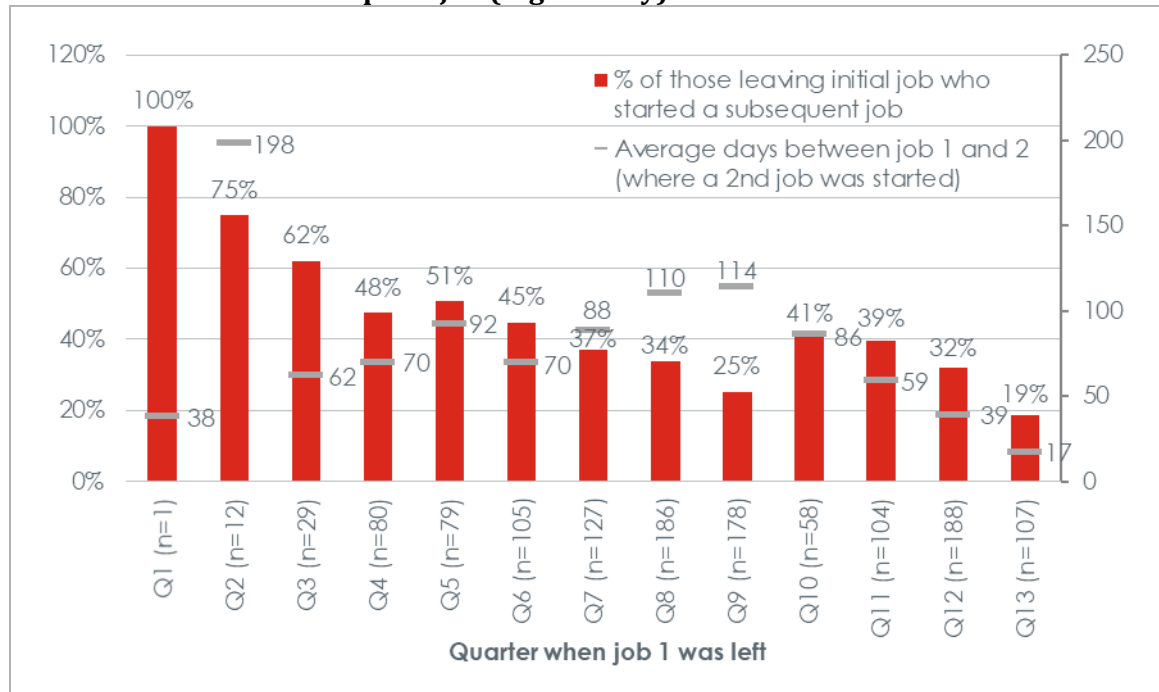
5.44 Last year's report covered the introduction of the Response Team by Ingeus. This team of KWs act as a dedicated support function for clients who fall out of work. Consultees considered the Response Team to have enabled a more rapid and coordinated response to clients who fall out of work, and better triaging of clients. This includes a focus on clients who are close to the end on the programme or close to achieving an Earnings Outcome. Clients do also have the option to move back to their old KW if they would prefer.

5.45 A key recent change has been the introduction of a dedicated EAM to the Response Team. The dedicated EAM has more of a caseload focused approach, working with clients to link them to the EST vacancies. Prior to March 2021 the proportion of subsequent jobs from EST vacancies was around 15-20%, but since the introduction of the dedicated EAM the proportion rose to 45% in May and 50% in June.

5.46 Figure 5-10 considers data on the proportion of clients going into subsequent jobs, and the speed at which they do, for Ingeus. It is difficult to identify a clear positive impact from the Response Team on these measures. This is not to say the team have not had a positive impact and Figure 5-11 does show the team being responsible for an increasing share of Earnings

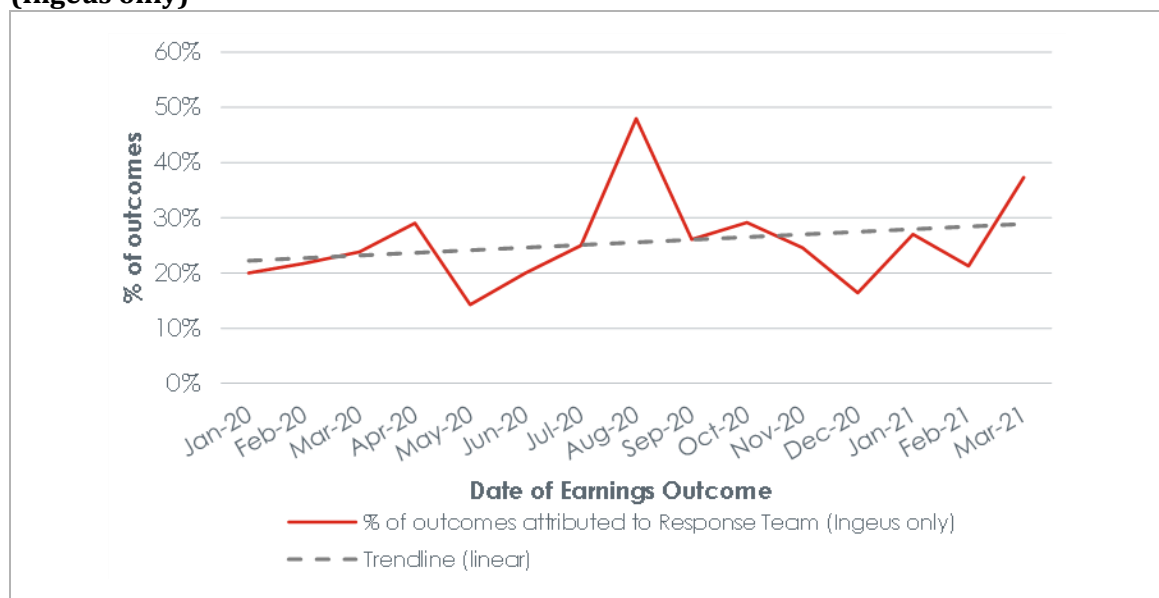
Outcomes. Considering the data over time is challenging due to the time dependency of the metrics, and the complication caused by the turbulence in the labour market and volatility of client willingness to work during the last year. Ultimately, providing a rapid, focused support to clients who fall out of work is unlikely to have a negative impact on return to work. The introduction of a dedicated EAM may support improvements across these metrics. The magnitude of any impact warrants revisiting later in the evaluation.

Figure 5-10: Proportion of clients going into subsequent jobs and average time between initial and subsequent job (Ingeus only)



Source: SQW analysis of GM WHP monitoring data

Figure 5-11: Proportion of Earnings Outcomes attributed to the Response Team (Ingeus only)



Source: SQW analysis of GM WHP monitoring data

6. Work and Health Programme – Earnings Outcomes

- 2,056 Earnings Outcomes were achieved by the end of March 2021
- 54% of clients who had entered employment 15 months previously had achieved an Earnings Outcome – somewhat below the expected rate, with the pandemic having had implications for the conversion of job starts to Earnings Outcomes
- Econometric analysis shows the factors affecting the likelihood of achieving an EO are broadly the same as those affecting job starts, although confidence in being successful in a job has a greater effect
- The likelihood of converting a job to an Earnings Outcome also appears to differ based on the characteristics of the job started, particularly occupation and how the client views their new job start

6.1 This chapter considers Earnings Outcomes achieved to date by the Working Well: Work and Health Programme, exploring performance across:²⁴

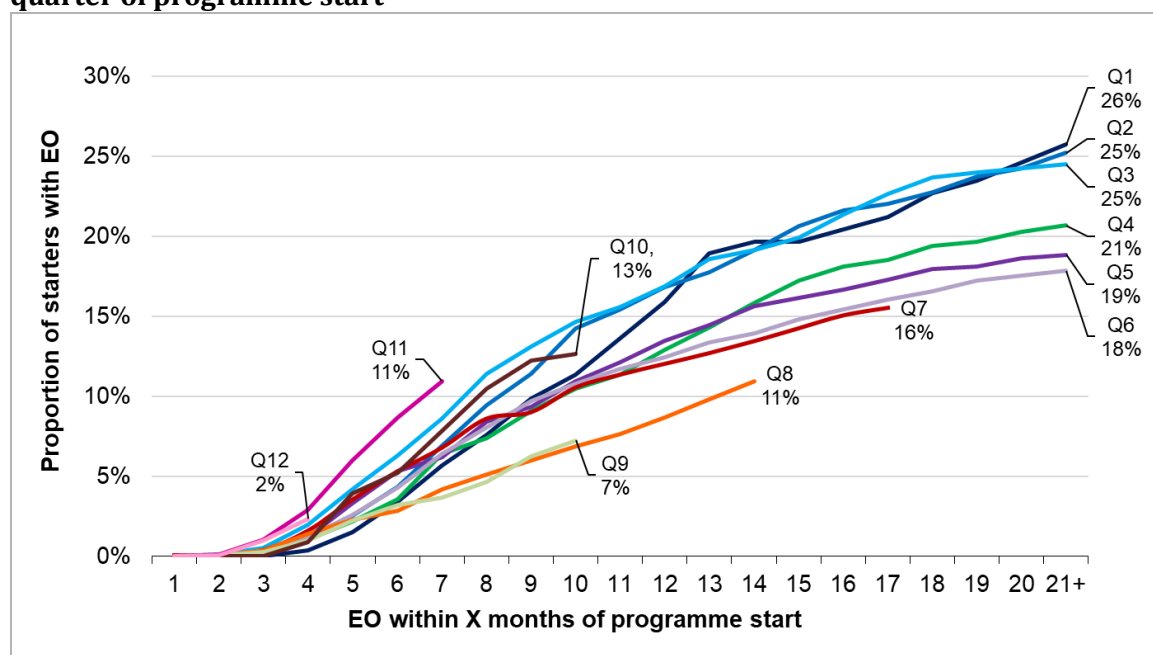
- Earnings Outcomes: triggered when a client is employed and meets the accumulated earnings threshold – equivalent to working for 16 hours per week for 182 days at the adult rate (aged 25 or over) of the Real Living Wage – within 15 + 6 months of starting the programme
- Higher Earnings Outcomes: triggered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

Earnings Outcomes

6.2 To the end March 2021, there had been 2,056 Earnings Outcomes (EO) through the Working Well: Work and Health Programme. Figure 6-1 shows the proportion of clients that have achieved an EO over time, split out by quarter of programme start. Q1-3 performed best out of all completed quarters, with around a quarter of clients achieving an EO. The subsequent quarters of Q4 to Q9 have fared less while, although Q10-Q12 have improved.

²⁴ These measures are used across the ten other Work and Health Programmes for performance management purposes, although are slightly different in Greater Manchester because: (1) the Earnings Outcome threshold is based on the Real Living Wage rather than National Minimum wage; and (2) Higher Earnings Outcomes are only used in Greater Manchester and one of the devolved London programmes.

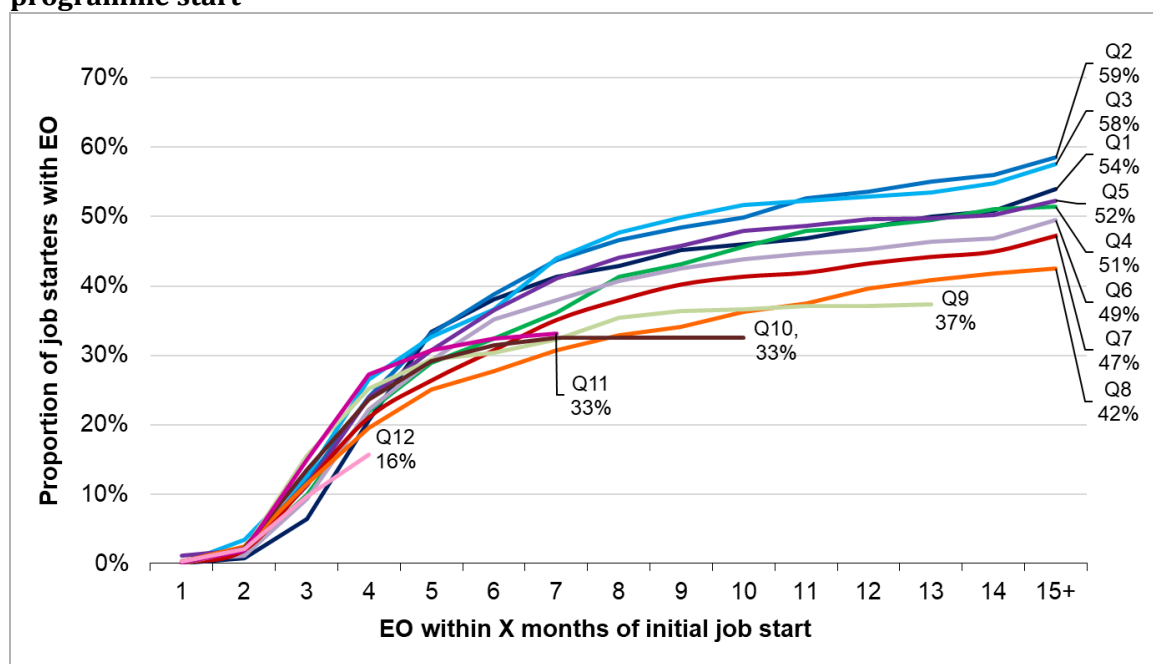
Figure 6-1: Proportion of clients with an EO by months since programme start, by quarter of programme start



Source: SQW analysis of GM WHP monitoring data

- 6.3** The programme's original 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%. To date, of clients starting a job at least 15 months ago 54% have achieved an EO. Therefore, the issues for performance appear primarily due to job start performance, though conversion could also be improved as Figure 6-2 shows no quarters have achieved the expected conversion rate.

Figure 6-2: Proportion of clients with an EO by months since job start, by quarter of programme start



Source: SQW analysis of GM WHP monitoring data

- 6.4** The lower performance in recent months is despite more job starts since the start of the pandemic being full time. Consultees suggested difficulties converting job starts to EOs due to the pandemic. Notably, clients who were furloughed were less likely to achieve an EO. The analysis above also suggests that the job leaving rate in recent quarters is higher, and that this is also having an effect.

Higher Earnings Outcomes

- 6.5** To the end March 2021, there had been 1,694 Higher Earnings Outcomes (HEOs) achieved. The programme target for HEOs is to convert 83% of EOs to HEOs. Positively, for Q1-Q7 the proportion of EOs converted to HEOs is above this level, at 90% overall across these quarters. Later quarters are below this level, likely reflecting the time required to reach a HEO.

EOs and HEOs by local authority, client type and provider

- 6.6** 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 15 months ago and the conversion of EOs to HEOs for clients who achieved an EO at least 4 months ago. It shows that:
- Stockport has the strongest performance, while Wigan has the weakest, reflecting it having the lowest job start performance and lower conversion rates
 - Ingeus are performing best against target, though TGC have identical conversion levels on the selected metrics, while Pluss are below on all metrics
 - LTU clients are considerably lower on all metrics.

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

	Count		% of target to date based on actual starts		% of clients with job start at least 15 months ago		% of clients with EO 4 months ago that achieved HEO
	EO	HEO	EO	HEO	EO	HEO	
Local authority							
Bolton	279	235	48%	49%	58%	53%	93%
Bury	141	102	45%	39%	51%	45%	86%
Manchester	407	339	41%	41%	53%	47%	91%
Oldham	210	178	45%	46%	55%	50%	94%
Rochdale	147	118	37%	36%	49%	43%	87%
Salford	193	172	38%	41%	50%	46%	92%
Stockport	168	128	54%	49%	58%	53%	94%
Tameside	190	155	48%	47%	55%	52%	95%
Trafford	126	111	46%	48%	59%	55%	93%
Wigan	165	133	35%	34%	48%	43%	89%
Provider							
Ingeus	1,171	937	46%	44%	54%	49%	92%
TGC	730	625	41%	42%	54%	49%	92%
Pluss	155	132	36%	37%	50%	43%	90%
Client type							
H&D	1,616	1,325	46%	45%	55%	50%	93%
LTU	296	245	31%	31%	48%	41%	86%
EE	144	124	49%	51%	58%	51%	91%
Total	2,056	1,694	43%	43%	54%	48%	91%

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

Likelihood of achieving an EO or HEO

Introduction to the econometric analyses

- 6.7** Econometric analysis was also undertaken for EOs and the conversion of EOs to HEOs. Again, this enables us to independently consider the effects of different variables simultaneously in a way that simple descriptive statistics do not. For a more detailed overview of the methodology and findings, please refer to Annex B.

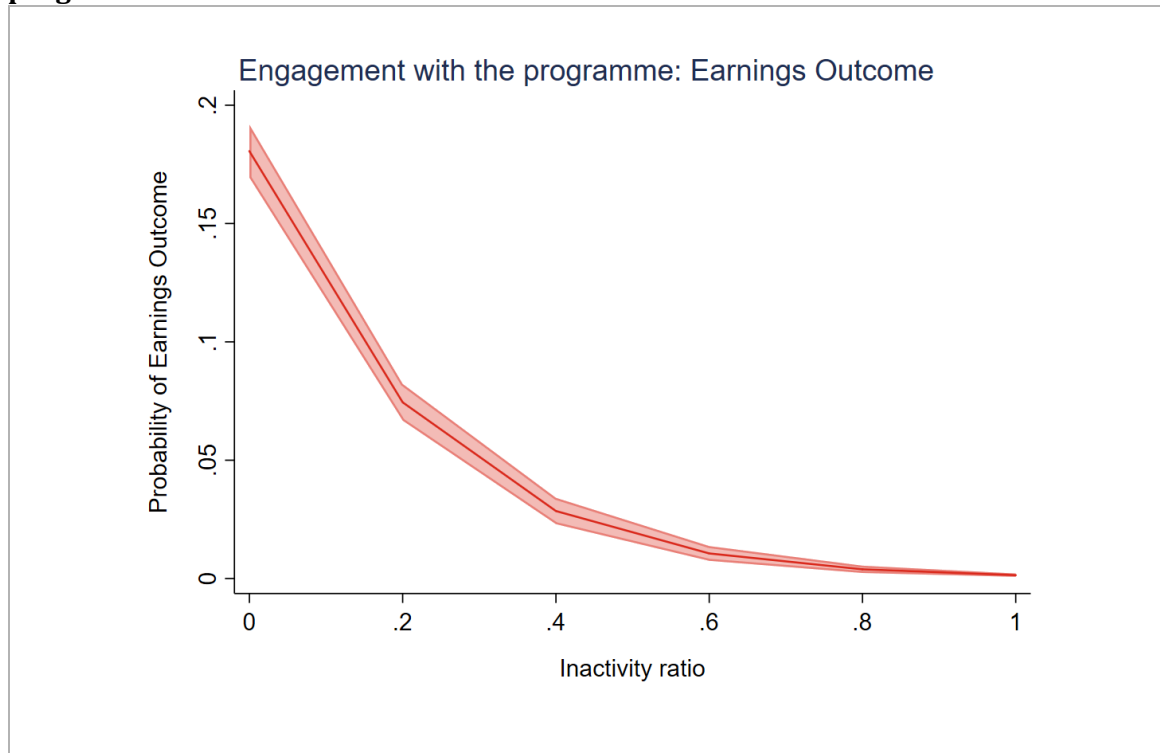
- 6.8** Overall, the sample size for this model is 9,439 clients (versus 5,178 last year) and includes all starters up the end of September 2020, with the most recent two quarters excluded due to the more time dependent nature of the outcomes. In addition to last year, the model now also includes the ‘exercise’ variable, due to the larger sample size making its inclusion feasible.
- 6.9** Some specific characteristics and barriers to work had to be excluded due to correlation with other variables²⁵ or too many blanks reducing the sample size. The analysis also excludes variables relating to the jobs started, as it considered all programme starts rather than just those starting a job.

Results of the econometric analyses on EOs

- 6.10** The full results are set out in Table B-3 and summarised here. Again, the results show the percentage point difference in the likelihood a client achieves an EO on the effect of changing one variable. The effect is only considered when it is found to be statistically significant. The key findings from this analysis, including against the job start analysis, are:
- 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 achieved an EO – Figure 6-3 shows how the likelihood of achieving an EO falls from nearly 20% for those engaged the entire time to around 1% for those that barely engaged. Compared to the effect on job start outcomes, there is a steeper decline in the likelihood of achieving an EO for those inactive between 0% to 20% of the time, suggesting high engagement is particularly important to the likelihood a job is sustained.

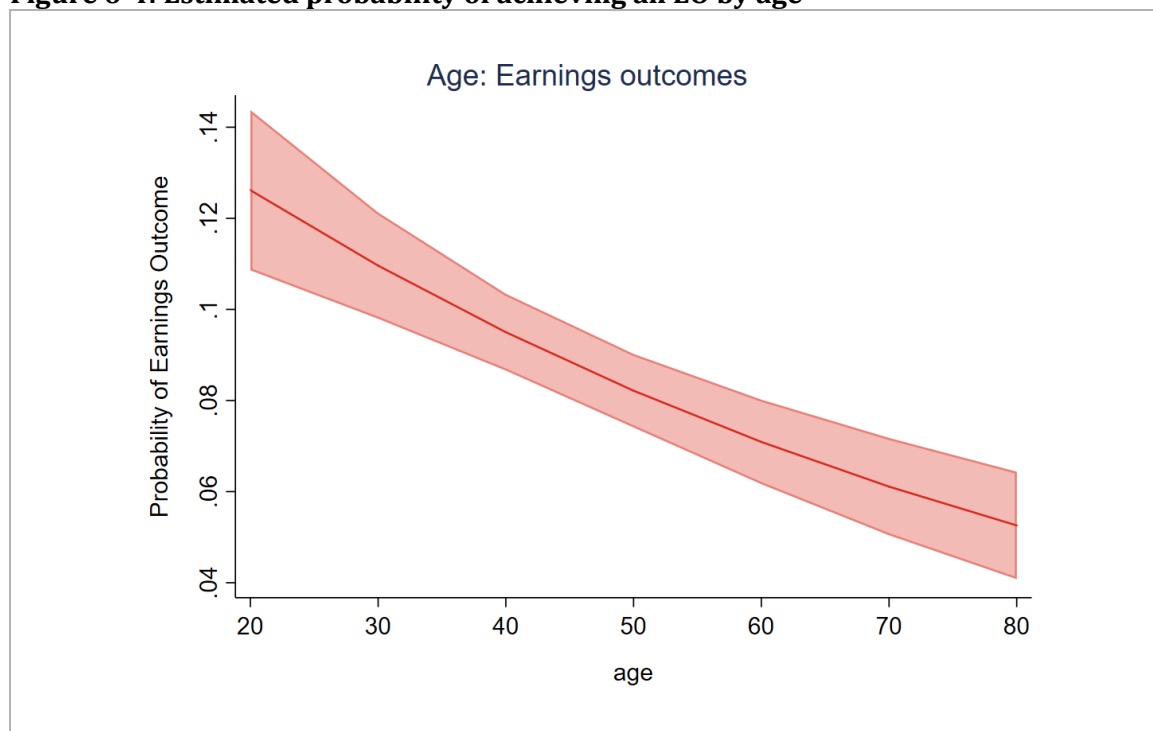
²⁵ When variables are highly correlated the estimates of the effects of each of them may be imprecise i.e. the confidence intervals may be too wide. This issue is known as multicollinearity. Intuitively, the estimation methods may struggle to determine to which of the closely related variables the effect should be attributed to. All variables that were included into the final specifications passed our tests on being ‘not too closely related’ using variance inflation factors as a metric. Where any doubt remained (e.g. when we suspected that variables may in fact be more closely related than the test would suggest) we checked the robustness of the estimates by excluding one of potentially correlated variables.

Figure 6-3: Estimated probability of achieving an EO 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)

- Client type: EE clients are x1.7 more likely than LTU to achieve an EO versus x1.3 more likely to achieve a job start. The difference for H&D is not significant.
- Highest qualification: Clients with no qualifications have a 8.3% probability, compared to 10.6% for those with A Levels/NVQ Level 3 and 10.5% for those with a degree or higher. This differs to the job start analysis, for which A Levels/NVQ Level 3 were not significant but 5 or more GCSE passes were. The effect of having a degree is larger for the EO analysis, at x1.3 vs 1.1 for the job start analysis.
- Age: Older clients are less likely to have achieved an EO than younger clients, falling from around 12% of for 20 year olds to around 8% for 60 year olds (Figure 6-4).

Figure 6-4: Estimated probability of achieving an EO by age

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)

- Gender: Male clients are less likely to have achieved an EO (8.4%) than female clients (10.1%). For job starts there was no significant effect by gender.
- Ethnicity: White clients are more likely to have achieved an EO (9.4%) than other ethnicities (7.7%). For job starts there was no significant effect by ethnicity.
- Length of time out of work: Clients last in work 0-6 months ago are most likely to have achieved an EO (18.4%), with those out of work for longer progressively less likely to have achieved an EO, and those out of work over 10 years least likely (4.6%). The magnitude of effect was very similar between the job start and EO analyses.
- Confidence of being successful in a job if starting one today: Clients who are the most confident about being in work (a score of 6 out of 6) are far more likely (13.4%) than those who are least confident (4.1%), as illustrated in Figure 6-5. Like the job start analysis, the size of this effect is far larger than most of the other results. The size of the difference is larger in the EO analysis though – clients scoring it a 6 are x3.3 times more likely to have achieved an EO than those with a score of 1, compared to x2.5 more likely to have achieved a job start.

Figure 6-5: Probability of achieving an EO by confidence of being successful in a job if you started one today



Source: SQW analysis of GM WHP monitoring data

- **Computer skills:** Clients who are most confident in their IT skills, scoring 6 out of 6, are more likely to have achieved an EO (10.0%) than those scoring it 1 out of 6 (7.2%). A score of 5 is also significant, with a likelihood of 9.7%, whereas it was not in the job start analysis. The effect of a score of 6 compared to 1 is larger for the EO analysis, increasing the probability by x1.4 versus x1.2 for the job start analysis.
- **Caring responsibilities:** Clients caring responsibilities are less likely to have achieved an EO (6.9%) than those without (9.2%). The magnitude of effect is the same as in the job start analysis.
- **Debt:** Clients reporting debt is an issue are more likely to have achieved an EO (10.6%) than those who do not (8.8%), with the magnitude of the effect slightly larger than in the job start analysis.
- **Number of health conditions:** With each additional health condition the probability of client has achieved an EO falls by 0.67 percentage points.
- **Exercise:** Clients who exercise regularly are slightly more likely to have achieved an EO (9.7%) than those who do not (8.4%).
- **Driving license:** Clients with a driving license are more likely to have achieved an EO (11.1%) than those without a driving license (8.3%), with the magnitude of the effect slightly larger than in the job start analysis.
- **The pandemic has had an impact:** Clients already on the programme when the pandemic started, the COVID-affected, are far less likely to have achieved an EO (7.3%) compared to those who were not (21.6%). Those starting since the pandemic, COVID-starts, are also less likely (7.6%) than those who started before (18.8%). Although again these results are

to some extent likely to reflect these clients being on the programme for less time, so it should be interpreted with caution.

- Other factors found to be positively impact the likelihood of achieving an EO include cohabiting (as opposed to married for job starts) rather than being single, being in receipt of existing work support, English support or health support (which was not significant in the job start analysis), and not being in receipt of existing personal support.

6.11 Compared against the job start analysis, some variables have been found not to be significant. These are:

- **Provider:** For job starts Plus clients had a higher probability of starting a job compared to Ingeus, but there is no significant difference between providers for EOs. This suggests the difference in EO rates is reflective of differences in clients, rather than differences between providers.
- **Local authority:** For job starts clients in Bury had a higher probability of starting a job compared to clients in Bolton, but there is no significant difference between local authorities for EOs. This suggests the difference in EO rates is reflective of differences in clients, rather than differences between performance at local authority level.
- **Requesting skills support or having existing skills support:** These were both significant for the probability of a job start, but not for achieving an EO.
- **Being in receipt of Personal Independence Payment (PIP):** Clients receiving this payment were less likely to achieve a job start than those not receiving the payment but who have a health condition, but there is no significant difference for the likelihood of achieving an EO.

6.12 Overall, the results are broadly in line with the job starts analysis. The key differences are that: confidence in being successful in a job has a greater effect; gender and ethnicity are significant whereas they were not for job starts; and provider, local authority and H&D vs EE do not have a significant effect for EOs whereas they did job starts.

Results of the analyses on conversion of EOs to HEOs

6.13 The econometric analysis also tested which variables are significant to the likelihood a client achieves an EO but not a HEO. The full results are set out in Table B-4, but are summarised here. They show:

- **Local authority:** Clients in Bury are less likely to convert an EO to a HEO than clients in Bolton (which was the base case), with 20.8% of clients in Bury not converting compared to 12.8% in Bolton. No other local authority has a statistically significant difference.
- **Client type:** LTU clients are less likely to convert an EO to a HEO than EE clients, with 14.5% of LTU clients not converting compared to 6.0% of EE clients.

- Length of unemployment: Clients who have never worked before are less likely to convert an EO to a HEO than clients out of work 0-6 months, with 19.0% of the former not converting compared to 10.9% of the latter.
- Marital status: Clients who are co-habiting are more likely to convert an EO to a HEO than single clients, with 43% of co-habiting clients not converting compared to 11.7% of single clients.
- Confidence of job success: This only has a significant effect when comparing a score of 4 (8.8% not converting) against a score of 1 (17.8%), with other scores found not to be significant.
- Caring responsibilities: Clients with caring responsibilities are less likely to convert an EO to a HEO than those without, with 10.0% of clients with caring responsibilities not converting compared to 16.3% of clients without.
- Driving license personal support: Clients with a driving license are more likely to convert an EO to a HEO than those without, with 8.5% of clients with a driving license not converting compared to 11.5% of clients without.
- Existing personal support: Clients with existing personal support are more likely to convert an EO to a HEO than those without, with 6.9% of clients with existing support not converting compared to 10.9% of clients without.
- COVID effect: Clients already on the programme when the pandemic started are more likely to convert an EO to a HEO, with 9.4% not achieving a HEO compared to 20.4% of those on the programme when the pandemic started having converted. The difference is larger for clients joining since the pandemic started, with 9.8% of those starting the programme before not achieving a HEO compared to 24.4% of those joining the programme since having converted. Again, these results are to some extent likely to reflect these clients being on the programme for less time, so it should be interpreted with caution, and will need to be revisited in the future.

Earnings Outcomes by type of job and for job leavers

- 6.14** 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.
- 6.15** Figure 6-6 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.

Figure 6-6: Proportion of job starts (at least 15 months ago) achieving EOs and HEOs based on occupation of initial job start

	% of clients with job start at least 15 months ago with EO	% of clients with job start at least 15 months ago with HEO	n=
Administrative and secretarial occupations	66%	62%	178
Associate professional and technical occupations	63%	57%	49
Professional occupations	63%	54%	72
Caring, leisure and other service occupations	61%	54%	264
Sales and customer service occupations	55%	49%	564
Managers, directors and senior officials	54%	50%	26
Skilled trades occupations	54%	48%	160
Elementary occupations	51%	45%	717
Process, plant and machine operatives	45%	42%	435
All jobs	54%	48%	2481

Source: SQW analysis of GM WHP monitoring data

6.16 Analysis of the conversion for those who started a job at least 15 months ago also shows:

- Clients in full time jobs are more likely to have converted to an EO (60%) compared to those in part time jobs (50%), and the pattern is similar for HEOs (56% vs 41%). Clients whose contract varies (40% and 38%) or is zero hours (38% and 32%) are far less likely.
- Clients who viewed their initial job start as their 'Ideal job' are more likely to have converted to an EO (61%), followed by 'A step towards a better future' (57%) and 'Just a job' (47%) – and the pattern is similar for HEOs (57% vs 51% vs 41%).
- Clients who left their initial job are far less likely to have achieved an EO (33%) than those who did not (81%), while the pattern is similar for HEOs (28% vs 75%), which shows that job leavers are having a major impact on the achievement of EOs.
- Clients who secured their job through the EST are slightly more likely to have converted to an EO (59%) than those who sourced their job elsewhere (56%), and for HEO the difference is larger (56% versus 50%).

Performance versus other Contract Package Areas

6.17 Publicly available data allows performance in Greater Manchester to be compared to similar areas.²⁶ Table 6-2 shows on a straightforward comparison Greater Manchester is the highest performing devolved CPA, but most DWP managed CPAs are performing higher. However, this straightforward comparison fails to account for differences in geography, levels of

²⁶ DWP. Stat-Xplore.

deprivation and unemployment levels. Therefore this section presents analysis on performance in Greater Manchester versus more comparable geographies and city regions within broader CPAs. While more comparable, there must still be some caution around possible differences across the CPA, and so the analysis should be viewed as indicative. It is also worth noting that the Earnings Outcome threshold in Greater Manchester is based on the Real Living Wage rather than National Minimum Wage, so is higher than the other CPAs.

Table 6-2: Earnings Present and Earnings Outcomes for clients on the programme for 15 months+

	EPs as % of starts	EOs as % of starts	EOs as % of EPs
Greater Manchester	36%	21%	58%
North West	37%	22%	59%
Wales	47%	30%	63%
Central	34%	20%	57%
North East	38%	23%	60%
Southern	39%	23%	59%
Home Counties	38%	22%	57%
West London Alliance	34%	18%	54%
Central London Forward	26%	16%	60%
South London Partnership	32%	19%	61%
Local London	31%	18%	59%
WHP overall	37%	22%	59%

Source: SQW analysis of Stat Xplore DWP data

6.18 Given some of the challenges in comparing with whole CPAs, Table 6-3 below considers comparator urban areas selected based on similarities with Greater Manchester: the Liverpool City Region, West Midlands Combined Authority area, the North East²⁷ (different to the CPA, as it excludes Yorkshire and the Humber and areas in the East Midlands), the West Yorkshire Combined Authority area and Sheffield City Region. The table shows:

- These chosen areas appear to be reasonable comparators, as they are broadly similar in terms of deprivation and unemployment, though there is still some variation between them. The metrics on deprivation and unemployment have been weighted to account for the proportion of starts coming from each local authority. Factoring in deprivation data is particularly difficult, as deprivation is measured at LSOA level but it is not possible to determine how many starts have occurred in each LSOA to weight it accordingly, as most LSOA level data is suppressed.
- The comparator areas generally perform less well than the broader CPAs set out above, which suggests urban areas like Greater Manchester are more challenging. This highlights

²⁷ Where we have combined Tyne and Wear and Tees Valley

the difficulty of measuring the performance of GMCA against the other, geographical broad CPAs. Just WMCA and SCR perform better than Greater Manchester on Earnings Present, while on Earnings Outcomes LCR also performs better, reflecting their higher conversion of Earnings Present to Earnings Outcomes. However, some of this difference may reflect the different thresholds for Earnings Outcomes in Greater Manchester, which uses the Real Living Wage rather than National Minimum Wage.

- The Greater Manchester programme is also larger relative the programmes in the other areas: Greater Manchester has 37 starts per 10,000 working age population compared to a maximum of 30 elsewhere, and 111 starts per 1,000 claimants versus a maximum of 99 elsewhere. Consultees have suggested that having a broader reach might lead to a higher proportion of clients who have more complex barriers to work. Unfortunately, it is not possible to test how clients in different areas compare due to a lack of data on other areas.
- That said, some of the differences in performance do appear to be attributable to the client mix. Greater Manchester has tended to receive a higher proportion of LTU clients, who were shown earlier to be less likely to start working and achieve an Earnings Outcome. Revising all areas to be in line with Greater Manchester's client mix marginally reduces performance in some other areas.

Table 6-3: Comparison of WHP performance and economic status with GM comparators

	LCR	WMCA	NE	WYCA	SCR	GM
Starters on programme 15 months+	3.0k	4.5k	4.7k	4.0k	2.5k	6.6k
Starts per 10k working age population ²⁸	30	25	28	27	28	37
Starts per 1k claimant count ²⁹	84	57	99	49	95	111
% of starts with Earnings Present ³⁰	36%	28%	33%	39%	43%	37%
% of starts with Earnings Outcomes ³¹	23%	16%	19%	24%	26%	22%
% of Earnings Presents converted to Earnings Outcomes ³²	63%	58%	57%	62%	60%	60%
IMD - average IMD rank of LAs in the area (weighted by no. of LSOAs per LA) ³³	26	42	59	52	47	58
IMD - % of LSOAs in most deprived decile ³⁴	34%	26%	20%	22%	23%	23%

²⁸ Nomis. Population Estimates.

²⁹ Nomis. Claimant count. Note claimant count figure is the average of 2018-2019.

³⁰ Starters 15 months+ ago only. This provides time for the outcomes to be achieved and avoids the results being skewed in areas with a high number of recent starters.

³¹ As above.

³² As above.

³³ Ministry of Housing, Communities & Local Government. English indices of deprivation 2019. This used the local authority average index of multiple deprivation ranking to establish an average ranking for each region, with the region average calculation weighted by the number of LSOAs per local authority.

³⁴ Ibid.

	LCR	WMCA	NE	WYCA	SCR	GM
IMD - average IMD rank of LAs in the area (weighted by proportion of starts by LA) ³⁵	23	33	55	49	45	47
IMD - % of LSOAs in most deprived decile (weighted by proportion of starts by LA) ³⁶	35%	29%	21%	23%	23%	25%
Claimants as a proportion of residents aged 16-64 (weighted by proportion of starts by LA) (Feb-20) ³⁷	4.1	5.6	4.7	3.9	3.4	4.2
Claimants as a proportion of economically active residents aged 16-64 (weighted by proportion of starts by LA) (Feb-20) ³⁸	5.4%	7.4%	6.2%	4.8%	4.4%	5.4%
Earnings Present % if same client split	36%	28%	33%	38%	42%	37%
Earnings Outcomes % if same client split	22%	16%	19%	24%	26%	22%

Source: SQW analysis of DWP Stat Xplore data

³⁵ Ibid. This used the local authority average index of multiple deprivation ranking to establish an average ranking for each region, with the region average calculation weighted by the number of starts per local authority. Ideally it would be weighted by starts per LSOA, however this was not possible due to suppression of LSOA data for 50% of GM LSOAs and around a third in other regions. The lower level of unknowns in GM reflects the proportionately larger scale of the programme.

³⁶ Ibid. This used the deciles at a local authority level, weighted by the number of starts per local authority.

³⁷ Nomis. Claimant Count.

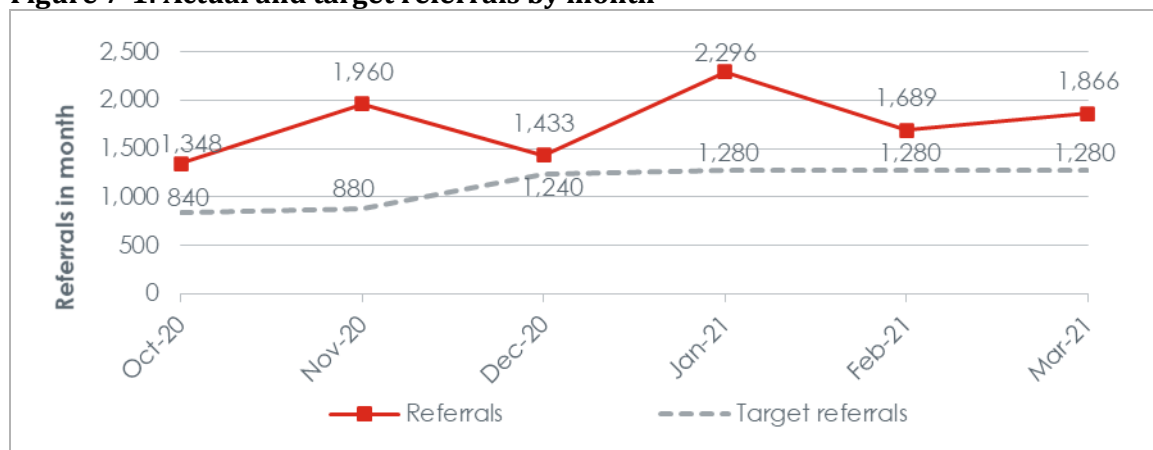
³⁸ Ibid.

7. Job Entry: Targeted Support (JETS) – Referrals, Starts and Support

- There were 10,592 referrals to JETS by the end of March 2021 following its launch in October 2020 – considerably above the target number
- The number of programme starts was 5,286 by the end of March 2021 – just above the target
- The conversion of referrals to starts has been a challenge on JETS, reflecting the same difficulties faced by WHP
- Clients joining JETS are generally those who were anticipated in terms of characteristics and barriers to work, and though there are some clients who appear would be better suited to WHP the proportion is small
- The commissioning, mobilisation and launch process was considered a great success by those involved

Programme referrals

- 7.1** The Working Well: Work and Health Programme - Job Entry: Targeted Support (JETS) received 10,592 referrals by the end of March 2021 after launching in October 2020.
- 7.2** Figure 7-1 below shows that referral levels have been consistently above profile since it first launched. This is a notable contrast with past Working Well programmes, which all faced challenges against their referral profiles during their early months. Consultees attributed this success to multiple factors, including:
- The need for this type of light-touch provision given the rise in unemployment and Work Coach having identified customers for referral prior to the programme commencing
 - Extensive profile raising activities undertaken by the providers with JCP staff prior to and since the programme's launch, including webinars for existing and new WCs and the development of desk aids (although these are not available in all JCPs)
 - Strong partnership working between the providers, JCP and GMCA, at operational and strategic, pan-GM and sub-GM levels, which is to some extent a legacy of the previous Working Well programmes
 - Resourcing of the relationship by JCP and JETS, with a JCP Relationship Coordinator role introduced for JETS.
- 7.3** The result is JETS had achieved 156% of its target referrals by March 2021. Referrals performance in GM has been strong relative to the DWP CPAs.

Figure 7-1: Actual and target referrals by month

Source: SQW analysis of GM JETS monitoring data

- 7.4** At a JCP site level, there is considerable variation in the level of referrals – from 97% of profile in Stockport JCP to 347% in Hulme JCP. This variation has created a need to rebalance referrals between areas to align with the expected split between providers, with two JCP sites now referring to Ingeus rather than TGC. One consultee said this was preferable to telling JCP sites to stop making referrals, as this might result in referrals being below profile over the longer term.

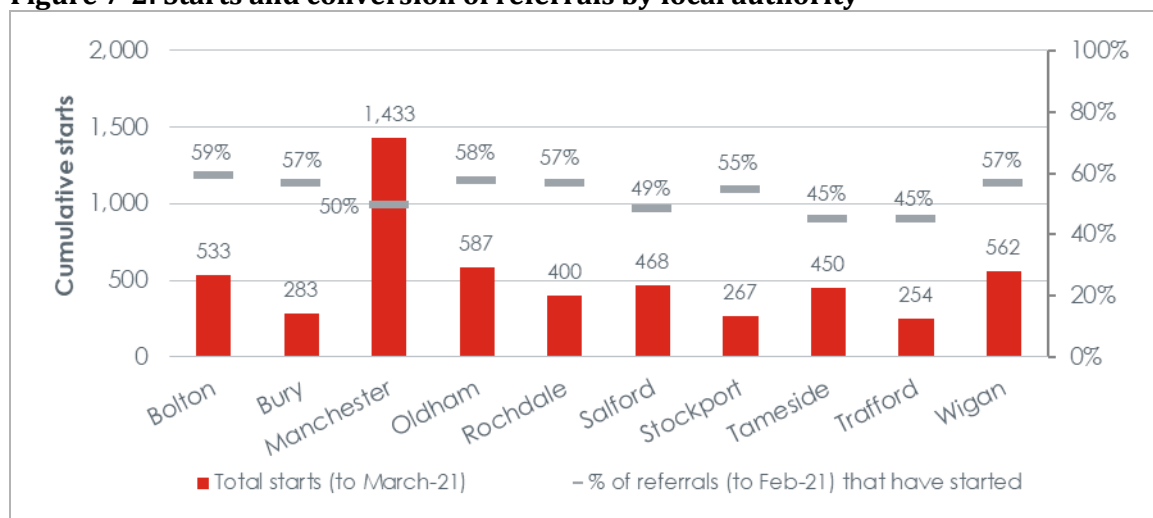
Programme starts

- 7.5** JETS had 5,286 starts by the end of March 2021 – 104% of the target number of starts. Yet while the target number of starts was achieved, the conversion rate for referrals up to February 2021 was 53%, which was considerably below the target of 75%.³⁹ The target number of starts was therefore achieved through higher than expected referrals. As on WHP, there is concern about the low conversion rate. JETS providers and GMCA are keen to ensure people referred to the programme start, as referrals deemed appropriate are not receiving the support they could benefit from and there is a desire to avoid resources being misspent on processing referrals that ultimately do not join. Improving the conversion rate is thus a key area of activity for JETS as well as WHP. The conversion rate is slightly lower in GM than it is for JETS overall which is 55%. Positively there has been a considerable improvement in the conversion rate since March 2021.
- 7.6** Figure 7-2 sets out the number of starts and conversion rates by local authority. Manchester has recorded the greatest number of programme starts to date (1,433) accounting for 27% of the total. The split by local authority is broadly the same as observed across the WHP, although the percentage of total programme starts in Manchester is slightly higher on JETS in comparison to WHP (27% on JETS vs 21% on WHP pre-pandemic and 19% after).

³⁹ Calculated for referrals up to Feb-21 only to provide sufficient time for referrals to start on the programme into Mar-21.

- 7.7** All of the local authorities are below the target conversion rate of 75%. The gap in rates is even wider at the level of individual JCP sites, ranging from 40% in Worsley up to 59% in Bolton, Leigh and Rochdale. That the rate is below the 75% target across all individual JCP sites is indicative of how challenging the conversion rate target was.

Figure 7-2: Starts and conversion of referrals by local authority



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

- 7.8** Interestingly the pattern in conversion rates does not hold strongly between JETS and WHP. The conversion rate of individual JCP sites is also considered in Table A-1 in Annex A. There is no observable relationship between the two programmes, suggesting conversion rates are not necessarily the result of practices in particular JCP sites that are cross-programme.
- 7.9** Considering the providers, Get SET Academy have the highest conversion rate (69%) but also the lowest number of referrals, which is likely an explanatory factor. TGC has the lowest conversion rate at 49%.

Table 7-1: Starts and conversion of referrals by provider

	Actual referrals up to Feb-21	Of which started	Conversion rate
The Growth Company	3,892	1,912	49%
Ingeus	3,465	1,893	55%
ELP Rochdale Council	452	260	58%
Get Oldham Working	386	195	51%
Bolton Council	301	164	54%
Get SET Academy	229	159	69%

Source: SQW analysis of GM JETS monitoring data

- 7.10** Recorded reasons for DNS referrals are set out in Table 7-1. It shows that by far the leading reason is an inability to contact the referral (47%). Like WHP, this leading reason reflects a mix of contact details being incorrect and referrals simply not answering the phone – but it is

more prevalent on JETS, with 47% unable to be contacted compared to 32% for WHP. This is the leading reason across all JCP sites, except for Stockport where this accounts for just 21% of DNS referrals. A further 32% cited being unwilling or unable to join for reasons other than having found work. In more recent months, 'participant does not feel the programme will benefit them' has been less prevalent, suggesting the issue of a lack of buy-in is being better addressed. The relative position of the reasons given has remained stable otherwise, with 'unable to contact' still most common.

Table 7-2: DNS reason

<i>DNS reason</i>	<i>% of DNS</i>
Unable to contact	47%
Participant did not attend initial appointment	14%
Participant does not feel the programme will benefit them	8%
Unable to attend within required time frame	8%
Participant has job offer/started work	7%
Participant does not want to join now due to personal/family circumstances	6%
Participant advised they were misinformed by WC/RO	5%
Participant feels they have enough help from other services/agencies to support them	2%
Participant is not well enough to engage on a regular basis	1%
Participant is not able to attend appointments in the required location/vicinity of assigned area	1%
Participant feels they have enough help from their Work Coach	1%
Participant does not want to attend on a regular monthly basis	1%
Participant moved out of area	0.3%
Participant is unable to attend on a regular basis due to caring responsibilities	0.2%
Participant is currently on another ESF programme	0.1%

Source: SQW analysis of GM WHP monitoring data

- 7.11** Fieldwork with the providers, including Employment Coaches, reflected the reasons set out above – that issues contacting referrals are the main cause of DNS. Some consultees suggested that JCP should routinely be sharing referral email addresses, to provide an alternative way to make contact in a way which people might respond to better.
- 7.12** There are also frequent referrals where the programme has not been well communicated, especially to new claimants with little prior contact from JCP, which in turn reflected pressure on their services, or where the programme might not be appropriate. Reviewing the DNS reasons above would suggest around one in five cases fit this criteria, and the actual number could be higher given some people who start the programme will also meet these criteria. Consultees reported that while these issues fluctuated over time, they had generally improved. Good working relationships, strong feedback loops and communication, and

interrogation of data were viewed as vital to this. There is regular routine and ad-hoc communication between JCP and JETS, which includes weekly data reports to JCP sites on referrals and DNS reasons, and good relationships between WCs and JCP Relationship Coordinators, and increasingly Employment Coaches. The richer narrative around DNS reasons and remedial action set out in Chapter 2 on WHP generally apply JETS too. A commonly held view across both JETS and WHP is that the relationship with JCP requires significant and continual resourcing to achieve high levels of appropriate referrals and low DNS rates.

Profile of clients

Characteristics

7.13 Figure 7-3 displays the length of time clients have been unemployed prior to starting on JETS. Clients have most commonly been unemployed for 7-12 months (39%), with just 30% unemployed for over a year. Oldham, Rochdale and Wigan have a substantial number of clients starting on the programme who have been unemployed for more than 2 years, accounting for 18%, 16% and 16% of starts respectively.

Figure 7-3: Length of time clients are unemployed prior to starting on JETS



Source: SQW analysis of GM JETS monitoring data.

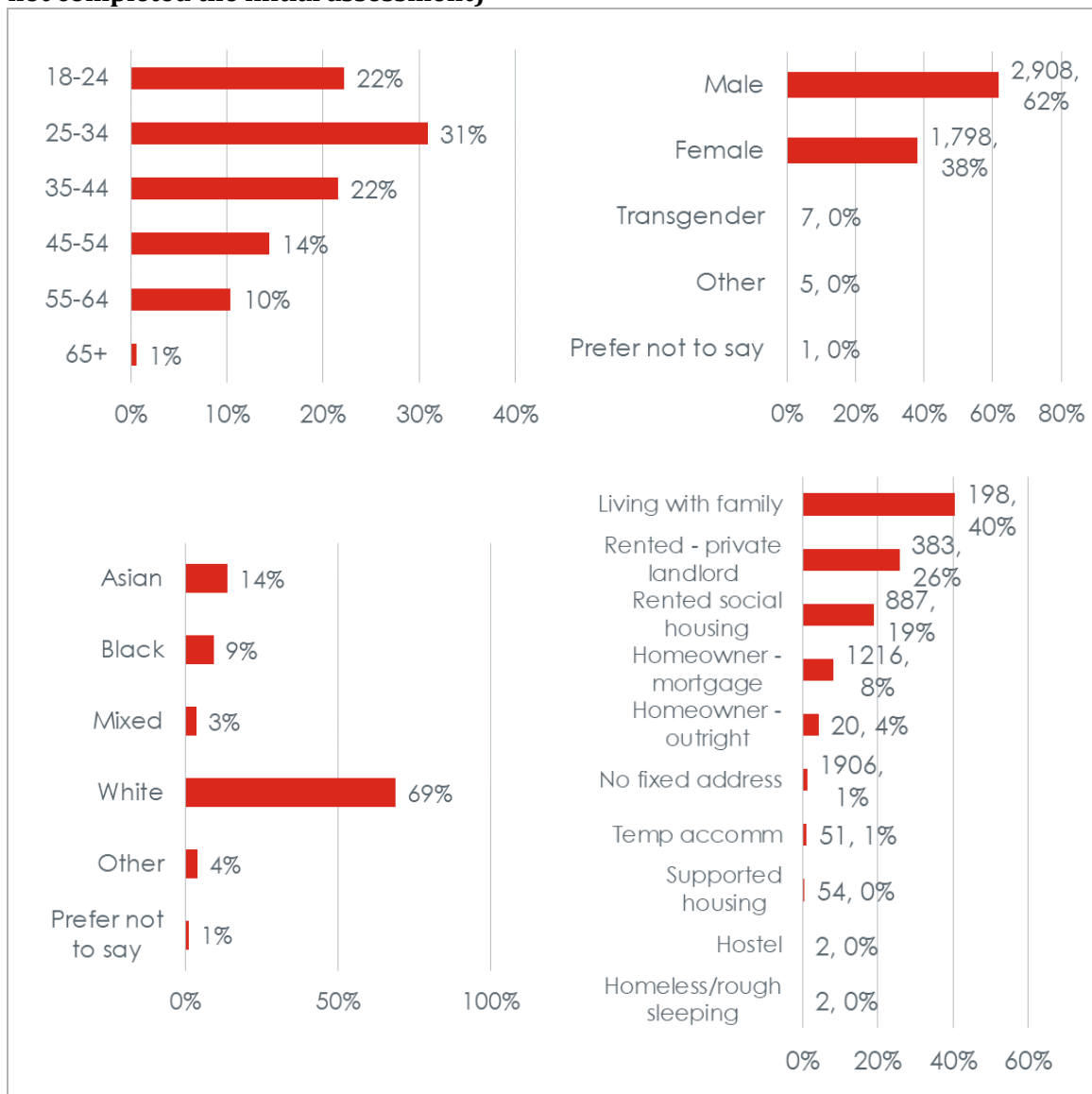
7.14 A selection of basic starter characteristics is presented in Figure 7-4. These charts and other analysis show:

- there is a spread of client ages, with just under half (47%) of clients on JETS aged over 35 – the median age is 33 years
- a majority of clients are male (62%)
- a majority are white (69%)
- a majority are single (78%)

- living with family is the most commonly cited living situation (40%), followed by rented with a private landlord (26%) and rented social housing (19%)

7.15 The split by gender and marital status is broadly the same as observed across the WHP, however the clients on JETS tend to be younger (the median age on WHP was 45 years old pre-pandemic and 38 since), which should enhance their chance of subsequently finding work. There is a lower proportion of white clients (76% on WHP pre-pandemic and 73% since). The living situation also differs, as on WHP 26% are living with family and 37% live in social rented housing, likely reflecting the difference in age.

Figure 7-4: Characteristics of programme starts (n=4719, excludes those who have not completed the initial assessment)



Source: SQW analysis of GM JETS monitoring data.

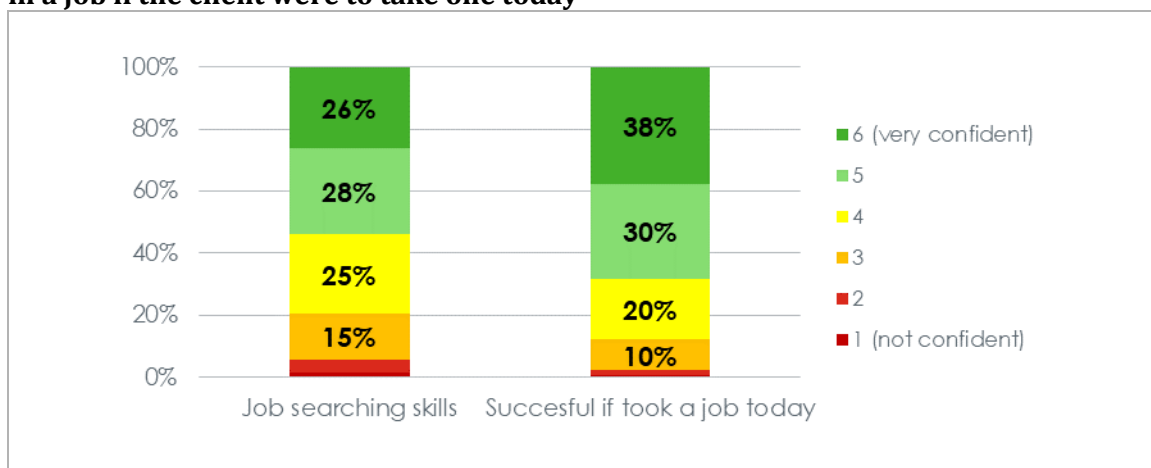
Barriers to work

Work experience and perceptions

7.16 Figure 7-5 presents data pertaining to levels of confidence in job searching skills and being successful in a job if taken today. The data shows that most clients are confident in their job searching skills, with 80% scoring it at least 4 out of 6. This is higher than WHP, for which 61% gave this score pre-pandemic and 58% since.

7.17 Almost nine in ten (88%) clients were confident that they would be successful in a job if they started one today⁴⁰. This includes 38% who report that they would be very confident. Again, this is higher than WHP, for which 61% scored 4 or higher pre-pandemic and 63% since. This greater confidence is to be expected given the focus of JETS on those who have fairly recently become unemployed.

Figure 7-5: Reported levels of confidence in job searching skills and being successful in a job if the client were to take one today

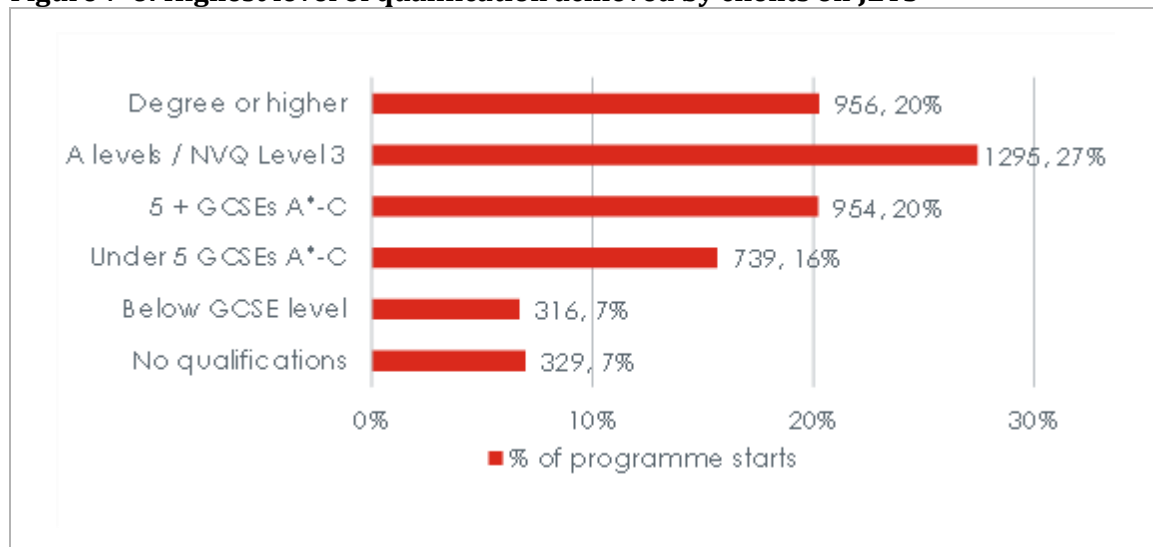


Source: SQW analysis of GM JETS monitoring data.

Qualifications and skills

7.18 Figure 7-6 displays the highest level of qualification held by clients. The data reveal that around half (47%) are qualified to A level / NVQ Level 3 or higher. In comparison to WHP, JETS clients are more highly qualified (25% of WHP clients pre-pandemic and 28% since were qualified to A Level / NVQ Level 3 or higher). The proportion of clients with no qualifications is also lower on JETS in comparison to WHP – at 7% as opposed to 14% on WHP pre-pandemic and 11% since).

⁴⁰ Scoring this at least at least 4 out of 6

Figure 7-6: Highest level of qualification achieved by clients on JETS

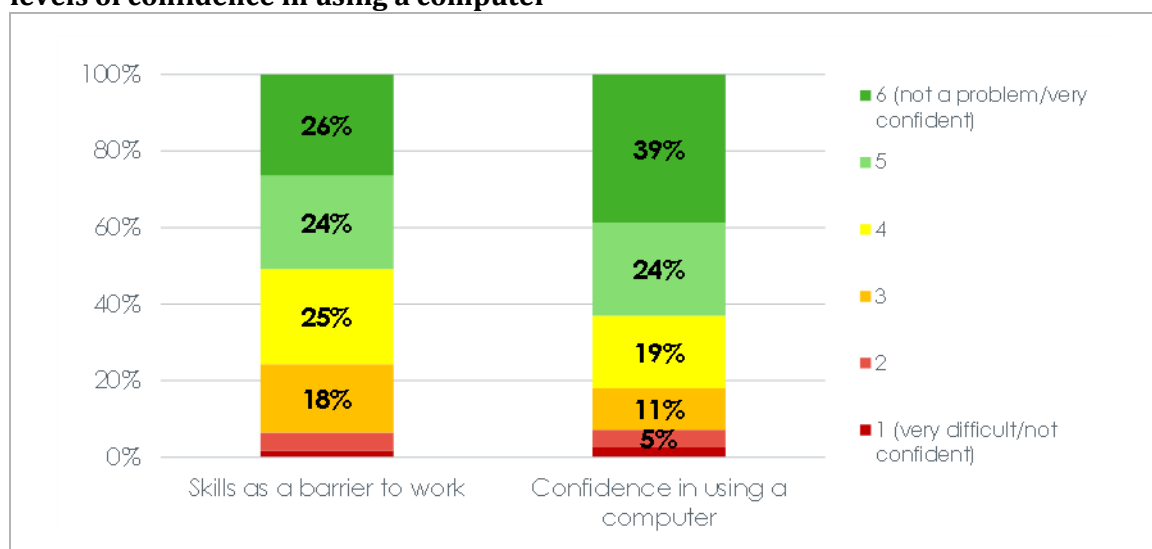
Source: SQW analysis of GM JETS monitoring data. Excludes 'don't know' responses.

- 7.19** The generally higher level of qualifications carries over into English and Maths: 66% of clients on JETS have a GCSE pass (A* to C) in both English and Maths. In comparison, 42% of WHP clients had a GCSE pass in both English and Maths pre-pandemic and 52% since.
- 7.20** Figure 7-7 sets out the views of clients on how far their skills are a barrier to work and levels of confidence in using a computer. It shows that 24% of clients believe that a lack skills is making it harder to secure work.⁴¹ This is notably lower than the 41% of WHP clients pre-pandemic and 37% since.
- 7.21** Considering computer skills, 82% of clients on JETS report confidence in using a computer⁴², this includes 39% who report that they are very confident. In comparison, 61% of WHP clients reported that they had confidence in using a computer pre-pandemic and 68% since. These differences in skills likely reflect both the higher qualifications base and more recent work experiences of the JETS cohort.

⁴¹ Scoring 1-3 out of 6

⁴² Scoring 4-6 out of 6

Figure 7-7: Proportion of clients identifying skills as a barrier to work and reported levels of confidence in using a computer



Source: SQW analysis of GM JETS monitoring data

7.22 For 19% of clients on JETS, English is not their first language, although just under half of these clients are fluent in English. In comparison, English is not the first language of 12% of clients on WHP (both pre-pandemic and since).

Wider barriers to work

7.23 Table A-4 (in Annex A) sets out additional data on barriers to work. It shows, in order of prevalence:

- 57% of clients do not hold a driving licence that is valid in the UK (compared to 68% of clients on WHP pre-pandemic and 62% of clients since) and just 29% have access to a car (compared to 16% on WHP)
- 21% of clients report that their personal circumstances are making it harder to secure work⁴³ (compared to 44% of clients on WHP pre-pandemic and 49% of clients since)
- 17% of clients report that their wellbeing is making it harder to secure work⁴⁴ (this metric is not included in the WHP data)
- 12% of clients are lone parents (the same as the proportion of clients on WHP)
- 7% of clients have a criminal record (around half the level of WHP clients)
- 6% of clients care for a family member or friend and 4% said their childcare responsibilities impact on their ability to search or take up work (compared to 6% for both on WHP)

⁴³ Scoring 1-3 out of 6

⁴⁴ Scoring 1-3 out of 6

- 2% of clients need help managing money, and 1% say debt is a problem (compared to 9% and 15% on WHP respectively) – albeit JETS staff said clients are often unwilling to divulge this information during the initial assessment, so the true level is likely higher
- 26 clients reported a need for help with their housing situation, equivalent to 0.6% (compared to 8% on WHP pre-pandemic and 4% since)

Reflections on characteristics and barriers to work

7.24 The data on client characteristics and barriers to work show that those joining the JETS are broadly those the programme was designed for – those who are motivated to find work and require light touch employment support due to fairly limited barriers – but not exclusively.

7.25 There is a proportion of clients that might be better suited to more intensive support – for example the 13% unemployed for over two years or the 76 clients ranking their wellbeing the lowest score. The consultees highlighted concerns that there are some clients joining who are unlikely to find work through six months of light touch support. This included those who are not motivated to find work, have a long history of worklessness, significant health issues and very poor English, and some who had previously been on WHP. ECs reported that health problems often only became apparent after the initial appointment. Additionally some ECs said clients were joining without necessary identification to work, which could take time to resolve so addressing these simple barriers prior to a referral might maximise the impact of their time on the programme. The proportion of clients less well suited was reported to have fluctuated over time – a common suggestion was the proportion was higher in recent months, possibly due to pressures to hit referral targets. The pandemic has also meant personal circumstances, attitudes and fear around starting work have been particularly volatile, so a client's likelihood of starting work can change drastically while on the programme.

7.26 Positively, the fieldwork findings and the data do both reflect that the proportion of clients not well suited to the programme is small. Where clients are less well suited, this is communicated to JCP. It is vital that this is also communicated directly to WCs, so that people are not referred to the programme when they would be better suited to more intensive provision. The fieldwork found where referrals would be better suited to WHP, this was fed back to JCP and often referrals to WHP were made instead. When Restart launches, that will be another programme that some harder to help referrals might be better suited to.

7.27 Previous WHP evaluation reports found that pressure to hit referral targets risks less appropriate referrals being made by WCs. This does not currently appear to be a major issue for JETS, as it appears to only be happening to a small extent, but it is a risk if referral profiles are higher than the number of suitable people on WC caseloads. It is important to monitor this over the course of the next year as the situation develops.

7.28 The lower than expected level of need around debt and money management was surprising to JETS consultees, given the programme was designed with the expectation that there would be a common need for this support. While the true level of need is understood to be higher

than the data suggests, this might also reflect clients being younger and more likely to live with their family, meaning housing costs are less of an issue. It has also been suggested that it may reflect creditors not actively chasing debts during the pandemic, which may change going forwards.

Support

7.29 The JETS support model is light touch compared to WHP. Clients have remote appointments with their EC roughly every 10 days over a period of six months. Alongside this, clients are able to access broader support through other internal teams, external organisations and online portals – as set out below.

Figure 7-8: Overview of the JETS support model

Employment Coach <ul style="list-style-type: none"> • Appointments every c.10 days • Resolving simple issues • Signposting to support 		
In-house support Money Management Service Adult Skills Coordinators Employer Services Team	GM's support ecosystem Training providers Wider support needs via local authorities/public services and voluntary, community and social enterprise (VCSE) sector	Online support iWorks SilverCloud Be Mindful Wider support needs also supported

7.30 The consensus amongst consultees was that the remote support from ECs is broadly working well. Their reflections on the advantages and disadvantages of providing support remotely mirrored the findings set out in Chapter 3 on the WHP. The main challenge has been around regular client engagement, which is considered more below. Remote support appears to be more suited to the JETS cohort, reflecting their attitudes, skills, less complex support needs, and the shorter length of the programme. Nonetheless, there are plans for some face-to-face delivery where desired by clients and/or deemed appropriate by ECs from June 2021. This will be delivered via existing WHP sites and other community-based outreach sites. It will be useful to monitor whether appointments are face-to-face or remote (and for which clients), in order to test any affect on engagement and outcomes.

7.31 The support delivered by the programme is considered below. As of the end of March 2021 there is no data available on intermediate outcomes to understand the impact of this support beyond job starts and Earnings Outcomes.

Job search support

7.32 The support delivered to clients has been predominantly around searching and securing work – such as careers advice, basic job search skills, developing CVs and job applications, and exploring self-employment (full details in Table A-5 in Annex A). Many JETS clients had been

in their previous jobs for years, so need this relatively simple support to better understand their options, how and where to search for jobs, and to increase their chances of securing a job. This support is primarily delivered via ECs and iWorks. JETS clients and staff also spoke of the value of having an EC to support them throughout the process of applying for jobs, and in particular to cope with rejections. ECs have provided clients with reassurance, hope and motivation to keep applying for jobs.

- 7.33** Clients have also been able to access the account managed and wider labour market vacancies collated by the Employer Services Teams – with account managed vacancies giving clients a better likelihood of securing work than if they were competing in the wider labour market. The Employer Services Teams is targeted with securing 40% of job starts
- 7.34** A cohort was identified that were aiming to secure management occupations, so an Executive Coach role was introduced to support this cohort. However, in practice the demand for this support was limited. This does however show how active reviews of the job ambitions of the caseload can be used to introduce appropriate support.
- 7.35** ECs reported that the most challenging issue around finding work was a lack of motivation. This includes clients who expect JETS to secure them a job, rather than having to be active themselves to secure work.

JETS Case Study – Client A

After being made redundant from a career in the fashion industry, this client decided there was an opportunity to diversify into a new career. The Employment Coach supported the client to search for a new career by highlighting her transferrable skills. The client also used iWorks for its guidance and assessments on CV writing, interview techniques and other job search skills.

She subsequently revised her CV and better understood what text to use with prospective employers to showcase her expertise. With a greater awareness of her transferrable skills, the client applied for a recruitment position that would involve helping people get back into employment.

Skills support

- 7.36** When designing JETS there was an expectation that clients would need support to upskill, reskill and identify transferable skills, especially where people had worked in a sector that has been significantly impacted by the pandemic and might require support to change to a sector with more opportunities. The programme introduced Adult Skills Coordinators to resource the identification of skills needs across the cohort and arrange appropriate support. The extent of the focus on skills is distinctive versus the DWP JETS programme.

- 7.37** The co-ordinators have been active in getting training providers, including Adult Education Budget funded providers, signed up to Elemental so clients can easily be referred courses. As of around the end of March 2021 there were 79 AEB providers signed up to Elemental and 73 skills interventions on offer, with more expected to be added. These courses have enabled many 'quick wins' where clients have been supported to secure vocational qualifications and/or skills that directly link to available opportunities. Elemental is considered in more detail in Chapter 9.
- 7.38** That said, consultees reported that in practice JETS clients have been more reluctant to upskill or reskill than expected – with many in occupations affected by the pandemic indicating a preference to remain in the sector and hold out until more opportunities are available again. Given this lower client demand, Adult Skills Coordinators have also been considering local skills gaps to introduce training opportunities that would address these gaps – a change of tact to employer driven demand – including through working with wider GM skills teams.
- 7.39** Some 2% of clients have also been supported with their IT skills, which has included basic IT support and support with specific software such as using Microsoft Teams or Zoom. ECs reported that clients who lack basic digital skills are particularly challenging help, as much of the support and training available through JETS requires some level of IT competence as well as access to IT equipment. As far as possible, clients have been supported to develop these skills or access opportunities through other means, but it remains a significant limiting factor. ECs also cited clients with poor English as challenging to support within six months. ESOL courses are available to address these, but these are often at times that are difficult to secure work around.
- 7.40** The appetite for, uptake and impact of skills support will be explored further through later analysis. This will consider the extent to which JETS has supported clients to change occupation through skills support.

Wider support

- 7.41** JETS also supports clients with wider barriers to work, and has provided support around: motivation (5% of clients), debt and finances (4% of clients), health (4% of clients for mental health), childcare (0.5% of clients), housing (0.3% of clients) plus funding for access to IT equipment for job searching and working from home vacancies, transports costs and work clothes.
- 7.42** The Money Management Advice Service was included in JETS due to the expectation that many clients would be struggling with their finances due to the pandemic. While levels of need have not been as high as anticipated, there has been a need for this support amongst the caseload. By the end of March there had been 178 referrals to the Money Management Advice Service, equivalent of 3% of clients, of which 76 were in March. Clients have received support through one-to-one sessions and group sessions. The support delivered has covered debt, budgeting, money management and better off calculations (which are also delivered by ECs, with the service training ECs on delivering these).

7.43 ECs consulted through the fieldwork reported that the pandemic had impacted the wellbeing of much of the caseload, although the proportion of clients needing mental health support was low. Lighter touch support has been available through access to SilverCloud and Be Mindful. For some, however, there has been a need for more intensive support which has required referrals to external support. Sometimes the need for intensive support has only presented itself in a later appointment, or has emerged due to a change in the client's circumstances. Moderate to severe mental health was reported as one of the most challenging barriers to address. Clients with more severe physical health conditions were also considered difficult to address. These clients are likely more suited to support from WHP, but in some instances had already been on WHP. The appropriateness of progression onto JETS was questioned by some ECs, while noting it might be appropriate for some.

JETS Case Study – Client B

This client had previously worked in the care sector, but a back injury meant that she had been searching for a new role that was less physically demanding.

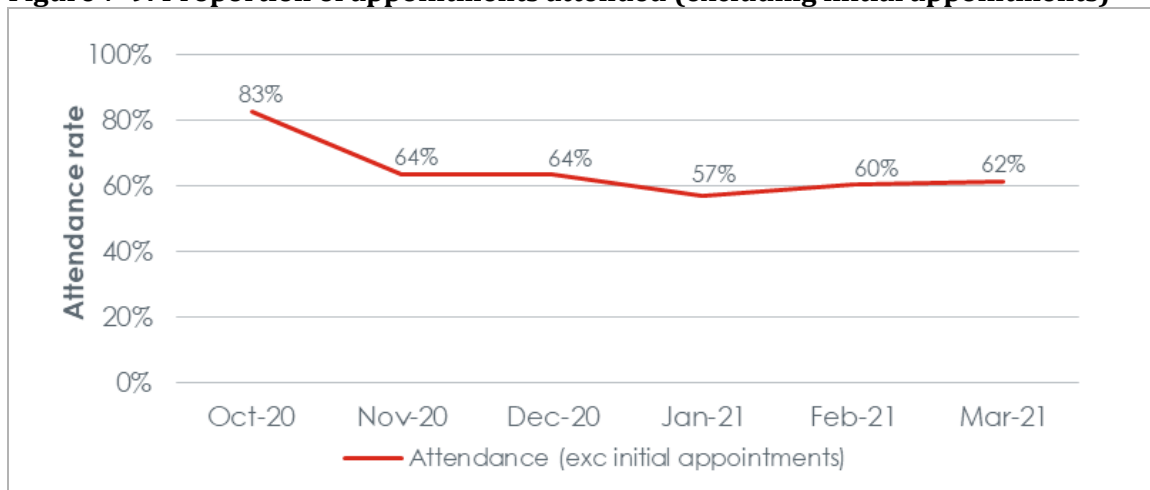
The Employment Coach arranged for her to take part in an online workshop that explained all the services that were available to help improve her CV, interview skills and provide money management advice.

Seven days after joining the programme, the client was successful in an interview and was offered a customer service job. However, she needed a laptop and headset to undertake her new role, so the Employment Coach promptly ordered the required IT equipment so that the client was soon able to start work.

Client engagement

7.44 Participation in the programme is voluntary for all clients. Therefore, as with WHP, one of the key challenges for the programme is keeping clients engaged.

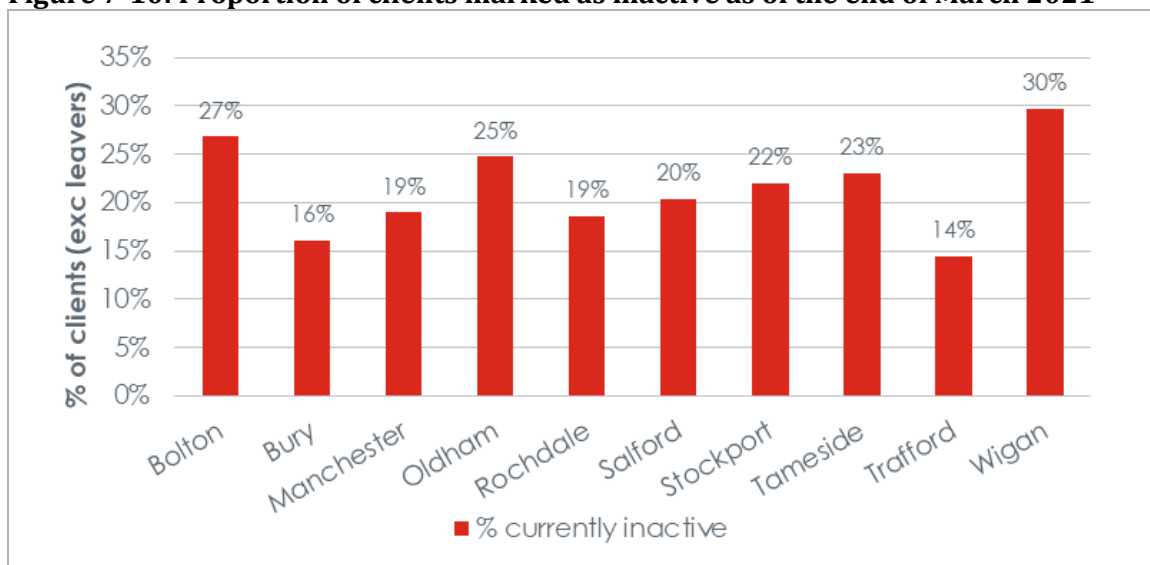
7.45 The fieldwork found engagement varies widely between participants. Employment Coaches reported that some clients are in contact almost daily, others have attended all of their regular appointments, but for others engagement is patchy or stops altogether. The challenges with engagement and reasons for disengagement identified in the fieldwork mirror those set out in the earlier section on WHP client engagement in Chapter 3. Figure 7-9 shows the proportion of regular Employment Coach appointments attended, which since October 2020 has been fairly stable at just below two thirds of appointments.

Figure 7-9: Proportion of appointments attended (excluding initial appointments)

Source: SQW analysis of GM JETS monitoring data

7.46 If clients do not attend an appointment then their EC will attempt to re-contact them within two days, book in their next appointment within 10 days and attempt contact three times within those 10 days. If the participant does not communicate with their EC and misses a second meeting then they are counted as disengaged. Clients can also request to be marked as disengaged. If a client is marked as disengaged then this is communicated to JCP; ECs also frequently work with JCP to try to engage clients before marking them as disengaged. Disengaged clients are still contacted, in order to continue re-engaging them and ensure they are aware of the support offer – unless they explicitly ask not to be contacted.

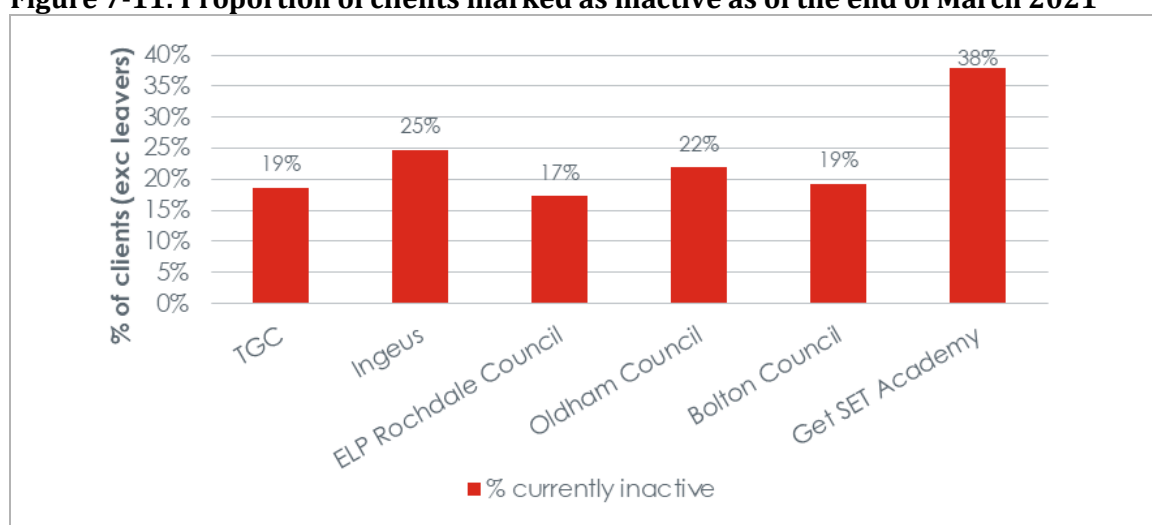
7.47 As of the end of March 2021, 22% of clients were recorded as disengaged. A breakdown by local authority is presented in Figure 7-10. It shows disengagement is highest in Wigan (30%) and Bolton (27%), and lowest in Trafford (14%) and Bury (16%). The pattern between local authorities is different from WHP – on which Bury and Salford have the highest levels of inactivity, and Bolton and Manchester the lowest.

Figure 7-10: Proportion of clients marked as inactive as of the end of March 2021

Source: SQW analysis of GM JETS monitoring data

7.48 Figure 7-10 shows the same analysis by provider, and shows wider variation. The level of disengagement for Get SET Academy is very high, though the reason for this is unknown, so will be explored further in future fieldwork. Lower levels of inactivity amongst some providers has been attributed to the disengagement process not being followed correctly, which has been an area for improvement since. Future analysis on JETS data will consider whether certain types of clients are more likely to be disengaged, the timing of engagement, and any impact that initially unknown job starts are having on these metrics.

Figure 7-11: Proportion of clients marked as inactive as of the end of March 2021



Source: SQW analysis of GM JETS monitoring data

7.49 JETS staff noted that re-engaging clients is resource intensive. To improve engagement an engagement consultant has been recruited to enable a greater focus on the issue, including through greater interrogation of the available data. The engagement consultant is now regularly sharing job vacancies and reminders on the available support with disengaged clients. They have also set up a specific re-engagement email address to streamline the process for clients looking to re-engage. More in depth analysis of the link between support delivered and outcomes achieved will be considered in future analysis.

Programme leavers

7.50 As of the end of March 2021, 913 clients had left JETS accounting for 17% of total starts. Table 7-3 presents the reasons why these clients have left the programme. It shows 40% of leavers left because they reached the end of the six months on the programme, and 57% of leavers left early because they had achieved a job outcome. Just 1% have left because they are either no longer eligible for the programme or because there has been a change in circumstances, and a further 1% have left because they no longer wished to participate in the programme.

Table 7-3: Number leaving the programme by reason

Exit reason	Number of leavers	% of leavers
Completer - end of programme	366	40%
Final outcome payment has been claimed by provider	521	57%
No longer eligible/change in circumstance	8	1%
Voluntary – does not wish to participate any longer	8	1%
Did Not Start	3	<1%
Other	7	1%
Total	913	100%

Source: SQW analysis of GM JETS monitoring data

Further reflections on delivery

Employment Coaches

7.51 ECs reported that their workload was high and difficult to manage initially, reflecting high levels of referrals and the challenges of delivering while familiarising themselves with all aspects and processes of their role. It is now more manageable, with caseloads smaller than expected due to higher levels of clients moving into work and disengaging than anticipated. There is some concern amongst JETS managers and GMCA that caseload sizes are lower than planned as a result, so may not be as cost effective. This contrasts with WHP, where historically there has been regular concern that caseload sizes were too high. JETS has taken a more proactive, rather than reactive approach to recruiting ECs, possibly incentivised by the change to the payment model. That said, there have been challenges around recruiting experienced ECs. Many of those recruited have been relatively inexperienced, requiring more support and upskilling.

7.52 If looking to increase caseload sizes, there may be scope for trialling this in some areas and not others to test what the impact is, as lower caseloads may or may not be contributing to strong performance. There is also a risk of staff leaving to join Restart, which may be more attractive as a longer contract meaning better job security, which could increase caseload sizes.

Minimum Service Delivery Standards (MSDS)

7.53 Achieving the MSDS has been a key area of focus during the first six months of delivery. It has taken some time to ensure (a) the MSDS are logical; (b) the MSDS are being recorded correctly; and (c) that all partners and staff are adhering to the intended processes to achieve the MSDS. In March 2021, just one of the eight MSDS measures had been narrowly missed,

which was around supporting clients who have a skills need.⁴⁵ In previous months more MSDS measures had been missed, so this success rate reflected continual improvement.

7.54 Consultees reflected that the MSDS have been useful measures for achieving uniformity across key aspects of delivery across the range of providers. They drive key behaviours and provide a framework for ensuring staff and partners are adhering to expected processes. Where MSDS measures are not achieved it is straightforward to identify and implement remedial action. As a result of a minor MSDS fail in May an enhanced performance framework has been implemented with two supply chain partners, showing how they function as a supply chain management tool. There are also quarterly spot check audits across all aspects of delivery which were considered instrumental to delivering a quality service.

Use of data

7.55 The use of Power BI on JETS has been reported as an important change. This has enabled easier, more readily available access to live data which is used for management, generating insights and deep dives into issues. There are plans to roll Power BI out to WHP too, which is expected to deliver similar benefits.

Participant feedback

7.56 JETS clients were consulted through a small series of focus groups, which found:

- Clients opted to join JETS because they wanted more intensive support than they had been received from JCP
- All of the clients had found the process of joining JETS smooth
- Many had not been unemployed before or for a long time, and/or had not been unemployed at such a competitive time
- Most felt they need support on understanding what jobs might suit them, how to find them and how to present themselves, and many lacked confidence, some due to their age

“I thought it was a good way to find out how to find jobs today – I was totally out of touch of the job market.”

- Some faced initial challenges accessing the remote support – for example via Zoom – but felt that ECs had been patient and supported them, and that ultimately it had provided important learning for interviews and securing a job (with some clients varying the platforms used for appointments for this reason)
- All clients were happy with their EC, except one who had been unhappy with the quality of support from their first EC but happy with their second EC. Clients reported feeling

⁴⁵ Two additional MSDS were only relevant from April onwards, as they concerned clients who reached six months on the programme.

listened to and supported, that the support was tailored and well sequenced, that ECs are friendly, approachable and did not pressure them to get any job, and that their action plans had been helpful

“Having been out of work for so long it’s a confidence thing. Having a conversation with someone who can reassure you can get a job is super important.”

“Job searching can be quite isolating – so it’s good to feedback to someone who believes in you.”

- All clients were satisfied with the contact frequency and duration of appointments – some reported the level of contact varied in line with how much contact they felt was needed, and some expressed feeling able to contact their EC whenever they needed
- Clients also commented positively on the iWorks platform, particularly the CV Checker and self-assessment tool, as well as the available workshops/training (albeit not many had used these)
- Outcomes reported by clients included feeling more confident as a result of the support (in their own abilities, the jobs that they could apply and the likelihood they would find work), having a more positive outlook, being more proactive in their job searching and better aware of the job opportunities available

“Prior to joining JETS I was beginning to feel a bit bitter – lots of people she knew had careers and a support network but she didn’t have that. With COVID you can’t sit there and do nothing. I needed regular contact to keep myself proactive and prepare for employment. JETS provide this and push you in certain directions”

“JETS let me know what work was available in the area and made me feel that at my age it’s not too late to go in another career direction. My confidence has improved and I have become more motivated. Talking frequently with [my EC] has made me more optimistic.

“With COVID I wasn’t interacting with anyone but needed to. It was especially important for my confidence. From being on the programme I have gained confidence and it has opened my mind to my own capabilities”

7.57 Criticisms and suggestions for improvement were limited, but included:

- Some found the material on iWorks repetitive
- Some wanted more direction around the skills development options available to them
- Some thought more opportunities to speak with other job searchers might be useful
- Some clients suggested regular email updates on available jobs would be useful – albeit this happens for some clients, which suggests it is not happening universally
- One client with a PhD and experience in the scientific sector did not feel the programme was well equipped to support them to find work that matched their

experience and interests (*“they’re doing an amazing job ... but this is beyond their experience”*).

Further reflections and learning

Commissioning and mobilisation process

- 7.58** All consultees involved in the commissioning and mobilisation process felt that it had been challenging but successful, reflecting the intensive efforts put in by all involved. The programme was contracted by extending the existing WHP contract, which meant that the commissioning process was more straightforward than it was for the other Working Well programmes. Consultees all said that having established providers, teams, relationships and sites made the implementation of JETS easier, while new staff were well suited for the mobilisation and delivery. The use of frequent virtual meetings, the use of ProMap to set up robust processes, and the nature of the challenge and timeframe (*“everyone turned into yes people”*) were also cited as a key enablers.
- 7.59** The tight timeframe for designing and launching JETS was very challenging. The design process was further complicated by the need to design the programme in parallel with DWP – ensuring alignment while introducing distinctive aspects to the Greater Manchester offer around finances and health, and the Adult Skills Coordinators, which also needed to be signed off by DWP. These were introduced as they were predicted to be key areas of need, which will be tested throughout the evaluation.
- 7.60** A further difficulty has been recruiting suitable Employment Coaches – which has been an ongoing challenge – but once staff have been recruited the induction training has been well received. To address this, some of the providers have implemented qualification routes into the EC role using AEB provision to secure counselling or information, advice and guidance qualifications prior to starting the role.
- 7.61** Ultimately the launch of JETS was delayed by a week, which was seen as a sensible decision to ensure it was fully ready for launch. The launch was considered a success by all involved, receiving a high level of referrals immediately and receiving good buy-in from partners. Once launched there were still aspects of mobilisation to address (described by one consultee as: *“laying the track as the train was running”*) which required weekly meetings and was time intensive. As time has progressed, the focus has shifted – from referrals, to starts, to outcomes, to exits, and different MSDS have become more of a focus accordingly.

Supply chain

- 7.62** JETS involves six providers. This is a larger number of providers than previous Working Well programmes, which had a maximum of three providers. This introduced potential complications at the outset, but the consensus was that the new providers were brought onboard well. Ingeus delivered induction training for staff in the other providers, which was

very well received. The main challenge was around implementing IT systems within the mobilisation timeframe, with providers having difficulties getting changes implemented on their own systems and signed off – but ultimately these were resolved.

7.63 The provider model has moved towards a prime and supply chain model for JETS, compared to the ‘alliance’ approach taken initially on WHP. The larger supply chain means more management time dedicated towards ensuring consistency and quality between the providers. The MSDS, Promapp tool and regular audits have all been identified as useful for achieving this. Where MSDS have been consistently failed there has been remedial action taken by Ingeus to improve performance. It is worth noting that GMCA are still keen to have some diversity in delivery, as this creates learning around what works, provided that this learning is shared and adopted across the supply chain.

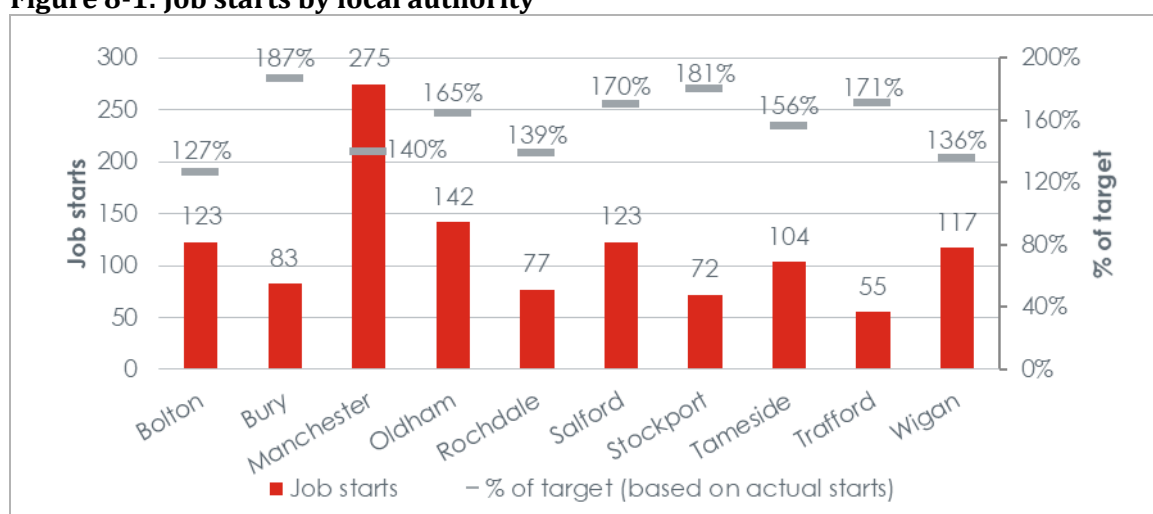
8. Job Entry: Targeted Support (JETS) – Job Starts and Outcomes

- 1,184 clients achieved a job start by the end of March 2021 – with 34% of clients on the programme for at least 3 months starting a job
- Job start performance is far higher than target at 151%, which to some extent reflects a low target given expectations the labour market would be challenging
- 542 clients achieved an Earnings Outcome by the end of March 2021 – 59% of those starting a job at least 3 months ago have achieved an Earnings Outcome

Job Starts

- 8.1** 1,184 clients on JETS achieved a job start by the end of March 2021 – equivalent 151% of target based on actual starts. The overperformance against target to some extent reflects the fairly low job start target on JETS. The target is for 36% of starts to achieve a job start. As of the end of March 2021 some 34% of clients on the programme for at least 3 months had achieved a job start.
- 8.2** Figure 8-1 displays a breakdown of job starts and performance against profile by local authority. It shows that all areas are above the target number of job starts, but performance varies widely – from 127% of target in Bolton to 187% in Bury. There is no obvious pattern when comparing this performance against WHP job start performance.

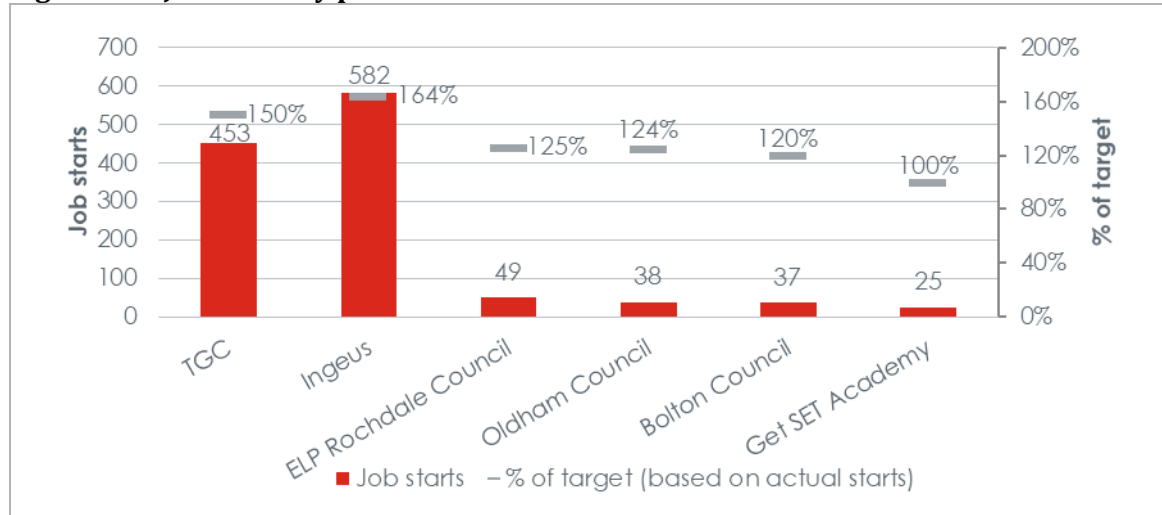
Figure 8-1: Job starts by local authority



Source: SQW analysis of GM JETS monitoring data

8.3 Figure 8-2 shows the same analysis by provider. Ingeus is performing best against target (164%) followed by TGC (150%), while Get SET Academy had just achieved the target by the end of March.

Figure 8-2: Job starts by provider



Source: SQW analysis of GM JETS monitoring data

8.4 The 36% job start target compares to 74% on WHP which, while a longer programme, is targeted at people with more complex barriers and a longer period of unemployment. The 36% target was set in the context of a pandemic and economic crisis, with forecasts of rising unemployment and a weak labour market, which in practice has not been as bad as feared. As set out in Chapter 5 on WHP job starts, the labour market has been considerably stronger than anticipated.

8.5 Consultees also attributed the strong job start performance to the role of the Employer Services Team, who are responsible for sourcing 40% of job starts. Interestingly, consultees reported that JETS clients were more reluctant to take up 'working from home' jobs than WHP clients. Some of this reluctance appears to stem from the proportion of clients living with their parents, and from health not being as much of a barrier to travelling and working onsite.

8.6 The overperformance against target has necessitated a switch to performance management by measuring providers against each other and against other JETS areas – to push high performance and avoid complacency based on low targets.

8.7 Considering the types of jobs achieved:

- 69% are a full time contract, 18% are part time, 8% varies and 6% are zero hours
- Of those where it is known, 68% have started a job that pays the Real Living Wage

8.8 Future analysis will consider the types of jobs being achieved, including how they map against job ambitions measured upon joining the programme, plus who is moving into work and when clients move into work, to explore the added value of the programme.

JETS Case Study – Client C

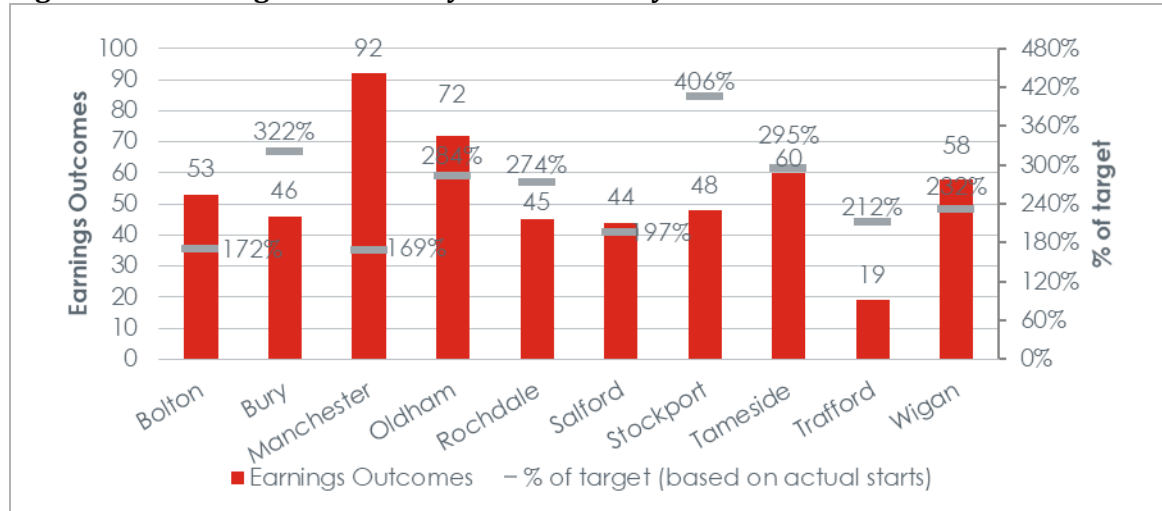
After working in the legal sector for over 20 years, this client was made redundant due to the COVID-19 pandemic. Despite relevant experience, the client did not receive responses to job applications and concluded that her age (over 55) was viewed negatively.

However, after being referred to JETS, she was reassured by her Employment Coach that the jobs market was very competitive and unsuccessful job applications should not be taken personally. The client attended a series of one-to-one sessions where she improved her interview skills, rebuilt her confidence, and received support with her CV. She also attended a motivational workshop for people seeking employment and felt reassured by listening to different experiences. By better targeting her job search, the client subsequently gained a new job in the legal sector again.

Earnings Outcomes

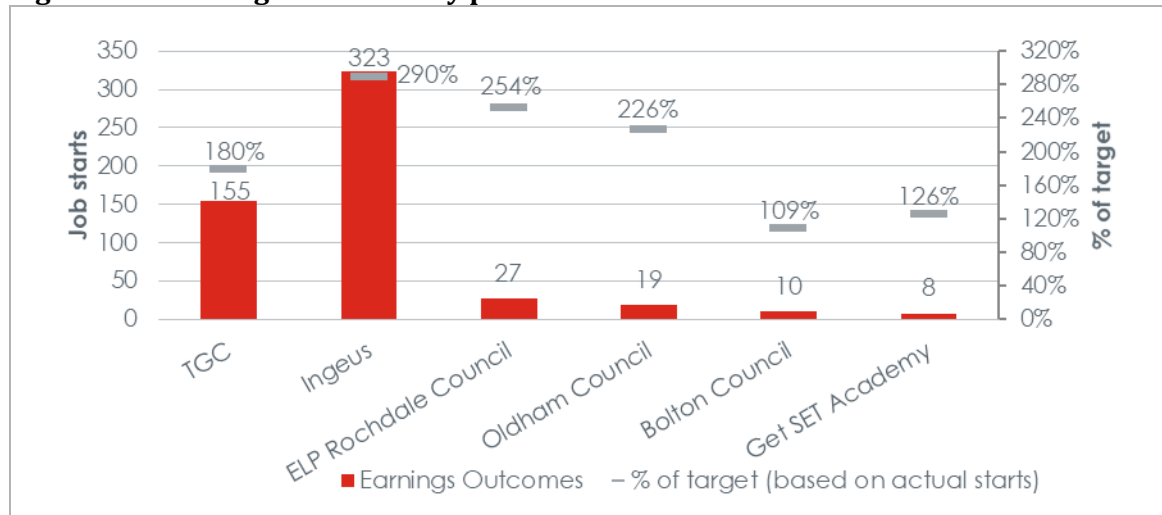
- 8.9** 542 clients on JETS achieved an Earnings Outcome (EO) by the end of March 2021 – equivalent 234% of target based on actual starts. An EO is achieved once a client is flagged as earning £1,000 via HMRC PAYE data or achieves a Self-Employment Outcome.⁴⁶ The target for EOs is 22% of starters (and 63% of those who start jobs). Of those who started a job 3 months ago, 59% have achieved an Earnings Outcome. The overperformance against expectations therefore reflects the overperformance on job starts plus strong conversion of job starts to Earnings Outcomes.
- 8.10** Figure 8-3 displays a breakdown of Earnings Outcomes and performance against profile by local authority. It shows that all areas are above the target, but again performance varies widely – from 169% of target in Manchester to 406% in Stockport.

⁴⁶ An Earnings Outcome is achieved if a client earns £1,000 within 238 days of starting the programme (6 months programme duration + 56 days) which is tracked for up to 299 days from programme start (valid earnings period + 61 days). A Self-Employment Outcome is achieved if a client achieves a cumulative period of at least 56 days in self-employment within 238 days of starting the programme (6 months programme duration + 56 days).

Figure 8-3: Earnings Outcomes by local authority

Source: SQW analysis of GM JETS monitoring data

8.11 Figure 8-4 shows the same analysis by provider. Ingeus is performing best against target (290%) followed by Rochdale Council (254%). The difference versus job start performance suggests some providers may be better or worse at converting job starts to Earnings Outcomes. Future analysis may explore the conversion of job starts to Earnings Outcome further to understand how conversion differs between clients, areas and providers, and to understand the timings around conversions.

Figure 8-4: Earnings Outcomes by provider

Source: SQW analysis of GM JETS monitoring data

8.12 There is no formal in-work support available through JETS, in expectation that the cohort are less likely to need the support. However, the fieldwork did find that clients are tracked and supported to achieve Earnings Outcomes. This entails some ECs having informal check-ins with clients once they had started work to provide reassurance and to ensure they were settling in. It has been suggested that the lack of a routine in-work support offer is a gap on the programme, as even if clients are less likely to need it there will be instances where clients would benefit.

8.13 The fieldwork also found the low earnings threshold may be creating issues around the sustainability of outcomes from the support. The fieldwork found an example of a client falling out of work after a six week placement that had been expected to lead to a job offer which did not materialise. The client had achieved the earnings threshold so was no longer eligible for support from JETS despite being unemployed. If possible, this should be monitored going forwards to determine the scale at which this is happening.

9. Integration

- 9.1** This chapter briefly considers how the programmes have integrated together, and with the wider Working Well family, and how they have integrated with wider services.

Cross-programme integration

- 9.2** The introduction of another Working Well programme has provided opportunities and challenges around working together and integration:

- There was concern that JETS referrals might impact on the level of referrals to the original WHP, but in practice this has not materialised and broadly people are being referred to the most appropriate programme. The programmes have been jointly promoted in JCP, along with other Working Well programmes, which has helped avoid mixed messaging and confusion. Restart presents a risk here, given it sits somewhere between JETS and WHP and given its scale. It will be vital to continue to monitor whether the referrals are being made to the most appropriate programmes with the introduction of Restart.
- There was also concern that the introduction of JETS might impact on the number of jobs available to WHP clients via the Employer Services Team, if JETS clients are seen as more employable. Again, in practice this does not appear to have happened. This might reflect a few factors: the cohorts applying for different types of jobs; the increased investment in the EST to increase the number of jobs available; and the EST having targets for each of the programmes separately. Again, there is a risk that Restart has an impact on this given the scale of the programme.
- JETS has benefitted from the work around integration undertaken by WHP, including the introduction of Elemental and the IC role. Initially there were plans for additional ICs for JETS, but instead the JCP Relationship Coordinator role and Adult Skills Coordinator role were introduced. These appear to be functioning well, while minimising duplication, and with some benefits to WHP from the Adult Skills Coordinators having better insight and partnership working around skills and training.
- The Working Well partnership meeting provides opportunities for the programmes and staff to meet up, share learning, and identify and implement solutions and opportunities that benefit the entire Working Well family. Consultees reported positively on the utility of these meetings. The involvement of JCP was considered especially valuable given they are the key partner across all programmes.
- The introduction of JETS, plus Restart, have provided economies of scale that have helped to justify greater investment to the benefit of all programmes. The switch to a 'cost plus' model may also have helped, by reducing the commercial risk. In particular, there appears to have been greater investment in the Employer Services Team, labour market information, integration, data infrastructure and analytics, the online platforms and

resource creation. The growth in programmes has also increased the number of experienced, senior staff involved. Lessons have also been shared for the set-up of JETS and subsequently Restart.

- Looking forwards, there is scope for clients to receive support from multiple Working Well programmes, possibly even through direct signposts from one programme to another (via JCP). It will be important to monitor the extent to which this is happening.

Wider integration

- 9.3** Consultees in the providers, GMCA and JCP cited the relationship with JCP as the most important relationship for the programmes. The comparatively high level of referrals to WHP and successful launch of JETS were both considered a testament to the well-functioning relationship the programmes have. The joint approach to working with JCP has also been important to the success of the relationship.
- 9.4** Beyond JCP, the pandemic had major implications for the wider support landscape as set out briefly in Chapter 4. Many services shut down, most temporarily, but some permanently, and services switched to alternative modes of delivery, predominantly remote and online. There were also new services, initiatives and funding streams launched to support Greater Manchester's residents, including local authority support hubs.
- 9.5** The programme was considered to have adapted and continue tapping into the wider support landscape well. Integration Coordinators were vital to navigating this shifting landscape, and ensuring client support needs continued to be addressed. The Local Leads – individuals within each of the local authorities with an employment/skills remit, who are responsible for liaising with WHP and JETS – were vital conduits for Integration Coordinators during this period. The continued use of Integration Boards across most local authorities has maintained communication and networking with wider services. These have switched to virtual meetings, which has reportedly increased attendance, although ICs did report that virtual meetings lose some of the depth and networking benefits available through in-person meetings. Issues with repeated turnover of ICs and periods where the position is unfilled have also been reported as presenting a challenge in some areas.
- 9.6** The use of daily virtual meetings between ICs (compared to monthly meetings before the pandemic) has also improved knowledge sharing within the programme, providing better knowledge of services across the localities. This has increased the number of clients able to access more relevant and high quality support, as they are accessing services based outside their locality, now facilitated through the shift to online and remote delivery for many organisations.
- 9.7** The strengthening of relationships with local skills providers has notably improved over the last year as a result. This has been a priority area both for the providers and GMCA. Within GMCA there is a desire to capitalise on the opportunities presented by the devolution of the Adult Education Budget (AEB) and Working Well is now represented on the AEB strategic

board to support this. The aim is for better alignment between the demand and supply for skills. The greater investment in employer engagement via the Employer Services Team and labour market information is supporting this, by generating intelligence around employer demand. This is shared with local skills providers by ICs and Adult Skills Coordinators, and informs the training that clients are supported to access. Overall, this means the programme is being more responsive to employer demand. To this end, there may be scope to work to provide more opportunities through sector-based work academies, especially as A Plan for Jobs (2020) committed to tripling the number of places available.

- 9.8** There are also examples of GMCA better capitalising on opportunities presented by Working Well. A key example is drawing on the Adult Skills Coordinators and Employer Services Team within the wider GMCA Skills and Employment Teams. There may well be further link up to wider GMCA teams. One such area is health, for which linkages are improving at a local level in part driven by Elemental (which is considered below). Another area is around employer engagement. Drawing on the links and touchpoints GMCA and the local authorities have through their business teams was suggested earlier as an area to explore. GMCA may also be able to support the programme to tap into other organisations and initiatives in this space. The main example is better utilising the Growth Hub, which is now being explored.
- 9.9** The focus on integration and identifying unmet support needs has continued to generate important insights into where there are gaps in the local support landscape. Where there are gaps or constrained capacity this has been remedied by using the WHP Community Investment Fund to invest in the capacity of the local VCSE sector. Examples include investments in a bereavement support charity, mental health support, a service that provides interview clothing and bespoke ESOL courses.

Elemental

- 9.10** Finally, a key change in the last year is the introduction of the Elemental platform. The system was procured by the Greater Manchester Health and Social Care Partnership as a social prescription tool, and has also been adopted by Working Well. The platform is intended to collate all available services and courses in one place, providing a single, uniform referral pathway from Working Well programmes to wider support services and providers. It is an important instance of GMCA capitalising on the opportunities presented by devolution of health and social care and delivering of the Working Well programmes, and draws together the health and employment agendas and organisations to enable a more holistic approach. Working Well is the first service to use Elemental for employment and skills provision.
- 9.11** Establishing the use of Elemental has been a key responsibility of ICs in the last year. This has involved approaching key providers and services, to get them to sign up to the platform. The organisations signed up were primarily skills providers initially, as Adult Education Budget providers were targeted by ICs, but sign-ups have since broadened out. In Bolton this includes engaging GPs and the CCG, and looking to make Elemental *the* central referral system for the area. Therefore, Elemental is playing a key role in raising Working Well's profile,

strengthening relationships with the wider support landscape, and linking up separate policy domains.

- 9.12** The rollout started in January. By the end of March 2021 there were 79 skills providers signed up, and the number of sign-ups has increased significantly since. By the end of May there were 439 different interventions available and over 1,400 referrals had been made. ICs commented that awareness is spreading by word of mouth, and achieving a critical mass of providers is enabling its continued growth. Partner organisations are trained to upload interventions to Elemental, so it is a live catalogue of the support available. The system will be valuable for generating intelligence around whether referrals are accepted and attend, what the gaps in provision are, and around impact through linking to wider WHP data. As a result, ICs are more informed and can identify issues with referrals or quality of support more easily.
- 9.13** Promoting the platform, training KWs and partner organisations to use Elemental, and resolving issues identified in piloting the rollout, have all taken up a significant portion of IC time. ICs were doubtful that it would have been possible to achieve in the previous year alongside their other responsibilities, the need for far more traveling, and without daily remote meetings. However, establishing the use of Elemental and addressing these issues will be a key legacy of WHP, benefitting future provision through improved integration across Greater Manchester.
- 9.14** Most KWs said the system was simple and easy to use. Collating the available support in one place was seen as beneficial, and some KWs commented that it had streamlined referrals to wider services. The expectation was that the system would be more useful as more providers were added to Elemental, and KWs were appreciated the prospect of most referrals being made through a single system.
- 9.15** Some KWs did identify issues, however. Some said it was not user friendly and struggled navigating it. Others felt the process was convoluted and could be streamlined, and thought there should be automatic responses when clients are booked in for support. One KW reported referrals “going missing.” Others said if a referral is not accepted within seven days, which has happened, then there a re-referral has to be made. One KW suggested “less IT savvy” staff were more likely to struggle with the system. It seemed KWs knew ICs were available to help, and on JETS Adult Skills Coordinators can provide support.
- 9.16** A final comment is that previous evaluation reports noted the value of ‘warm handovers’ where there is a phone call between the KW and providers, though there is the option to share additional information in the referral submission, but there may still be value in KWs also making phone contact with providers in some instances.

10. Lessons and Conclusions

10.1 This report summarises a very challenging year for the delivery of WHP. The pandemic has had a major impact on the local labour market, with implications for the employment opportunities available to the programme's clients alongside a large rise in unemployment meaning more people seeking work. It has also caused turbulence and problems in the lives of WHP clients, and has meant some of the cohort being unwilling to contemplate starting work at different stages of the pandemic. The programme has had to respond to this challenge while continuing to deliver support almost entirely remotely. Alongside this, the providers and GMCA have developed and launched a new employment support programme – JETS.

10.2 A huge effort has gone into the delivery and refinement of both programme in this context, with notable achievements:

- Referrals and starts have been at a good level, including from the outset for JETS, demonstrating the need for the provision and reflecting the strong working relationships in place with JCP, with the vast majority of referrals made to the most appropriate programme based on need.
- Identifying issues with DNS rates and a subsequent strong focus on reducing these, which is starting to show a positive impact, while analysis of DNS rates on WHP and JETS show that no localities or JCP sites have especially high rates across both programmes.
- The launch and expansion of a range of new digital resources and workshops.
- Programme teams working well remotely, adapting their ways of working and capitalising on the benefits that the new model of working offers around improved communication and efficiencies, and with high levels of client satisfaction. With providers taking different approaches to remote support and remote working moving forwards, it is vital that the effectiveness and benefits of different approaches are kept under review.
- WHP and JETS are functioning as powerful vehicles for GMCA's broader ambitions, most notably improving the linkages between the policy domains of employment support and skills, and employment support and health, with the launch of Elemental an important win in this space – demonstrating the value that devolved delivery can add.
- The economies of scale that delivery of WHP, JETS and Restart offer are leading to greater levels of investment into iWorks and the Employer Services Team for example.

10.3 However, this report has highlighted evidence on a number of issues, risks and potential improvements:

- A possible decline in numbers referred to start JETS as unemployment is not as high as initially anticipated.

- The risk presented by Restart, given the scale of the programme and the potential for overlap with WHP. This risks fewer referrals to WHP and/or referrals that are more challenging to help. This will have implications for the support offer and likely outcome performance, which might require recalibration of expectations and performance management. It will be vital to continually reflect on who is joining which programme, and which programmes work for whom, and for this learning to be fed back to JCP so that referrals reflect this. There is also a risk to staffing from Restart, and therefore caseload sizes, especially given reported challenges recruiting staff on WHP and JETS over the last year.
- Disengagement appears to have risen, despite the focus on improving engagement and some of the positive feedback on aspects of remote working. To what extent this is due to the remote delivery model or due to the wider context presented by the pandemic is unclear although in reality both effects are likely. Given plans for hybrid delivery going forwards, it is vital that the effectiveness of remote delivery versus face-to-face delivery continues to be assessed, and in particular what works for whom, so that the support model optimises engagement and performance. Enabling remote vs face-to-face delivery to be tracked in the data, and making it available for the evaluation, would support future analysis and understanding of this issue.
- The programme has performed relatively well in terms of job outcomes well over recent quarters, but the evidence in this report suggests it is due to those joining having characteristics associated with a higher probability of starting a job, and possibly being more motivated, rather than necessarily improvements to delivery. Some clients, such as those with low job start confidence and longer periods of unemployment, have had lower job start rates since the start of the pandemic. Overall, while the turbulence in the labour market appears to have been coped with well, with the programme notably successful at tapping into the new 'COVID economy', it does present an ongoing risk and be amplifying issues identified previously about how far the programme can meet the needs of those facing most disadvantage.
- Yet despite improved performance, outcome performance for WHP remains under target, though it is now well accepted that the original targets were not appropriate to the cohort. The analysis presented in this report shows that the programme in Greater Manchester is broadly in line with comparable areas, but the ambition is for the programme to outperform comparable areas. This report has identified some of the issues, characteristics and barriers associated with lower outcomes which might be addressed to improve performance further. Most notably disengagement, low confidence in starting work, length of unemployment and age, and the impact of certain occupations, job outlooks and job leavers (which are most likely to occur within the first two months). Positively, the difference between providers and local authorities is now limited according to the econometrics, so there is reasonable consistency in performance from which to focus on addressing these key issues. It may also be worth reflecting whether WHP is right for some referrals – certainly those who have expressed less willingness to

engage or to search for work, and those with the lowest confidence around work. These referrals might be better served elsewhere if the programme is unable to improve the level of outcomes for these groups through a focused, concerted effort, or it may be that more needs to be done through and beyond the programme to support this group.

- While JETS is overperforming against its outcome targets, it is reasonable to conclude the targets were set at a low level, given the uncertainty around the likely state of the labour market, plus learning around targets being too high on WHP. Therefore, it is vital that performance is managed in other ways – between providers and areas, against historic programme performance and against the performance of other CPAs and comparable areas – and that strong consideration is given to the level of added value.
- Analysis around the impact of the Employer Services Team shows some positive impacts from the team: clients who have been unemployed for longer, those with fairly poor health and (more recently) clients who fell out of work are more likely to move into EST vacancies; EST sourced jobs are slightly more likely to convert to an EO and HEO; and the proportion of jobs attributable to the team have increased recently. However, the job leaving rates and way clients view on those jobs (i.e. just a job vs step towards a better future vs ideal job – which has been found to be important to the job leaving rate and conversion) are similar, so there may be scope for improving performance by focusing on these metrics. GMCA and local authorities can also support employer engagement by brokering relationships and promoting the Working Well programmes as a recruitment solution. It is also important that vacancies are shared across the supply chains. The introduction of Restart needs to be considered too, as this presents a risk to the jobs available to WHP and JETS clients, and changes in the labour market may reduce the number of vacancies the EST is able to secure.
- With the introduction of JETS and Restart, it is increasingly likely that clients will access and benefit from multiple employment support programmes. This means the benefit to clients, and added value, will not necessarily be delivered by one programme alone. Tracking clients who move between programmes will provide better insights into the extent to which clients are moving between the programmes, how they complement each other, the impacts individual programmes are having on client progression.
- Finally, both WHP and JETS use a ‘cost plus’ model rather than ‘payment by results’ (PBR) – which WHP had used prior to the pandemic. PBR has historically been used due to the belief it drives better outcome performance, however the shift has led to little, if any, noticeable change in delivery, staff management, performance or commitment. The key identified change has been possibly more proactive, rather than reactive, recruitment of staff on JETS, which is seen to have benefited the programme. It has been suggested that the ‘cost plus’ model provides scope for the providers to invest more heavily in the programme and experiment, given the reduction in commercial risk, however this does not appear to have happened at any real scale to date. Going forwards, the providers and commissioners may wish to consider how to use this reduced commercial risk to

experiment with different models, ideally through pilots and/or roll-outs that use treatment and control groups to deliver robust evidence on whether the changes do or do not work.

Annex A: Additional data analysis

WHP and JETS comparison

Table A-1: Referral conversion rates WHP and JETS by JCP site

	WHP conversion rate – overall	WHP conversion rate – Mar- 21 onwards	JETS conversion rate
Altrincham	72%	70%	45%
Ashton in Makerfield	71%	50%	55%
Ashton-under-Lyne	68%	54%	41%
Bolton	76%	67%	59%
Bury	77%	63%	58%
Cheetham Hill	67%	54%	48%
Didsbury	56%	46%	55%
Eccles	82%	75%	46%
Heywood	65%	60%	58%
Hulme	59%	52%	52%
Hyde	73%	62%	50%
Irlam	84%	80%	42%
Leigh	74%	62%	59%
Middleton	74%	66%	51%
Newton Heath	65%	57%	46%
Oldham	73%	71%	58%
Openshaw	64%	54%	51%
Prestwich	74%	68%	56%
Rochdale	71%	60%	59%
Rusholme	65%	49%	49%
Salford	77%	78%	56%
Stockport	74%	66%	55%
Stretford	75%	64%	45%
Wigan	70%	59%	55%
Worsley	83%	75%	40%
Wythenshawe	64%	64%	50%
All JCP sites	72%	62%	53%

Source: SQW Analysis of GM JETS and WHP Monitoring Data

WHP analysis

Table A-2: Proportion of WHP starters identifying barriers to work, pre/post the start of the pandemic⁴⁷

Barrier	Pre	Post	Difference
My Life			
Housing: % that would like support with living situation	8%	4%	-4pp
Housing: % who have been in care	6%	5%	-1pp
Finance: % reporting debt as a problem	16%	15%	-2pp
Finance: % needing help to budget and manage money	9%	10%	1pp
Childcare: % reporting childcare responsibilities impact on ability to search for or take up work	6%	6%	-1pp
Caring/Childcare: % who are a lone parent	13%	12%	-1pp
Caring/Childcare: % currently caring for a friend or family member	6%	6%	0pp
Conviction: % convicted for a criminal offence	16%	15%	-1pp
Conviction: % reporting a conviction would restrict access to jobs requiring a DBS check	5%	5%	0pp
Family: % that would like support with family life challenges	6%	5%	-1pp
Confidence: % who don't consider themselves to be a confident person	56%	57%	1pp
Skills: % without a car that could be used to get to and from work	85%	78%	-7pp
My Work			
Attitude: % not believing or not sure they can find and obtain work	19%	17%	-2pp
Confidence: % not confident they would be successful in a job if they took one today (% scoring 1-3 out of 6)	40%	37%	-2pp
Work Experience: % who have served in the armed forces	3%	3%	0pp
My Skills			
Skills: % that would like support to develop skills	62%	34%	-29pp
Skills: % needing help with reading	11%	8%	-4pp
Skills: % needing help with writing	14%	9%	-5pp
Skills: % needing help with maths	15%	8%	-7pp
Skills: % not confident using a computer (% scoring 1-3 out of 6)	39%	32%	-7pp
Skills: % not confident with reading and writing (% saying 1-3 out of 6)	22%	22%	0pp
Skills: % whose first language is not English	12%	13%	0pp
Skills: % who need help with their English to find work or remain in work	4%	2%	-1pp
Skills: % already attending classes/ training to improve their English	3%	1%	-2pp

⁴⁷ As a proportion of clients that provided an answer. Note that the proportion not responding varies by question, but is broadly similar

Skills: % without a GCSE pass (A*-C) or equivalent qualification in English or Maths	36%	28%	-8pp
Skills: % without a full driving licence that is valid in the UK	71%	66%	-5pp
My Health			
Health: % reporting a health condition or disability that could affect their ability to get a job	56%	55%	-2pp
Health: % reporting a health condition or disability that could affect their ability to stay in a job	46%	47%	1pp
Health: % reporting they would you need 'reasonable adjustments' if moving into work	19%	10%	-8pp
Physical health: % that do not do any exercise	24%	46%	22pp
Physical health: % that do not eat a healthy diet	25%	20%	-6pp
Mental Health: % reporting they have suffered a recent bereavement	22%	18%	-4pp
Addiction: % reporting they would you need to reduce drug or alcohol use if starting a job	4%	3%	-1pp
Learning Disability: % with a learning disability	4%	2%	-2pp
Learning Disability: % who require additional learning support	1%	1%	0pp
Learning Disability: % who believe their learning disability makes it harder to find work	2%	2%	0pp
% in receipt of Personal Independence Payments	8%	5%	-3pp
Dental: % with problem or pain in their mouth at the moment	9%	11%	2pp
Dental: % with problems with teeth or mouth problems that stop them smiling or speaking without embarrassment	11%	10%	0pp
Dental: % not registered with a dentist	34%	38%	4pp

Table A-3: Proportion of clients reporting barriers to work, and the proportion of these clients reporting a change in the barrier

Barrier to work	% identifying barrier	Improved	No change	N= ⁴⁸
My Life				
Finance: % reporting debt as a problem	15%	5%	95%	1,319
Finance: % needing help to budget and manage money	9%	0.4%	95%	792
Childcare: % reporting childcare responsibilities impact on ability to search for or take up work	7%	2%	82%	593
Confidence: % who don't consider themselves to be a confident person	28%	2%	98%	2,434
My Work				
Attitude: % not believing or not sure they can find and obtain work	6%	4%	96%	539
My Skills				
Skills: % without a GCSE pass (A*-C) or equivalent qualification in English or Maths	35%	0%	100%	3,035
My Health				
Health: % reporting a health condition or disability that could affect their ability to get a job	57%	2%	98%	4,994
Health: % reporting a health condition or disability that could affect their ability to stay in a job	47%	2%	97%	3,932
Health: % reporting they would you need 'reasonable adjustments' if moving into work	17%	36%	64%	1,466
Physical health: % that do not do any exercise	23%	5%	95%	1,976
Physical health: % that do not eat a healthy diet	6%	3%	100%	178
Mental Health: % reporting they have suffered a recent bereavement	21%	6%	94%	1,845
Addiction: % reporting they would you need to reduce drug or alcohol use if starting a job	4%	3%	93%	308
Learning Disability: % who believe their learning disability makes it harder to find work	2%	3%	94%	150

⁴⁸ 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	N= ⁴⁸
Dental: % with problem or pain in their mouth at the moment	9%	5%	95%	821
Dental: % with problems with teeth or mouth problems that stop them smiling or speaking without embarrassment	10%	1%	99%	904
Dental: % not registered with a dentist	65%	0.4%	100%	5,611

Source: SQW analysis of GM WHP monitoring data

JETS analysis

Table A-4: Proportion of JETS starters identifying barriers to work

Barrier to work	% identifying barrier
Housing	
Housing - % that would like support with living situation	0.6%
Economic	
Finances - % reporting debt as a problem	1%
Finances - % needing help to budget and manage money	2%
Caring	
Caring / Childcare - % reporting childcare responsibilities impact on ability to search for or take up work	4%
Caring / Childcare - % lone parent	12%
Caring / Childcare - % currently caring for a friend or family member	6%
Crime	
Convictions - % convicted of a criminal offence	7%
Coping and Confidence	
Personal circumstances - % reporting personal circumstances are making it harder to secure work (% scoring 1-3 out of 6)	21%
Skills and Qualifications	
Skills - % without a driving licence that is valid in the UK	57%
Access to Work	
Wellbeing - % reporting wellbeing is making it harder to secure work (% scoring 1-3 out of 6)	17%

Source: SQW analysis of GM JETS monitoring data

Table A-5: Support delivered to JETS clients by area

Intervention	Total Number of Clients Supported	% of Clients Supported	Total Instances of Type of Support	Average Instances of Support
My Life				
Caring/Childcare	24	0.5	33	1.4
Criminal Record	18	0.3	18	1.0
Finances	194	3.7	262	1.4
Housing	16	0.3	19	1.2
My Health				
Mental Health	235	4.4	331	1.4
Motivation	253	4.8	332	1.3

Intervention	Total Number of Clients Supported	% of Clients Supported	Total Instances of Type of Support	Average Instances of Support
My Skills				
Assertiveness	75	1.4	79	1.1
Confidence	477	9.0	974	2.0
Exploring Competencies	674	12.8	993	1.5
Exploring Skill Set	929	17.6	1474	1.6
IT Skills	83	1.6	127	1.5
My Work				
CV/Cover Letter Development	2,917	55.2	5,330	1.8
Employer Expectations/Relations	4,388	83.0	9,100	2.1
Exploring Job Goals/Career Planning	3,284	62.1	9,541	2.9
Interview Techniques	845	16.0	1,337	1.6
Job Search Techniques	1,771	33.5	3,976	2.2
Labour Market Knowledge	246	4.7	294	1.2

Source: SQW Analysis of GM JETS Monitoring Data

Annex B: Econometric analysis

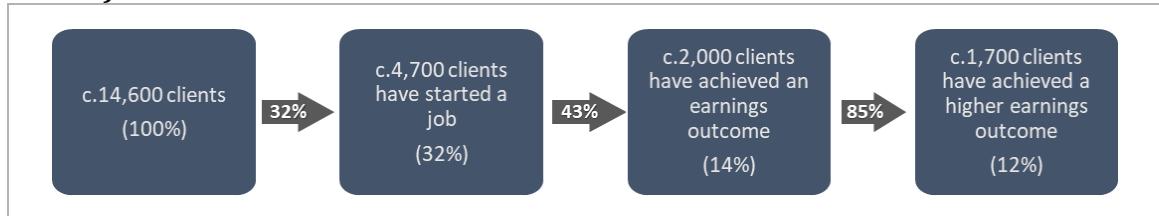
Introduction

- B.1** This annex explains the use of econometric techniques in this report and outlines key findings from the analysis. The use of these tools allows us to consider the effects of individual variables (e.g. client and programme characteristics) and their combinations in ways that descriptive statistics alone cannot.
- B.2** This report builds on the analysis undertaken for the 2020 annual report. The additional year of data increased the sample sizes available for analysis by more than 50%, improving the precision of our results. This allowed us to extend the analysis and consider a wider set of variables as well as estimate an additional model which investigates characteristics of those clients who achieve an earnings outcome but do not reach the higher earnings outcome.
- B.3** We used a **logistic regression technique** to model the probability of a binary event⁴⁹ occurring based on outcomes observed among the clients and a set of proposed explanatory variables (the list of variables used in analysis is discussed in the following section). The following three models were estimated (separately):
- **Model 1:** the probability that a client starts a job based on the 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.
 - **Model 3:** the probability that a client achieves an earnings outcome but not a higher earnings outcome, based on a set of explanatory variables reflecting personal and programme characteristics.
- B.4** The first two models reflect one of the key outcomes of the programme (achieving an earnings outcome) and the key ‘stepping stone’ in clients’ journey on the way to that outcome (i.e. starting a job). Analysing them separately and comparing the results across them can provide important insights into similarities and differences between client and programme characteristics associated with achieving different levels of outcomes.
- B.5** The third model explores whether there are any systematic differences between a relatively small group of clients who do not reach the higher earnings outcome despite claiming the first one and those who successfully claim both earnings outcomes (only 17.66% of clients who reach the first earnings outcome do not reach the higher one, however the absolute numbers are large enough – approximately 360 clients – to investigate whether that groups is substantially ‘different’).

⁴⁹ A binary event is one where there are only two possible outcomes e.g. whether a client found or did not find a job during their time on the programme.

- B.6** Figure B-1 illustrates progression of clients to achieve various milestones. Figures inside arrows indicate the ‘flow’ from the previous milestone while numbers inside each box show the proportion of the whole client population achieving that outcome.

Figure B-1: Proportion of clients achieving various milestones in relation to: a) the whole client base (figures inside boxes) and b) the previous milestone (figures inside arrows).



Source: SQW analysis

- B.7** Econometric analysis has been conducted on data collected in Working Well: Work and Health Programme.

Selecting explanatory variables

- B.8** In econometric modelling **there is a trade-off between the number of explanatory variables used and the sample size**. The reason for this is if a client is missing data for any variable in a model they have to be excluded from the analysis, resulting in a smaller sample size. The increased sample size from the previous year from more people joining the programme and having the data collected meant we had an opportunity to include and explore several additional variables in all models.
- B.9** **Selecting explanatory variables was an iterative process that involved refinement of the models**. To ensure continuity in the analysis and ease of comparison, models estimated for the 2020 annual report were taken as a starting point.
- B.10** Based on the results of preliminary descriptive analysis, several additional variables that could potentially be important for explaining the outcomes were added to the models (these included, for example, variables differentiating clients whose chances of finding a job were possibly affected by Covid, or who were in receipt of maths support). Then several alternative specifications of each model with different combinations of explanatory variables were estimated and tested to arrive at a combination which provided the most robust results (to reduce the level of ‘noise’ in the models we excluded certain variables which were statistically insignificant⁵⁰ across all specifications or highly correlated with other variables⁵¹).

⁵⁰ The effect of a variable is statistically insignificant if it is likely to occur by chance. We used the commonly accepted levels of statistical significance of 10%, 5% and 1% i.e. allowing us no more than a 10% chance to be wrong when concluding that the effect of a variable is on average different from zero.

⁵¹ When variables are highly correlated the estimated confidence interval for the effect of each of them may be too wide (this issue is known as multicollinearity). The degree of the strength of the

B.11 Table B-1 presents the final list of variables used in our analysis.

Table B-1: List of explanatory variables included in the analysis

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 health 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', 'other', or 'chose not to say')
Gender	Gender of client ('female', 'male', 'transgender', '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?
Ability to problem solve	How well can you cope when something unexpected or difficult happens to you or someone close to you?
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?

relationship between individual explanatory variables included into the final specifications of the three models were assessed using variance inflation factor. Where any doubt remained, e.g. we suspected that in fact the variables could be more closely related than the test would suggest, we checked the robustness of the estimates by excluding one of potentially correlated variables.

Variable name (short)	Description
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
Exercise	How often do you exercise?
Covid start	Did the client start the programme after the Covid-19 pandemic?
Covid affected	Is the client's outcome likely to be affected by the Covid-19 pandemic?
Earnings outcome	Client achieved an earnings outcome
Job outcome	Start a job
Higher earnings outcome not obtained	Did the client receive an earnings outcome but not a higher earnings outcome?

Source: SQW analysis

- B.12** Compared to the models used in the 2020 annual report, our final specifications included **three additional variables: 'exercise', 'Covid start' and 'Covid affected'**. 'Exercise' is the self-reported level of exercise activity (i.e. how often the client exercises/works out). This variable reflects the client's level of mobility, activity, and potentially self-confidence and, indirectly, mental health⁵² – characteristics which may be particularly important for achieving job-related outcomes during a pandemic. This variable turned out to be statistically significant in most model iterations.
- B.13** 'Covid start' is a variable which identifies clients who started the programme from March 2020 onwards i.e. all their experience on the programme was during the pandemic. 'Covid affected' distinguishes those clients who joined the programme before the pandemic, but did not find a job before the first lockdown and therefore their chances of going into employment were affected by the lockdown measures.
- B.14** After analysing historical data on 'job start trajectories' i.e. job starts within a particular amount of time since joining the programme, **we categorised all clients who started on the programme within eight months before the pandemic (between July 2019 and March 2020) and who did not find a job by March 2020 as 'Covid affected'**. The analysis suggested that the trajectories tend to 'level off' between six and eight months after joining the programme. In other words, historically the chances of finding a job while spending more time on the programme have been reduced after six to eight months. Taking into account the exceptional circumstances and severity of potential effects of the pandemic, we decided to use the more inclusive eight-month threshold. However, if a client has not attained a job within

⁵² The variable which indicates whether a client has a mental health condition was omitted from the analysis as it was consistently insignificant across model specifications. 'Exercise' may be capturing positive effects of physical activity on mental health for both clients who do and do not suffer from an established mental health condition.

the first eight months on the programme, there may be more fundamental reasons for that than the influence of the pandemic.

- B.15** Due to the time dependent nature of achieving the first and higher earning outcomes, models 2 and 3 exclude clients that have started on the programme after the third quarter of 2020. This is to allow sufficient time to achieve those outcomes.⁵³ Because of this condition, Models 2 and 3 use a smaller sample compared to Model 1 – 9,439 vs 13,778 observations respectively.
- B.16** Where appropriate, we grouped some subcategories within a categorical variable. This was to avoid subcategories that were small in terms of number of clients who had those characteristics. For example, ethnicity was grouped into ‘White’, ‘Other’ (including Black, Asian, and other minority groups), and ‘chose not to say’.

Specification tests

- B.17** To ensure robustness of results all models were assessed using graphical analysis and a range of formal statistical tests including tests for individual and joint significance of variables, invalid omission of non-linear predictors (e.g. the square of the age or an interaction between multiple variables), overall predictive power of the models (i.e. what percentage of observed outcomes is correctly predicted), and predictive power with respect to specific outcomes.
- B.18** We undertook an analysis of outliers and sensitivity of results to them. After considering ‘leverages’ of all observations (i.e. how influential each observation is due to a particular combination of characteristics specific to that client),⁵⁴ we decided to exclude 15 observations with relatively high influence on the coefficients (the leverage greater than 0.2 which is substantially larger than that of all other observations⁵⁵).
- B.19** Analysis of predictive power indicated that our models correctly predicted between 70% and 76% of observed outcomes.

⁵³ This additional condition is line with the 2020 analysis which excluded client who joined after Q3 of 2019

⁵⁴ An observation may be an outlier on a given characteristic, e.g. a client with a particularly long spell of previous unemployment. Equally, an observation can be an outlier on a combination of characteristics. Such observations often can be ‘missed’ but may introduce a stronger bias than outliers on one characteristic.

⁵⁵ ‘High leverage’ is not determined by a formal statistical test, but rather through a comparison to a typical ‘leverage’ observed in the sample.

Results

Key findings

- When other observable characteristics of clients are controlled for, being on the programme when the Covid-19 pandemic started and joining the programme during the pandemic negatively affected the clients' chances of both finding and sustaining a job. For example,
 - The chances of getting a job for an 'average client' were approximately three times lower if they were on the programme when the pandemic started compared to 'unaffected' clients.
 - This trend appears to be continuing for clients who joined the programme during the pandemic with the chances of getting a job for an 'average client' being approximately four times lower. Although it may be too early to draw definitive conclusions for this cohort given the shorter period on time they have been on the programme.
- The findings on effects of non-Covid related characteristics are consistent with earlier results from the 2020 annual report, however age, length of previous unemployment and lack of engagement with the programme appear to have a substantially stronger negative effect on the chances of finding a job.
- Covid-19, as well as being out of employment for a prolonged period of time or lack of previous work experience, appear the main reasons for some clients not achieving the higher earnings outcome despite claiming the first earnings outcome.

Effects of statistically significant variables on estimated probabilities of achieving the outcomes

B.20 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**).

B.21 For ease of interpretation, we have presented the effects on outcomes as changes in predicted probabilities of achieving apposite outcome when all covariates are held at their means but the value of one variable is changed. 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
- 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 tables below, 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 a positive outcome⁵⁶ than the base category while red indicates the category has a lower probability of achieving a positive 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 a positive outcome.

B.22 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 (*p-value*) represents the probability of this happening – the lower the value the more confident we are the variable has an impact on the outcome.

B.23 The three tables set out the results of the three models below, showing the effect of all variables which met the conventionally acceptable levels of statistical significance: a 10% significance level is marked with a single asterisk, 5% significance level with two asterisks, and 1% level is marked with three asterisks (i.e. * $p < .1$; ** $p < .05$, *** $p < 0.01$). The results suggest that the sets of client characteristics important for securing and sustaining a job are similar.

Job outcome

Table B-2: Effects on predicted probability of a job start (Model 1)

Variable	Base category	Likelihood of job outcome in base category	Significance	Likelihood of job outcome for significant variables	Difference versus base category (percentage points)
Computer skills	1	23.66%	6**	28.07%	4.41
Job success	1	14.70%	2*	17.61%	2.91
			3***	21.90%	7.2
			4***	26.73%	12.03
			5***	33.43%	18.73
			6***	36.67%	21.97
Provider	Ingeus	26.64%	Pluss***	31.79	5.15
Local authority	Bolton	25.03%	Bury*	29.22%	4.19
Client type	Early Entrant Groups	25.61%	Health and Disability*	28.20%	2.59
			Long-Term Unemployed** *	20.19%	-5.42

⁵⁶ In Model 3 an increase in probability not to reach the higher earnings outcome is a negative outcome.

Variable	Base category	Likelihood of job outcome in base category	Significance	Likelihood of job outcome for significant variables	Difference versus base category (percentage points)
Marital status	Single	26.10%	Married**	29.97%	3.87
Debt	No	25.86%	Yes***	28.99%	3.13
Caring impact	No	26.79%	Yes**	22.37%	-4.42
Existing personal support	No	26.87%	Yes**	23.82%	-3.05
Existing skills support	No	26.19%	Yes**	30.22%	4.03
Skills support	No	25.46%	Yes**	27.48%	2.02
English support	No	26.28%	Yes***	33.88%	7.6
Qualifications	No qualifications	25.33%	5 or more GCSEs at A*-C (or equivalent)*	28.08%	2.75
			Degree or higher*	28.72%	3.39
Driving licence	No	24.70%	Yes***	30.80%	6.1
Existing work support	No	25.79%	Yes***	30.55%	4.76
Last in work	0-6 months	49.77%	7-12 months***	37.95%	-11.82
			1-2 years***	29.96%	-19.81
			3-5 years***	21.49%	-28.28
			6-10 years***	16.38%	-33.39
			10+ years***	13.61%	-36.16
			I have never worked before***	14.68%	-35.09
Exercise	I don't exercise	24.87%	I exercise sometimes*	26.84%	1.97
			I exercise regularly**	27.27%	2.4
PIP receipt	No	24.64%	Yes***	19.03%	-5.61
			N/A***	30.76%	6.12
Covid affected	No	32.61%	Yes***	9.8%	-22.81
Covid start	No	40.99%	Yes***	10.34%	-30.65
<i>Continuous variable</i>					

Variable	Base category	Likelihood of job outcome in base category	Significance	Likelihood of job outcome for significant variables	Difference versus base category (percentage points)
Number of conditions	n/a	n/a	**	-1.31 percentage points	n/a
Age	n/a	n/a	***	-0.45 percentage points	n/a
Inactivity ratio	n/a	n/a	***	-33.26 percentage points	n/a

First earnings outcome

Table B-3: Effects on predicted probability of achieving the first earnings outcome (Model 2)

Variable	Base category	Likelihood of earnings outcome in base category	Significance	Likelihood of earnings outcome for significant variables	Difference versus base category (percentage points)
Computer skills	1	7.2%	5**	9.66%	2.46
			6**	10.01%	2.9
Job success	1	4.09%	2**	6.4%	2.31
			3***	8.19%	4.1
			4***	8.27%	4.18
			5***	11.72%	7.63
			6**	13.41%	9.32
Client type	Early Entrant Groups	10.98%	Long-Term Unemployed***	6.26%	-4.72
Marital status	Single	8.82%	Cohabiting**	11.61%	2.79
Ethnicity	Other	7.67%	White**	9.38%	1.71
Gender	Female	10.11%	Male***	8.42	-1.69
Debt	No	8.76%	Yes**	10.57%	1.81
Caring impact	No	9.18%	Yes*	6.89%	-2.29
Existing personal support	No	9.23%	Yes**	7.56%	-1.67
English support	No	8.95%	Yes*	12.07%	3.12

Variable	Base category	Likelihood of earnings outcome in base category	Significance	Likelihood of earnings outcome for significant variables	Difference versus base category (percentage points)
Qualifications	No qualifications	8.32%	A levels/NVQ Level 3 (or equivalent) ** Degree or higher*	10.64%	2.32
				10.47%	2.15
Driving licence	No	8.26%	Yes***	11.11%	2.85
Existing work support	No	8.56%	Yes***	11.94%	3.38
Last in work	0-6 months	18.36%	7-12 months**	14.82%	-3.54
			1-2years***	11.25%	-7.11
			3-5 years***	8.22%	-10.14
			6-10 years***	6.52%	-11.84
			10+years***	4.58%	-13.78
			I have never worked before***	5.5%	-12.86
Exercise	I don't exercise	8.39%	I exercise regularly*	9.71%	1.32
Existing health support	No	8.21%	Yes*	9.80%	1.59
PIP receipt	No	8.03%	N/A***	11.13%	3.1
Covid affected	No	21.61%	Yes***	7.32%	-14.29
Covid start	No	18.77%	Yes***	7.62%	-11.15
<i>Continuous variable</i>					
Number of conditions	n/a	n/a	**	-0.67 percentage points	n/a
Age	n/a	n/a	***	-0.13 percentage points	n/a
Inactivity ratio	n/a	n/a	***	-17.91 percentage points	n/a

First but not the higher earnings outcome

B.24 It is important to note when interpreting this model that it estimates the 360 determining factors that contribute towards the probability a client achieves the first earnings outcome

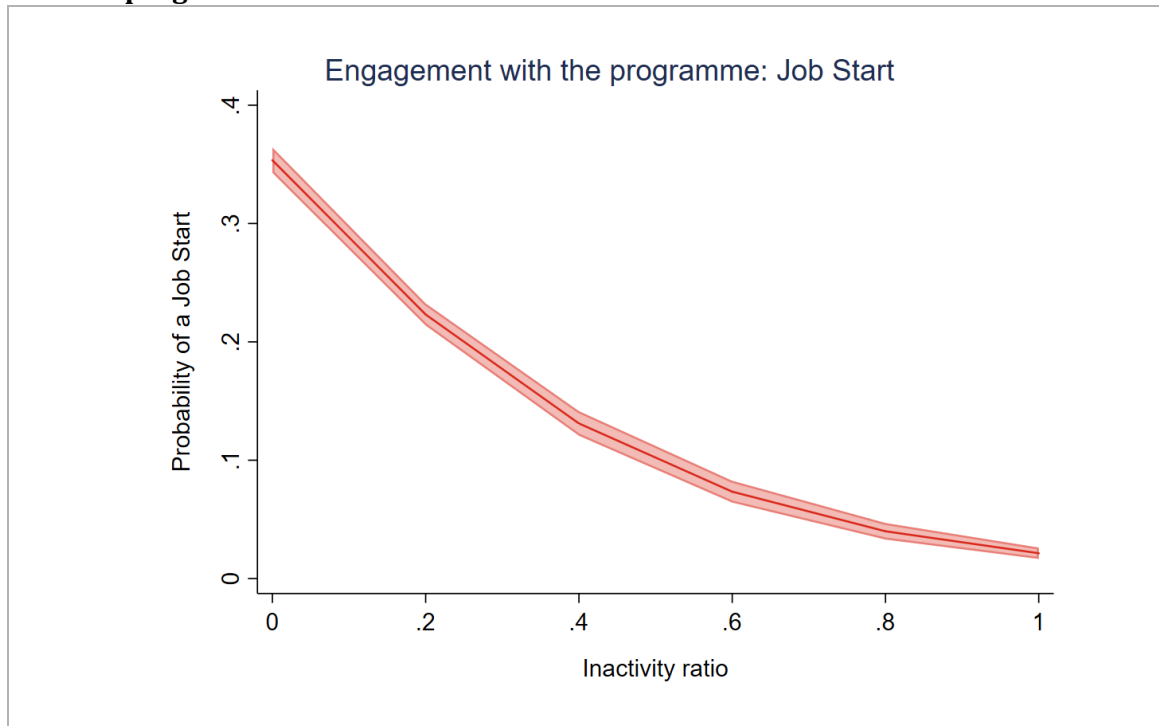
but not the higher earnings outcome. Therefore what would be seen to be producing a negative or 'unsuccessful' outcome will have a positive coefficient. We have colour coded the table appropriately to still show red as increasing probability of this negative outcome.

Table B-4: Effects on predicted probability of achieving first earnings outcome but not the higher one (Model 3)

Variable	Base category	Likelihood of not achieving higher earnings outcome for base category	Significance	Likelihood of not achieving higher earnings outcome for significant variables	Difference versus base category (percentage points)
Job success	1	17.88%	4*	8.82%	-9.06
Local authority	Bolton	12.79%	Bury*	20.81%	8.02
Client type	Early Entrant Groups	6.02%	Long-Term unemployed**	14.47%	8.45
Marital status	Single	11.67%	Cohabiting**	4.28%	-7.39
Caring	No	10.01%	Yes*	16.29%	6.28
Existing personal support	No	10.87%	Yes*	6.94%	-3.93
Driving licence	No	11.49%	Yes*	8.54%	-2.95
Last in work	0-6 months	10.88%	I have never worked before*	18.99%	8.11
Covid affected	No	9.38%	Yes***	20.36%	10.98
Covid start	No	9.82%	Yes***	24.42%	14.6

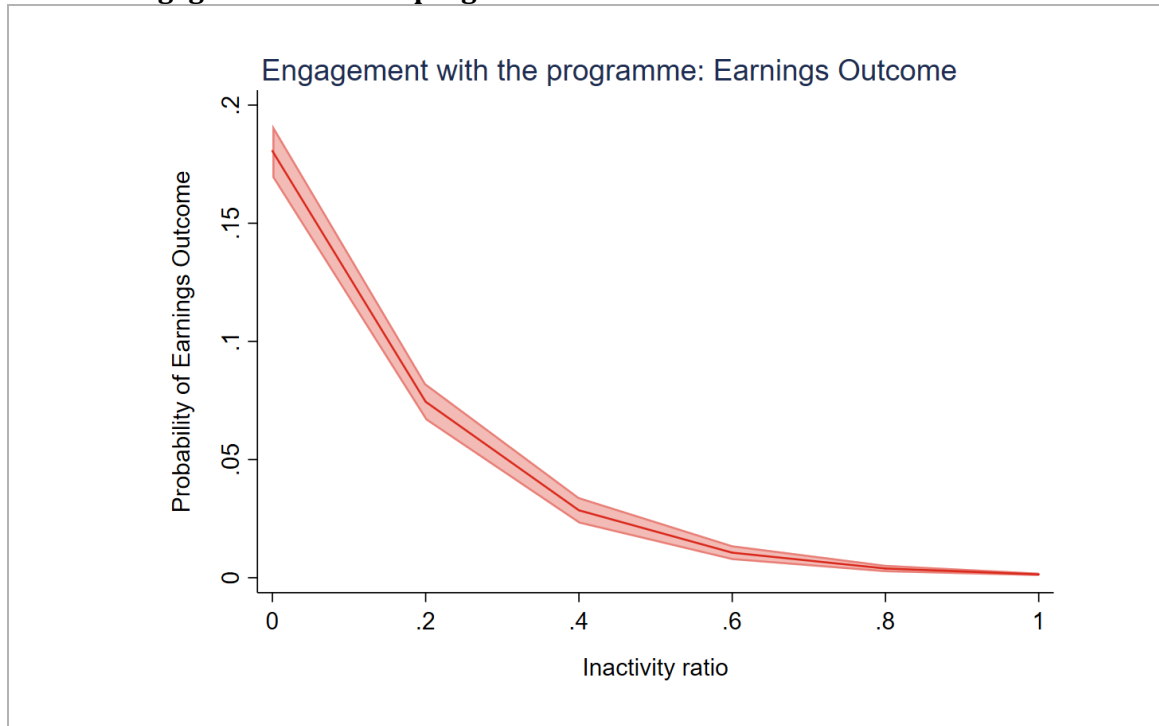
B.25 Figure B-2 to Figure B-5 below demonstrate the effect of inactivity and age on probabilities of finding and sustaining a job.

Figure B-2: Estimated probability of starting a job at various levels of engagement with the programme

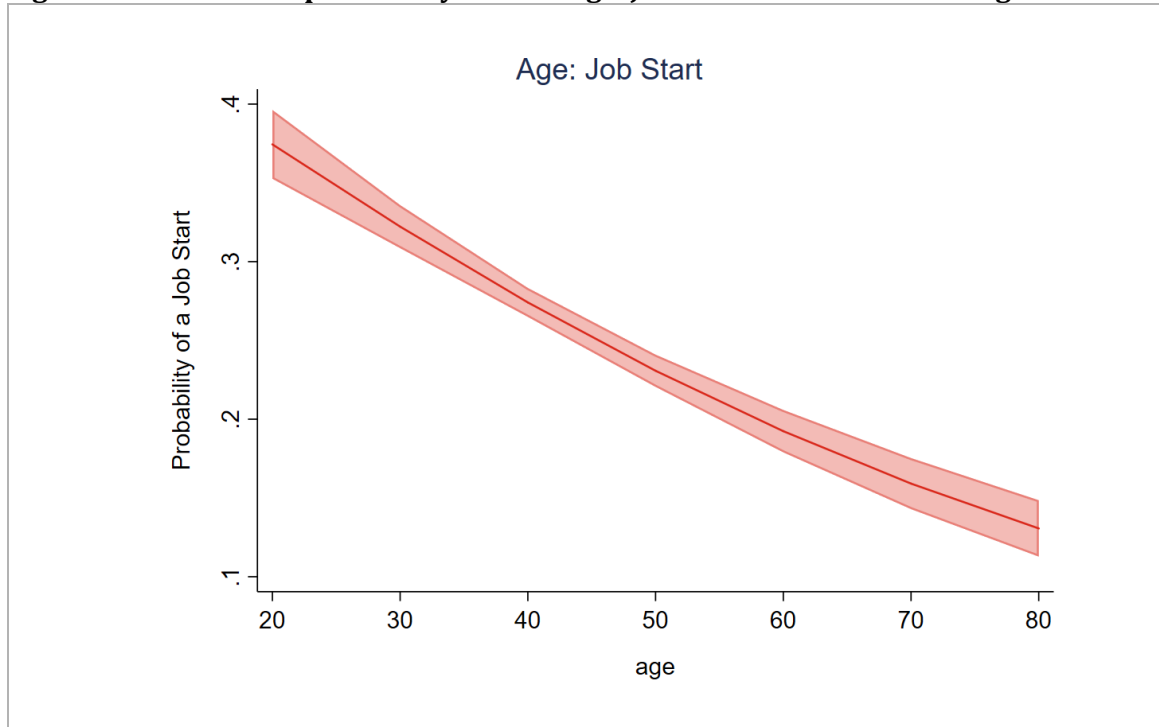


Source: SQW. Shaded area represents the 95% confidence interval. The predicted probabilities are calculated holding all other variables at their mean values

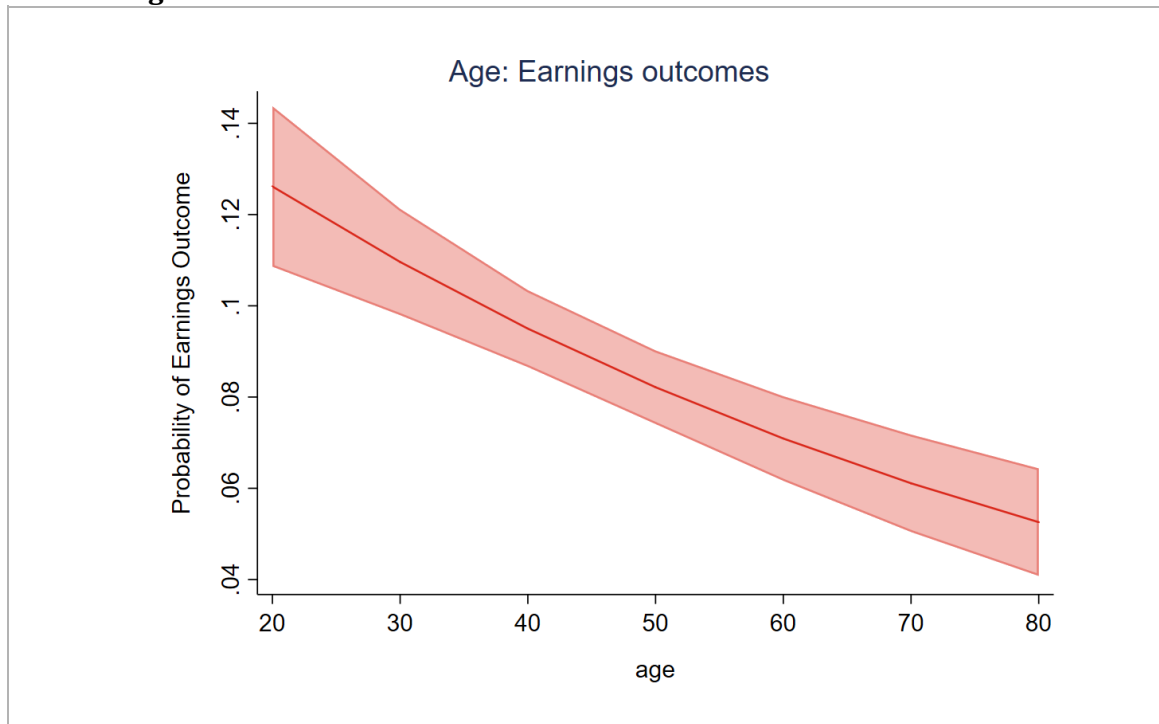
Figure B-3: Estimated probability of achieving the first earnings outcome at various levels of engagement with the programme



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

Figure B-4: Estimated probability of starting a job for clients of different age

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

Figure B-5: Estimated probability of achieving the first earnings outcome for clients of different age

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

B.26 Overall the findings are consistent with the 2020 annual report with most variables having the same direction and similar magnitude of the effect on the probability of a client finding and sustaining a job.

B.27 However there are two notable differences from the earlier findings:

- **There is less variation in outcomes across local authorities** than last year. In the previous analysis, when comparing to Bolton clients in Salford had a statistically significantly lower probability of achieving an earnings outcome whilst clients in five other local authorities had a lower probability of achieving a job outcome. The latest analysis shows only Bury to have a statistically significant difference in outcomes when compared to Bolton.
- The negative effect of the length of previous unemployment, age and inactivity for finding a job is stronger than we found in the previous report. Table B-5 demonstrates the difference.

Table B-5: Comparison of the effects on finding a job observed in 2020 and 2021

Variable	Effect 2021 (p.p)		Effect 2020 (p.p)		Difference (p.p)
Age (one year older)		-0.45		-0.2	-0.25
Inactivity (fully engaged -> no engagement)		-33.3		-19.6	-13.7
Length of unemployment (relative to 0-6 months)	7-12 months	-11.8	7-12 months	-7.5	-4.3
	1-2 years	-19.8	1-2 years	-13.5	-6.3
	3-5 years	-28.3	3-5 years	-17.7	-10.6
	6-10 years	-33.4	6-10 years	-18.9	-14.5
	10+ years	36.2	10+ years	-22.3	-13.9
	I have never worked before	-35.1	I have never worked before	-22.0	-13.1

Source: SQW analysis

B.28 This is likely to be a result of changing labour market conditions and client composition of the programme related to the pandemic.

B.29 The effect of Covid-19 on all outcomes is strong and negative. Even though, as shown in the report, the job finding rate among those who joined the programme during Covid appears to be higher, this is likely explained by other characteristics of that cohort.

B.30 The econometric analysis shows that controlling for other observable characteristics, an otherwise 'average client' who was affected by Covid while being on the programme had their chances of both finding and sustaining a job reduced by over three times. Furthermore, the 'average client' who began the programme during Covid had their chances of finding a job

reduced by over four times and their chance of achieving the first earnings outcome had halved; however as mentioned previously, more time is needed to see if this trajectory continues before this conclusion is definitive.

B.31 Covid-19 also appears to be the main driving factor for not achieving the higher earnings outcome after claiming the first earnings outcome. Being out of employment for a long time and lack of previous work experience were also among contributing factors (clients who have never worked before or were long-time unemployed were less likely to sustain a job long enough to claim the higher earnings outcome).

Estimation outputs

B.32 8 report the full output from the logistic regression for Models 1, 2 and 3 respectively. These tables contain the detail that underpin the results presented in Table B-6 to Table B-8. The signs of the coefficients show the direction of the effect (either positive or negative).

B.33 However, the coefficients cannot be interrupted directly as the magnitude of the effect on the outcome because our model is non-linear. The effect of each explanatory variable on the probability of the dependent variables 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 the previous section.

Table B-6: Estimation outputs from logistic regression for Model 1 – client starts a job

Job outcome		Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Computer skills						
	1	(base)				
	2	0.118	0.108	0.274	-0.094	0.330
	3	0.130	0.098	0.183	-0.062	0.323
	4	0.147	0.099	0.139	-0.048	0.342
	5	0.148	0.101	0.141	-0.049	0.345
	6	0.230	0.099	0.019**	0.037	0.424
Job success						
	1	(base)				
	2	0.215	0.124	0.083*	-0.029	0.459
	3	0.487	0.109	0.000***	0.273	0.702
	4	0.750	0.110	0.000***	0.534	0.966
	5	1.070	0.110	0.000***	0.854	1.286
	6	1.212	0.112	0.000***	0.992	1.432
Number of health conditions		-0.067	0.027	0.012**	-0.120	-0.015
Provider						

Job outcome	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Ingeus	(base)				
Pluss	0.249	0.075	0.001***	0.102	0.397
The Growth Company	-0.080	0.254	0.752	-0.578	0.418
Local authority					
Bolton	(base)				
Blackburn with Darwen	0.931	1.044	0.372	-1.115	2.978
Bury	0.212	0.105	0.043**	0.007	0.417
Manchester	0.132	0.262	0.615	-0.382	0.646
Oldham	0.132	0.093	0.156	-0.051	0.315
Other	0.309	0.277	0.264	-0.233	0.851
Rochdale	0.157	0.099	0.111	-0.036	0.350
Salford	0.001	0.267	0.998	-0.523	0.524
Stockport	-0.143	0.109	0.191	-0.356	0.071
Tameside	0.135	0.096	0.160	-0.053	0.323
Trafford	0.187	0.274	0.495	-0.351	0.725
Wigan	-0.033	0.095	0.728	-0.219	0.153
Client type					
Early Entrant Groups	(base)				
Health and Disability	0.132	0.078	0.092*	-0.022	0.285
Long-Term Unemployed	-0.308	0.094	0.001***	-0.493	-0.124
Age	-0.023	0.002	0.000***	-0.027	-0.019
Marital status					
Single	(base)				
Married	0.192	0.078	0.013**	0.040	0.344
Cohabiting	0.036	0.101	0.719	-0.162	0.235
Other	0.023	0.096	0.810	-0.165	0.212
Ethnicity					
BAME	(base)				
Chose not to say	-0.355	0.248	0.153	-0.842	0.132
White	-0.060	0.060	0.316	-0.178	0.057
Gender					
Female	(base)				
Male	-0.044	0.048	0.356	-0.138	0.050

Job outcome	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Other	-0.187	0.755	0.805	-1.667	1.293
Prefer not to say	0.669	0.513	0.192	-0.337	1.675
Transgender	-0.430	0.742	0.562	-1.884	1.024
Debt					
No	(base)				
Yes	0.157	0.060	0.009***	0.039	0.275
Not Sure	0.132	0.144	0.362	-0.151	0.415
Prefer not to say	0.568	0.247	0.021**	0.084	1.052
Caring impact					
No	(base)				
Yes	-0.239	0.106	0.025**	-0.448	-0.031
Lone parent					
No	(base)				
Yes	-0.081	0.075	0.281	-0.227	0.066
Caring					
No	(base)				
Other	1.675	0.858	0.051*	-0.007	3.356
Yes	-0.060	0.093	0.517	-0.242	0.122
Ability to problem solve					
No	(base)				
I have difficulty coping with unexpected or difficult situations	-0.131	0.102	0.200	-0.331	0.069
Not very well	-0.103	0.083	0.212	-0.266	0.059
Prefer not to say	-0.090	0.271	0.740	-0.620	0.441
Quite well	0.034	0.074	0.643	-0.111	0.179
Very well	0.029	0.094	0.761	-0.155	0.212
Existing personal support					
No	(base)				
Yes	-0.161	0.075	0.032**	-0.309	-0.014
Prefer not to Say	-0.327	0.454	0.471	-1.216	0.563
Existing skills support					
No	(base)				

Job outcome	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Yes	0.200	0.085	0.019**	0.032	0.367
Prefer not to Say	0.437	0.489	0.371	-0.520	1.395
Skills support					
No	(base)				
Yes	0.104	0.047	0.027**	0.012	0.196
English support					
No	(base)				
Yes	0.363	0.133	0.006***	0.102	0.624
Not Sure	-0.025	0.263	0.923	-0.541	0.491
Maths support					
No	(base)				
Yes	-0.021	0.069	0.758	-0.158	0.115
Don't know	-0.069	0.103	0.504	-0.271	0.133
Prefer not to say	0.165	0.210	0.430	-0.245	0.576
Qualifications					
No qualifications	(base)				
Below GCSE level	-0.090	0.092	0.328	-0.270	0.090
Under 5 GCSEs at grade A*-C (or equivalent)	0.066	0.079	0.407	-0.090	0.221
5 or more GCSEs at grades A*-C (or equivalent)	0.140	0.085	0.098	-0.026	0.307
A levels / NVQ Level 3 (or equivalent)	0.126	0.084	0.135	-0.039	0.292
Degree or higher	0.172	0.099	0.081*	-0.021	0.365
Don't know	-0.075	0.104	0.472	-0.279	0.129
Driving licence					
No	(base)				
Yes	0.305	0.049	0.000***	0.208	0.402
Existing work support					
No	(base)				
Yes	0.236	0.072	0.001***	0.095	0.376
Prefer not to Say	0.647	0.464	0.163	-0.262	1.556
Last in work					
0-6 months	(base)				
7-12 months	-0.482	0.070	0.000***	-0.620	-0.344

Job outcome	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
1-2 years	-0.840	0.070	0.000***	-0.977	-0.703
3-5 years	-1.286	0.078	0.000***	-1.439	-1.134
6-10 years	-1.621	0.099	0.000***	-1.815	-1.427
10+ years	-1.839	0.097	0.000***	-2.028	-1.649
I have never worked before	-1.751	0.104	0.000***	-1.954	-1.548
Exercise					
I don't exercise	(base)				
I exercise sometimes	0.103	0.058	0.075*	-0.010	0.216
I exercise regularly	0.125	0.061	0.040**	0.006	0.244
Prefer not to say	-0.042	0.382	0.912	-0.792	0.707
Existing health support					
No	(base)				
Yes	0.107	0.078	0.171	-0.046	0.260
PIP receipt					
No	(base)				
Yes	-0.330	0.091	0.000***	-0.509	-0.151
Not sure	0.014	0.294	0.962	-0.561	0.589
Prefer not to say	0.993	0.790	0.209	-0.556	2.541
N/A	0.307	0.081	0.000***	0.148	0.465
Inactivity ratio	-3.220	0.124	0.000***	-3.462	-2.977
Covid affected					
No	(base)				
Yes	-1.494	0.064	0.000***	-1.619	-1.368
Covid start					
No	(base)				
Yes	-1.796	0.057	0.000***	-1.908	-1.683
_cons	0.905	0.228	0.000***	0.458	1.353

* $p < .1$; ** $p < .05$, *** $p < 0.01$. Source: SQW analysis

Table B-7: Estimation outputs from the logistic regression for Model 2 – client achieves an earnings outcome

Earnings outcome	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Computer skills					
1	(base)				
2	0.194	0.167	0.244	-0.133	0.521

Earnings outcome		Coef.	Std. Err.	P-value	[95% Conf. Interval]	
	2	0.222	0.153	0.147	-0.078	0.522
	3	0.179	0.156	0.252	-0.127	0.484
	4	0.320	0.156	0.040**	0.015	0.626
	5	0.360	0.153	0.019**	0.060	0.659
	6	0.194	0.167	0.244	-0.133	0.521
Job success						
	1	(base)				
	2	0.472	0.201	0.019**	0.077	0.867
	2	0.738	0.181	0.000***	0.384	1.092
	3	0.748	0.182	0.000***	0.390	1.106
	4	1.135	0.179	0.000***	0.784	1.486
	5	1.289	0.181	0.000***	0.934	1.645
	6	0.472	0.201	0.019**	0.077	0.867
Number of health conditions		-0.082	0.038	0.032**	-0.156	-0.007
Provider						
Ingeus		(base)				
Pluss		-0.010	0.119	0.932	-0.244	0.224
The Growth Company		0.000	0.371	0.999	-0.726	0.727
Local authority						
Bolton		(base)				
Bury		0.127	0.149	0.393	-0.164	0.418
Manchester		0.082	0.379	0.829	-0.661	0.825
Oldham		0.045	0.133	0.733	-0.216	0.307
Other		0.475	0.405	0.241	-0.319	1.268
Rochdale		-0.172	0.147	0.242	-0.459	0.116
Salford		-0.242	0.389	0.534	-1.003	0.520
Stockport		-0.166	0.155	0.285	-0.469	0.138
Tameside		0.047	0.140	0.739	-0.227	0.320
Trafford		0.185	0.397	0.641	-0.593	0.964
Wigan		-0.173	0.137	0.208	-0.442	0.096
Client type						
Early Entrant Groups		(base)				
Health and Disability		-0.106	0.129	0.411	-0.359	0.147

Earnings outcome	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Long-Term Unemployed	-0.614	0.144	0.000***	-0.895	-0.333
Age	-0.016	0.003	0.000***	-0.022	-0.010
Marital status					
Single	(base)				
Married	0.113	0.113	0.315	-0.108	0.334
Cohabiting	0.306	0.145	0.035**	0.022	0.590
Other	0.010	0.137	0.941	-0.259	0.279
Ethnicity					
BAME	(base)				
Chose not to say	0.378	0.356	0.289	-0.321	1.076
White	0.219	0.089	0.014**	0.045	0.393
Gender					
Female	(base)				
Male	-0.202	0.071	0.004***	-0.340	-0.063
Debt					
No	(base)				
Yes	0.208	0.086	0.015**	0.040	0.376
Not Sure	-0.009	0.207	0.964	-0.415	0.396
Prefer not to say	-0.333	0.433	0.441	-1.182	0.515
Caring impact					
No	(base)				
Yes	-0.313	0.161	0.052*	-0.628	0.003
Lone parent					
No	(base)				
Yes	-0.058	0.112	0.603	-0.278	0.161
Caring					
No	(base)				
Yes	-0.079	0.134	0.558	-0.342	0.185
Ability to problem solve					
No	(base)				
I have difficulty coping with unexpected or difficult situations	-0.173	0.146	0.237	-0.459	0.113
Not very well	-0.088	0.119	0.463	-0.321	0.146

Earnings outcome	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Prefer not to say	-0.709	0.482	0.141	-1.653	0.235
Quite well	-0.070	0.106	0.509	-0.278	0.138
Very well	-0.098	0.131	0.455	-0.356	0.160
Existing personal support					
No	(base)				
Yes	-0.218	0.105	0.038**	-0.423	-0.013
Prefer not to Say	0.233	0.782	0.766	-1.300	1.765
Existing skills support					
No	(base)				
Yes	0.120	0.114	0.293	-0.103	0.343
Skills support					
No	(base)				
Yes	0.022	0.068	0.752	-0.112	0.155
English support					
No	(base)				
Yes	0.334	0.193	0.083	-0.044	0.712
Not Sure	-0.637	0.461	0.167	-1.540	0.267
Maths support					
No	(base)				
Yes	0.066	0.093	0.480	-0.117	0.249
Don't know	0.124	0.166	0.454	-0.201	0.450
Prefer not to say	0.666	0.358	0.063*	-0.036	1.368
Qualifications					
No qualifications	(base)				
Below GCSE level	-0.147	0.137	0.284	-0.415	0.122
Under 5 GCSEs at grade A*-C (or equivalent)	0.034	0.118	0.774	-0.198	0.266
5 or more GCSEs at grades A*-C (or equivalent)	0.179	0.125	0.152	-0.066	0.425
A levels / NVQ Level 3 (or equivalent)	0.272	0.123	0.027**	0.031	0.513
Degree or higher	0.254	0.142	0.075*	-0.025	0.533
Don't know	0.008	0.152	0.958	-0.290	0.306
Driving licence					
No	(base)				

Earnings outcome	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Yes	0.328	0.071	0.000***	0.189	0.468
Existing work support					
No	(base)				
Yes	0.370	0.094	0.000***	0.185	0.555
Last in work					
0-6 months	(base)				
7-12 months	-0.256	0.105	0.015**	-0.463	-0.049
1-2 years	-0.573	0.100	0.000***	-0.768	-0.377
3-5 years	-0.920	0.109	0.000***	-1.134	-0.706
6-10 years	-1.171	0.139	0.000***	-1.443	-0.899
10+ years	-1.545	0.140	0.000***	-1.818	-1.271
I have never worked before	-1.352	0.156	0.000***	-1.658	-1.046
Exercise					
I don't exercise	(base)				
I exercise sometimes	0.062	0.084	0.459	-0.103	0.228
I exercise regularly	0.160	0.087	0.066*	-0.010	0.331
Prefer not to say	-0.354	0.686	0.605	-1.698	0.989
Existing health support					
No	(base)				
Yes	0.195	0.114	0.087*	-0.029	0.419
PIP receipt					
No	(base)				
Yes	-0.099	0.125	0.432	-0.344	0.147
Not sure	-0.128	0.421	0.762	-0.952	0.697
N/A	0.360	0.118	0.002***	0.128	0.592
Inactivity ratio	-5.038	0.260	0.000***	-5.547	-4.529
Covid affected					
No	(base)				
Yes	-1.473	0.088	0.000***	-1.645	-1.301
Covid start					
No	(base)				
Yes	-1.246	0.131	0.000***	-1.503	-0.988
_cons	-0.870	0.345	0.012**	-1.547	-0.193

* p<.1; ** p<.05, *** p<0.01. Source: SQW analysis

Table B-8: Estimation outputs from the logistic regression for Model 3 – higher earnings outcome unobtained

Higher earnings outcome unobtained	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Computer skills					
1	(base)				
2	-0.011	0.468	0.981	-0.929	0.906
2	0.074	0.424	0.862	-0.758	0.905
3	0.497	0.416	0.232	-0.318	1.312
4	0.430	0.417	0.302	-0.386	1.246
5	-0.101	0.415	0.808	-0.915	0.713
6	-0.011	0.468	0.981	-0.929	0.906
Job success					
1	(base)				
2	-0.251	0.490	0.608	-1.212	0.709
2	-0.553	0.449	0.218	-1.433	0.326
3	-0.812	0.458	0.076*	-1.711	0.086
4	-0.643	0.442	0.145	-1.510	0.223
5	-0.709	0.447	0.113	-1.585	0.167
6	-0.251	0.490	0.608	-1.212	0.709
Number of health conditions					
	-0.031	0.112	0.781	-0.251	0.189
Provider					
Ingeus					
	(base)				
Pluss	0.057	0.319	0.858	-0.568	0.682
The Growth Company	0.574	0.967	0.553	-1.322	2.469
Local authority					
Bolton					
	(base)				
Bury	0.584	0.350	0.095*	-0.102	1.269
Manchester	-0.422	0.983	0.667	-2.348	1.504
Oldham	-0.460	0.361	0.202	-1.168	0.248
Other	0.501	0.899	0.578	-1.261	2.262
Rochdale	0.315	0.370	0.394	-0.409	1.040
Salford	-1.114	1.024	0.276	-3.121	0.892
Stockport	-0.010	0.391	0.980	-0.777	0.757

Higher earnings outcome unobtained	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Tameside	-0.369	0.379	0.330	-1.111	0.373
Trafford	-0.660	1.030	0.522	-2.680	1.359
Wigan	0.199	0.348	0.568	-0.483	0.880
Client type					
Early Entrant Groups	(base)				
Health and Disability	0.553	0.370	0.135	-0.172	1.279
Long-Term Unemployed	0.971	0.401	0.015**	0.185	1.756
Age	0.003	0.008	0.736	-0.012	0.018
Marital status					
Single	(base)				
Married	-0.462	0.305	0.130	-1.061	0.136
Cohabiting	-1.084	0.537	0.044**	-2.136	-0.031
Other	-0.585	0.394	0.138	-1.358	0.189
Ethnicity					
BAME	(base)				
Chose not to say	-0.823	1.148	0.473	-3.073	1.427
White	-0.264	0.215	0.220	-0.686	0.158
Gender					
Female	(base)				
Male	-0.230	0.181	0.205	-0.585	0.125
Debt					
No	(base)				
Yes	-0.209	0.226	0.356	-0.653	0.235
Not Sure	-1.669	1.039	0.108	-3.706	0.367
Prefer not to say	-0.024	1.124	0.983	-2.226	2.179
Caring impact					
No	(base)				
Yes	0.194	0.390	0.619	-0.571	0.959
Lone parent					
No	(base)				
Yes	0.086	0.275	0.754	-0.452	0.624
Caring					
No	(base)				

Higher earnings outcome unobtained	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Yes	0.559	0.305	0.067*	-0.038	1.156
Ability to problem solve					
No	(base)				
I have difficulty coping with unexpected or difficult situations					
	-0.096	0.387	0.803	-0.855	0.662
Not very well	0.180	0.301	0.550	-0.410	0.769
Quite well	0.039	0.271	0.887	-0.493	0.570
Very well	0.342	0.327	0.295	-0.299	0.982
Existing personal support					
No	(base)				
Yes	-0.492	0.293	0.093*	-1.065	0.082
Existing skills support					
No	(base)				
Yes	0.413	0.268	0.123	-0.112	0.939
Skills support					
No	(base)				
Yes	0.156	0.177	0.377	-0.191	0.503
English support					
No	(base)				
Yes	-0.580	0.524	0.268	-1.607	0.447
Maths support					
No	(base)				
Yes	-0.409	0.254	0.107	-0.906	0.088
Don't know	-0.221	0.451	0.623	-1.104	0.662
Prefer not to say	0.301	0.914	0.742	-1.490	2.093
Qualifications					
No qualifications	(base)				
Below GCSE level	0.179	0.376	0.634	-0.558	0.916
Under 5 GCSEs at grade A*-C (or equivalent)	0.196	0.321	0.542	-0.434	0.826
5 or more GCSEs at grades A*-C (or equivalent)	0.067	0.339	0.844	-0.598	0.732
A levels / NVQ Level 3 (or equivalent)	-0.059	0.342	0.863	-0.728	0.611

Higher earnings outcome unobtained	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Degree or higher	-0.063	0.387	0.871	-0.821	0.696
Don't know	0.572	0.393	0.146	-0.198	1.342
Driving licence					
No	(base)				
Yes	-0.329	0.183	0.073*	-0.689	0.030
Existing work support					
No	(base)				
Yes	-0.102	0.237	0.669	-0.567	0.364
Last in work					
0-6 months	(base)				
7-12 months	-0.136	0.254	0.592	-0.634	0.362
1-2 years	-0.324	0.253	0.200	-0.820	0.171
3-5 years	0.237	0.262	0.366	-0.277	0.750
6-10 years	-0.154	0.367	0.675	-0.873	0.565
10+ years	-0.074	0.370	0.840	-0.799	0.650
I have never worked before	0.653	0.367	0.075*	-0.066	1.371
Exercise					
I don't exercise	(base)				
I exercise sometimes	-0.239	0.216	0.268	-0.662	0.184
I exercise regularly	-0.114	0.221	0.606	-0.548	0.320
Existing health support					
No	(base)				
Yes	0.196	0.316	0.534	-0.423	0.815
PIP receipt					
No	(base)				
Yes	0.359	0.316	0.257	-0.262	0.979
N/A	0.096	0.327	0.769	-0.545	0.737
Inactivity ratio	0.456	0.755	0.546	-1.024	1.936
Covid affected					
No	(base)				
Yes	0.904	0.212	0.000***	0.490	1.319
Covid start					
No	(base)				

Higher earnings outcome unobtained	Coef.	Std. Err.	P-value	[95% Conf. Interval]	
Yes	1.088	0.303	0.000***	0.494	1.683
_cons	-1.964	0.907	0.030**	-3.743	-0.186

Annex C: Acronyms glossary

Table C-1: List of acronyms

Acronym	Meaning
ASC	Adult Skills Coordination
EAM	Employment Account Manager
EC / ECs	Employment Coaches
EE	Early Entrant client type
EO	Earnings Outcome
EP	Earnings Present
EST	Employer Services Team
H&D	Health and Disability client type
HEO	Higher Earnings Outcome
IC / ICs	Integration Coordinator
JETS	Working Well: Work and Health Programme - Job Entry Targeted Support
JCP	Jobcentre Plus
KW / KWs	Key Worker
LTU	Long-Term Unemployed client type
RT	Response Team
WC / WCs	Work Coach
WHP	Working Well: Work and Health Programme
WWE	Working Well: Expansion
WWP	Working Well: Pilot



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