

# WORKING WELL

Fourth Annual  
Evaluation Report

June 2018

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## Foreword from the Mayor of Greater Manchester

The success story that is Working Well sets our city-region apart from the rest of the country. It was set up under new powers devolved to Greater Manchester, meaning we could use our local services and knowledge to give tailored support to our residents – whether that’s the training, health services or advice they need to get into work.

It proves that devolution is delivering for the city-region. The stated aim four years ago was to provide up to 50,000 people with health, employment and skills support; to date we have actively engaged with over 25,000 residents.

Working Well has already supported over 3,000 people into employment. These are residents who had not found work through previous Government programmes but are now have jobs thanks to our scheme.

Each individual had been long-term unemployed, but are now contributing to the regional economy and living more productive and fulfilled lives. That’s a measure of how we do things differently here, and I’m proud of our programme’s innovation and our skilful implementation.

We have changed the weather in this area of public policy and brought in some much-needed new thinking. The Government’s own national Work and Health programme bears a striking similarity to many elements of Working Well – yet again Greater Manchester is doing things differently and leading the way.

It is my firm belief that devolving further powers from Whitehall will enable us to fully meet the needs of the people of working age in our city-region by providing skills, training and job opportunities to enable them to achieve success and fulfilment in life.

Our ambition in Greater Manchester is to create an employment, health and skills eco-system which has the individual and employer at its heart. It will better respond to the needs of residents and businesses and contribute to the growth and productivity of the regional economy.

Working Well is a flagship policy in this area and a shining example of how Greater Manchester can seize the initiative and deliver for each other. I am delighted by the content of this annual report and I hope you enjoy reading it.

Thank you.

Andy Burnham



## Introduction from the Leader of Oldham Council

It gives me great pleasure to introduce the 4th Edition of the Working Well Annual Report, our most exciting and significant to date. It captures the background, development, principles and evolution of what is Greater Manchester's approach to the challenge of long-term unemployment.

The report details the journey of Working Well from a pilot for nearly 5,000 people through its expansion to nearly 20,000 long-term unemployed Greater Manchester residents.

It also introduces the next phase of Working Well – the devolved, locally commissioned and locally managed Working Well: Work and Health Programme. This is an eagerly anticipated opportunity which will set about supporting a further 22,000 long-term unemployed residents toward employment and better health, skills and lifestyle outcomes.

The report demonstrates the notable level of performance achieved to date. It draws on the experiences and lessons learned throughout the programme's lifespan. In contrast to previous annual reports, this edition's in-depth sections on key challenges to employment – health and disability, age and skills – generate much greater insight. That, in turn, enables us to approach key questions with an even better understanding of our services and the people accessing it. What emerges in this report is the ambition to continuously improve Working Well. This edition also includes the opinions and feedback from key partners to better demonstrate the value added by the integrated support services. It also details the programme beneficiaries' experiences and opinions through in-depth case studies, thereby ably demonstrating the programmes' successes to date.

Much of what is captured within this report is cause for further reflection and even celebration. I hope you find what is contained within these pages useful and enjoy the detailed insight it offers. Thank you for reading.

Sean Fielding

## Executive Summary

### The programme

1. The Working Well programme comprises a Pilot phase and subsequent Expansion, to support clients to address their barriers to work and move into employment. This has been followed by the commissioning of the Work and Health Programme, and the ongoing commissioning of Working Well Early Help. The Pilot was developed to support 5,000 Employment and Support Allowance benefit claimants, with referrals over two years starting from March 2014. The Working Well Expansion was intended to support some 20,000 people across multiple benefit types, with referrals starting in April 2016.
2. Each programme delivers holistic, intensive and personalised support through a key worker model and integration with Greater Manchester's public services. Clients comprise long-term unemployed people with multiple complex barriers to work, including physical and mental health issues, low level of skills and qualifications, and poor access to transport.
3. The programme is closely aligned with Greater Manchester's priorities, including the integration of services – particularly around employment and skills – and improving the health of the population.
4. The Working Well Pilot and Expansion have remained broadly the same since 2014, with the same core elements and critical success factors – the key worker model, integration, and the role of the Programme Office and local leads. The programme has nevertheless evolved, based on lessons learned, with an increasing emphasis on relationship building, co-location, incentivising continued engagement in the payment model for the programme and establishing new support mechanisms where gaps in provision for Working Well clients have become evident.

### The impact of Working Well

5. Overall, there have been over 17,100 'attachments' – clients joining the programme – and over 2,800 job starts (17% of attachments) to date (March 2018). For the Pilot, there have been 4,700 attachments, 610 job starts (13% of attachments, or closer to 20% when discounting clients that dropped out without completing the programme) and 237 clients have sustained work for more than 50 weeks (or 43% of job starts when considering those that started work over 12 months ago) For the Expansion, there have been 12,400 attachments, over 2,200 job starts (20% of those attached at least six months) and 341 sustained jobs (or 44% of jobs starts when considering those that started work over 12 months ago).
6. Mental and physical health are the most prevalent severe barriers to work amongst the Pilot cohort. General confidence and self-esteem, and lack of work experience are the most common severe barriers on the Expansion, with mental and physical health issues less prevalent but nonetheless a severe barrier for a fifth of all clients. A majority of Pilot and Expansion clients experienced an improvement in the most common barriers to work, where they identified these as severe on attachment. The average number of severe barriers to work faced by Pilot clients reduced from 4.2 on initial assessment to 3.7 at the intermediate stage. For the Expansion, the number reduced from 2.7 to 1.7 six months after attachment.
7. The likelihood of clients experiencing improvements against their barriers to work varies by characteristics such as local authority and length of unemployment. The likelihood of clients starting work also varies according to certain characteristics such as local authority, age, length of unemployment, level of qualifications and having certain severe presenting issues including mental and physical health.

8. Clients are supported through a wide range of internal and external support for their mental and physical health needs, particularly from the Talking Therapies Service for mental health which has supported over 1,400 clients. A lower proportion of clients with severe health issues got into work compared to those without, but nonetheless almost 780 with severe health issues started a job.
9. Clients aged over 50 are more likely to have been unemployed for a longer period of time and to have severe physical health issues. The programme has supported this group to a greater extent, with a larger proportion of the cohort receiving employment, health and skills and qualifications support compared to those aged under 50. Although a lower proportion of clients aged over 50 have started work, there have still been almost 650 job starts by this cohort to date.
10. Housing issues were identified as a severe concern by 12% of clients, although this varies widely by local authority. Clients with severe housing issues have a far higher average number of severe barriers to work, and are more likely to have severe barriers to work in relation to mental health and substance misuse. The programme helps these clients by enabling key workers to deal with the relevant bodies to resolve housing issues and by referring clients to other relevant support where necessary, e.g. financial advisors. Some 265 clients with severe housing issues on joining the programme have started work to date.
11. There is a high prevalence of clients with no or low qualifications on the programme. The programme helps these clients by referring them to predominantly basic skills and vocational-related accredited training, which is delivered both internally and externally including through Skills for Employment. Clients without qualifications are far less likely to have started a job. Nevertheless, almost 550 Working Well clients without qualifications have started a job to date.
12. The Working Well offer is continuing to evolve and inform further service provision. The Work and Health Programme launch in 2018 and the Working Well Early Help programme currently being commissioned, have both been informed by the lessons learned through delivering the Working Well Pilot and Expansion.
13. To date, the Working Well programme has supported some 17,000 clients, with 2,800 moving into work, with positive feedback from many clients. In the next 12 months, the Working Well programme can be expected to support many more people to address their barriers to work and support them to move into employment.

### The future of Working Well

## 1. Introduction

- 1.1 This report comprises the fourth Annual Evaluation Report for Greater Manchester's Working Well programme, undertaken by SQW Ltd (SQW) as part of the ongoing longitudinal evaluation of the programme.

### Summary

- The Working Well Pilot was intended to support 5,000 Employment and Support Allowance benefit claimants, with referrals made over two years starting from March 2014.
- The Working Well Expansion was intended to support 20,000 people across multiple benefit types, with referrals starting in April 2016.
- Each programme delivers holistic, intensive and personalised support through a key worker model and integration with Greater Manchester's public services.
- Many clients are long-term unemployed with multiple and complex barriers to work, such as their physical and mental health, level of skills and qualifications, and access to transport.
- The programme is closely aligned with Greater Manchester's priorities, including the integration of services – particularly around employment and skills – and improving the health of the population.
- This report draws on client monitoring data, qualitative interviews with stakeholders, case studies of client journeys and an online survey of clients.

### Background to the programme

#### Pilot

- 1.2 Working Well began in March 2014. It started as a Pilot programme, intended to provide support to 5,000 Employment and Support Allowance (ESA) Work-Related Activity Group (WRAG) benefit claimants who had completed the Work Programme but not found work, and was borne out of concerns that people on the Work Programme with health barriers to work were not moving into work. The Pilot was co-designed by the Greater Manchester Combined Authority (GMCA) and the Department for Work and Pensions (DWP), to test whether a locally developed and delivered model of welfare to work could deliver better outcomes for Greater Manchester residents with multiple barriers to work, when compared with nationally commissioned programmes such as the Work Programme. This was part of the move to devolve powers to Greater Manchester, which has now grown substantially.
- 1.3 The aim of the Pilot was to improve the work readiness of the whole client base, and achieve job start outcomes for 20% of clients, with 75% of those starting work sustaining employment for at least 50 out of 54 weeks. Recruitment took place over two years, from March 2014, with pre-work support available for up to two years after someone joined the programme. In work support was also available for 12 months, meaning that the maximum time of support was three years. There are two providers of the programme: Ingeus, in seven local authority areas<sup>1</sup>; and Big Life, in three<sup>2</sup>.

<sup>1</sup> Bolton, Bury, Oldham, Rochdale, Stockport, Tameside and Wigan

<sup>2</sup> Manchester, Salford and Trafford

## Expansion

- 1.4 In 2014 the GMCA signed a **Devolution Agreement**<sup>3</sup> with the UK Government, which gave extra powers to Greater Manchester. The agreement set out the new powers and responsibilities for the Greater Manchester Mayor and GMCA, including several around welfare reform and employment support. These included control of an expanded version of the Working Well Programme.
- 1.5 In April 2016 the programme grew to offer support to a further 15,000 people across a more varied, but equally complex, client group. The Expansion to the Working Well programme is for ESA clients, but also for claimants of Job Seekers Allowance, Income Support and, more recently, Universal Credit. Again, it aims to improve the work readiness of the whole client base, achieving 20% of clients into work, and with 75% of those starting work sustaining employment long term. Ingeus is one of the providers of the Expansion, covering the same seven local authority areas as for the Pilot, whilst The Growth Company is the lead provider for the other three. The Expansion was extended to the end of 2017 to allow a further 5,000 people to be offered support by the programme and to ensure that there was no gap between the Expansion and the Work and Health Programme (the next iteration of Working Well), which started in early 2018.

### The delivery model and core principles

- 1.6 At the heart of both Working Well programmes is the notion of providing intensive, personalised support, fully integrated into Greater Manchester's public services. There are various key elements to this:
- the programme was designed around the principles of intensive and holistic support from a 'key worker' who draws on, sequences and integrates other public service interventions to support people to address presenting issues that hold them back from starting work
  - local authority based 'local leads', Integration Boards, and Local Delivery Meetings ensure buy-in from, accountability to, and responsibility for local authorities in the delivery and

performance of the programme, with a key role in enabling effective integration. This has been supported by the development of 'Ask & Offer' documents from local areas for providers as well as Local Integration Plans

- the Programme Office oversees the programme, providing overarching strategic direction, intelligence on performance to date, and with a key role in resolving any issues in the programme, whether in relation to referrals, support, or job starts.
- 1.7 Additional support services have been developed and targeted at Working Well clients since the start of the Expansion: a Talking Therapies Service (TTS) to provide mental health support for clients where this was a presenting issue, and Skills for Employment (SfE) where skills issues prevent people from securing work. These additional services were initially open only to Expansion clients, but more recently both have also been opened to Pilot clients.

### Client complexity

- 1.8 Moving 20% of people into work needs to be seen in context. First, this is far above the Work Programme performance for ESA WRAG claimants. Second, one of the common threads throughout both the Pilot and Expansion programmes is the complex and multiple presenting issues holding back many clients from work. This is especially the case for the Pilot, where clients are all ESA WRAG claimants and had already gone through two years of the Work Programme without finding and sustaining work before joining the programme. For many Pilot clients, complex and multiple health issues were common, alongside other presenting issues relating to skills and qualifications, work experience, and access to transport to travel to work. Whilst Expansion clients tend to have fewer complex issues, the majority nevertheless face at least some issues that hold them back from finding and sustaining work, even after (often) many years of DWP support.



- 1.9 As such, whilst the ambition is to move 20% into work, this could be viewed as challenging, particularly for the Pilot's ESA WRAG cohort, given the client group and comparison with the performance of the Work Programme, where nationally job outcomes were claimed for just 6% of ESA ex-incapacity benefit claimants on the programme within the June 2011 to June 2017 timeframe. It is also important to consider alongside this the potentially substantial benefits to people and the public purse in resolving the severe and multiple barriers that clients face, even if this does not lead immediately to them starting work.

### Strategic fit

- 1.10 The Working Well programme is closely aligned with wider Greater Manchester priorities and strategy. Reform was a major part of the 2013 **Greater Manchester Strategy: Stronger Together**<sup>4</sup> that directly preceded Working Well. Amongst other actions, it included a call to deliver an integrated approach to employment and skills, with economic inactivity, mainly related to ill-health, identified as one of the key causes of Greater Manchester's productivity gap compared to the UK overall.

- 1.11 An integrated approach is also central to the more recent **Greater Manchester Strategy: Our People, Our Place**<sup>5</sup> from 2017, with devolution central to being able to fully join up services and implement a distinctive Greater Manchester person-centre approach. The strategy includes commitments to improving the mental and physical health of Greater Manchester residents, making Greater Manchester the UK's 'first age-friendly city region', giving those keen to get back into work the support and training they need, and improving the pay of Greater Manchester's workers.

### Methodology

- 1.12 This report covers both elements of the Working Well programme. Where it is necessary to differentiate we refer to the initial programme as the Pilot and the later programme as the Expansion. Given the very different starting points for the Pilot and Expansion, this report is able to comment to different levels about the two phases of the programme:
- Pilot clients have now all completed their two years on the programme. The analysis of the Pilot therefore presents an (almost) final view on performance
  - some Expansion clients have just achieved two years on the programme, but the vast majority have not and therefore continue to be supported by the programme (where they have not left early), outcomes here are therefore subject to change in the future.

<sup>3</sup> HM Treasury and Greater Manchester Combined Authority, 2014, Greater Manchester Agreement: devolution to the GMCA & transition to a directly elected mayor

<sup>4</sup> Greater Manchester Combined Authority, 2013, Greater Manchester Strategy: Stronger Together  
<sup>5</sup> Greater Manchester Combined Authority, 2017, Greater Manchester Strategy: Our people, our place

1.13 The report draws on a wide selection of data/information sources:

- routine monitoring data collected by providers, which includes client-level information describing clients' journeys through the programme, from their presenting issues on joining the programme, through to the support they received, the improvements they saw, and whether they secured a job start
- a series of qualitative interviews conducted in March and April 2018 with the Programme Office, providers, key workers, Job Centre Plus (JCP) staff, and through a focus group at the Local Delivery Meeting in March 2018, to understand how they viewed the effects and evolution of the programme
- case studies of clients, provided to SQW by the providers, setting out their journey through the programme, including how the providers worked to address these clients' presenting issues and improve their job prospects
- data from an online survey of Working Well clients, completed in April and May 2018, which asked clients to describe their experience of the programme, how it supported them to overcome presenting issues, what worked well with the programme and what they would improve. This was mainly completed by almost 600, mainly Expansion, clients whilst almost half of respondents are still on the programme.

## Report structure

1.14 The rest of this report is structured as follows:

- Section 2 describes the development of the programme in more detail, including its evolution since starting
- Section 3 presents an overview of the performance of the programme
- Section 4 includes a series of 'deep dives' to explore particular key issues and how the programme addresses them
- Section 5 reflects on this year's performance, including any new lessons learnt, and also looks forward to the next 12 months.

1.15 There are then two supporting annexes to the report: one is the full write-ups of the client case studies; and the other is a technical annex relating to the econometric analysis contained in Sections 3 and 4.

## 2. Programme development and evolution

### Summary

- The Working Well Pilot and Expansion have remained broadly the same since 2014, with the same core elements and critical success factors – the key worker model, integration and the role of the Programme Office and local leads.
- The programme has nevertheless evolved, based on lessons learned, with an increasing emphasis on relationship building, co-location, incentivising continued engagement in the payment model for the programme and establishing new support mechanisms where gaps in provision for Working Well clients have become evident.

has become more established. That said, they are reported as still being more 'hands-on' than was the norm with the Work Programme. The Programme Office also has an important role in ensuring that best practice on delivery of the programme is shared with areas where performance is lagging behind elsewhere.

2.3 Other elements of the way the programme has been commissioned and is managed have evolved more substantially:

- **The Programme Office, and indeed wider partners, have learnt from the commissioning process for the Pilot**, which was undertaken in a very short timeframe, and was prescriptive. For the Expansion, they allowed more time for commissioning and were more open to suggestions as to how to operate the programme. This evolution continued in a 'competitive dialogue' process over several months for the recent commissioning of the Work and Health Programme and the ongoing commissioning of the upcoming Working Well Early Help Programme, in order to ensure that the best proposal is taken forward and the proposed approach fully articulated ahead of commissioning.
- **The payment model has also evolved from the Pilot**, where 50% of the fee per client was paid to providers on initial attachment to the programme. To incentivise providers to keep clients engaged with the programme and move them into work, for the Expansion a higher proportion of the fees was retained for those that are engaged for longer or start work, with just 10% of the fee being given to the providers on initial attachment.

### Overview

2.1 The Working Well programme has also continued to evolve since its inception. This includes between the Pilot and Expansion, but also with both evolving over their delivery. This section sets out how the programme has evolved over time from its initial set-up in 2014, to informing the commissioning of the Work and Health Programme.

### Programme set-up and management

#### Overall management

2.2 The Programme Office has an important role in commissioning and managing the programme overall, as set out in the Introduction. Their role has stayed broadly the same throughout the programme; although they have become more 'hands-off' in terms of day-to-day delivery of the programme in later years, as the programme

2.4 Programme management has been influenced by continual intelligence gathering, including the ongoing evaluation activity undertaken by SQW. The approach to this activity has stayed broadly the same throughout the programme. Other pieces of research have supplemented the evaluation.



Together these provide a rich account of the programme's achievements to date, as well as highlighting any challenges to address. This evidence works alongside the Programme Office's own observations from their close working with partners.

### The role of local authorities – integrating local services and Working Well

- 2.5 Collectively, the individual local authority areas have been important in commissioning the Working Well Pilot and Expansion, with it incumbent upon the prospective providers to respond to Ask and Offer documents developed by the local authorities, which set out what services and support was required in their areas. Importantly, this means there is greater accountability to the local authorities than previously under the Work Programme, meaning there is genuine engagement by the provider with the local area during delivery.
- 2.6 The positive experience of giving the local authorities a stronger role in programme design has been taken forward through the development of the Work and Health Programme, where local authorities have again been involved in the design and commissioning of the programme.
- 2.7 Local leads also have an important role to play in enabling the programme to succeed. Local leads have been particularly effective where they have supported the provider to access local services, and helped resolve any blockages holding back the programme. 'Ask & Offer' documents and Local Integration Plans have been important in this regard. This local involvement in the delivery of the programme helps to ensure that the programme reflects the needs of local areas. It also ensures buy-in from local stakeholders, knowing that the programme can and does evolve to meet the needs of clients in their area.
- 2.8 Through close engagement with the programme, an increased understanding of the clients' needs, and through the intelligence produced in relation to the programme, there are also potential learning lessons for the local areas in understanding how the support ecosystem works as a whole in their area, supporting changes to service planning and delivery. Learning from each other is also important for improving the effectiveness of local leads in their area.

## Programme delivery

### Referrals

- 2.9 Managing the flow of referrals has been a challenge throughout the Working Well Pilot and Expansion, including where referrals have at times been too high and too low. Getting the referral flow right is very important; if referrals are too low, the programme risks not supporting the number of people it is supposed to, and if they are too high, there is a risk that some clients may not become attached as quickly as they should or may not receive the expected intensity of support due to high key worker caseloads whilst the providers scale up their staffing to respond to the high referral flow. The delivery model has been designed to meet the specific demand tolerances.
- 2.10 On the Expansion, JCP also had an important role in 'selling' the programme to the clients, so that they did not attend their initial meetings with the providers already expecting not to attach to the programme. This was because the Expansion was voluntary, unlike the Pilot which was mandatory. Prospective clients could therefore choose not to join the programme after being referred. It took time and effort to establish this approach consistently across the area.
- 2.11 The combination of these two challenges led to the providers co-locating staff in job centres, to help build relationships with work coaches and increase their awareness of the programme and who it was suited for.

### Key workers

- 2.12 The key worker model has always been, and remains, a central element of the Working Well offer, although when the Expansion was commissioned, the key worker model was not set – providers could propose a better alternative. In practice, the existence and role of key workers has been fairly consistent throughout the Pilot and Expansion. An important element of this being an effective model is having lower caseloads than was the case in the Work Programme, to ensure that clients receive sufficient support.

Caseloads have come under pressure over the course of the programme, but it is essential that low caseloads are retained in order for the model to remain effective. Also key to their performance are events, training and meetings held to increase their knowledge of the support ecosystem, and so improve their interactions with other parts of the support ecosystem.

- 2.13 Many respondents to the client e-survey highlighted the key worker as the best thing about Working Well, highlighting the personalised service they provided, their friendliness and their supportiveness. Quotes from client e-survey respondents demonstrate how clients valued the key workers on Working Well, in particular contrasting them against the Work Programme staff:

*"There has been more understanding regarding my disability than other programmes and I have found the key workers much more friendly... other programmes like the Work Programme were dreadful."*

*"All of the staff... dealing with the Working Well programme were much better trained than... where I was for the Work Programme. [The Work Programme] staff made my issues worse and set me back, whereas the staff at Ingeus were really understanding."*

- 2.14 Other quotes also highlight the potential value in the key worker role from the client's perspective:

*"Genuine interest in you and YOUR thoughts and feelings, my key worker listens to what I have to say. She has great suggestions and advice without being condescending."*

*"I have seen 3 key workers all together and felt that they actually understood my barriers. Very friendly and understanding and made effort to try and get me in to the right employment that reflected my skills and was best for me and my family. They also helped me to identify reasonable compromises to help me widen my horizons. [They] also encouraged me to aim higher than what my own confidence would allow and helped me to believe that I could."*

*"She understands the difficulties of getting back to work after a chronic illness without relapsing. She understands my fears and worries and gives relevant advice and boosts my self-esteem when I feel I'm not progressing as I think I should be health wise."*

*"My key worker was very understanding of my circumstances and went out of his way to ensure I got the help and information needed in order to overcome the issues at the time."*

*"The thought of someone extra being there when I needed to talk about my careers and other life in general. Quite reassuring."*

- 2.15 The key worker model has also been taken forward to the Work and Health Programme, with the inclusion of minimum service delivery standards to ensure sufficient key workers are in post throughout the programme.

### Work-first approach

- 2.16 The providers contracted to deliver the Pilot had different foci in their delivery method. For one provider, a 'work-first' approach was taken, where it is made clear to clients that the objective of supporting them on the programme is to move them towards and into work. The other provider did not have a work-first approach, instead preferring to focus on self-efficacy through the issues clients were facing, without reference to work. In practice, for the provider that did not have a work-first approach initially, their key workers were not well-trained for offering employability support, or working with employers. By comparison, the other providers on the Pilot and Expansion have employed staff who were experienced in employability support, that could work more easily with clients that were deemed work-ready to help move them into work.
- 2.17 Through the experience of the Pilot, it became clear that a work-first approach was achieving better outcomes, as it gave clients an understanding of what they were being supported for and a target to aim for, and also importantly set out how the client can be better off – financially and more generally – by moving into work. It is important therefore for staff to understand the role of employment, move clients towards work, and have the requisite skills to support people into work. Based on these lessons, the programme has become increasingly focused on a work-first approach, with all providers now adopting this attitude to supporting clients.



2.18 This is not to say that the programme is focused only on job starts. For some stakeholders, the Work Programme was focused too much on jobs starts in particular, with less attention on improving people's lives. In this respect, the Working Well programme is held in higher regard by stakeholders, being much more interested in the client journey through the programme and an holistic approach to supporting clients.

### Integration

2.19 Integration of the programme with local services has been central to the programme since its inception, in order to ensure that clients receive the best and most appropriate support available in their area, drawing on all the resources available. There have been several elements to this, with the role and extent of many of these having evolved over time:

- **At the outset, buy-in from senior leaders across Greater Manchester was key in driving integration** – the Pilot provided an opportunity for Greater Manchester to demonstrate what it could achieve with devolved powers, with senior leaders therefore keen to ensure that the programme was given the best start possible. As Working Well has become business-as-usual for Greater Manchester, and with devolution now secured, this senior level buy-in has been less important or prominent.

- **The local authorities authored 'Ask & Offer' documents at the outset, as well as Local Integration Plans**, setting out the service provision in the area and the requirement of the provider in integrating the programme into the local support ecosystem.

- **Integration Boards have operated since the Pilot**, but these are driven by the local leads within each local authority, and so are not held consistently. However, where they work best, they are seen as being valuable for interacting with local stakeholders and services.

- **Co-location of Working Well providers with other provision** e.g. having provider personnel based at job centres, or having services such as TTS co-located with the provider, including three way meetings between the provider, the service and the client. Co-location is reported as making it easier to talk to other important enabling elements of the support ecosystem e.g. the people referring the clients, or the services that key workers want to refer into. Co-locating was not a requirement of the programme at the outset, but has become commonplace since.

- **Relationship building is also an important element of effective integration.** With the Work Programme, the provider tended not to develop deep relationships with local services and stakeholders, instead delivering the programme in relative isolation. Stakeholders reported that Working Well has been more effective, with better outcomes for clients, where the provider has developed deeper and better relationships with the local stakeholders and services, on a formal and/or informal basis.

- **Employer engagement** has also been increasingly recognised as an essential component of Working Well. This includes developing relationships with employers that potentially leads to multiple clients starting work for them, perhaps even prioritising Working Well clients over other people. This engagement activity has not been undertaken consistently throughout the programme by all providers, but its importance is increasingly recognised by stakeholders. The Greater Manchester Good Employer Charter may help to improve this.

2.20 Integration of the programme into the wider support ecosystem has not been without challenges though. These include: difficulties in data sharing; issues in addressing potential duplication of efforts by different services; other services being 'precious' over the people they support, and therefore not working closely with the provider; referring clients to health services, given the approach of healthcare providers to prioritise clients based on clinical need (and therefore not prioritising Working Well clients simply because they are on the programme). Close working relationships between the local leads and providers are key in addressing these issues.

2.21 Service integration is seen as an important and central component of the Working Well programme. Indeed, this is also reported by local leads as helping to drive service integration more generally in Greater Manchester, beyond the Working Well programme, recognising the benefits of being as integrated as possible.

2.22 The focus of integration has also led to the Work and Health Programme being commissioned with Integration Co-ordinators as an important addition. This is in recognition of the need, in each local authority area, to develop close working relationships with local stakeholders and services, with a dedicated resource employed by the provider to ensure that this is done effectively. This compares favourably to the Work and Health Programme elsewhere, where the programme is being delivered with a single Integration Worker to cover the whole region.

### Support

2.23 The programme has also evolved to respond to gaps in service provision that have emerged for the Working Well cohorts. This has included the addition of new services:

- **Talking Therapies Service.** This service is delivered by the Greater Manchester Mental Health NHS Foundation Trust and is an Improving Access to Psychological Therapies (IAPT) service, aiming to support clients with mental health problems as a barrier to employment. Initially open to just Expansion clients, it was later opened up to Pilot clients, in response to lower than expected demand on the Expansion, and an unmet demand on the Pilot.

- **Skills for Employment.** This service is provided by The Growth Company, delivering personalised support to improve skills, motivation and confidence, access work experience opportunities, and help find sustainable employment. In essence the programme offers an additional set of support for key workers in addressing clients' work-related needs.

2.24 The support environment is changeable given the funding for different interventions in different areas, as well as the differing needs of people in each area. It is important for the programme to continue to evolve as necessary to respond to any issues with the provision of support elsewhere in the ecosystem.



### 3. High-level review of the programme

3.1 This Section explores the high-level performance of the programme, including key statistics on how many people Working Well has supported, how many of these people moved into work, and who the programme has better supported to do so.

#### Summary

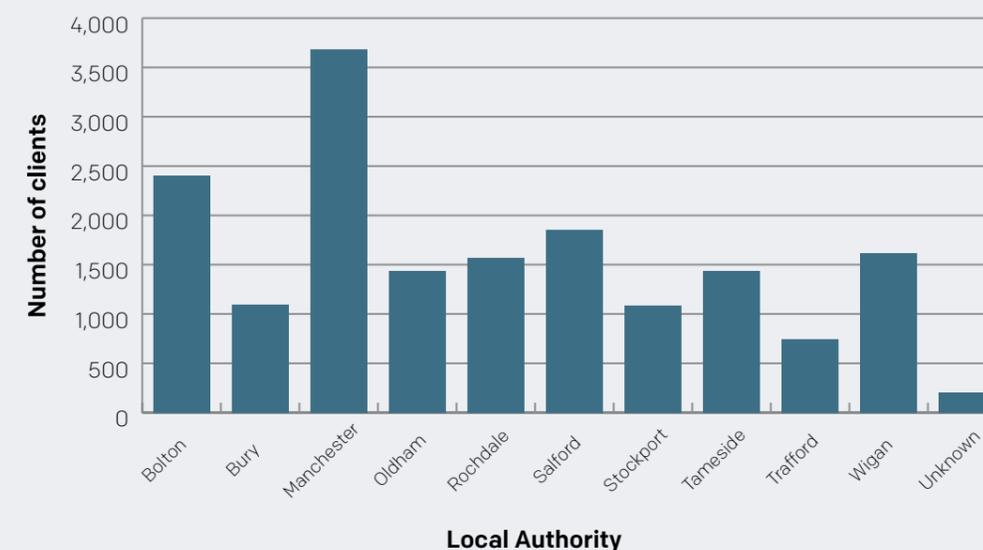
- Overall, there have been over 17,100 attachments and over 2,800 job starts (17% of attachments) to date (March 2018).
- There have been 4,700 attachments to the Pilot, 610 job starts (13% of attachments, or 19% of clients who left the programme early without starting work are excluded) and 237 clients have sustained work for more than 50 weeks (43% of those that started work more than one year ago).
- There have been 12,400 attachments to the Expansion, over 2,200 job starts (20% of those attached for over six months ago) and 341 sustained jobs (44% of jobs that could have been sustained).
- Mental and physical health are the most prevalent severe barriers to work amongst the Pilot cohort. General confidence and self-esteem, and lack of work experience are the most common severe barriers on the Expansion, with mental and physical health issues less prevalent but nonetheless a severe barrier for a fifth of all clients.
- The average number of severe barriers to work faced by Pilot clients reduced from 4.2 on initial assessment to 3.7 at the intermediate stage. For the Expansion, the number reduced from 2.7 to 1.7 by six months after attachment.
- Most Pilot and Expansion clients experienced an improvement in the most common barriers to work, where they identified these as severe on attachment. The likelihood of clients experiencing improvements varies by characteristics such as local authority and length of unemployment.
- The likelihood of clients starting work also varies according to certain characteristics, such as local authority, age, length of unemployment, level of qualifications and having certain severe presenting issues including mental and physical health.

### Overall performance

3.2 Over 24,600 clients were referred to the Working Well programme between 2014 and 2017. Of these, 69% (around 17,100 clients) were 'attached' to the programme, i.e. started and were supported by the programme; most

of the remainder were clients referred to the Expansion that chose not to participate. Some 3,700 clients live in Manchester, and 2,400 live in Bolton; together these two districts account for over a third of Working Well clients.

Figure 3-1: The number of attached clients, by local authority<sup>6</sup>



3.3 Based on the client e-survey, feedback on the programme is very positive (albeit the sample of respondents contains a particularly high proportion of clients that secured work whilst on the programme). Some 74% of e-survey respondents reported having had a good relationship with their key worker, with 70% reporting that their key worker responded well to their individual needs. Of those that received support from the programme, some 90% reported that the support provided was good. Notably, some 61% of clients who have experienced other welfare-to-work programmes (e.g. the Work Programme) felt that the Working Well programme is better. As might be expected, those that had started a job since attaching to the programme were more likely to give positive feedback on it.

3.4 Whilst feedback was largely positive, some areas of improvement were suggested. Many of these represent improvements that ought to be best practice anyway, suggesting that, for some clients, their experience has not reflected the intent of the programme. Many relate to the key worker model, suggesting that they should remain the same throughout the programme, should communicate better, meet clients more often, provide personalised support, and that key workers should have low caseloads to ensure sufficient attention is given to individual clients. Again, as set out in Section 2, many clients held the key workers in high regard, suggesting potentially varying quality of key worker support. Others included being able to undertake meetings in private rooms, rather than discussing issues of a sensitive nature in front of other people, and that more support should be given in finding course or jobs.

<sup>6</sup> The unknowns are clients that withheld this data from the evaluators

3.5 To date, over 2,800 clients have started a job. This is equivalent to 17% of all clients attached to the programme. It is important to note that many clients remain on the programme, and so this number can be expected to increase in the future. The number of job starts has accelerated over the course of the programme, as increasing numbers of clients were attached. However, referrals ceased at the end of 2017, meaning that the job starts can be expected to slow going forward. The most successful month to date was October 2017, when the programme supported over 200 clients into work.

3.6 Following a similar pattern with attachments, Manchester and Bolton have the highest number of job starts by local authority. However, Bolton, Bury, Rochdale and Wigan are the strongest performers in terms of job starts as a proportion of attachments in their area, e.g. Wigan accounts for 9% of attached clients but 12% of clients who have started a job.

3.7 The job starts cover a wide range of occupations, mainly comprising lower skilled and typically lower paid occupations. The most common occupations include: around 700 jobs in 'elementary administration, administration or service occupations' (24% of the total); almost 400 jobs in 'sales occupations' (13%); and almost 300 jobs in 'elementary trades, plant and storage related' occupations (10%).

3.10 The pilot has achieved 610 job starts to date, 13% of attachments. This is well below the 20% job start target, but it is important to put this into context:

- Performance on the Pilot compares favourably to the Work Programme for a similar cohort. Nationally, job outcome payments were achieved for just 6.1% of people in the ESA ex-incapacity benefits cohort that joined the Work Programme between June 2011 and June 2017.

- All Working Well Pilot clients had already been through the Work Programme without having started work. The Work Programme may have helped the most work ready clients into work, with the Working Well Pilot then working with the more challenging clients.

- Some 31% of clients left the programme early (before receiving the two-years of support) without starting a job. Excluding these from the analysis, the proportion of clients starting work is 19%

3.11 Figure 3 5 presents the proportion of clients attached in each quarter that have achieved a valid job start by months since attachment. All quarters have achieved below the 20% job start target, with performance in broad terms progressively worsening over the course of the Pilot.

### Pilot performance

3.8 There were almost 4,700 attachments to the Working Well Pilot between 2014 and 2016, as in Figure 3 4. Attachments increased steadily over the course of the programme. This steady flow was possible due to the clients coming through to the programme being directly related to the off-flows from the Work Programme and given the mandatory nature of the Pilot. As with the programme overall, Manchester represented the largest cohort of attached clients on the Pilot (over 1,100 clients, 24% of the total), followed by Rochdale (over 600 clients, 13%) and Salford (just under 600 clients, 12%).

3.9 Almost all clients have now left the Pilot, having been on the programme long enough to have received two years of support. However, those that started worked less than 12 months ago remain eligible for in-work support.

Figure 3-2: Overall job starts, by month

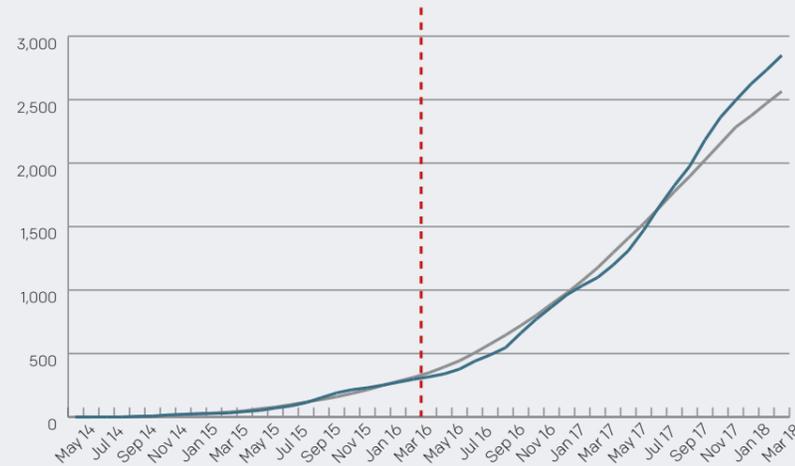


Figure 3-3: The number of clients who have started a job, by local authority

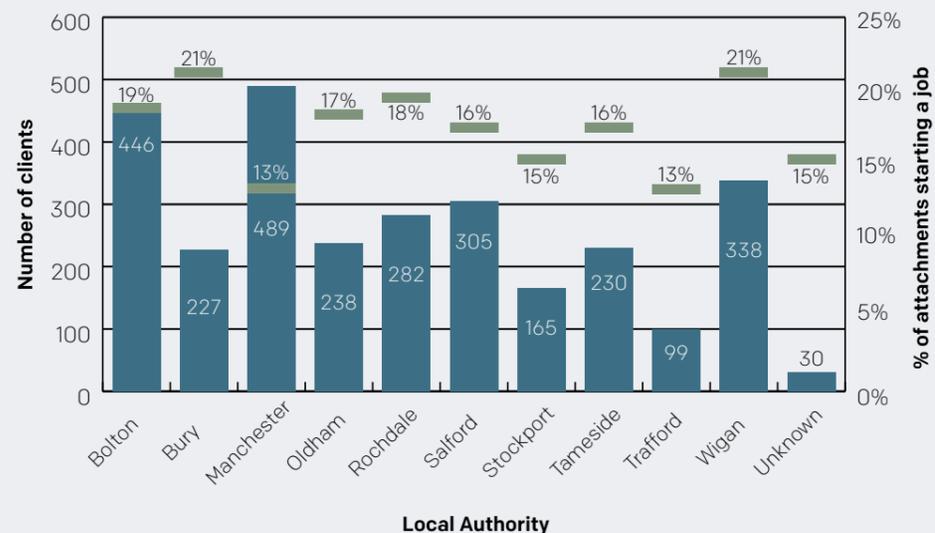
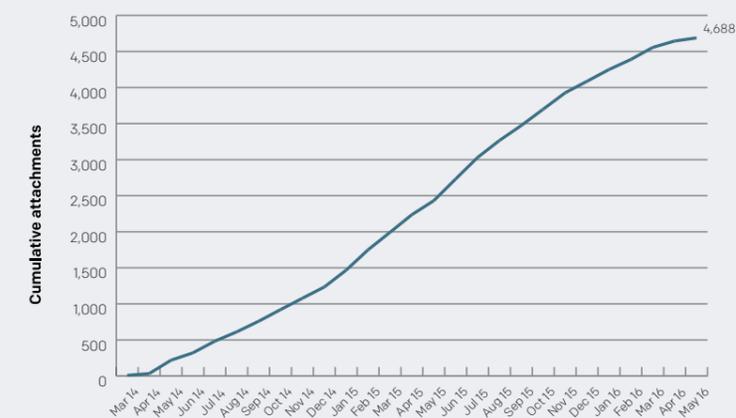
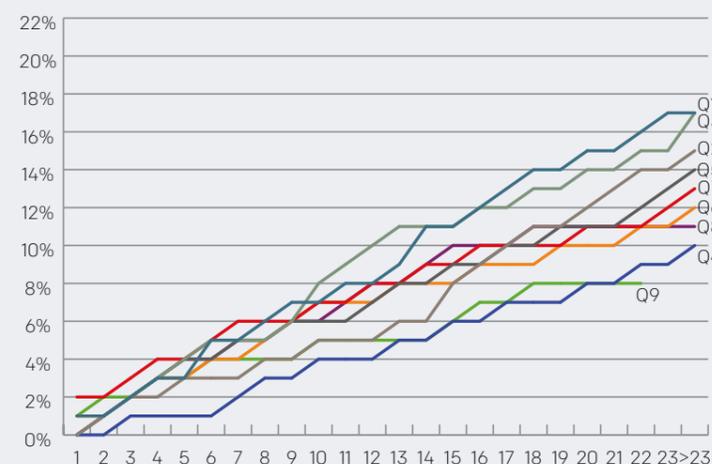


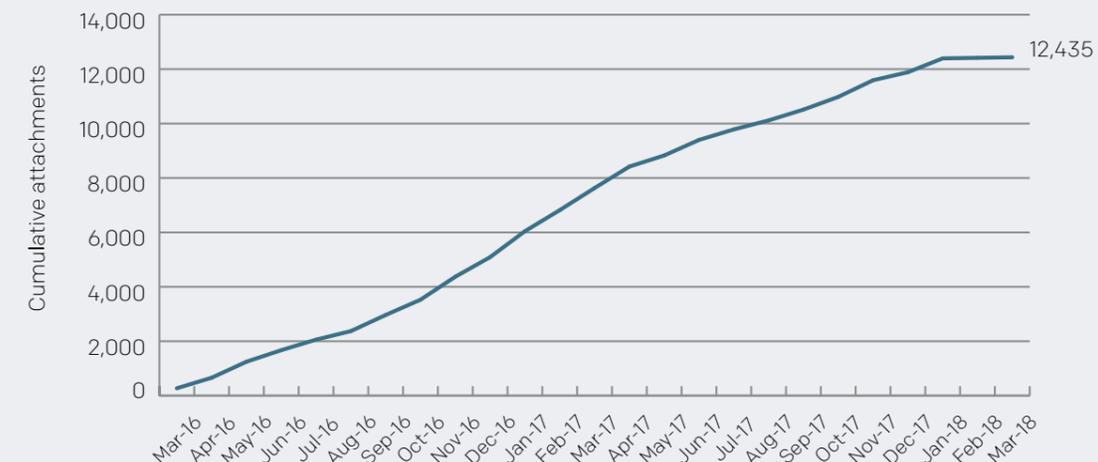
Figure 3 4: Cumulative attachments by month for the Pilot



**Figure 3-5: Job starts, by month after attachment for each quarter of attachment**



**Figure 3 6: Cumulative attachments by month for the Expansion**



3.13 Over 200 clients have sustained work for more than 50 weeks, equivalent to 43% of clients who started work more than 12 months ago. This figure may yet increase, with some clients still able to sustain work that they started whilst on the programme. It is also likely to be an under-representation of the true figure due to reported difficulties gathering the data after someone has been in work for 12 months.

3.15 With referrals to the Expansion having started two years ago, some clients are now reaching the end of their time on the programme, whilst others only recently started. Any findings in relation to the Expansion must be considered in the context that many clients have time remaining on the programme on which to see improvements in the barriers they face, or start work.

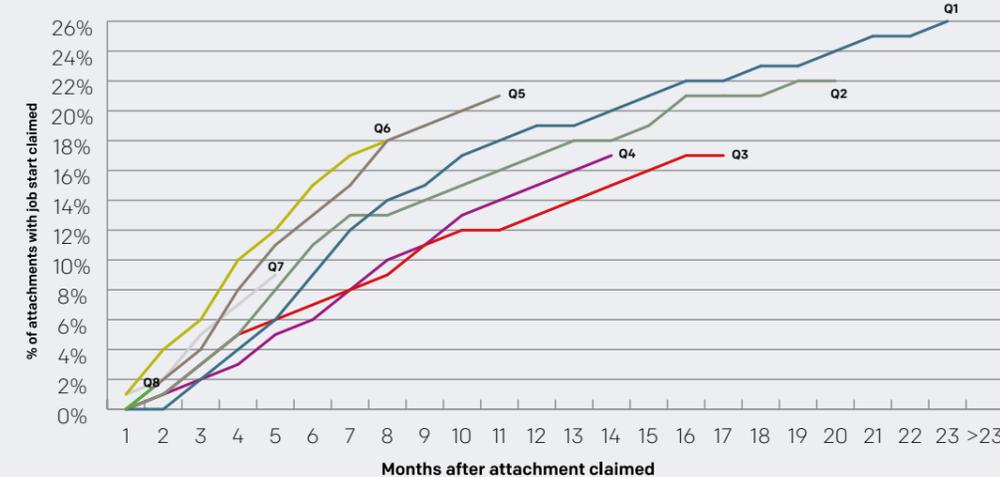
**Expansion performance**

3.14 There have been 12,435 attachments to the Expansion programme over its two-year lifetime. The level of attachments over time is shown in Figure 3 6. Notably, attachments were less even over time than for the pilot. This is because: on the Pilot the number of referrals could be estimated as clients were coming off the Work Programme and with the programme being mandatory; with the Expansion the flow of attachments was less easy to establish and maintain, given different claimant types referred to the programme and its voluntary nature. The number of attachments varies by local authority but follows the pattern of the overall programme. Manchester accounted for the most attachments (2,546 clients, 20%) followed by Bolton (1,916, 15%).

3.16 To date, over 2,200 job starts have been achieved by clients on the Expansion, with 20% of clients that have been attached for at least six months having started work. Figure 3 7 presents the proportion of clients attached in each quarter that have achieved a job start by months since attachment. It shows that the Expansion surpassed the target of 20% of attachments into jobs for Q1, Q2 and Q5 well before the cohorts had been attached for the two year period – particularly for Q5, which surpassed the target 10 months after the clients had been attached. The Q3 and Q4 cohorts have performed less well, but still appear to be on track to meet the target within the two year period.

3.18 Over 340 clients have sustained work for more than 50 weeks, equivalent to 44% of those that started their first job over 50 weeks ago.

**Figure 3 7: Job starts, by month after attachment and quarter of attachment**



# Who does the programme support...

## ... to address presenting issues?

3.19 This next sub-section explores, for the Pilot and Expansion separately, the nature of clients that come onto the programme and those for whom the programme has been most effective in helping them in to work.

### Pilot

3.20 First, it is important to understand the range of barriers to work that clients presented with when they attached to the Pilot. Table 3 1 presents the six most common severe issues for clients on the Pilot and the proportion that experienced improvements in that barrier<sup>7</sup>.

**Table 3-1: Top six severe barriers to work and proportion of clients experiencing improvement**

Barrier to work	% ranking this as a severe barrier to work at the initial assessment	% of those identifying this barrier to work as severe at the initial assessment that had seen an improvement at the intermediate assessment
Mental health	68% (n=4,730 <sup>8</sup> )	40% (n=3,234)
Physical health	62% (n=4,731)	37% (n=2,942)
Access to public transport to commute	31% (n=4,730)	47% (n=1,459)
Lack of qualifications/skills	30% (n=4,731)	57% (n=1,431)
Lack of work experience	27% (n=4,731)	55% (n=1,288)
Bereavement	27% (n=4,730)	57% (n=1,257)

3.21 The most common severe barriers to work were mental health and physical health, at 68% and 62% of the clients respectively, far higher than any other barriers to work. However, the level of improvement was much lower for health issues than the others, which could be because these are more challenging issues to address.

3.22 Many Pilot clients experienced several severe barriers to work on joining the programme, with an average of 4.2 severe barriers to work on attachment. As with the individual barriers above, the number of severe barriers to work often decreases over the course of the programme. At the intermediate stage the average reduced to 3.7 severe barriers<sup>9</sup>.

3.23 The following analysis considers whether the programme is more effective in leading to improvements in the severe barriers to work listed above for some people than others, with the analysis focusing on age, gender, time out of work and local authority residence.

• **The programme is particularly effective for addressing the physical health issues of younger people compared to older clients, but there is little difference between the proportion of clients seeing improvements in the other barriers by age group.** Whilst 47% of those aged 18 to 24 saw an improvement in their physical health barrier to work, this drops to 33% for those aged 55+.

<sup>7</sup> The first column shows the number of attachments that ranked each barrier as severe at their initial assessment; this is people that on a score of 0 to 6 rated the barrier as 4, 5 or 6. The second shows the proportion of clients that experienced an improvement in their score, at their intermediate assessment

<sup>8</sup> i.e. 68% of 4,730 people ranked mental health as a severe barrier to work at the initial assessment

<sup>9</sup> The data presented here are for clients who have reported both a presenting and intermediate issue

This may be a result of older clients having longer term chronic physical health issues that it is not possible or as easy to resolve. Importantly though, the older age groups are also more likely to identify severe physical health barriers to work to begin with, perhaps suggesting more targeted and intensive support is required here.

• **The programme has been particularly effective at supporting males to address many of these six issues.** Of the six barriers above, only on lack of work experience do more females than males see an improvement at the intermediate stage where they reported this as a severe barrier to work on attachment (although bereavement,

mental health and access to public transport are very similar for males or females).

• **The amount of time out of work seems not to be a determinant as to whether clients see an improvement in these barriers where they have identified them as severe on attachment** (although in most cases, the longer the client has been out of work, the more likely they are to identify any of these issues as severe barriers to work on attachment).

• **In large part, the programme appears not to support clients to address severe barriers on attachment consistently better in one local authority area than the other.**

**Table 3-2: Top six severe barriers to work and proportion of clients experiencing improvements**

Barrier to work	% ranking this as a severe barrier to work at the initial assessment	% of those identifying this barrier to work as severe at the initial assessment that had seen an improvement at the intermediate assessment
General confidence and self-esteem	27% (n=12,216)	75% (n=1,656)
Lack of work experience	26% (n=12,201)	77% (n=1,665)
Access to private transport to travel to work	25% (n=12,204)	73% (n=1,573)
Lack of qualifications/skills	23% (n=12,199)	82% (n=1,414)
Physical health	20% (n=12,210)	67% (n=1,232)
Mental health	20% (n=12,210)	74% (n=1,203)

3.24 Expansion clients had an average of 2.7 severe barriers to work on attachment, which is much lower than the Pilot on which clients had an average of 4.2. This is not surprising given that clients on the Pilot are all ESA claimants, with many have multiple and complex barriers to work, whereas the Expansion cohort includes clients from other benefit types where barriers to work are less severe or prevalent. Expansion clients that have both initial scores and six-month scores similarly had an average of 2.7 severe barriers, which reduced to an average of 1.7 after six months.

3.25 As with the Pilot, the following analysis considers whether the programme is more effective in leading to improvements in the severe barriers to work listed above for some people than others, with the analysis focusing on age, gender, time out of work, local authority and claimant type. It also briefly considers claimant type.

• The likelihood that a client ranks each of the barriers as severe varies by age, but age does not appear to determine the likelihood that a client experiences improvement in the barriers to work. Younger clients are more likely to identify general confidence and self-esteem, lack of work experience, mental health and

lack of qualifications/skills as severe barriers to work, whereas older clients are more likely to identify their physical health as a severe barrier. However, age does not appear to be strongly linked to the likelihood that a client will experience improvements in any of these barriers.

- Improvements in barriers to work between the initial and intermediate assessments do not appear to vary much by gender.
- In general, the longer a client has been out of work, the less likely they are to experience improvements in the most common severe barriers to work. This is particularly true when considering those who have been unemployed for 0-6 months against those who have been unemployed for over ten years or never worked, as the former are more likely to have experienced improvements than the latter two groups in all six of the barriers.
- Clients in some local authorities are far more likely to rank the barriers to work as severe, and less likely to experience improvements in these barriers, compared to other local authorities.
- ESA clients are more likely to have ranked each of the top barriers to work as severe than all other benefit types, and are the least likely to experience an improvement.

... to move into work?

3.26 This section concentrates on clients who have started work since attaching to the Working Well programme, to understand who is most likely to move in to work.

Pilot

3.27 Over the course of the Pilot, 13% of clients started work. This sub-section presents a summary of how this proportion differs according to client characteristics and presenting issues, much of it drawing on insights from the econometric analysis which is described in more detail in Table B 1:

- Clients living in Bolton and Bury are more likely to start a job compared to other local authorities – the likelihood of starting a job ranges from 8% for Oldham up to 20% for Bolton and 18% for Bury.
- In general, a higher proportion of younger clients have started work compared to older clients – 22% for 18-24 and 25-34, versus 8% for those aged 55+.
- Clients that have been unemployed for a shorter period of time are 1.4 times more likely to have started a job. This is reflected in other analysis, which shows that 38% of those out of work for 0-6 months have started a job, versus 6% for those unemployed for over 11 years and 7% for those never worked.
- Clients with qualifications are 1.4-1.8 times more likely to have started a job than clients with no qualifications. Other analysis shows that 19% of clients with 5 or more GCSEs at A\*-C, 19% of those with A-levels and 19% of those with Degrees have started a job, compared to 8% for those with no qualifications.
- The gender of a client does not appear to influence their ability to start a job – 13% of male clients and female clients have become employed.
- Clients with fewer severe presenting issues are more likely to have started a job – 35% for those with no severe presenting issues, versus 6% of those with seven or more.
- Clients that identified the top six presenting issues as severe are less likely to have started a job than those that did not, as shown below in Table 3 4; the gap is most pronounced for physical health and access to public transport.

Table 3-3: Proportion of those that have started of job based on whether they ranked each of the top presenting issues as severe or not severe

	Severe	Not Severe
Mental Health(*)	11%	17%
Bereavement	11%	14%
Physical Health(*)	9%	20%
Lack of qualifications/skills	9%	15%
Lack of work experience	8%	15%
Access to public transport to travel to work(*)	7%	16%
Convictions(*)	8%	14%
Substance misuse(*)	6%	14%

Expansion

3.28 For the Expansion overall, some 20% of clients attached for more than six months have started a job. This section presents a summary of how this proportion differs according to client characteristics and presenting issues, much of it drawing on insights from the econometric analysis in Table B 3, when controlling for other factors:

- **The proportion varies by local authority – from 17% for Manchester up to 25% for Wigan.** The econometric analysis captures differences between local authorities, confirming the under-performance of Manchester once other variables are controlled for, against all other local authorities except Bolton and Trafford.
- **Female clients are 18% less likely to achieve a job start, once all other factors have been controlled for in the econometric analysis.** This is not immediately apparent in a straightforward analysis of the data, which found 20% of females and 21% of males achieved job starts, but is revealed through econometric analysis that can ‘control’ for other differences between the cohorts.
- **In general, a higher proportion of younger clients have started work compared to older clients – 24% for 16-24 and 26% for 25-34, versus 12% for those aged 55+.** The importance

of age is confirmed by the econometrics, which found that for each year older a client is, the likelihood of a job start decreases by 2%.

- **Clients who have been unemployed for a shorter period of time are more likely to have started a job – 42% for those unemployed for 0-6 months, versus 9% for those unemployed for over 10 years.** The econometrics supports this and also found that clients with some work experience were 1.5 times more likely to have achieved a job start than a client with no work experience.
- **Clients with qualifications are 1.4-1.6 times more likely to have started a job than clients with no qualifications.** A straightforward analysis of the data finds that just 14% of clients with no qualifications started a job, compared to the other cohorts with qualifications varying between 20% and 24%.
- **People from an ethnic minority were found to be 44% more likely to have started a job than White British and White Irish.** According to the raw data, 25% of ethnic minorities have started a job compared to 19% of the latter group.
- **Clients with fewer severe presenting issues are more likely to have started a job – 28% for those with no severe barriers, versus 9% for those with eight or more.**

- IS and JSA clients are 1.6-1.9 times more likely to have started a job than ESA clients. Just 9% of ESA clients having started a job, whereas IS are the most likely to have started, with 27% having started a job. 22% of JSA clients, the most common benefit type, have started a job.

- Clients that identified any one of the top six presenting issues as severe are less likely to have started a job than a client who did not rank that particular barrier as severe, as shown below in Table 3-4.

**Table 3-4: Proportion of those attached for at least six months that have started a job, against whether they ranked each of the top presenting issues as severe or not severe**

	Severe	Not Severe
General confidence and self-esteem	14%	23%
Lack of work experience	15%	23%
Access to private transport to travel to work (*)	20%	21%
Lack of qualifications/skills	15%	22%
Mental health(*)	9%	23%
Physical health(*)	8%	23%
Convictions(*)	15%	21%
Substance misuse(*)	6%	21%



## 4. Key area deep-dives

4.1 This Section explores key cohorts in detail, to see how the Working Well programme is supporting them to address their barriers to work. This includes analysis focusing on health, ageing, housing, and skills and qualifications. It also considers the effectiveness of integration.

### Summary

- Clients are supported through a wide range of internal and external support for their mental and physical health needs, particularly from the Talking Therapies Service for mental health which has supported over 1,400 clients. A lower proportion of clients with severe health issues got into work compared to those without, but nonetheless 779 with severe health issues started a job.
- Clients aged over 50 are more likely to have been unemployed for a longer period of time and to have severe physical health issues. The programme has supported this group to a greater extent, with a larger proportion of the cohort receiving employment, health and skills and qualifications support compared to those aged under 50. Although a lower proportion of clients aged over 50 have started work, there have still been 645 job starts by this cohort to date.
- Housing issues were identified as a severe concern by 12% of clients, although this varies widely by local authority. Clients with severe housing issues have a far higher average number of severe barriers to work, and are more likely to have severe mental health and substance misuse. The programme helps by enabling key workers to deal with the relevant bodies to resolve housing issues and by referring clients to financial advisors where necessary. Some 265 clients with severe housing issues have started work to date.
- There is a high prevalence of clients with no or low qualifications on the programme. The programme helps by referring clients to predominantly basic skills and vocational-related accredited training, which is delivered both internally and externally, including through Skills for Employment. Clients without qualifications are far less likely to have started a job than those that have, but still, 549 clients without qualifications have started a job to date.
- The views of consultees on integration were varied. Views were positive on the integration of Talking Therapies Service, but were more mixed for Skills for Employment and JCP.



## Health and disability

### How does health and disability impact employment chances?

4.2 There is plentiful evidence of lower levels of labour market participation for those with health conditions and disabilities. For example, working age people defined as ‘core disabled’ under the Equality Act 2010 are far less likely to be economically active (55%) and employed (50%) than those that are not (84% and 81%).<sup>10</sup> Furthermore, sickness/disability is the most commonly given reason for not working by workless households, with 32% of workless homes in the UK (equivalent to 3.4% of all working age households) and 35% of those in the North West, attributing not working to this reason.<sup>11</sup>

4.3 These findings however lack a distinction between mental and physical health conditions. A recent review for Government, Thriving at Work, found that individuals with mental health conditions are less likely to be in work than those with physical health conditions or no health conditions, and individuals with long-term mental health conditions lose their jobs at twice the rate of those without.<sup>12</sup>

Also worth noting is that mental health is interdependent with physical health, so individuals with a long-term physical health condition are two to three times more likely to experience mental health issues, and those with multiple long-term physical conditions are seven times more likely to experience mental health issues.<sup>13</sup>

4.4 These findings demonstrate the challenge nationwide, but the challenge is also notable in Greater Manchester. The Greater Manchester Population Health Plan 2017-2021 found that “9.8% of adults in Greater Manchester reported they had a long-term condition or disability that limited their day-to-day activities a lot, and a further 9.5% said that their day-to-day activities were limited a little, compared to England averages of 8.3% and 9.3% respectively.”<sup>14</sup>

The plan also highlights that there are health inequalities between local authorities within Greater Manchester, meaning the challenge is even more acute in some localities.

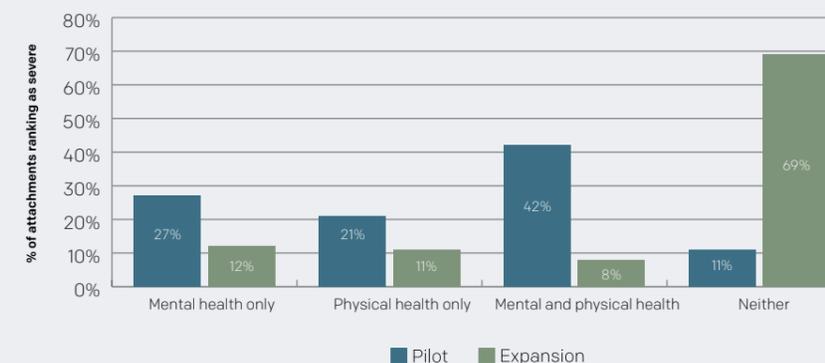
### How does the programme help these clients?

4.5 For the Working Well programme itself, physical and mental health are two of the most common presenting issues for clients. However, the scale of these presenting issues is substantially higher for the Pilot than the Expansion. As Figure 4 1 shows, 11% of Pilot clients identified neither as a severe barrier to work compared to 69% for the Expansion. For both Pilot and Expansion, the most common primary health conditions have been depression or low mood (22% Pilot; 10% Expansion), anxiety disorders (20% Pilot; 11% Expansion), and problems with back (9% Pilot; 5% Expansion).

4.6 Key workers consulted for this report emphasised that physical and mental health conditions – often undiagnosed – are major barriers to work, as are client perceptions of their conditions. In sequencing support, key workers often start with health due to its pervasive nature, particularly because of its impact on motivation, perceptions and confidence for those with mental health issues.

4.7 The support on offer for mental health includes the Talking Therapies Service (TTS), some in-house mental health advisors, and external services that deliver mental health support, such as MIND, as well as general wellbeing support (such as meditation groups). It was highlighted that group sessions are often inappropriate and inaccessible for those with mental health conditions due to anxiety or an unwillingness to speak about issues in a group setting. That said there were some concerns expressed that one-on-one sessions were not always available, particularly when referring to external services.

**Figure 4-1: Proportion of attached clients ranking health as a severe barrier to work (Pilot n=4,687; Expansion n=12,205)**



4.8 There was seen to be value in pushing some clients outside of their comfort zone, and group sessions and activities were cited as particularly useful for growing confidence and overcoming social isolation, which can be beneficial for the client’s mental health and general wellbeing. To date, TTS has supported over 1,400 clients, who have mostly received lower intensity cognitive behavioural therapy (CBT), with smaller numbers receiving high intensity CBT.

#### Client G’s story

Client G was referred to the Talking Therapies Service with post-traumatic stress, which was causing difficulties with low mood, sleeping, eating, panic attacks and flashbacks, and impacting on her quality of life. Over the course of eight CBT sessions, Client G was able to face her traumatic experiences and start to reclaim their life through establishing positive activities and routines in her life. By the end of treatment, she was looking forward to returning to work, moving into private rented accommodation and re-connecting with social contacts.

#### Client C’s story

Client C was forced to leave his profession as a GP due to a severe breakdown following a family bereavement, which led to him being homeless until he was ultimately housed in accommodation in Manchester. When Client C joined the Expansion he was depressed, so accessed CBT through Talking Therapies which started to improve his depression, anxiety and confidence. He received assistance with his CV and employability and job-searching skills, and Skills for Employment secured a voluntary position for Client C at The Growth Company which helped him to develop his confidence, socialise, and overcome his agoraphobia. Client C also completed his Level 1 qualification in Business Administration. He is now employed part-time as a Project Co-ordinator within The Growth Company, and said of his experience: “I never thought this day would come! After ten years of rejection and setbacks, I’m finally employed and getting acceptance – I’m very happy. I’m really enjoying working in a professional and supportive environment where everyone has been incredibly positive. I can’t thank Working Well and The Growth Company enough for helping me regain my confidence and control of my life.”

<sup>10</sup> Office for National Statistics. A08: Labour market status of disabled people

<sup>11</sup> Office for National Statistics, 2017. Reasons given by people living in workless households for not working by country and region, Table D: People living in workless households, reasons for not working by regions

<sup>12</sup> Department for Work and Pensions and Department of Health and Social Care, 2017. Thriving at Work: The Stevenson / Farmer review of mental health and employers

<sup>13</sup> Public Health England, 2015 [updated 2018]. Wellbeing and mental health: Applying All Our Health

<sup>14</sup> Greater Manchester Health and Social Care Partnership, 2017, The Greater Manchester Population Health Plan 2017-2021, p. 10

### Client H's story

Client H was referred to the Talking Therapies Service with anxiety and depression. The treatment focused on changing his behaviours, moving from inactivity and avoiding others to re-engaging in activities he enjoyed, engaging in social situations, eating regular meals and including his physio exercises in his daily routine. His key worker referred Client H to group sessions which helped him in overcoming his social anxiety. He also engaged in a sleep intervention to help improve his sleep pattern. Client H completed treatment rather than progressing further as he was feeling improved and was concerned the next phase of treatment could negatively impact his mood, but knows he can return to TTS if he wishes to continue with treatment.

4.9 Out of the clients that responded to the e-survey, 102 had accessed TTS. Of these, 39% found the service very helpful and 22% found it quite helpful. Some of the clients specifically cited the support they received for their mental health to be the best thing about Working Well:

*"Talking Therapies has helped with controlling my panic and anxiety attacks, and working to build my confidence to get a job in the future."*

*"[Working Well] is focused on me as an individual and focuses on my personal circumstances. Also the key-workers are non-judgemental and have excellent understanding of mental health issues."*

*"[The best thing about Working Well was the provider's] understanding of my mental health and adapting to suit it."*

*"[The best thing about Working Well was] attending courses on different things e.g. stress management, confidence building and learning new coping strategies."*

*"[The best thing about Working Well was] meeting people I could relate to as they had similar mental health issues to mine."*

4.10 For physical health issues, key workers can refer clients to in-house physical health advisors or external services which cover a wide range of physical health needs, from pain management through to community groups that offer healthy eating courses and exercise classes such as yoga. Much of this support focuses on equipping clients with the knowledge, tools and lifestyle choices to manage their health conditions successfully. For example, in-house physical health advisors can equip clients with back pain with exercises and management plans.

### Client E's story

Client E was suffering from rheumatoid arthritis and mobility issues, awaiting surgery for an artificial shoulder when he joined the programme. In the meantime, the programme supported him through a referral to a senior health practitioner, who conducted a review of his condition and suggested suitable exercises, and wrote to his physical health specialist to request any further assistance that was available.

Unfortunately, post-operation Client E's condition worsened and he had multiple falls. His key worker managed to secure an adapted property in which his physical health condition was better catered for. He is now able to move around his home independently and complete simple tasks.

His ambition prior to the surgery was to be a football coach, and throughout his time on the programme his key worker obtained an offer of support from the Professional Footballers' Association and Bolton Wanderers Football Club for Client E to achieve a Disability Coaching qualification – an offer that is still open to him should he ever feel in a position to take it.

Client E's story demonstrates how intertwined issues are, with the programme offering both physical health and housing support in order to improve his quality of life.

4.11 Again, some of the clients that responded to the e-survey cited the support they received for their physical health when asked to state the best thing about Working Well:

*"With my health issues, my coach has helped me regarding the job I'm interested in, looking into what type of job would suit me."*

*"[The best thing about Working Well was] on-site health day courses held at Ingeus."*

4.12 Working Well achieved improvements for around half of clients who ranked their health as severe by the time of their intermediate assessment (after six months for the Expansion, and after varied time periods for the Pilot). For mental health, 40% on the Pilot and 74% on the Expansion experienced improvements, and for physical health 37% and 67% experienced improvements respectively (note that the improvement across the Pilot and Expansion are not comparable, due to different methods for collecting this data). This disparity between the Pilot and Expansion may reflect the prevalence and seriousness of the issues amongst Pilot clients. Some of the disparity regarding improvements to mental health is arguably attributable to the Expansion's access to the Talking Therapies Service.

4.13 Key workers emphasised the importance of finding the 'right' job for clients with health issues or disabilities, which could entail holding conversations with employers on their behalf to explore how a role and the workplace could be adapted to suit the client and their needs, helping them to sustain work long term. In total, 779 clients that ranked their health as severe started a job: 357 clients that ranked just mental health as severe; 229 that ranked just physical health; and 193 that ranked both as severe, achieved a job start. This is equivalent to 13%, 10% and 7% achieving jobs out of the respective cohorts, which despite being below the 23% into jobs out of those that ranked neither as a severe barrier, nevertheless means that 779 clients that presented with these severe barriers at the outset started work whilst on the programme.

4.14 Key workers were also keen to emphasise that reporting on job starts and sustained jobs fails to capture the major progress that many of their clients make. Many clients that do not achieve

a job start are nonetheless in an improved position with their health conditions and wellbeing due to the programme. For example, multiple key workers cited examples of clients that had overcome crippling anxiety which prevented them leaving their house or travelling independently. This does not always lead to clients starting work, but does move them closer to doing so. This sort of progress can be difficult to capture, but for the clients themselves these improvements can be substantial and hugely improve their quality of life, and in some instances these improvements can be expected to reduce demand long term on public services.

### Summary

- At a UK level, people with health issues are less likely to be economically active or employed. In Greater Manchester there is a higher prevalence of people with long-term health conditions or disabilities, although this varies by local authority.
- There is a high prevalence of physical and mental health issues amongst Working Well clients, particularly on the Pilot for which just 11% of clients ranked neither as a severe barrier to work.
- The programme offers a wide range of in-house and external support to clients. Of particular note is the Talking Therapies Service, which has provided mental health support to over 1,400 clients to date.
- The majority of clients on the Expansion who ranked physical or mental health as a severe barrier to work experienced an improvement. On the Pilot, over a third of clients who ranked either as severe experienced an improvement in that barrier to work.
- Clients who identified mental and/or physical health as a severe barrier to work are far less likely to have started a job, although to date almost 800 of these clients have started work since joining the programme

## Ageing

### How does age impact employment chances?

4.15 The ageing workforce is a major concern nationally, with around 30% of the workforce aged over 50<sup>15</sup>. The UK's Industrial Strategy includes a commitment to fund innovation in relation to this, as one of four Grand Challenges for the UK to tackle. Although unemployment levels for economically active people are lower for over 50s than for the whole population aged 16+ (3% for people aged 50-64 and 4% for people aged 16+ overall)<sup>16</sup>, this age cohort faces particular challenges in finding employment, from low levels of IT skills, lack of confidence, length of time unemployed, a high prevalence for severe physical health barriers to work, and social isolation and loneliness.

4.16 Similarly to the UK, Greater Manchester is facing the challenge of an ageing population. The **Our People, Our Place**<sup>17</sup> strategy responds to this, with one of the priorities of the strategy being for Greater Manchester to become the 'first age-friendly city region'. One of the ambitions in delivering against this aim is to increase the level of economic participation in the over 50s, with older people remaining economically active for longer.

### How does the programme help these clients?

4.17 The Working Well programme must also tackle challenges in relation to older clients.

Some 5,600 clients are aged 50+, with 57% of these clients having been unemployed for 6 years or more (compared to 42% of clients aged under 50). The number of severe barriers to work that the older age cohort faces are similar to the overall client base, but in many cases they face particularly challenging issues to address, for instance in relation to physical health, which is much more prevalent amongst those aged 50+, as in Figure 4-2.

4.18 Consultations with key workers suggest many older clients have the perception that they are unable to find a job or have a lack of confidence to do so. A potential reason for this is their perception that an older person is viewed less worthwhile to an employer compared to a younger person. Therefore, their perceptions about their age and subsequent lack of confidence act as a barrier to work. This is evidenced in the data, as 35% of clients aged 50+ see their age itself as a severe barrier to work, compared to 6% of clients aged under 50. The older group were also less likely to see this barrier declining over time.

4.19 Age has been seen to compound different issues experienced by the older clients as key workers believe that, as a function of being older, there has been more time for many of the health issues that clients aged 50+ face to have become more complex and severe, e.g. where physical health issues have gone undiagnosed or untreated long term.

4.20 Key workers also suggested that clients aged 50+ are more likely to lack essential skills for the workplace, which has implications on their ability to find and apply for jobs. For instance, 39% of 5,600 clients aged 50+ see their confidence in IT as a severe issue, compared to 27% of those aged under 50 (11,224 clients).

4.21 Importantly, the Working Well programme is working with these older clients to address their issues. Indeed, as set out in Figure 4-3, a higher portion of clients aged 50+ have received employment, health or skills and qualifications support than those aged under 50.

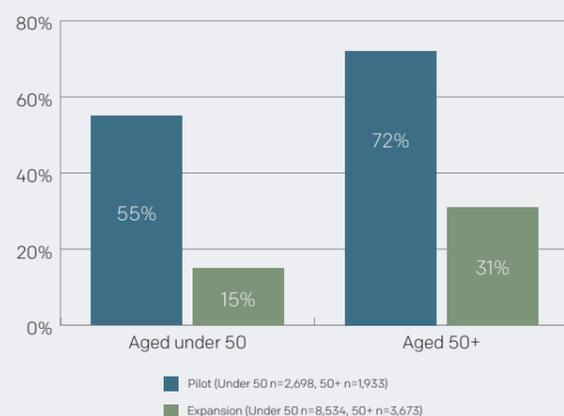
4.22 To encourage more clients to start a job, key workers interviewed for this year's report identified a need for support to tackle the long-term isolation of clients. Currently the programme offers some opportunities for this in the form of work trials, voluntary work and work placements however these are only used for a very small proportion of clients. Some employers have proved particularly good at taking on older clients, often in the retail sector. Others may be sought to help clients manage their own perceptions to being able to work and regarding the perceptions of employer preferences.

4.23 Overall, 12% of clients that were over 50 on the programme started a job. Whilst this is below the proportion of clients aged under 50 that started work, it still represents 645 more people that are over 50 that have started a job.

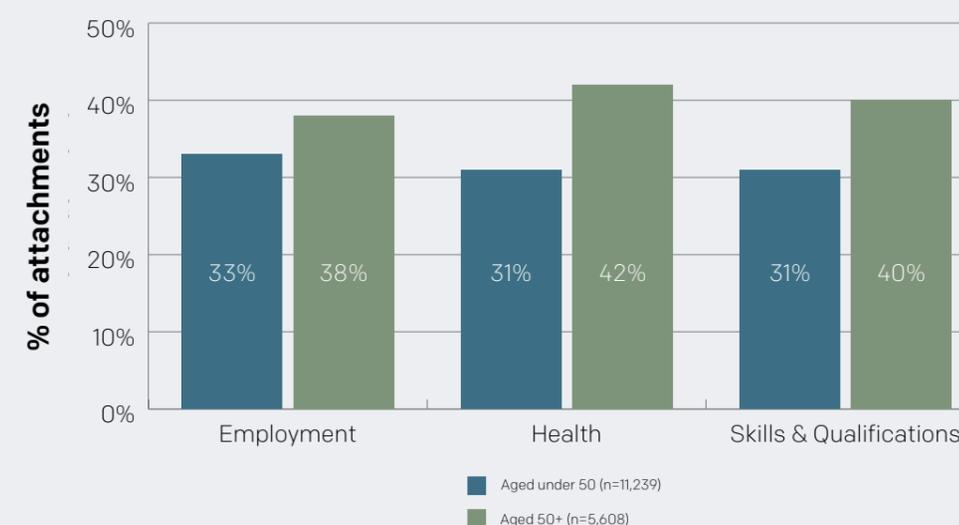
### Summary

- Dealing with an ageing population is a challenge both nationally and within Greater Manchester, with older people facing particular issues in finding employment. Including in relation to qualifications and skills, length of unemployment, physical health and social isolation.
- Clients aged 50+ on the programme are more likely to rank their physical health as a severe barrier to work compared to younger clients.
- A higher proportion of clients aged 50+ have received employment, health, and skills and qualifications support compared to younger clients.
- A lower proportion of clients aged 50+ have started work compared to younger clients, but to date almost 650 clients aged 50+ have started work since joining the programme.

**Figure 4-2: Proportion of attachments with severe physical health issue, by age**



**Figure 4-3: Proportion of clients receiving support, by age and support type**



<sup>15</sup> Age UK, 2018, Later Life in the United Kingdom

<sup>16</sup> Office for National Statistics, 2018, Employment, unemployment and economic inactivity by age group dataset

<sup>17</sup> Greater Manchester Combined Authority, 2017, Greater Manchester Strategy: Our people, our place



## Housing and homelessness

### How do housing issues impact on employment chances?

4.24 A paper from Joseph Rowntree Foundation (2016)<sup>18</sup> suggests the reduction in the amount of housing benefits paid, location of the housing (and reluctance to move due to lack of security in the private sector) and the costs and reliability of commuting via public transport, especially for part-time workers and those on anti-social hours can act as barriers to employment. Moreover, those that are homeless are more likely to be unemployed, have mental health issues, long term physical health issues and suffer from substance misuse<sup>19</sup>.

4.25 According to the **Our People, Our Place strategy**<sup>20</sup>, safe, decent and affordable housing is a priority for Greater Manchester in order to meeting the needs and demands for current and future residents. Homelessness and rough sleeping is recognised to be a growing problem within Greater Manchester, made worse by financial insecurity, health issues and family breakdown, as well as a lack of appropriate housing options. The objective for Greater Manchester is to end rough sleeping by 2020 by supporting people into suitable accommodation and tackling its underlying causes including mental health, family breakdown, substance misuse and poverty.

### How does the programme help?

4.26 Key workers interviewed for this year's report identified housing issues and homelessness as amongst the most challenging issues to address for clients. Issues regarding housing and homelessness raised by the key workers include clients being work-ready but lacking access to washing facilities or the necessary things needed for a job such as a permanent residence. In addition, starting work can put clients at risk of being homeless as their first pay is often given six or more weeks after their last benefits payment has been received.

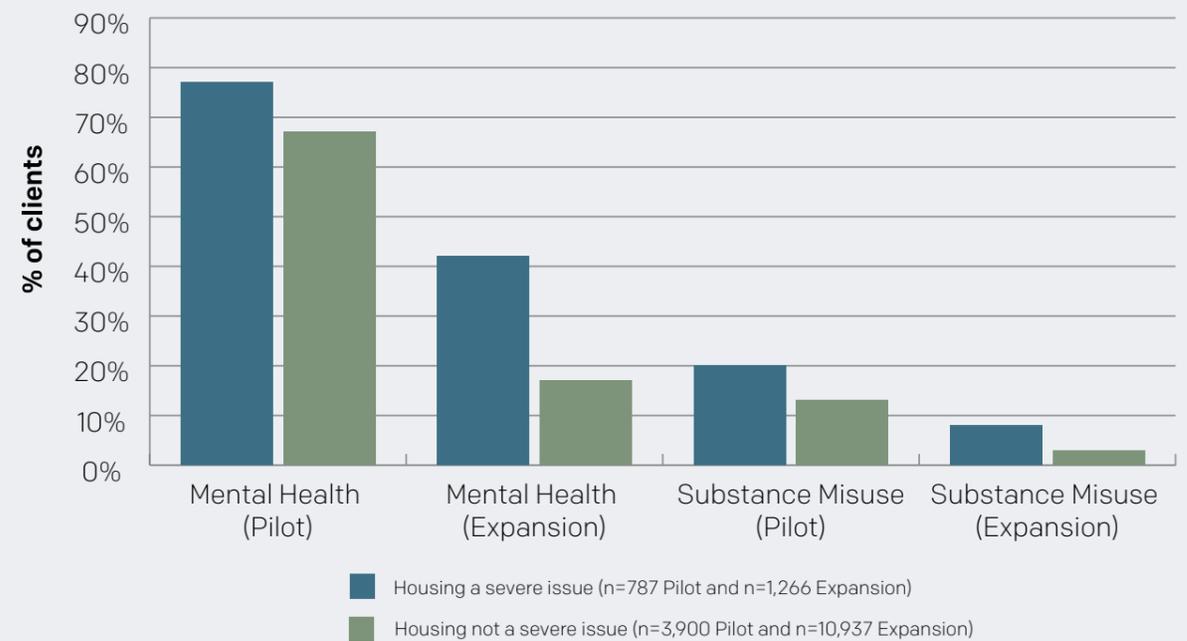
4.27 In the Working Well programme overall over 2,000 clients (12% of the total) saw housing issues as a severe barrier to work. As with many other barriers to work, the proportions identifying housing as a severe barrier to work were relatively higher in some areas than others, with the highest levels in Manchester and Bury.

4.28 Most of those who were homeless, at risk of homelessness, couch-surfing or living in a hostel identified housing as a severe barrier to work. Those clients identifying housing as a severe barrier to work reported an average number of 6.1 severe issues compared to 3.8 and 2.4 issues (Pilot and Expansion respectively) for clients without severe housing issues, showing the tendency for clients with severe housing barriers to work to have complex and multiple issues to address.

4.29 Reflecting the literature set out above, Working Well clients that identify housing as a severe barrier to work are particularly likely to identify severe mental health and substance misuse

barriers to work, as illustrated by Figure 4-4, albeit substance misuse remains a severe issue for only a smaller number of clients, whether they have severe housing issues or not.

**Figure 4 4: Mental health and substance misuse for clients based on their housing issue**



4.30 Key workers find that referring clients to financial advisors, often in-house, particularly useful for resolving housing issues, by helping with budgeting and planning repayments of arrears. Other support relating to housing is often given by external services, such as the local council or Citizens Advice Bureau. Key workers reported that the housing offer from external services varies in quality and extent by local authority, meaning that some clients may receive better support than others. This includes differences in the approach to homelessness (including access to food, hostels, washing facilities), getting repairs done on their property, and help in moving to a safer property (e.g. when currently living with someone who is abusive).

#### Client F's story

When Client F started on the programme, she was homeless, sofa-surfing, in over £3,000 of arrears, suffering from low mood, and had a conviction for benefit fraud. Her arrears meant she was not eligible for housing, so her key worker referred her to the Citizens Advice Bureau for help with repaying her arrears. Next, the HEN Project agreed to place Client F on a waiting list for a home because she was repaying her arrears and within weeks she was offered her own home.

She then received help from the National Careers Service to create her CV, and her key worker helped with job applications, from which she obtained a 10-hour cleaning role. For her next step she would like to increase her hours and is seeking a support role in a hospital ward, which her key worker hopes support from Skills for Employment will help with.

<sup>18</sup> Joseph Rowntree Foundation, 2016, How does housing affect work incentives for people in poverty

<sup>19</sup> Homeless Link: Impact of homelessness

<sup>20</sup> Greater Manchester Combined Authority, 2017, Greater Manchester Strategy: Our people, our place

4.31 Working Well has provided housing support to 30% of 2,056 clients that have identified housing as a severe barrier. Moreover, of the clients that identified housing as a severe issue on attaching to the programme, 60% of 787 clients on the Pilot and 82% of 539 clients on the Expansion reported an improved situation at the intermediate stage. The housing support was recognised by some key workers and clients as being very important. Indeed, one e-survey respondent reported that:

*“The help I received with my housing was the best thing about the support given by the Working Well programme”*

4.32 Overall, 13% of clients with severe housing issues started a job. This is marginally below the proportion of clients without severe housing issues that started work, but nonetheless means 265 clients that faced issues with their housing situation have started work.

### Summary

- Issues with housing can act as a barrier to employment, and homelessness is associated with health issues and substance misuse. Achieving sufficiently good-quality and affordable housing, and tackling homelessness are priorities for Greater Manchester.
- Housing issues are quite common on the programme. Clients that are homeless, at-risk of homelessness or in an insecure housing situation tend to have more complex barriers to work, with a considerably higher average number of barriers compared to those in more secure housing situations.
- The support provided to clients includes financial advice and working with external services to resolve housing issues.
- A marginally smaller proportion of clients with severe housing issues on joining the programme have started a job compared to those without severe housing issues. Almost 270 clients facing these barriers at initial assessment have gone on to start work since joining the programme.

## Skills and education

### How do skills levels/education impact on employment chances?

4.33 The likelihood that an individual is in employment is strongly linked to their qualification level, which can be seen as a proxy for skills. In Greater Manchester, just 38% of those with no qualifications are in employment compared to 68% of those qualified to NVQ2 and 84% of those qualified to NVQ4+. <sup>22</sup> Whilst Greater Manchester as a whole performs slightly better than the UK in terms of the proportion of working age residents with no qualifications (7.3% vs 8.0%), there are variations between local authorities, with Oldham having nearly twice the level of people with no qualifications as the average (13.1%). In addition, 13.2% of 19-24 year olds in the North West are not in education, employment or training, which can have a damaging impact on their future employment opportunities. <sup>23</sup>

### How does the programme help?

- 4.34 There is a high prevalence of clients with no or low qualifications on Working Well, with 40% of attachments on the Pilot and 25% on the Expansion having no qualifications, and with just 26% of Pilot clients and 36% of Expansion clients qualified to or above the equivalent of five or more GCSEs at A\*-C. A similarly high proportion of clients lack English and/or maths qualifications, and a smaller but nonetheless substantial proportion of clients lack confidence in using IT.
- 4.35 Key workers reported clients' skills and qualification needs most commonly concern basic skills, but also vocational qualifications or accreditations that are required for specific careers or sectors that clients wish to work in. Moreover, the challenge for the programme is not merely in formal qualifications, as key workers emphasised that many of

their clients lack the soft skills needed to be successful in employment such as communication, team working and socialising, as well as life skills such as budgeting.

- 4.36 Much of the qualification and skills support for Working Well clients is offered either in-house or through Skills for Employment, which offers a range of courses covering basic skills, employability skills, and specific vocational qualifications and accreditation. Key workers will also refer clients to external support which is delivered by community organisations, colleges and professional skills providers. From this rich mix of available support, key workers report being able to address any identified skills or qualifications needs their clients may have, albeit with some support more readily available and of higher quality in some areas compared to others.
- 4.37 Basic skills are the needs that are most commonly addressed, followed by vocational and industry-specific qualifications and accreditation. Some of the most prevalent industry-specific qualifications and accreditation gained through the programme are CSCS cards<sup>24</sup>, HGV licenses, forklift truck licenses, and SIA licenses<sup>25</sup>. These are often less easily accessed than basic skills provision, so require more of an investment from clients in terms of time and sometimes financially, but key workers reported that when clients made this commitment it tended to lead to good outcomes. Key workers felt that whilst achieving accredited skills and qualifications, clients also tend to develop their soft skills. For example, one key worker found that enrolling clients on short courses at their local college tends to develop confidence, communication and a degree of self-efficacy.



<sup>22</sup> Nomis, 2017. Annual Population Survey

<sup>23</sup> Department for Education, 2018. NEET Statistics - Quarterly Brief – October to December 2017

<sup>24</sup> Construction Skills Certification Scheme cards are often required for on-site construction work.

<sup>25</sup> Security Industry Authority licenses are required to work in certain sectors within the private security industry.

### Client A's story

Client A had not worked in nine years due to difficulties managing his arthritis in a warehouse role, and suffered with depression. After learning techniques to manage his health condition, Client A viewed returning to work as possible. He completed Bootcamp, which boosted his confidence and motivation. He felt unable to return to a warehouse role, but expressed an interest in working in security. This required an SIA card to be licensed to work in the industry, so his key worker referred him to Skills for Employment where he undertook training and obtained his accreditation. He received help with his CV and job searching, which led to a role through permitted work. Client A sought to work longer hours to sign off his benefits and managed to find a suitable job. He is now working full time and able to manage his health condition, with his life in a much more positive place.

### Client D's story

Client D had not worked for six years due to depression, agoraphobia, mental health and addiction issues, which occurred alongside a family breakdown which led to him living alone, separated from his partner and children. After being referred to Working Well, he received support from Talking Therapies for his mental health issues. Client D received a range of skills and qualifications support, obtaining seven qualifications including a forklift license and warehouse worker qualification. He received help with interview techniques and had an induction with an employer for a temporary-to-permanent post. Client D said of his experience: "Working Well has given me so much confidence and the support I needed to turn my life around. I'm now fully employed, doing a job I love as a Warehouse Worker and Forklift Operator. I've also been able to rebuild my relationship with my partner and twin sons. We got engaged on Mother's Day this year and I was so proud to be able to use my first wages to buy the ring!"

4.38 Some of the clients that responded to the e-survey mentioned this area of support as the best thing about the Working Well programme:

*"I got to gain a Level 1 City & Guilds qualification in Business Administration through Working Well, and I did a work placement. I did not get these opportunities through the other programmes."*

*"I think attending short courses has helped to build my confidence up."*

*"The coaching for job interviews was amazing. I've never received such help before. Also, I gained more confidence in myself and my abilities and saw myself in a better light. Working Well was invaluable in me getting back to work!"*

*"I have been working in finance for many years but did not have any qualifications in it. [The provider] arranged for me to take an online course that would gain me a qualification in Finance and HR."*

*"[The best thing about the programme was] helping me to get qualifications as I didn't have any."*

*"[The best thing about the programme was] gaining the qualifications that I knew I had in me."*

*"I was put on a self-confidence course and this went very well. I felt I could talk and open up more in groups."*

4.39 In total, 11% of clients with no qualifications started a job. This is some way below the proportion of those with qualifications that started work, but it nevertheless equates to 549 clients who had no qualifications having started work since attaching to the programme.

### Summary

- In Greater Manchester, people with no qualifications are far less likely to be in employment than those with qualifications. Although Greater Manchester as a whole has a lower proportion of the population with no qualifications compared to the UK, some local authorities have far higher levels of people of no qualifications.
- There is a high prevalence of clients with no or low qualifications on Working Well, including in maths, English and IT.
- The support provided by Working Well includes access to basic skills courses and vocational qualifications and accreditations. This is delivered by Skills for Employment and a wide range of other providers.
- A lower proportion of clients with no qualifications started a job compared to those with some qualifications. Nevertheless, almost 550 clients that had no qualifications on joining the programme started working since joining.

### Integration

4.40 Integration with services is a key feature of the Working Well programme, as set out in Section 2. Key workers work with a wide array of local services and support that vary by local authority. The importance of effective integration is clear from the case study below, where multiple barriers to work have been tackled by different services.

### Client B's story

Client B joined the Pilot after 20 years of alcohol dependency, and suffered from hallucinations and severe anxiety. After engaging with a detox programme and engaging with a community mental health team, things were looking positive, but Client B suffered a relapse and his attendance became sporadic so his key worker worked with JCP to keep him engaged. Due to his dependency progressing and multiple hospital admissions, Client B was placed under the care of Rochdale Council's Adult Care Team. His key worker worked with the local council to better understand his housing situation and got him some basic furnishings and helped him to claim the correct type of benefits. Client B's key worker also undertook an Integrated Partnership Meeting with the community mental health team, Pathways, and his support worker, to ensure a collaborative and complimentary approach to supporting Client B.

4.41 As touched upon in this section, many complex barriers to work are combined with others, which require different expertise to address. Three particular elements highlight the case for integration, as well as some of the key challenges in realising integration.

- Key workers generally spoke highly of the level of integration with TTS that had been achieved – starting with the speed and smoothness of the referral process. The level of co-operation that is possible between key workers and TTS can be limited by issues of confidentiality, but where clients are willing for information to be shared key workers are able to work collaboratively and complimentary to TTS. For example, key workers can: get involved in three-way interviews; be informed of support plans that TTS create for the client; easily hold discussions on the client with the TTS advisor; and in some cases being involved in three-way exit interviews which involve creating plans in case of relapse. This enables the key worker to be better informed and sighted on their client's issues and progress, and puts them in a better position to spot any signs that the client's mental health is deteriorating. Key workers felt that in-house mental and physical health advisors were also helpful, although this

was suggested by the TTS provider as sometimes presenting a confusing picture for key workers, as to whether they should refer to TTS or internal services. TTS is now in almost all places co-located with the Working Well provider, helping to smooth the referral process, and helping to build a strong relationship between the Working Well and TTS providers, including supporting easier and therefore more effective communications.

- Views on the integration with SfE were more mixed, from stakeholders and key workers. Whereas some key workers felt they were well-sighted on their clients and were able to work collaboratively with the SfE advisor, others found that once their client had been referred they would only receive updates via the client and there were no opportunities to speak with and compliment the SfE advisor. This points to some of the disadvantages where integration is not effective.
- Integration with JCP is another factor that is important for the success of the programme. Effective integration is essential to ensure that referrals are made appropriately, and that the flow of referrals is predictable. However, this has not always been done effectively, pointing to the challenges in maintaining this important relationship. Efforts to improve integration have included the Working Well providers putting staff within job centres to build better relationships and to increase awareness of who the programme is appropriate for. Having close working relationships is also important for safeguarding and changes of circumstance – ensuring that key workers have all the information they need in relation to any issues – and to support the key worker with non-attendance. Integration was also reported by key workers as being important in the exit process, to assist key workers in setting out a plan for clients that would allow them to maintain progress in overcoming their barriers to work and attaining a higher quality of life after their time on Working Well. Key workers were often uncertain as to how effective these plans are, as after exit they are not informed whether clients have moved successfully onto other support.

4.42 As reported in Section 3, performance for the programme is better in some local authorities than others. Whilst no data metrics are available for integration – it being somewhat an intangible concept, meaning different

things to different people – there is some anecdotal evidence from consultations that some areas have been better at integrating services than others. In particular some areas covered by Ingeus have tended to be perceived as better integrated within the local ecosystem, with better and more productive relationships having been developed.

- 4.43 In this context it is noticeable that on the Pilot the econometric analysis found that job starts were statistically significantly higher in Bolton and Bury when controlling for other factors – the former is held up as a local authority area with a particularly effective integration offer. This reiterates the importance of effective integration in the performance of the programme.

### Summary

- Integration with a wide array of local services and support is key to the success of Working Well.
- The programme had a high level of integration with the Talking Therapies Service. This provides opportunities for key workers to work collaboratively and complementarily with TTS and to have oversight of clients even when they are receiving TTS support.
- The integration achieved with Skills for Employment was not as uniformly positive, but where high levels of integration have been achieved key workers felt that were similar benefits to those for TTS.
- There are improvements to be made in integration with JCP. In particular, there are issues around the sharing of information and ensuring clients continue to be supported once they exit the programme.
- Anecdotally, the level of integration achieved with local support and services varies across local authorities.

## 5. Looking forward

### Summary

- The Working Well offer is continuing to evolve and inform further service provision. The Work and Health Programme launch in 2018 and the Working Well Early Help programme currently being commissioned have both been informed by the lessons learned through delivering the Working Well Pilot and Expansion.
- The previous sections have identified client characteristics and barriers to work resulting in clients being more and less likely to have started a job. This highlights the need for Working Well and future programmes to focus on understanding how to improve outcomes for some groups of clients.
- To date, the Working Well programme has supported some 17,000 clients, with 2,800 moving into work. In the next 12 months, the Working Well programme can be expected to support many more people to address their barriers to work and support them to move into employment.

### Anticipated outcomes for Working Well

5.1 The Working Well programme has come a long way since its inception in 2014. It started with a Pilot programme, supporting 4,700 ESA WRAG benefit claimants to address their barriers to work. In 2016 the programme had expanded to other benefit types, with another 12,400 people joining the programme. By the end of March 2018 the programme had supported

17,100 clients, of which 2,800 had started work. More clients can be expected to move into work in the future, with many clients having well over a year remaining on the programme.

- 5.2 Many of the systems and processes set up for the Pilot have matured with: the Programme Office developing a strong leadership role; and with the programme well embedded in Greater Manchester, with good name recognition and the delivery of service integration becoming seen as the norm. This structure in place, Greater Manchester's ambitions show no sign of slowing. The Work and Health Programme was launched earlier in 2018 to support a further 23,000 people to address barriers to work. Working Well Early Help is another programme being commissioned currently, which will add to the breadth of the Working Well offer as a programme aimed at preventing people from falling out of the labour market long term.

### Informing ongoing delivery of Working Well

5.3 As set out in the preceding chapters, the programme has been particularly effective for some people. Econometric analysis shows that, across both the Pilot and the Expansion, the programme is most effective at moving into work younger people, those with higher qualifications and people with more recent work experience. It is also most effective for those that identify the following barriers to work as less severe: convictions; mental health; physical health; and substance misuse. Other characteristics or barriers to work are determinants of how likely people are to start work, but for only the Pilot or the Expansion, not both. This includes, on the Expansion, clients on ESA being statistically significantly less likely to start a job than those on other benefit types, when controlling for other factors.

**Table 5 1: Characteristics and barriers to work that make a statistically significant difference to the likelihood a client has started work which are common to the Pilot and Expansion**

Characteristic / Barrier	Pilot	Expansion
Age	For every one-year increase in age, the likelihood/odds of achieving a job start decreases by some 4%.	For every one-year increase in age, the likelihood/odds of achieving a job start decreases by some 2%.
Work experience	Individuals with some work experience were 1.4 times more likely to achieve a job start than someone who had no work experience.	Individuals with some work experience were 1.5 times more likely to achieve a job start than someone who had no work experience.
Length of unemployment	The longer an individual has been out of work, the less likely they are to start a job.	The longer an individual has been out of work, the less likely they are to start a job.
Highest level of qualification	Individuals with some qualifications were 1.4-1.8 times more likely to start a job than those with no qualifications.	Individuals with some qualifications were 1.4-1.6 times more likely to start a job than those with no qualifications.
Local Authority	Individuals based in either Bolton or Bury were 1.8-2.1 times more likely to start a job than those individuals based in Manchester.	Aside from Trafford and Bolton, individuals based in any other LAs were 1.3-1.8 times more likely to achieve a job start than someone who was based in Manchester.
Quarter of attachment	Individuals who were attached in the fourth quarter of the programme were 37% less likely to start a job than those who were attached in the first quarter. The results for every other quarter were insignificant.	Individuals who were attached in during the third or fourth quarter of the programme were 25-35% less likely to start a jobs than those who were attached in the first quarter. The results for every other quarter were insignificant.
Mental health	For every one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see a 12% decrease in the odds/likelihood of starting a job.	For every one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see an 11% decrease in the odds/likelihood of starting a job.
Physical health	For a one unit increase in the 0-6 ranking of physical health as a barrier to work, we can expect to see a 16% decrease in the odds/likelihood of starting a job.	For a one unit increase in the 0-6 ranking of physical health as a barrier to work, we can expect to see a 15% decrease in the odds/likelihood of starting a job.
Substance misuse	For every one unit increase in the 0-6 ranking of substance misuse as a barrier to work, we can expect to see a 12% decrease in the odds/likelihood of starting a job.	For every one unit increase in the 0-6 ranking of substance misuse as a barrier to work, we can expect to see a 9% decrease in the odds/likelihood of starting a job.
Convictions	For every one unit increase in the 0-6 ranking of convictions as a barrier to work, we can expect to see a 10% decrease in the odds/likelihood of starting a job.	For every one unit increase in the 0-6 ranking of convictions as a barrier to work, we can expect to see a 6% decrease in the odds/likelihood of starting a job.

5.4 Conversely, this means that older clients, those with low qualifications, clients that have been out of work for longer, and those with severe barriers to work relating to convictions, mental health, physical health or substance misuse are less likely to start work. However, where the barriers to work that are determinants on the likelihood of started a job are addressed and improvements reported at the intermediate assessment, the likelihood of them starting work increases.

This holds true for all of the barriers that are statistically significant determinants of whether clients are likely to get a job, as shown in the table below, with the exception for substance misuse on the Expansion, although the significance of this may be limited given how small the cohorts are. The same is also true of many of the other common barriers set out in the table. This points to the importance of the programme in addressing these issues in supporting clients to move towards work.

**Table 5 2: Proportion of clients that started a job, out of those that did or did not experience an improvement in significant or prevalent barriers to work**

	Pilot		Expansion	
	Improvement	No improvement	Improvement	No improvement
<b>Barriers to work that are statistically significant for both the Pilot and Expansion</b>				
Physical health	13% (n=1093)	6% (n=1849)	8% (n=829)	3% (n=402)
Mental health	16% (n=1302)	8% (n=1932)	9% (n=892)	4% (n=310)
Substance misuse	6% (n=328)	5% (n=356)	6% (n=141)	9% (n=47)
Convictions	10% (n=261)	6% (n=239)	16% (n=160)	15% (n=48)
<b>Barriers to work that are statistically significant for just the Pilot</b>				
Access to public transport to travel to work	8% (n=684)	6% (n=775)	10% (n=506)	12% (n=137)
<b>Other barriers to work that were common on the Pilot and Expansion, or that are closely related to key characteristics that were statistically significant determinants of the likelihood of clients starting jobs</b>				
General confidence and self-esteem <sup>26</sup>	-	-	12% (n=1,242)	19% (n=124)
Access to private transport to travel to work	8% (n=543)	9% (n=622)	15% (n=1,144)	14% (n=428)
Lack of qualifications/skills	9% (n=809)	9% (n=622)	14% (n=1,158)	4% (n=254)
Lack of work experience	10% (n=714)	7% (n=574)	13% (n=1,283)	5% (n=380)
Bereavement	10% (n=717)	11% (n=540)	41% (n=145)	0% (n=30)

5.5 Based on the lower job start rates for people with the characteristics and barriers to work described above or where they are ESA claimants, these clients may need longer on the programme, or more intensive or personalised support. How this could be achieved in practice should be explored. This may include adapting the programme to be more flexible to the needs of these clients, or setting up a separate programme that better addresses these

cohorts. Stakeholders suggested that, where there are particularly challenging barriers to address, there may be a case for amending current services or developing new ones to ensure that these barriers do not hold back the clients or the programme e.g. in Bolton there have been issues with a shortage of provision from the Expert Patient Programmes for clients with long term conditions.

<sup>26</sup> This was not collected for the Pilot.

5.6 Through four years of the Working Well programme many important lessons have been learned that remain valid and central to the Working Well model:

- A personalised, tailored and sequenced approach

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“It was catered to what YOU wanted to do as an individual and didn’t feel like you were being forced to look for work that you weren’t interested in.” (e-survey respondent)

- Role of the key worker and their intensive, flexible approach

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“My key worker was very understanding of my circumstances and went out of his way to ensure I got the help and information needed in order to overcome the issues at the time” (e-survey respondent)

“My keyworker is tireless in his support and suggestions to get me to improve my lifestyle and therefore my health” (e-survey respondent)

- Integration, and the role of local leads and local integration boards

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- Strong programme management and continuous improvement

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- A work first approach, with employer engagement and in-work support

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- Clear communications and close cooperation

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- Sufficient and stable staffing

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- Managing the transition between programmes.

5.7 As highlighted in chapter 3, there were a number of clients (from the e-survey) who provided feedback on how to improve the programme. This feedback reflect these lessons learned, showing them to be best practice in the delivery of this and future programmes.

5.8 In addition to these, with increasing numbers of clients now leaving the programme, the exit process is also very important. Where clients have not moved into work, there is still an important role for Working Well, working with JCP and others, to ensure that clients leaving the programme are able to sustain the progress that they have made and continue to address their barriers to work. This is to ensure that, whilst Working Well may not have helped people move into work whilst on the programme, it has a positive and lasting effect

on these people’s lives, and increases their likelihood of starting work in the future. Some consultees felt that this handover process could be improved, to ensure that clients’ improvements are maintained and built on going forward. Suggestions for this included JCP, the providers and other services working more closely together on handover, including keeping others informed of where handover has been successful or not, in order to learn from this and improve the handover process going forward.

### Informing delivery of the Working Well: Work and Health Programme

5.9 The Working Well: Work and Health Programme started in early 2018 and is to run until 2024, supporting around 23,000 people to address their barriers to work. The programme is in many ways similar to Working Well Pilot and Expansion. Key workers remain central to the delivery model and the programme is expected to address any barriers to work that clients face. The development of the Work and Health Programme is important to consider in the context of the lessons learned from the Working Well programme to date.

- First, it is essential for those clients still on the Working Well programme that the Work and Health Programme does not overshadow Working Well, and that these clients continue to receive and benefit from the same intensity of support. This is a particular risk given that the providers for both the Expansion and Work and Health Programme are the same, but this is a risk that can be mitigated through effective management from the Programme Office and providers themselves.

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- Second, the development of the Work and Health Programme has taken on board many of the lessons learned through Working Well. For instance:
  - learning around the importance of integration means that dedicated Integration Workers have been brought in to the Work and Health Programme to ensure that integration is effective in all local authority areas. Integration Workers are part of the model elsewhere, but typically one per region, not one per district

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  - Minimum Service Delivery Standards have been agreed to ensure that other critical success factors are achieved, including in relation to key worker ratios

- a ‘competitive dialogue’ process was undertaken over several months for the recent commissioning of the Work and Health Programme and the ongoing commissioning of the upcoming Working Well Early Help Programme, in order to ensure that the best proposal is taken forward and the proposed approach fully articulated ahead of commissioning

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- the positive experience of giving the local authorities a stronger role in programme design has been taken forward through the development of the Work and Health Programme, where local authorities have again been involved in the design and commissioning of the programme

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- earnings outcomes are validated using DWP data, avoiding the challenges on Working Well Pilot and Expansion of being able to evidence job starts from the clients and employers directly.

### Looking ahead to the next 12 months

5.10 To date, Working Well has supported some 17,000 clients, with 2,800 of these moving into work. Feedback from clients that responded to an e-survey is positive, with 90% finding the support they received good, 74% reporting a good relationship with their key worker, and 70% reporting that their key worker was good in responding to their individual needs. Positively, 61% of those that had been on the Work Programme or similar schemes thought that Working Well was better. Looking forward, it will be interesting to see how the programme continues to evolve in the next 12 months. By the time of the 2019 Annual Report, many more job starts can be expected, given that many clients remain on the Expansion. There will also be several thousand clients of the Work and Health Programme, which by this point will be well underway, continuing the legacy of the Working Well Pilot and Expansion.



## Annex A: Case studies

### Case study 1: Client A (Pilot)

#### Presenting issues

A.1 Client A had not worked for nine years after leaving his last job due to being unable to manage his health. Having previously worked in a warehouse environment, he felt unable to return to this type of work. He struggled with low depression and Arthritis, and this was impacting on Client A's motivation and enthusiasm for work.

#### How the programme helped

- A.2 The first step for Client A was to learn how to manage his health conditions. With support from a senior health practitioner and Ingeus health-related workshops, he found he could learn techniques to manage his health better and slowly the possibility of working again started to become a reality.
- A.3 Client A went on to complete Bootcamp, which aided his confidence and boosted his motivation. He started to review his possibilities and enquired about the possibility of starting a role in security. As he had not previously undertaken this work, before he could do so his key worker needed to help him to acquire an SIA card to be licensed to work in the industry. Client A was referred to Skills for Employment, where he undertook training to gain his card. Once he had acquired the card, it was time to start reviewing his CV and tailoring it for his desired industry.
- A.4 Client A initially secured a security role through permitted work, but wanted more hours to be able to sign off his benefits. Alongside working, Client A continued to attend appointments so his key worker could review his progress and develop a plan to secure a role with more hours. His key worker suggested that he adopt a speculative approach to his job search and, although he was sceptical about this, after sending his CV out to 15 employers and securing two interviews he was grateful he took this approach to job searching.

A.5 Client A has been successful and is now working full time. Through undertaking health management sessions and skills courses, he has been able to find a role which is suitable for his needs. The extra income, motivation and improved outlook on life is positively impacting his partner and grandchildren, and has definitely helped Client A to gain a positive future.

### Case study 2: Client B (Pilot)

#### Presenting issues

A.6 Client B came to the Pilot programme in Rochdale after being alcohol dependant for 20 years. Alongside his dependency, Client B suffered from hallucinations and severe anxiety, all of which were pushing him further away from the labour market, and his enthusiasm and motivation towards change was low.

#### How the programme helped

A.7 Client B attended his first appointment alongside his Support Worker from Pathways and his key worker was informed that he was currently on a waiting list for a detox programme due to start in the April. He stuck at his detox and completed this by May, and had begun engaging with the local mental health team in the community so things were looking really positive for Client B. Unfortunately, over the course of the summer, he regressed and his attendance at appointments became sporadic. In autumn, he attended a key worker appointment and disclosed that he had suffered a relapse over the summer and this was the reason behind his non-attendance. Whilst a plan was put in place to help keep Client B engaged, after this appointment the sporadic attendance continued. Moving into the new year, his key worker needed the support of JCP to help engage Client B, to help him understand his barriers and help him see how together with his key worker they could develop a plan to manage and move him forward at the right pace.

A.8 Client B finally attended in May and highlighted that his dependency had progressed, which had resulted in multiple hospital admissions, and he was now being placed under the care of the Adult Care Team at Rochdale Council. To help support Client B better his key worker linked with the local council to better understand his housing situation, as to help him progress forward it was important for him to have a stable home in which to progress from. Together, the key worker and local council put a plan in place to help get Client B set up with basic furnishings, as well as helping him to claim the right type of benefit. Client B felt that PIP and ESA support group was the right way forward so we progressed ahead with this application.

A.9 Unfortunately there were continued periods of disengagement, but through his key worker undertaking an Integrated Partnership Meeting with the Community Mental Health Team, Pathways, and his Support Worker, they were able to take actions to help support and progress Client B. Whilst work wasn't an option at this point for Client B, working as an integrated team has ensured a collaborative and complimentary approach to supporting Client B. Whilst he may have a challenge ahead to manage his health conditions and dependency, he is accessing the right support and together the key worker and wider support network are ensuring he continues to access the right support.

### Case study 3: Client C (Expansion)

#### Presenting issues

A.10 Following a painful family bereavement, Client C suffered a severe breakdown and was forced to leave his profession as a GP. This had a huge impact on his feelings of status, confidence, friendships and mental health. He was then made homeless which pushed him further into depression and anxiety. With no family or support network around him, he found it harder to bring himself back up. He was eventually re-housed from the streets of London to Manchester, and has been in accommodation since.

### How Working Well helped

- A.11 When Client C first came to his induction appointment, he was very emotionally distressed and upset. He felt there was no one who could help him progress and was very low and depressed. Client C accessed the Talking Therapies service immediately and was recommended for Cognitive Behavioural Therapy, which started to address his depression and anxiety, and he found his confidence improving. He also received support from his key worker with his CV and employability, including interview techniques and a mock interview in order to build his confidence. Between these two interventions, Client C was soon in a position where he could apply for NHS vacancies.
- A.12 After some difficulty finding work, Client C was referred to Skills for Employment, who worked with him intensively and secured him a voluntary position at The Growth Company where he has been working on reception and supporting the Working Well Programme, Skills for Employment and The Work Programme. This has been instrumental in helping Client C with his development and emotional needs, allowing him to develop his confidence, socialise, and overcome his agoraphobia. A lot of work has been done and continues to be done with Client C, to support him when he has been unsuccessful in finding employment which he has struggled to deal with emotionally.
- A.13 Client C has now completed his Level 1 qualification in Business Administration and his volunteer placement with The Growth Company was so successful that he's now been employed as a part-time Project Co-ordinator with the team. Client C is a prime example of how the Working Well programme can get the most vulnerable people back into employment.
- A.14 Commenting on his new role, Client C said: "I never thought this day would come! After ten years of rejection and setbacks, I'm finally employed and getting acceptance – I'm very happy." He added: "I'm really enjoying working in a professional and supportive environment where everyone has been incredibly positive. I can't thank Working Well and The Growth Company enough for helping me regain my confidence and control of my life."

## Case study 4: Client D (Expansion)

### Presenting issues

A.15 Client D was referred to Working Well following a six-year period of unemployment due to depression, agoraphobia, mental health and addiction issues. His situation had been compounded by a complete family breakdown, which led to him living alone and separated from his partner and twin sons.

### How the programme has helped

A.16 When he was first referred to Working Well he was very nervous, visibly shaking and unable to maintain eye contact. Despite this, he quickly developed a good rapport with his key worker, who was able to initiate a package of targeted support which has helped Client D to turn his life around.

A.17 He received a package of one-to-one support which addressed both his mental health issues and his gap in skills. This included: Talking Therapies, goal-setting, obtaining seven qualifications including a forklift license and a warehouse worker qualification, help with interview techniques, and an induction with an employer for a temporary-to-permanent post. He now engages in full conversations with his key worker and has successfully completed technical qualifications and licences in counterbalance and reach.

A.18 Reflecting on Client D's journey, his key worker commented: "[Client D] has come a long way from that nervous first meeting. In the 12 months we've been working together, he's been able to give up his anti-depressants, pass seven qualifications and secure full-time employment. I'm really proud of what he's achieved."

A.19 Client D commented: "Working Well has given me so much confidence and the support I needed to turn my life around. I'm now fully employed, doing a job I love as a Warehouse Worker and Forklift Operator. I've also been able to rebuild my relationship with my partner and twin sons. We got engaged on Mother's Day this year and I was so proud to be able to use my first wages to buy the ring!"

## Case study 5: Client E (Expansion)

### Presenting issues

A.20 Client E had rheumatoid arthritis and mobility issues, and was awaiting surgery for an artificial shoulder when he joined the programme. He stated his deteriorating physical condition was impacting on his mental health, and he would like to seek support but was unsure how. He lived at home with his wife and three children and had a good family support network, and without this he mentioned that life wouldn't be worth living. He was managing his money well and wanted to improve his health. His long-term plan was to get in to teaching football as he had previously been a semi-professional football player.

### How the programme helped

A.21 He did not have a date scheduled for his operation and it was recommended that he should seek an appointment with the SHP to see if there was any way he could improve and manage his condition in the meantime. SHP did a full review with him, offering gentle exercises to assist with physical health and writing a letter to the specialist to express how much discomfort he was in to see if there was anything further they could offer.

A.22 After his operation, his health got worse, with the arthritis affecting his lower limbs worse than ever, causing him to have multiple falls at home that further damaged his shoulder and left him reliant on a wheelchair. After case conferences with the Bolton Council Local Lead, it was advised that the best course of action was to contact the involved teams – the council's Family First team, Bolton at Home, and the falls team – to develop a long-term plan.

A.23 After numerous calls to the housing teams to explore options, his key worker was told Client E would need to register for a property move, but as he already had accommodation he would not be considered low priority. After a meeting with Family First, an Occupational Therapist assessment was arranged which recommended that Client E should be housed in a bungalow or flat that was wheelchair-friendly. His key worker discussed the

recommendation with Bolton at Home and Bolton Council, and Bolton at Home agreed to place Client E on a priority housing list which meant he would get a property sooner.

A.24 Throughout the process, contact has been made with both the Professional Footballers' Association (PFA) and Bolton Wanderers regarding funding and support for Client E to achieve his ambition of being a football coach. They offered to support him with a Disability Coaching qualification, and this door has been left open for him should he ever feels able to undertake the opportunity.

A.25 Client E was offered a property in June 2016, however due to the amount of adaptation that was required, he only received the keys in April 2017. He can now see a brighter future in which he can enjoy spending time with his children and be able to move round his home independently and completing simple tasks, such as assisting his children with their homework.

## Case study 6: Client F (Expansion)

### Presenting issues

A.26 The 61-year-old Client F had multiple barriers preventing her from moving into employment. The foremost barrier was her housing situation, as she was homeless and sofa-surfing when she first started on Working Well. She was struggling to be re-housed due to owing over £3,000 in rent arrears. She had also been charged with benefit fraud four years earlier, which resulted in her being placed on a regulation order that required her to remain indoors during specific hours. She had previously worked in the care sector, but this was no longer an option due to her conviction for benefit fraud. She was also suffering with low mood due to the situation she was in.

### How the programme helped

A.27 After hearing about the service and support on offer, Client F was keen to join the programme. The priority for the client was to be re-housed, but unfortunately she could not apply for council housing due to her arrears and the fact that she was not paying anything towards clearing them. In order to support her, she was referred client to Citizens Advice for help with her debt.

A.28 To sort out Client F's housing, her key worker referred her to the HEN Project (Housing, Employment and New Opportunities) in Bury. She had an interview with them, but they were not sure they could support her due to her arrears. They contacted Client F's key worker, who explained that the client was attending appointments with Citizens Advice to support with clearing her arrears, and HEN Project agreed to support Client F with her housing. Within weeks, she was placed in shared accommodation and given a bidding number which allowed her to bid for properties, which her key worker assisted her with. Client F was suffering financially due to the costs of her supported accommodation, so her key worker supplied her with weekly food parcels and explained that it would be worth it once she got her own home again. Within 8 weeks of being in supported accommodation she was offered her own home. She is now living in her new property and is completely overwhelmed, as she thought it would never be possible.

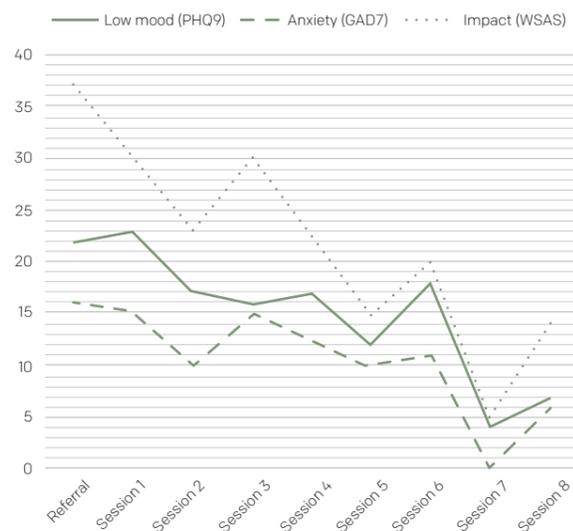
A.29 Alongside dealing with Client F's housing and debt issues, her key worker also referred her to Talking Therapies due to her low mood. However, she did not attend her first appointment because she attributed her low mood solely to the situation she was in.

A.30 Her key worker subsequently referred Client F to the National Careers Service to support her with creating a CV because the next step on her action plan was to look for work. She also undertook a better-off calculation to figure out the number of working hours that would be most beneficial to her. When considering job roles, it required taking her conviction into account, and Client F decided she would like to apply for cleaning roles. Her key worker supported her in making applications, and Client F attended a few interviews. She was successful in obtaining a ten-hour a week cleaning job at a local college. Given that her ideal job would be within the care sector, her key worker has highlighted the NHS roles that Skills for Employment have available and Client F is keen that her next step will be into a support role on a hospital ward with increased hours.

A.31 Client F is now in a far better place than when she started the programme, and comes into every appointment smiling and feeling positive about her life. She never thought that she would be where she is now, with all her barriers overcome and moving forward in life. This all occurred within the space of less than a year.

She reported looking forward to achieving an income so that she can move into private rented accommodation, achieving her own space and re-connecting with her social contacts.

**Figure A-1: PHQ9, GAD7 and WSAS outcomes for Client G**



**Challenges**

A.35 None. Attendance was very good, with no missed sessions or late cancellations.

**Collaborative working with key worker**

A.36 Three-way informal discussion with key worker at the point of referral.

**Client feedback**

A.37 Client G reported finding the service very helpful. She reported that before treatment she had written herself off as she expected that she would feel this anxious and low in confidence forever more. At the end of treatment, she reported feeling recovered from the flashbacks and anxiety that she had been experiencing when referred and having a plan and a strategy for continuing to reclaim her life.

**TTS case study 1: Client G**

**Presenting issues**

A.32 Client G's initial difficulties included symptoms concurrent with post-traumatic stress where she reported difficulties with low mood, sleeping, eating and experiencing panic attacks and flashbacks of trauma events that took place in her home over a number of years. She identified that these symptoms were preventing her from living her life in the way that she would like to.

**Treatment – 8 sessions**

A.33 Following her initial telephone assessment, Client G attended 8 of 8 sessions offered. The treatment focused on a cognitive behavioural therapy approach to trauma. She began by understanding her experience through understanding the impact of traumatic experiences and the nature of trauma memories. She then focussed on reclaiming her life by establishing positive activities and routine for herself. She then focussed on her trauma-related cognitions and exploring and processing these in the safety of the therapy sessions.

**Outcome**

A.34 A key turning point in her therapy was when she took the courageous step to face the fearful image related to memories from past events. She was able to take control of this image and reduce its importance and significance to her. Following this, she reported a significant and consistent reduction in her day-to-day experience of anxiety, enabling her to build and expand on the routine that she had established. At the end of treatment she reported feeling ready and looking forward to returning to work.

**TTS case study 2: Client H**

**Presenting issues**

A.38 Client H was referred due to past and present factors causing anxiety and depression. Initial difficulties included symptoms concurrent with low mood and worry.

**Treatment – 12 sessions**

A.39 The treatment focused on an approach to address his low mood through changing maintained behaviours of inactivity and avoidance of others into more helpful behaviours for his mood. This included gradually re-engaging in activities that he enjoys and increasing healthy behaviours, such as eating regular meals, making home-cooked food, and including his physio exercises as part of his daily routine. He also engaged in a sleep intervention to help improve his sleep pattern.

A.40 We also focussed on his avoidance of others and negative predictions about himself when interacting with others. Consequently, he raised his confidence in engaging in social situations. This part of the treatment was aided by his engagement in various group-based courses that he engaged in via his key worker.

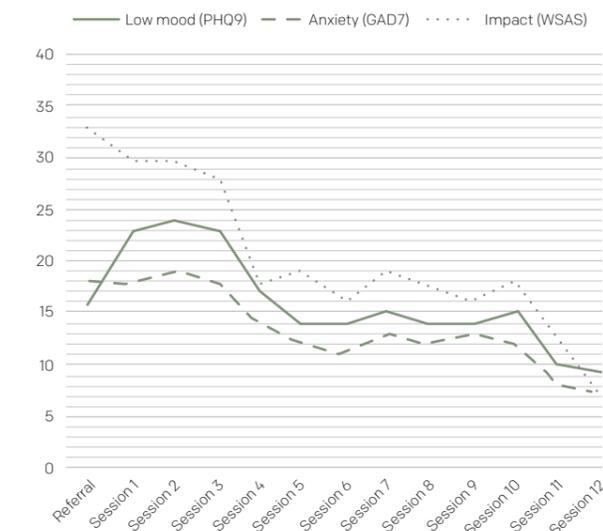
A.41 He chose not to progress to focus on ruminations about the past. We agreed to complete treatment, particularly as his scores were in recovery and he was feeling much improved in himself. He expressed concerns that progressing into this part of the treatment plan would bring his mood down again. We agreed that it made sense to complete treatment, discharge, and consolidate this course of treatment, and he could choose to return to the service in the future to focus on this as a discrete piece of working he future if he wished to.

**Outcome**

A.42 Coming into treatment his PHQ-9 score, indicating symptoms of low mood, was 16 out of 27, and GAD-7 score, indicating symptoms of anxiety, was 18 out of 21. At the end of treatment, his PHQ-9 score reduced to 9 and the GAD-7 score to 7, which demonstrates significant recovery. He identified generally facing situations that triggered his anxiety

rather than avoiding or escaping them as a key turning point in his recovery.

**Figure A-2: PHQ9, GAD7 and WSAS outcomes for Client H**



**Challenges**

A.43 Late night noisy neighbours impacting on ability to establish reliable good sleep. In winter, being cold at night also impacted on sleep.

**Collaborative working with key worker**

A.44 Little, initially, however, a major aspect of the success of this client's improvement lies in how well engaged he was in the Working Well programme, both with his TTS advisor – he was a good attender – and with attending courses put on by The Work Company. As well as the courses providing routine that was beneficial in conjunction with the behavioural activation intervention, they also provided experiences that were advantageous for the social anxiety intervention. For a number of weeks, when Client H and his TTS advisor were planning the end of treatment, he seemed on the cusp of gaining a volunteering placement that he hoped would lead to work. His TTS advisor liaised with his key worker and his Skills for Employment worker to better understand this part of the process. It could have impacted on his ability to attend his last therapy appointments, but it did not.

**Client feedback**

A.45 Client reported finding the service very helpful.

# Annex B: Econometrics Technical Information

## Introduction

B.1 Similar to the 2017 annual report, the analysis in this study makes use of statistical/econometric techniques to identify the key determining factors associated with a job start outcome. The use of econometric/statistical methods allow us to consider the effects of these different factors simultaneously, in a way simple descriptive statistics does not allow. We have used logistic regression to model a binary outcome; in our case, a participant of the programme will have either started a job or not. The output provides estimates of the 'direction' (positive or negative influence) and 'scale' of different factors, as well as an assessment of their statistical significance.

B.2 The econometric analysis in this report essentially updates the analysis for Pilot data, similar to last year, but this time using a complete dataset of all individuals who had been 'attached' onto the Pilot<sup>27</sup>. However, unlike last year's report, the econometric analysis is also performed on the expansion data, though the results are less robust and are caveated (discussed below). This annex begins by stating some of the main limitations/caveats of the econometric approach, followed by the key findings for both the Pilot and Expansion.

## Limitations to this type of analysis

B.3 The likelihood of an individual being able to secure a job or not will depend on a variety of factors, including levels of attitudes and motivations during the job search. Unfortunately, not all such factors are measurable or even easily observed, and as such, key factors are often omitted in these types of analysis. The choice of explanatory variables used in the model is largely dictated by the data collected through monitoring. As a result, one should

always keep in mind the possibility of omitted variables when considering the final findings.

B.4 Additionally, not all explanatory variables can be included in the analytical models, for several reasons. Some variables are likely to be highly interrelated and including these can result in technical issues of collinearity. This was particularly an issue with variables such as an individual's confidence level in starting a job, where confidence is highly correlated with a number of presenting issues including; mental health, physical health, work experience and qualification levels. Another reason not to include all the explanatory variables is when the number of observations in the categories are too small to allow robust estimates to be made. In all such instances, it may be justifiable to exclude some explanatory variables.

B.5 Nevertheless, the analysis estimated several models using a various combination of explanatory variables to assess the robustness of the results. Overall, the models produced consistent results in terms of which variables were statistically significant.

## Interpreting results from a logistical regression

B.6 Table B 2 and Table B 4 below present the full outputs from the logistical regressions for the Pilot and Expansion respectively. A number of matters need to be borne in mind when interpreting the findings derived from a logistical regression analysis:

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

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

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

## Pilot – results from the econometric analysis

B.7 As mentioned above, this year's econometric analysis included everyone who had been attached onto the Pilot programme, with the almost all attachments taking place by May 2016<sup>28</sup>. In total, the data for the Pilot analysis included 4,688 individuals, of which 610 secured a 'Job Start'. The sample size for this year's econometric analysis is more than double that used in the 2017 annual report; 1991 attachments and 265 job starts.

B.8 A summary of the key findings from the econometric analysis for the Pilot is provided in Table B 1. The results from the econometric analysis on the Pilot Data were consistent with the findings from last year's analysis. In short, the key determining factors were:

B.9 On characteristics:

- **age** – younger people are more likely to start work
- **disability** – those self-identifying as disabled are less likely to start work

- **highest level of qualification** – clients with higher qualifications are more likely to start work
- **work experience** – those that have never worked are less likely to start work than those that have.

B.10 On presenting issues: **access to public transport, convictions, mental health**, physical health and **substance misuse**. In each case, the more severe these barriers were reported to be, the less likely clients were to start work.

B.11 A slight change to the regression model was made to this year's econometric analysis with both local authority (**LA**) and the **Quarter of attachment** were included as explanatory variables.

- LA was included in the model as a proxy for local labour market conditions. The LA variable also captures the effect of how well a programme is 'integrated' with the local ecosystem. The feedback from the qualitative interviews suggested that integration has been more effective in some local authorities than others, and as such are able to provide better service to their clients. Moreover, the LA variable captures differences between the two main providers (Igneous and BLG); the programme is provided by one of the two providers in each LA. The results from the analysis suggested all bar two of the Ingeus areas (Bolton and Bury) performed better than Manchester. Moreover, no area was worse than Manchester. Manchester is one of only three LAs where the lead provider is BLG, and is the largest in terms of number of people supported. The different labour markets in different areas may also explain some of the differences between local authority areas.

- The qualitative research suggested the Pilot programme might have been effected by the large expansion/roll-out mid-way through the programme. The econometric results supported this view, where those individuals who were attached in quarter 4 were less likely to be associated with a job start, than those who had been attached in quarter 1. The actual number of attachments significantly increased at this point, from 475 in quarter 3, to 759 in quarter 4.

<sup>27</sup> The econometric analysis in the 2017 annual report only included those individuals who had been attached onto the programme for at least two years.

<sup>28</sup> There was one individual who was attached in August 2016 – this outlier appears to be an error in the dataset.

**Table B 1: Variables that were significant in the econometric analysis (p-value<0.05)**

Variable name	Sign of coefficient	Interpretation
Age	Negative	<ul style="list-style-type: none"> <li>The older an individual gets, the less likely he/she is to achieving a job start.</li> <li>For every one-year increase in age, the likelihood/odds of achieving a job start decreases by some 4%.</li> </ul>
Disability	Negative	<ul style="list-style-type: none"> <li>Individuals who considered themselves as disabled were 49% less likely to achieve a job start than someone who did not consider himself or herself as being disabled.</li> </ul>
Highest level of qualification	Positive	<ul style="list-style-type: none"> <li>Individuals with some qualifications were 1.4-1.8 times more likely to start a job than those with no qualifications.</li> </ul>
Work experience	Positive	<ul style="list-style-type: none"> <li>Individuals with some work experience were 1.4 times more likely to achieve a job start than someone who had no work experience.</li> <li>The length of time unemployed was negatively associated with a job start outcome. The longer an individual has been out of work, the less likely they are to start a job.</li> </ul>
Local Authority	Positive	<ul style="list-style-type: none"> <li>Individuals based in either Bolton or Bury were 1.8-2.1 times more likely to start a job than those individuals based in Manchester.</li> </ul>
Quarter of attachment	Negative	<ul style="list-style-type: none"> <li>Individuals who were attached in the fourth quarter of the programme were 37% less likely to start a job than those who were attached in the first quarter. The results for every other quarter were insignificant.</li> </ul>
Access to public transport	Negative	<ul style="list-style-type: none"> <li>Individuals who felt their access to public transport was a barrier to work were negatively associated with starting a job i.e. for a one unit increase in the 0-6 ranking of access to public transport as work barrier, we can expect to see a 12% decrease in the odds/likelihood of starting a job.</li> </ul>
Convictions	Negative	<ul style="list-style-type: none"> <li>Individuals who felt their past convictions were a barrier to work were negatively associated with starting a job i.e. for a one unit increase in the 0-6 ranking of convictions as work barrier, we can expect to see a 10% decrease in the odds/likelihood of starting a job.</li> </ul>
Mental Health	Negative	<ul style="list-style-type: none"> <li>Individuals who believed their mental health was a barrier to work were negatively associated with starting a job. For every one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see a 12% decrease in the odds/likelihood of starting a job.</li> </ul>
Physical Health	Negative	<ul style="list-style-type: none"> <li>Individuals who stated their physical health was a barrier to work were negatively associated with starting a job. For a one unit increase in the 0-6 ranking of physical health as a barrier to work, we can expect to see a 16% decrease in the odds/likelihood of starting a job.</li> </ul>
Substance misuse	Negative	<ul style="list-style-type: none"> <li>Individuals who felt their misuse of substances was a barrier to work were negatively associated with starting a job. For every one unit increase in the 0-6 ranking of substance misuse as work barrier, we can expect to see a 12% decrease in the odds/likelihood of starting a job.</li> </ul>

**Table B 2: Results from the logistical regression (n=4,364)**

Variable name	Coef.	Std. Err.	P-Value	Odds ratio	% change
<b>Personal Characteristics</b>					
Age	-0.04	0.00	0.00*	0.96	-4%
Gender					
- Male	(base)				
- Female	0.08	0.10	0.44	1.08	8%
Marital Status					
- Single	(base)				
- Married	-0.14	0.20	0.48	0.87	-13%
- Cohabiting	0.20	0.19	0.29	1.22	22%
- Other	0.00	0.23	1.00	1.00	0%
Ethnicity					
- White British / Irish	(base)				
- Ethnic Minority	0.04	0.16	0.83	1.04	4%
Disability					
- No	(base)				
- Yes	-0.67	0.18	0.00*	0.51	-49%
Local Authority					
- Manchester	(base)				
- Bolton	0.74	0.17	<b>0.00*</b>	2.10	110%
- Bury	0.61	0.26	<b>0.02*</b>	1.84	84%
- Oldham	-0.18	0.24	0.46	0.84	-16%
- Rochdale	0.19	0.18	0.29	1.21	21%
- Salford	0.03	0.18	0.85	1.03	3%
- Stockport	0.17	0.25	0.48	1.19	19%
- Tameside	0.37	0.20	0.06	1.45	45%
- Trafford	-0.10	0.29	0.72	0.90	-10%
- Wigan	0.36	0.19	0.07	1.43	43%
Quarter of attachment					
- Quarter 1	(base)				
- Quarter 2	-0.20	0.22	0.36	0.82	-18%
- Quarter 3	0.10	0.22	0.64	1.11	11%
- Quarter 4	-0.46	0.22	<b>0.03*</b>	0.63	-37%
- Quarter 5	-0.01	0.21	0.95	0.99	-1%
- Quarter 6	-0.36	0.21	0.09	0.70	-30%

Variable name	Coef.	Std. Err.	P-Value	Odds ratio	% change
- Quarter 7	-0.27	0.22	0.22	0.77	-23%
- Quarter 8	-0.31	0.23	0.18	0.73	-27%
- Quarter 9	-0.57	0.38	0.14	0.56	-44%
<b>Skills and qualifications</b>					
<b>Highest Level of qualification</b>					
- No qualifications	(base)				
- Under 5 GCSEs at grades A*-C (or equiv)	0.32	0.13	<b>0.01*</b>	1.37	37%
- 5 or more GCSEs at grades A*-C (or equiv)	0.59	0.15	<b>0.00*</b>	1.80	80%
- A levels / NVQ level 3 (or equiv)	0.44	0.14	<b>0.00*</b>	1.55	55%
- Degree or Higher	0.46	0.24	0.06	1.58	58%
<b>Work Experience<sup>29</sup></b>					
- Worked	(base)				
- Never worked	-0.94	0.21	<b>0.00*</b>	0.39	-61%
<b>Presenting issues: Barriers to work (0 = No impact, 6 = Severe impact)</b>					
Access to private transport	-0.13	0.02	<b>0.00*</b>	0.88	-12%
Access to public transport	-0.02	0.02	0.53	0.98	-2%
Bereavement	0.02	0.02	0.29	1.02	2%
Care responsibilities for children	-0.01	0.03	0.79	0.99	-1%
Care responsibilities for other family members	-0.02	0.04	0.58	0.98	-2%
Chaotic family lifestyle	-0.02	0.03	0.50	0.98	-2%
Convictions	-0.10	0.04	<b>0.00*</b>	0.90	-10%
Debt / finance	0.04	0.03	0.10	1.04	4%
Divorce / Relationship break-up	0.06	0.03	0.06	1.06	6%
Family support	-0.03	0.03	0.30	0.97	-3%
Housing issues	0.00	0.03	0.96	1.00	0%
Local Labour Market	0.05	0.03	0.10	1.05	5%
Mental health	-0.13	0.02	<b>0.00*</b>	0.88	-12%
Physical health	-0.18	0.02	<b>0.00*</b>	0.84	-16%
Substance misuse	-0.13	0.03	<b>0.00*</b>	0.88	-12%
<b>Pseudo R-squared</b>	0.136				
<b>Chi-Squared</b>	<b>455.61</b>				
<b>Correct classification</b>	<b>87.4%</b>				

<sup>29</sup> The survey did not collect information on actual length of work experience, but rather data on the length of time out of work. As 430 participants responded with 'never worked', and it was not possible to deduce the actual length of time these individuals had been actively seeking work, a binary variable was constructed to indicate whether an individual had some work experience or not. Separate models estimated using the 'length of time out of work' variable, where the 430 people who had never worked were excluded from the analysis. Results from these estimations confirmed the longer an individual was out of work, the less likely he/she was in achieving a job start outcome.

## Expansion – results from the econometric analysis

B.12 The Expansion data used for the econometric analysis only included those individuals who had been attached on the programme for at least one year, i.e. attached onto the programme by the end of March 2017. This limited the sample to 8,109 individuals, of whom 1,634 had secured a job start. It is important to note here that some individuals in the sample may have been attached onto the programme for much longer than a year. As such, the results from the analysis are to be interpreted with caution<sup>30</sup>.

B.13 The key findings from the econometric analysis on the Expansion data are presented in Table B 3. In short, the key statistically significant variables are:

B.14 On characteristics:

- age – younger people are more likely to start work
- female – female clients are less likely to achieve a job start than male clients.
- ethnic minority – clients from ethnic minority backgrounds were more likely to start a job than white British/Irish.
- highest level of qualification – clients with higher qualifications are more likely to start work
- work experience – those that have never worked are less likely to start work than those that have.

B.15 On presenting issues: convictions, mental health, physical health and substance misuse. In each case, the more severe these barriers were reported to be, the less likely clients were to start work.

B.16 Similar to the Pilot, both LA and Quarter of attachment were significant. Aside Bolton and Trafford, which were both insignificant, individuals based in every other LA are more likely to achieve a job start outcome than those based in Manchester. Further, either those who were attached in quarter three or four are less likely to achieve a job start outcome than those attached in the first quarter of the programme. The actual number of clients increased substantially from 1,125 in quarter two, to 1,998 and 2,448 in quarters three and four respectively.

B.17 The regression model for the Expansion also controlled for Client type, i.e. whether being an ESA, IS or JSA client type had an impact on the likelihood of achieving a job start outcome. The results suggested IS and JSA are more likely to achieve a job start than ESA clients do

<sup>30</sup> The results for the Pilot results are considered to be much more robust than for the Expansion. This point is highlighted when comparing both the 'Pseudo R-squared' and 'Correct classification', where the model estimated for the Pilot data scores much higher than the model for the Expansion data.

**Table B 1: Variables that were significant in the econometric analysis (p-value<0.05)**

Variable name	Sign of coefficient	Interpretation
Age	Negative	<ul style="list-style-type: none"> <li>The older an individual gets, the less likely he/she is to achieving a job start.</li> <li>For every one-year increase in age, the likelihood/odds of achieving a job start decreases by some 2%.</li> </ul>
Female	Negative	<ul style="list-style-type: none"> <li>Females were 18% less likely to achieve a job start than Males, everything else equal.</li> </ul>
Ethnic Minority	Positive	<ul style="list-style-type: none"> <li>Individuals from an Ethnic minority background were 44% more likely to start a job than individuals who were either White British/ White Irish.</li> </ul>
Highest level of qualification	Positive	<ul style="list-style-type: none"> <li>Individuals with some qualifications were 1.4-1.6 times more likely to start a job than those with no qualifications.</li> </ul>
Work experience	Positive	<ul style="list-style-type: none"> <li>Individuals with some work experience were 1.5 times more likely to achieve a job start than someone who had no work experience.</li> <li>The length of time unemployed was negatively associated with a job start outcome. The longer an individual has been out of work, the less likely they are to start a job.</li> </ul>
Client type	Positive	<ul style="list-style-type: none"> <li>IS and JSA are 1.6-1.9 times more likely to achieve a job start than ESA clients do.</li> </ul>
Local Authority	Positive	<ul style="list-style-type: none"> <li>Aside from Trafford and Bolton, individuals based in any other LAs were 1.3-1.8 times more likely to achieve a job start than someone who was based in Manchester.</li> </ul>
Quarter of attachment	Negative	<ul style="list-style-type: none"> <li>Individuals who were attached in during the third or fourth quarter of the programme were 25-35% less likely to start a job than those who were attached in the first quarter. The results for every other quarter were insignificant.</li> </ul>
Convictions	Negative	<ul style="list-style-type: none"> <li>Individuals who felt their past convictions were a barrier to work were negatively associated with starting a job i.e. for a one unit increase in the 0-6 ranking of convictions as work barrier, we can expect to see a 6% decrease in the odds/likelihood of starting a job.</li> </ul>
Mental Health	Negative	<ul style="list-style-type: none"> <li>Individuals who believed their mental health was a barrier to work were negatively associated with starting a job. For every one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see a 11% decrease in the odds/likelihood of starting a job.</li> </ul>
Physical Health	Negative	<ul style="list-style-type: none"> <li>Individuals who stated their physical health was a barrier to work were negatively associated with starting a job. For a one unit increase in the 0-6 ranking of physical health as a barrier to work, we can expect to see a 15% decrease in the odds/likelihood of starting a job.</li> </ul>
Substance misuse	Negative	<ul style="list-style-type: none"> <li>Individuals who felt their misuse of substances was a barrier to work were negatively associated with starting a job. For every one unit increase in the 0-6 ranking of substance misuse as work barrier, we can expect to see a 9% decrease in the odds/likelihood of starting a job.</li> </ul>

**Table B 4: Results from the logistical regression (n=4,364)**

Variable name	Coef.	Std. Err.	P-Value	Odds ratio	% change
<b>Personal Characteristics</b>					
Age	-0.02	0.00	<b>0.00</b>	0.98	-2%
Gender					
- Male	(base)				
- Female	-0.20	0.06	<b>0.01</b>	0.82	-18%
Marital Status					
- Single	(base)				
- Married	0.23	0.15	0.06	1.25	25%
- Cohabiting	0.28	0.18	<b>0.03</b>	1.33	33%
- Other	0.08	0.20	0.66	1.08	8%
Ethnicity					
- White British / Irish	(base)				
- Ethnic Minority	0.36	0.11	<b>0.00</b>	1.44	44%
Disability					
- No	(base)				
- Yes	-0.06	0.15	0.70	0.94	-6%
Client Type					
ESA	(base)				
IS	0.63	0.27	<b>0.00</b>	1.89	89%
JSA	0.50	0.19	<b>0.00</b>	1.65	65%
Other	0.62	0.33	<b>0.00</b>	1.85	85%
Local Authority					
- Manchester	(base)				
- Bolton	0.18	0.14	0.12	1.20	20%
- Bury	0.60	0.24	<b>0.00</b>	1.82	82%
- Oldham	0.32	0.17	<b>0.01</b>	1.38	38%
- Rochdale	0.51	0.22	<b>0.00</b>	1.67	67%
- Salford	0.28	0.16	<b>0.02</b>	1.33	33%
- Stockport	0.28	0.19	<b>0.05</b>	1.32	32%
- Tameside	0.29	0.17	<b>0.03</b>	1.33	33%
- Trafford	0.18	0.21	0.31	1.20	20%
- Wigan	0.58	0.21	<b>0.00</b>	1.78	78%
<b>Quarter of attachment</b>					
- Quarter 1	(base)				
- Quarter 2	-0.01	0.10	0.90	0.99	-1%
- Quarter 3	-0.28	0.07	<b>0.00</b>	0.75	-25%
- Quarter 4	-0.43	0.06	<b>0.00</b>	0.65	-35%
- Quarter 5	-0.14	0.09	0.20	0.87	-13%
- Quarter 6	0.03	0.31	0.92	1.03	3%

Variable name	Coef.	Std. Err.	P-Value	Odds ratio	% change
<b>Skills and qualifications</b>					
<b>Highest Level of qualification</b>					
- No qualifications	(base)				
- Under 5 GCSEs at grades A*-C (or equiv)	0.36	0.11	<b>0.00</b>	1.43	43%
- 5 or more GCSEs at grades A*-C (or equiv)	0.31	0.13	<b>0.00</b>	1.36	36%
- A levels / NVQ level 3 (or equiv)	0.43	0.14	<b>0.00</b>	1.54	54%
- Degree or Higher	0.38	0.18	<b>0.00</b>	1.46	46%
<b>Work Experience<sup>31</sup></b>					
- Worked	(base)				
- Never worked	-0.77	0.07	<b>0.00</b>	0.47	-53%
<b>Presenting issues: Barriers to work (0 = No impact, 6 = Severe impact)</b>					
Access to private transport	0.02	0.01	0.18	1.02	2%
Access to public transport	-0.04	0.02	0.07	0.96	-4%
Bereavement	0.01	0.02	0.64	1.01	1%
Care responsibilities for children	0.00	0.02	0.88	1.00	0%
Care responsibilities for other family members	-0.03	0.03	0.36	0.97	-3%
Chaotic family lifestyle	-0.04	0.02	0.12	0.96	-4%
Convictions	-0.06	0.03	<b>0.04</b>	0.94	-6%
Debt / finance	0.04	0.02	0.06	1.04	4%
Divorce / Relationship break-up	0.04	0.03	0.16	1.04	4%
Family support	0.00	0.02	0.94	1.00	0%
Housing issues	0.00	0.02	0.99	1.00	0%
Local Labour Market	-0.03	0.02	0.08	0.97	-3%
Mental health	-0.12	0.02	<b>0.00</b>	0.89	-11%
Physical health	-0.16	0.02	<b>0.00</b>	0.85	-15%
Substance misuse	-0.10	0.04	<b>0.03</b>	0.91	-9%
<b>Pseudo R-squared</b>	0.089				
<b>Chi-Squared</b>	688.16				
<b>Correct classification</b>	79.46%				

<sup>31</sup> The survey did not collect information on actual length of work experience, but rather data on the length of time out of work. As 530 participants responded with 'never worked', and it was not possible to deduce the actual length of time these individuals had been actively seeking work, a binary variable was constructed to indicate whether an individual had some work experience or not. Separate models estimated using the 'length of time out of work' variable, where the 530 people who had never worked were excluded from the analysis. Results from these estimations confirmed the longer an individual was out of work, the less likely he/she was in achieving a job start outcome.





**SQW**