



# Working for Health Evaluation

A report to Blackpool Council

July 2010

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*Centre for Regional Economic and Social Research  
Sheffield Hallam University*

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**CRESR, Sheffield**

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## Executive Summary

In March 2010 Blackpool Council commissioned a team of researchers from the Centre for Economic and Social Research (CRESR), at Sheffield Hallam University, to conduct an evaluation of the Working for Health (W4H) Programme. This Report presents the findings from the evaluation drawing on statistical analysis of outcome data and in-depth interviews with both stakeholders and Programme participants.

### The Working for Health Programme

The Working for Health Programme is a local Intermediate Labour Market (ILM) programme aimed at supporting long-term Incapacity Benefit (IB) claimants into sustainable employment. It seeks to move claimants into work by providing them with pre-employment training, an opportunity to gain a qualification and a six-month, paid work placement within the health and social care sector, or the local authority.

### Existing evidence on Intermediate Labour Market Programmes

ILMs have been defined as *'waged temporary work of community benefit for the long-term unemployed, with support to move into the mainstream labour market'*<sup>1</sup>. A review of existing evaluations shows that ILMs can generate better employment outcomes and represent greater value for money than comparable employment programmes once deadweight and substitution effects are accounted for. Essential components of best practice identified by reviews include good targeting; an appropriate range of support; and effective partnership and delivery mechanisms.

### Participant attributes and Programme outcomes

Programme participants can be considered to be some distance from the labour market. Almost half of the individuals that took part in the Programme had been out of employment for between 6-24 months. A quarter had not worked for two to five years.

There have been significant training and employment outcomes for the vast majority of participants. Eighty per cent completed the full 26 weeks of the Programme while almost three quarters achieved a Level 2 NVQ qualification. Over 70 per cent secured on-going employment with their host employer and a further four per cent gained work elsewhere. These employment outcomes are significantly higher than the average rate for ILM programmes of around 50 per cent identified in other research studies.

### The view of stakeholders

Stakeholders including programme staff, delivery partners and host employers were highly positive about the W4H Programme and believed it filled an important gap in local employment provision. Employment, health and social outcomes of the Programme exceeded expectations for many stakeholders. Programme success was attributed, in particular, to: the provision of wages that provided a sense of independence for participants and eliminated financial risks for employers; the holistic structure of 'end-to-end' support; and the high quality of placements provided. There was universal support for the continuation of the Programme albeit with suggestions

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<sup>1</sup> Marshall, B. and Macfarlane, R. (2000) *The Intermediate Labour Market: A tool for tackling long-term unemployment*, p1.

for improvements relating to pre- and post-employment training, health measures and delivery processes.

### **The view of participants**

Many participants felt they were a considerable distance from the labour market in the period before joining W4H. Gains identified through taking part in the Programme included higher levels of self-esteem and confidence; improvements to physical health; raised incomes; and a better quality of personal, family and social life.

For some respondents who found work directly after placements, the experience has been life-changing in terms of the long-term effects on health, esteem and employability. Moreover, some feel the calibre of job they secured is higher than could have otherwise been achieved given relatively low levels of skills and experience prior to commencing the Programme.

It is also true, however, that interviewees not taken on by host employers at the end of the placement expressed deep disappointment. Many now feel they face considerable barriers to finding work through open competition including a lack of skills and formal qualifications; discrimination by employers and competition from younger, more 'savvy' jobseekers. It would seem there may be more scope for helping individuals manage the challenging transition back onto benefits and re-starting the search for work.

### **Conclusions**

W4H has been highly successful in terms of measurable outcomes such as Programme completions, ongoing employment and the attainment of qualifications. It has also generated valuable soft outcomes such as self-esteem and well-being. It also appears capable of engaging and motivating individuals who are genuinely detached from the labour market. There is little indication that 'cherry picking' accounts for the Programme's success.

W4H adds considerable value within the overall structure of provision to tackle worklessness within the area and provides an important route to work for detached individuals that would otherwise struggle to find paid employment. It has also garnered a huge amount of support from local agencies and stakeholders, which bears testament to its approach and success.

In highlighting Programme success, it is also important to acknowledge the limited impact W4H has had on overall levels of worklessness within the district. An employment rate of 70 per cent among a cohort of 48 individuals can barely make a dent upon an overall workless population of 11,000 IB/ESA claimants. But this should in no way detract from the achievements of the Programme. It provides a unique opportunity for individuals to find meaningful work that would otherwise prove unattainable given levels of health, experience and qualifications. A narrow focus on quantitative outcomes misses the *qualitative* difference W4H makes.

## 1. Introduction

### 1.1. The Study

In March 2010 Blackpool Council commissioned a team of researchers from the Centre for Economic and Social Research (CRESR), at Sheffield Hallam University, to conduct an evaluation of the Working for Health (W4H) Programme. The aims and objectives and the methods used in the study are outlined in sub-sections 1.3 and 1.4 below. This Report presents the findings from the evaluation of the Working for Health Programme drawing on both quantitative and qualitative evidence.

### 1.2. The Working for Health Programme

Working for Health is a local Intermediate Labour Market (ILM) Programme aimed at supporting long-term Incapacity Benefit (IB) claimants into sustainable employment. Its aim is to move claimants into work by providing them with pre-employment training, an opportunity to gain a qualification and a six month work placement within the local health and social care sector. The initiative began in January 2009 after an initial pilot Programme in Blackpool in 2008 and has been delivered to a total of 48 individuals in three separate cohorts (60 including the original pilot). The activities, processes and procedures involved in the initiative are covered in more detail in sections 4 and 5 but the key elements of the Programme, chronologically, are:

- identification and engagement with suitable local employers to provide work placements for Programme participants
- the recruitment of long-term IB claimants by invitation or through referrals (e.g. from Jobcentre Plus, Blackpool Council's Positive Steps into Work team, Condition Management Programme (CMP) case managers)
- an information and awareness raising session at which the Programme is explained and job descriptions are circulated to prospective candidates
- the selection of preferred roles by candidates followed by an application and interview process. Applicants are assessed on merit and employers are not obliged to take on anyone
- CRB and occupational health checks for successful applicants
- two pre-employment training days - one focusing on health the other on educational and learning opportunities
- pursuit of a National Vocational Qualification (NVQ) Level 2 alongside the work placement
- in-work support during the six month placement to both participants and employers
- a training day on recruitment and selection processes entailing job search techniques, interviewing skills and guidance on producing and updating CVs
- on-going engagement with an Adviser from the Positive Steps team for those who have not been offered continued employment with their employer at the end of the Programme.

### 1.3. Aims and Objectives

The primary aim of the research was 'to undertake an evaluation of the Working for Health Programme in Blackpool'.

This comprised four key objectives for the research:

- to capture and present the stories of participants completing the Programme and explore the personal, social, career, health and economic outcomes in undertaking the Programme
- to provide an indication of the economic advantage that a cohort of participants on completing a Programme could potentially have within their local economy
- to develop an evidence-based practice framework of 'what works' within ILM Programmes for the client group
- to make best practice recommendations to provide information on how health improvements can be accurately measured.

Thus, as well as providing an evaluation of the Working for Health Programme and its outcomes, an implicit remit of the research was to look towards the future development of the Programme or similar initiatives with a key emphasis on learning from 'what works'.

### 1.4. Research Approach

The research combined quantitative and qualitative methods and involved four overlapping key phases:

- Phase 1: a literature review including a review of best practice with regard to successful ILM Programmes and measuring health improvements
- Phase 2: statistical analysis of secondary data on the Programme, participant characteristics and its outcomes
- Phase 3: in-depth interviews with stakeholders
- Phase 4: in-depth interviews with Programme participants.

Phase 1 consisted of a review of evidence from both the UK and abroad on ILM Programmes including definitions, best practice (e.g. in terms of targeting, delivery, partnership working), employment outcomes and health outcomes. Findings from this exercise are presented in section 2.

Phase 2 involved the analysis of secondary data pertaining to Programme participants and their related outcomes, such as the numbers finding continued employment or returning to benefits for instance. This information is presented in section 3 and also contains an analysis of basic participant characteristics such as gender, age, type of benefit and duration on sickness and disability benefit. This is considered alongside data from the 2007 CRESR study, *Blackpool's Incapacity Claimants*, and provides an indication of the degree to which Programme participants are representative of the local IB population and an assessment of the proportion that may be suitable for any future Programme.

The majority of resources for the project were devoted to Phases 3 and 4. Phase 3 involved interviews with key stakeholders to understand their experiences of the

Programme and gather insights on what worked and where improvements could be made in the future. This information is presented in section 4. Finally, participants of the W4H Programme were interviewed in-depth in Phase 4. These interviews covered a range of topics including experiences prior to the Programme, initial engagement, support and training, work placements and outcomes. These issues were not just confined to the employment situation of participants but also covered the economic, social and health effects of the Programme with attention paid to the wider well-being of individuals and their families. The findings from the analysis of these in-depth interviews are presented in section 5. Section 6 draws conclusions.

## 1.5. Policy Background and Context

Both the previous Labour government and the current Conservative-Liberal coalition government have made reducing the number of people claiming incapacity benefit a key priority of welfare policy. Whilst it is too early to identify the precise policies the new government will implement to achieve this objective, early statements<sup>2</sup> give some indication of the likely shape of interventions to tackle worklessness at a national level:

- all existing IB claimants will be assessed and those deemed fit for work will be moved onto Jobseekers Allowance (JSA) whilst those requiring additional support will be directed onto the Employment and Support Allowance (ESA)
- ESA recipients will be required to participate alongside JSA claimants in the new Work Programme which is a single Programme that aims to provide 'targeted, personalised' help to workless individuals; this will replace the New Deal suite of schemes
- the government will explore ways of reducing the 'prohibitive' marginal tax rates that mean claimants can gain little financially through a move into work because of the loss of the loss of key benefits.

These early statements of intent show a number of continuities with the policies of New Labour in that they retain plans to assess all IB claimants with most subsequently mandated to take part in some form of welfare-to-work Programme. Moreover, the renewed emphasis on 'making work pay' follows on from New Labour's efforts to increase the incentives to work through the Tax Credits system and short term 'back-to-work' payments.

There appears to be far more change, if also uncertainty, regarding policies to tackle worklessness at a sub-national level. The Coalition have announced that they will end the Future Jobs Fund, a £1.5 billion fund aimed at creating temporary jobs to support groups at threat of redundancy or worst affected by the recession. Whilst this scheme predominantly focused on those closest to the labour market, with little explicit targeting of IB claimants, it is possible that discretionary funding for other worklessness interventions delivered at the local level may be under threat. It remains to be seen how sub-national initiatives such as the Working Neighbourhoods Fund and City Strategy Pathfinders will be affected. One implication is that local authorities could find it more challenging to find the funding to deliver the small-scale, innovative projects like W4H that target workless groups in deprived areas.

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<sup>2</sup> See for example a speech by Iain Duncan Smith (2010) *Welfare for the 21st Century*, 27th May, available at: <http://www.dwp.gov.uk/newsroom/ministers-speeches/2010/27-05-10.shtml>

## 2. Literature and Evidence Review

This section reviews the evidence from both the UK and abroad on ILM Programmes including:

- definitions of ILMs
- best practice in terms of targeting and eligibility; delivery; the nature of support and provision and partnership working
- employment outcomes and value for money
- health outcomes.

It is important to note that **there is little evidence on ILMs that target workless individuals with health conditions**. This may reflect the paucity of Programmes like W4H or the lack of research into such ILMs. For this reason, the section on health outcomes expands the scope of the review to include employment Programmes that support individuals with a disability or health condition even if it does not have an ILM component. This means the review cannot reflect on the extent to which ILMs improve health outcomes but it does identify techniques for measuring improvements in health following participation in back-to-work Programmes.

### 2.1. Defining ILMs

ILMs have been defined as: ‘waged temporary work of community benefit for the long-term unemployed, with support to move into the mainstream labour market’<sup>3</sup>. Key features of ILM Programmes include<sup>4</sup>:

- the aim of providing those furthest from the labour market with a bridge back into work
- provision of paid work on a temporary basis, together with training, personal development and job search activities
- work that constitutes additional economic activity that does not displace or substitute existing jobs.

ILMs can provide placements in the public, private and third sector although there is often a focus on work in the public and third sector that delivers wider benefits such as environmental improvements in regeneration areas<sup>5</sup>. A survey<sup>6</sup> of ILMs in the UK found that almost two thirds of ILM jobs are concentrated in four sectors:

- administrative jobs
- skilled construction and building

<sup>3</sup> Marshall, B. and Macfarlane, R. (2000) *The Intermediate Labour Market: A tool for tackling long-term unemployment*, p1.

<sup>4</sup> Marshall and Macfarlane, 2000.

<sup>5</sup> Finn, D. and Simmonds, D. (2003) *Intermediate Labour Markets in Britain and an International Review of Transitional Employment Programmes*.

<sup>6</sup> Finn and Simmonds, 2003.

- caring personal service occupations
- customer service.

There was little evidence within the studies reviewed, however, as to whether certain types of placements worked best for particular client groups. The survey of UK ILMs did observe, however, that the dominance of jobs in the construction industry may reflect the over-representation within ILMs.

## 2.2. What works and why?

A series of studies<sup>7</sup> have synthesized the evidence on ILMs from both the UK and abroad to identify a set of success factors. ILMs work best when they:

### *Targeting and eligibility*

- **target the most disadvantaged** to avoid ‘creaming’ those easiest to help *unless* lives are too chaotic to sustain attendance and commitment towards work
- operate on a **voluntary basis** as this attracts individuals who, to some degree, *want* to work. ILMs are less effective if individuals are compelled to join schemes under threat of benefit sanctions. Mandatory participation has been identified as contributing to high drop-out rates where ILMs have taken on New Deal referrals.
- **ensure a good match** between individual aspirations with the nature of work offered as this enhances motivation and commitment.

### *Nature of support and provision*

- offer a *holistic range* of support that integrates training, work-experience and job search assistance in a single model
- provide work that is close to conventional labour market conditions and pays a wage (rather than ‘benefit plus’). This helps to increase recruitment, retention, motivation and outcome rates whilst avoiding the stigma of compulsory ‘make work’ schemes
- expect participants to adhere to standards of dress, timekeeping and behaviour in order to prepare them fully for later transition into a partially or wholly unsupported workplace
- offer jobs in the public and voluntary sector as these can often provide an important link to ‘real jobs’
- provide intensive case management, including workplace supervision and support, with low participant-to-staff ratios; participants often need more guidance and support than regular employees in comparable jobs
- deliver on-going job search support and guidance, particularly towards the end of placements as this increases job outcomes; post-placement support is also vital for improving retention rates for those who find work and to assist the job search activities of those back on benefits.

<sup>7</sup> Marshall and Macfarlane, 2000; Finn and Simmonds, 2003.; Bickerstaff, T. and Devins, D. (2003) *Intermediate Labour Markets: Final Report*; Mestan, K. and Scutella, R. (2007) *Investing in people: Intermediate Labour markets as Pathways to Employment*. Melbourne: Brotherhood of St. Lawrence.

## **Delivery and partnership**

- devise and control Programmes at the local level and are based on strong local partnerships of statutory and voluntary agencies (e.g. Jobcentre Plus, training providers, local educational institutions) to ensure that participants have access to a broad range of support and training
- are managed by a lead body prepared to help put a funding package together, take the financial risks involved during the development phase, and manage cash flow deficits and other problems that can arise when combining disparate funding sources
- gain and sustain employer commitment. Tailoring ILMs to employers' skill needs is essential in developing a broad base of supportive employers; positive experiences can also lead employers to 'recruit' other organisations to provide placements.

It is worth noting that the findings from the qualitative element of the W4H evaluation outlined in sections 4 and 5 suggest that the Programme has, to some degree, adopted nearly all these elements of good practice. It is questionable, therefore, whether there is much more to be gained by studying the principles of ILMs from research on other Programmes operating in different contexts. These 'lessons learnt' may have considerable value for organisations contemplating the development of a new ILM, but perhaps have less to offer to a well-established and highly successful Programme like W4H. Future improvements can, arguably, best be identified by careful consideration of the qualitative findings of this research rather than absorbing the more generalised principles of other Programmes identified through separate strands of research.

### **2.3. Employment outcomes and value for money**

Two surveys of a number of UK-based ILM Programmes found average job outcome rates of 43 per cent<sup>8</sup> and 49 per cent<sup>9</sup> respectively, although the latter study also observed rates of over 60 per cent for 'established' ILM Programmes such as Glasgow Works. These rates are often higher than comparable welfare-to-work schemes that do not have an ILM element. It has been estimated, for example, that a typical ILM project will achieve at least 50 per cent higher job outcomes for the long-term unemployed than other Programmes<sup>10</sup>.

The cost per job per year of ILMs is estimated at £13,860<sup>11</sup> and £11,134<sup>12</sup> by these two surveys respectively. A smaller study of the Aim High Routeback (AHRB) Programme in Easington that provided an ILM component within a broader package of back-to-work support for IB claimants claimed that the ILM did not represent value for money. ILM participants achieved far lower employment outcomes and cost more per job secured (£5,700) than AHRB participants who did take part in the ILM component.

Another report observes, however, that claims that ILMs are expensive and represent poor value for money often fail to take into account the lower levels of deadweight

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<sup>8</sup> Finn and Simmonds, 2003.

<sup>9</sup> Marshall and Macfarlane, 2000.

<sup>10</sup> Marshall and Macfarlane, 2000.

<sup>11</sup> Marshall and Macfarlane, 2000.

<sup>12</sup> Finn and Simmonds, 2003.

and substitution<sup>13</sup> that ILMs achieve in comparison with mainstream Programmes. Summarising available evidence, it claims<sup>14</sup> that the typical performance of ILMs compared to other Programmes *for the same target group* is as follows:

- retention on Programme appears to be double
- job outcome rates are two to three times better
- the durability of employment is at least 30 per cent higher at three months and appears to be up to 100 per cent higher at six months and is sustained at 12 months
- the longer-term earnings of an ILM participant can be shown to be higher (about £1,500 per year)
- the gross cost per place and per participant is higher mainly because of the longer stay on Programme and the payment of wages
- the net cost per place when the value of the service provided is removed is similar
- the value for money in terms of longer term savings on welfare is higher, mainly because of the higher level and better durability of job outcomes.

## 2.4. Health outcomes

Given the lack of evidence on ILM Programmes that target individuals with health conditions or disabilities, this section reviews all research on employment Programmes with a focus on health regardless of whether it includes an ILM component. It looks firstly at methods for measuring health outcomes before reviewing the evidence of impact on health.

### *Measuring health outcomes*

Existing research that adopts some form of standardised approach to measuring health outcomes tends to use one of three methods:

- eliciting self-reported perceptions of health
- identifying the need for medical treatment
- exploring the extent of health or unhealthy lifestyles.

Measures of self-reported health include the Aim High Routeback Evaluation<sup>15</sup> of back-to-work provision for IB claimants which asked participants to rate health using a Likert scale ('on a scale of 1-10'). A DWP report on the Impact of the Pathways to Work Programme<sup>16</sup> also used two self-reported measures of health when surveying customers:

- whether individuals report having a health condition or disability which affects their everyday activities

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<sup>13</sup> Deadweight refers to the cost of providing services to individuals who would have found work anyway without taking part. Substitution refers to the unintended effect where participants who become employed displace an existing employee e.g. where a firm cuts back in one area to benefit from public subsidy in another.

<sup>14</sup> Marshall and Macfarlane, 2000.

<sup>15</sup> Frontline, 2008) *Evaluation of Aim High Routeback for One NorthEast*.

<sup>16</sup> DWP (2007) *The impact of Pathways to Work*.

- whether individuals report having a health condition or disability which affects their everyday activities 'a great deal'.

The study utilised a statistically complex 'difference-in-difference' approach which involves asking a large number of IB claimants the two questions both before and after the introduction of Pathways to Work in pilot areas. Comparison with claimants in areas where Pathways was not available enables estimates to be made of the 'Programme effect' on the overall workless population rather than simply those who engaged in Pathways.

The report cautions, though, that **these questions may not always capture any underlying changes in health** for two reasons. Firstly, individuals out of work may be inclined to justify their lack of employment by emphasising limiting health conditions. A return to work may, therefore, prompt a more positive response without any real change in the underlying condition. Secondly, a return to work will inevitably engage individuals in new activities that may generate new challenges vis-à-vis existing health conditions. This may lead individuals to report that their health now affects their activities more but this reflects a change in the nature of activities undertaken rather than underlying health.

The remaining two approaches to measuring health outcomes focus on the need for medical treatment and the extent of healthy lifestyles. Both measures were used in the survey of Aim High Routeback participants<sup>17</sup>. This asked respondents a series of questions relating to health before and after participating in the Programme:

#### *Medical treatment*

- frequency of visits to GPs
- use of regular medication.

#### *Lifestyles*

- frequency of consumption of cigarettes, alcohol and unhealthy foods (cakes, crisps, chocolate and biscuits)
- portions of fruit and vegetables consumed per day
- frequency of moderate physical exercise e.g. brisk walking for 30 minutes or more.

To conclude, each of the three approaches identified in this sub-section represent different ways of measuring the health outcomes experienced by participants of employment Programmes. It is doubtful whether any one of the three methods could be considered more appropriate than any other as each simply emphasises a different element of health and well-being. Any or all of the three approaches could be readily applied to the W4H Programme and operationalised within routine monitoring procedures. Collecting this kind of quantitative data could assist internally with measuring the effectiveness of the Programme which, in turn, could prove useful in demonstrating Programme impact to external organisations including funding bodies. It should also be noted, however, that section 5 also demonstrates the power of qualitative data in capturing the often profound and lasting experiences of participation in W4H. Evidently, however, this kind of data cannot be generated routinely, as with the examples above, given the intensity of interviewing it demands.

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<sup>17</sup> Frontline, 2008.

## *The impact of employment Programmes on health*

DWP have published large-scale reviews of national employment Programmes that target claimants of health-related benefits. This includes a qualitative study<sup>18</sup> of customer experiences of the Condition Management Programme for Pathways to Work participants. It found that views on the impact on health varied among participants depending on the nature of their condition. Customers with physical health conditions alone appeared to be less positive about their experiences. Often, pain management was the key area of the Programme of relevance to them, but they sometimes felt that CMP had not offered them anything new to deal with their pain. Customers with mental health problems, however, tended to be more positive about the Programme in suggesting it had boosted confidence and self-esteem, and improved ability to deal with stress and anxiety on a day-to-day basis.

A separate quantitative study published by DWP<sup>19</sup> examined the impact of Pathways to Work on customers' health. This found that Pathways did seem to significantly reduce the probability of respondents reporting that they had a health condition or disability that limited their ability to carry out their everyday activities 'a great deal' by 10.8 percentage points from a base of 49.8 per cent. It observes, nonetheless, that this outcome may be partly influenced by changes in how individuals report their health due to moving into work, rather than changes in the nature of their medical condition or in the extent to which impairment limits their activities.

At a more local level, Frontline's study<sup>20</sup> of the Aim High Routeback project for IB claimants in Easington found that health outcomes improved significantly among participants in terms of reductions in visits to GPs and use of medication.

## **2.5. Conclusion**

The evidence reviewed in this section suggests that ILMs can generate better employment outcomes and represent greater value for money than comparable employment Programmes once deadweight and substitution effects are accounted for. Best practice reviews also indicate that good targeting; an appropriate range of support; and effective partnership and delivery mechanisms are essential components of best practice. Findings from the **qualitative element of the W4H evaluation outlined in sections 4 and 5 suggest that the Programme has, to some degree, adopted nearly all these elements of good practice.** It is questionable, therefore, whether there is much more to be gained by studying the principles of ILMs from research on other Programmes operating in different contexts.

Other research uses standardised methods of measuring health outcomes that could be readily operationalised within W4H's routine monitoring procedures. In terms of the findings of such research, there is only limited evidence on the impact of ILMs have focused on self-reported health, medical needs and lifestyles. Studies suggest that employment Programmes can have a positive impact on mental and physical health and reduce the use of medical services or medication, but the evidence base remains "patchy".

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<sup>18</sup> DWP (2009) *A qualitative study of the customer views and experiences of the Condition Management Programme in Jobcentre Plus Pathways to Work.*

<sup>19</sup> DWP, 2007.

<sup>20</sup> Frontline, 2008.

### 3. Outcomes and Quantitative Evidence on the Working for Health Programme

This section draws on secondary data on participants of the Working for Health Programme collected through monitoring and administrative procedures. It presents evidence on the characteristics of participants and their outcomes and, where relevant, this information is compared to survey evidence from the 2007 CRESR study of *Blackpool's Incapacity Claimants*. The 2007 report provides a comprehensive picture of the district's IB claimants and therefore provides a useful contextual complement to the findings presented here.

#### 3.1. IB claimants in Blackpool

Blackpool has a very high incapacity claimant rate and is consistently in the list of the top 20 districts with the highest proportion of working age residents claiming IB. Table 3.1 below shows the current IB/ESA claimant rate for Blackpool, by gender, benchmarked against the regional and national averages. Data for the first three quarters of 2009 shows very little change in these figures within Blackpool and indeed the wider region and country. Currently, 13 per cent of the working-age population of Blackpool claims either incapacity benefits or the new Employment Support Allowance (ESA). This amounts to almost 11,000 adults or more than one-in-eight working age people in the district. These figures are virtually unchanged from those reported in the study *Blackpool's Incapacity Claimants* in 2007, which is perhaps unsurprising given the weak economic performance of the UK over this period.

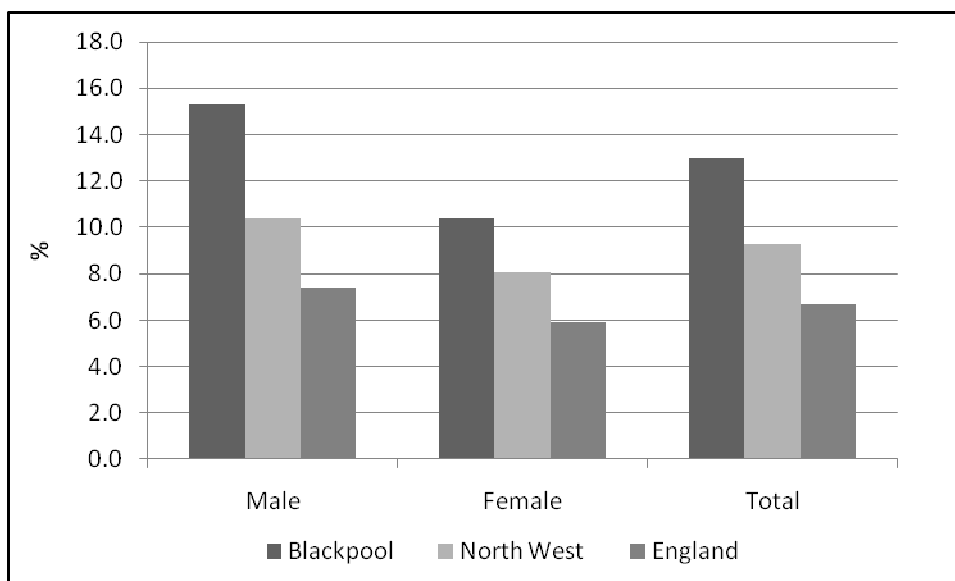
**Table 3.1: IB/ESA claimant numbers and rates by gender, November 2009**

	Male		Female		Total	
	Numbers	%	Numbers	%	Numbers	%
Blackpool	6,880	15.3	4,100	10.4	10,970	13.0
North West	230,340	10.4	162,460	8.1	392,790	9.3
England	1,238,660	7.4	894,430	5.9	2,133,100	6.7

Source: NOMIS. ONS Crown Copyright reserved.

The proportion of IB/ESA claimants in Blackpool is over six percentage points higher than that nationally and almost four points higher than the regional average. The numbers also vary by gender with more male claimants in Blackpool in absolute terms - largely due to the fact that men retire at 65 and women 60 - and proportionately. These differences are clearly illustrated in Figure 3.1 below.

**Figure 3.1: IB/ESA rate by gender, November 2009**



Source: NOMIS. ONS Crown Copyright reserved.

Though male IB claimants in Blackpool represent a larger group than females proportionately, this trend is mirrored regionally and nationally with gender differences less marked when comparing like with like i.e. males aged 16-59 as opposed to males aged 16-64.

### 3.2. Characteristics of W4H Programme participants

The W4H Programme is a targeted initiative aimed at long-term IB claimants in specific areas of Blackpool characterised by relative socio-economic disadvantage. The Programme is also voluntary and it therefore follows that those recruited to W4H are not necessarily representative of the wider IB population in Blackpool. That said, it is useful to consider some of the key characteristics of those involved in order to aid an understanding of the relative diversity of the group. It also serves to illustrate the distance from the labour market of some individuals.

Table 3.2 below gives a gender breakdown of Programme participants showing a relatively even split, particularly given the greater numbers of male IB claimants. Men account for 54 per cent of all W4H Programme participants and women for 46.

**Table 3.2: Gender breakdown of Programme participants**

	Number	%
Male	26	54
Female	22	46
<b>TOTAL</b>	<b>48</b>	<b>100</b>

The average age of Programme participants is 41 with little difference by gender: the average age of female participants being slightly higher at 42, compared with 40 for

their male counterparts. A focus on this average in isolation however, masks a degree of age diversity within the cohorts. Ages ranged from 21 years old at the lower end to 58 years at the top. Table 3.2 below gives a breakdown of age by specific bands.

**Table 3.3: Age breakdown of Programme participants**

	<b>Number</b>	<b>%</b>
16-24	5	10
25-34	7	15
35-44	14	29
45-54	16	33
55-59	6	13
<b>TOTAL</b>	<b>48</b>	<b>100</b>

It is interesting to note that, even taking into account the geographically targeted and voluntary nature of the Programme, the age make-up of participants is remarkably similar to that found in the 2007 survey. This indicates that, at least in terms of age, participants are representative of the wider population claiming IB/ESA in Blackpool. This also suggests that many older claimants still maintain a desire to return to employment given their voluntary participation in the W4H Programme.

The W4H Programme is less representative however in terms of participants' duration on benefits, as shown in Table 3.3 below. This measure also shows a degree of diversity with 13 per cent having worked in the past six months and a further 14 per cent having been out of work for at least five years. Three Programme participants had not worked for at least ten years. The majority however, are grouped within the mid-range. Almost half of the individuals engaged with the Programme had been out of employment for six to 24 months. A quarter had not worked for two to five years.

**Table 3.4: Programme participants by duration since last job**

	<b>Number</b>	<b>%</b>
0-6 months	6	13
6-12 months	13	27
1-2 years	10	21
2-5 years	12	25
5-10 years	4	8
10 years and over	3	6
<b>TOTAL</b>	<b>48</b>	<b>100</b>

On this indicator the picture for the *entire* stock of IB claimants is significantly different however, with over 50 per cent of claimants having been on the benefit for over five years. This difference is to be expected given the correlation between duration on benefits and relative labour market detachment. That is, those with shorter periods on IB are more likely to be looking for work or thinking about work in the future; whereas those on IB for longer periods are often the least skilled and least healthy with the most significant barriers to employment. The 2007 survey pointed to a target group for back-to-work initiatives of around 2,300 IB claimants (or 22 per cent). The W4H Programme would appear, in the main, to be successful in engaging with this target group. It should be noted however, that though this group may be more 'work ready' they still face significant barriers to finding and maintaining sustainable employment. This is clearly illustrated in the discussion of barriers to work in the qualitative evidence presented in section 5.

**Table 3.5: Programme participants by benefit type**

<b>Benefit type</b>	<b>Number</b>	<b>%</b>
IB	23	48
IB - Over 50s	9	19
IB - Disabled	7	15
Income Support	6	13
IB - Disabled & Over 50s	1	2
IB - Lone Parent	1	2
Income Support (disabled)	1	2
<b>TOTAL</b>	<b>48</b>	<b>100</b>

Table 3.4 gives a breakdown of Programme participants by benefit type. Over 80 per cent were in receipt of some form of IB at the time of being recruited to the Programme. The remainder were claiming Income Support (IS). This is due to the fact that some incapacity claimants fail to qualify for Incapacity Benefit itself because they have insufficient National Insurance credits. The government counts these men and women as IB claimants, but most of these 'NI credits only' claimants actually receive means-tested Income Support, usually with a disability premium.

In terms of ethnicity the majority of participants were White British (83 per cent) reflecting the broad make-up of Blackpool's residential population. The only other significant ethnic category was "Other" which may suggest Scottish or Welsh participants who self-classify their ethnicity along narrower national lines.

### **3.3. Outcomes for participants of the W4H Programme**

The W4H Programme was preceded by a pilot in East Lancashire (Burnley and Blackburn) in 2006 before being introduced in Blackpool. The East Lancashire pilot engaged ten long-term IB claimants and produced successful results:

- seven people secured further employment in the healthcare sector - 6 within the same area as their work placement and one elsewhere
- three people returned to incapacity benefit.

Subsequently the Blackpool Employment and Skills Consortium (BESC) secured funding to deliver one of ten Northern Way worklessness pilots. As part of this a cohort of the W4H Pilot Programme was commissioned and 12 long-term IB claimants were recruited in February 2008. Nine of these secured ongoing employment with their host employer from the work placement, or from elsewhere in the healthcare sector. The pilots were therefore hugely successful in terms of employment outcomes and broadly in line with outcomes for the subsequent three cohorts (see below) with three quarters (nine) of pilot participants completing the programme and securing employment. Moreover, the pilot achieved a 100 per cent success rate in terms of participants gaining an NVQ at Level 2 compared with 73 per cent in the Programme as whole.

Since the pilot, three separate cohorts have been recruited to the W4H Programme in Blackpool and form the basis for this evaluation:

- Cohort 1: January 2009 - originally 14 participants
- Cohort 2: March 2009 - 14 participants
- Cohort 3: June-July 2009 - 20 participants.

Of the 48 Programme participants within the three cohorts, ten did not complete the full 26 weeks of the placement, although two of those left to take up a job elsewhere.

**Table 3.6: Total Programme participants and outcomes by cohort**

	Cohort 1	Cohort 2	Cohort 3	TOTAL	
				Number	%
Total Participants	14	14	20	48	100
Completions (6 months)	14	8	16	38	79
NVQ Level 2	12	8	15	35	73
Secured employment	10	8	16	34	71
Returned to IB/ESA	1	4	0	5	10
Employed elsewhere	0	2	0	2	4
Left the Programme	0	0	3	3	6
Looking for work	3	0	0	3	6
On sick leave	0	0	1	1	2

Table 3.6 above gives a breakdown of the outcomes by cohort and, on the whole, shows some very positive results:

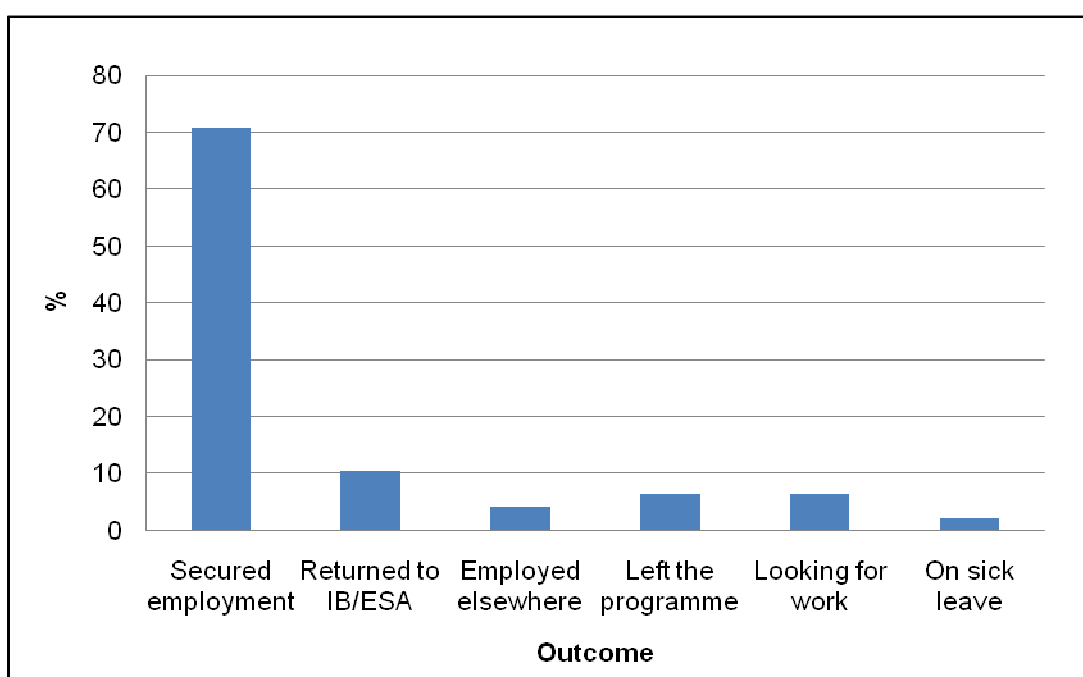
- 80 per cent of all Programme participants completed the full 26 weeks of the Programme
- almost three quarters achieved a Level 2 NVQ
- over 70 per cent of participants secured ongoing employment with their host employer and a further four per cent secured employment elsewhere - **significantly higher than the average rate for ILM programmes of around 50 per cent** (see p.6)
- ten per cent of those engaged in W4H returned to benefits

- only six per cent actively left the Programme before completion
- six per cent are currently looking for work and one individual is currently on sick leave at the time of writing.

Given the significant barriers to work for many Programme participants the outcome of ongoing employment for three quarters represents a sizeable proportion. Moreover, adding in the successful pilot cohort further increases the number of individuals reached by the Programme (nine out of 12 secured ongoing employment).

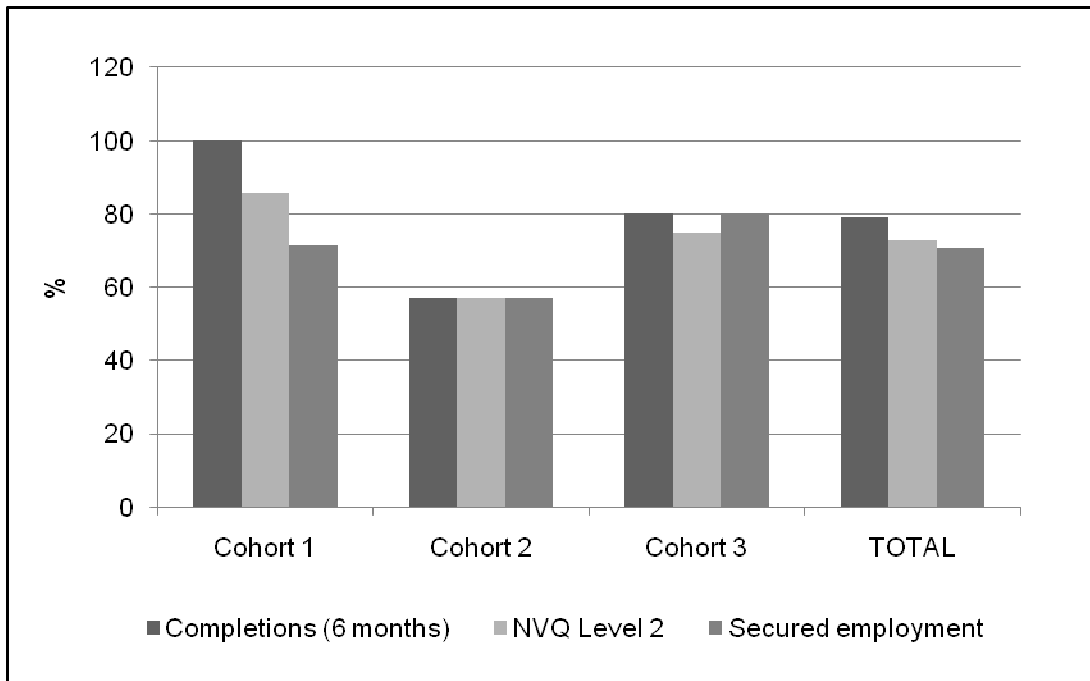
Figure 3.2 below illustrates the post-Programme outcomes for the 48 Programme participants as a proportion of the total. This shows quite markedly that the most likely outcome for individuals completing the full six months of the Programme is continued employment.

**Figure 3.2: Post-Programme outcomes for W4H participants**



Specific outcomes as a result of the W4H initiative are shown by cohort in Figure 3.3 below. While there were more completions and more NVQs gained in the first cohort the highest employment rate was among cohort 3 at 80 per cent of all participants. It is however, difficult to infer anything through an analysis of cohorts given the relatively small sample sizes involved. For instance, read alone the chart suggests that cohort 2 produced the least positive outcomes but in actual fact 2 participants from this cohort found employment elsewhere (i.e. beyond the W4H Programme) and left the Programme.

**Figure 3.3: Programme outcomes by cohort**



### **3.4. Conclusions**

The analysis presented in this section shows that **there have been significant training and employment outcomes for the vast majority of Programme participants and suggests a very positive return on investment from the W4H initiative.** There are also a number of other outcomes, however, that require a more qualitative understanding, such as those relating to personal and social well-being and health benefits. Though less tangible, these benefits were very real and not only confined to those individuals securing ongoing employment, but tending to accrue to the vast majority of Programme participants regardless of employment outcomes. These are addressed in detail in sections 4 and 5.

## 4. Stakeholder Perspectives on the Working for Health Programme

### 4.1. Stakeholder interviews

This section presents findings from the stakeholder interviews conducted in phase 3 of the research study. The purpose of these interviews was to develop an understanding of the workings of the Programme from the perspective of those centrally involved. A total of eleven stakeholders were interviewed and respondents fell into three broad categories:

- employers providing work placements on the Programme
- individuals involved in the design and delivery of elements of the Programme
- stakeholders providing complementary support to the client group.

A range of stakeholders were consulted from these three categories including representatives from:

- the Working for Health Programme
- Jobcentre Plus
- various employers in the health and social care sector
- Positive Steps
- Blackpool and Fylde College
- Third sector organisations.

All interviews were conducted over the telephone, were recorded to ensure accuracy and avoid misrepresentation, and lasted between thirty minutes and two hours. Interviews were semi-structured using a generic topic guide and varied significantly from one respondent to the next on account of the various engagements with the Programme and the different roles of respondents. That said, four broad areas were consistently covered within the interviews:

- Programme design and development
- Programme delivery
- management and partnership working
- outcomes.

The findings from this exercise are divided into key themes which emerged as significant issues from the analysis, whether positive or negative. These broadly related to the following areas:

- the design of the W4H Programme

- becoming involved with W4H
- the referral process
- placements and job roles
- barriers to employment
- partnership working
- outcomes (for participants and organisations)
- lessons for the future.

The remainder of this section discusses each of these issues in turn, drawing upon evidence from the analysis of stakeholder interviews, before summarising stakeholder perspectives on the Programme.

## 4.2. The design of the W4H Programme

For those involved in the development and design of the W4H Programme the rationale was based around a work experience trainee approach as opposed to contracted employees. The ILM approach was developed in recognition of the sometimes "insurmountable" barriers presented by demands for skills, qualifications and experience coupled with a client group which is often older and in poorer health. This was considered more appropriate given the health concerns of many IB claimants and provided a better fit with what could be achieved with this particular client group. The fact that there was no similar provision in place in Blackpool provided a further rationale. For instance, there was an awareness of the fact that there was a gap in provision for claimants once the Condition Management Programme (CMP) had ended with little support in place.

In terms of design, pointers were picked up from the pilot in Blackburn and Darwen but it was always maintained that the Programme would be run differently and improved from that first pilot. In-work support was said to be a crucial consideration in this respect and particularly the role of the Development Manager. It was apparent that somebody would be needed on hand at all times from both a participant and an employer point of view.

There was a broad consensus among stakeholders that the design of the Programme was about right in terms of the balance of activities - no doubt aided by the experiences of pilot Programmes in Blackburn and Darwen and subsequently Blackpool. A recurring positive of the Programme among stakeholders was its joined-up nature whereby training and support was linked into a job: "everything is there for them". This was seen as a significant positive as individuals could access a range of services and support all in the same place and through the same Programme, which was a testament to the working relationships of the agencies involved. As one respondent put it: "when it works well, it works brilliantly".

Three further key factors in the design of the Programme were reported by a number of stakeholders as crucial to success. Firstly, it was important that placements are remunerated as paid work was said to give people confidence that they can move on when placements finish and provide a sense of value, pride and independence. This was also a major positive of the Programme from an employer perspective in terms of eliminating any financial risk of engagement. Secondly, the fact that the Programme is structured and is a process, and goes all the way from start to finish with continual mentoring throughout, increased the chances of success in terms of trainee outcomes. A third imperative was said to be ensuring the quality of placements as people would not get the chance of experience in those organisations

otherwise. Several stakeholders spoke of pride shown by participants in working for the Council or the local hospital - roles considered valuable and "worth doing". This is confirmed by the qualitative evidence presented in section 5. Many participants believed the Programme gave them access to high-quality placements and, in some cases, eventual employment they could not otherwise have secured given low levels of skills and qualifications.

A key constraint on the ongoing development of the Programme was the funding regime making it difficult to plan ahead - a cause of frustration for those involved in delivery.

### **Pre-employment training**

Partnership working was a central aspect in the development of pre-employment training and Blackpool and Fylde College was approached to develop a bespoke package of support for the client group, but one which also acknowledged the variety of roles involved in the placement process. It was therefore necessary to develop something that was quite generic but would meet the needs and challenges of those progressing into employment and onto the NVQ. The Programme entailed:

- interview techniques (with a focus on self-image and confidence: identifying and highlighting skills that individuals possess and understanding how these can be transferred)
- portfolio building with a view to the NVQ element of the Programme (focus here was on the language and terminology of "NVQ-speak" which may be quite alien to some participants)
- team building
- how to answer questions
- how to interact with others in the workplace.

Many stakeholders felt that the pre-employment training was particularly important in helping to increase motivation and confidence (this is supported by the accounts of participants in section 5). It also helped to get trainees 'work ready' and several felt that some candidates would have 'struggled without it'.

### **4.3. Involvement with the W4H Programme**

Most employers were initially approached to become involved in the Programme by the Development Manager who explained the initiative, what it entailed and what was required from employers. This usually involved an approach to HR departments followed by a presentation to senior managers with emphasis placed on the opportunity the Programme provides in testing new roles and skill mixes. On the whole recruiting employers to the Programme appears to have worked fairly well.

This was due in no small part to the fact that the wages for participants were provided through the Programme, described as a "win-win situation" by several interviewees. One employer stated that they would not have been able to offer the placement without financial support. This enabled them to take on trainees with a view to reviewing their progress over time without any financial risk if it did not work out. As one respondent reported: *"this was paramount in getting employers on board as they were effectively getting something for nothing"*.

Employers also reported a genuine willingness to engage from a social responsibility point of view, with some seeing the Programme fitting well with their own aims as

well as impacting positively on the local economy. For example, the NHS has a commitment to tackling the stigma of mental health and in that respect the opportunity for Victoria Hospital to become involved dovetailed quite well.

Some interviewees were extremely impressed with the Programme, its structure and organisation and this provided the impetus to get involved. One respondent stated that she has now become a "great advocate" for the Programme which she feels can "change everything" for individuals. Although she did not need a lot of persuading to commit to it, it helped that those involved were "very passionate" about the project: *"you don't get that a lot. For a lot of people it's just a job"*. Attitudes like this had served to disseminate knowledge of the Programme and get others on board.

Perspectives on the potential for private sector involvement in future cohorts were mixed. On the one hand there were some doubts expressed about the likelihood of securing the same level of buy-in and commitment from private sector companies. On the other hand, some respondents saw no problem with expanding the Programme to include placements within the private sector. Interestingly, participants were said to value working in the public sector and be proud to say that they are working for the NHS or the Council in roles serving the public good.

#### 4.4. The referral process

Referrals to the Programme were received from a number of routes and organisations such as Jobcentre Plus, local health services, the CMP and the Shaw Trust - a national charity which supports disabled and disadvantaged people to prepare for work, find jobs and live more independently. It was noted that referrals from the CMP route had declined after a healthy flow from the first cohort. The approach towards referrals was generally based around the provision of information about the Programme once a suitable candidate had been identified. Typically they would be told about the Programme in an informal manner, the positive aspects of it, what it entails, how it will affect their benefit claims, and the fact that it could lead to permanent employment. Although, on the last point, it was stated that there is also a role in terms of managing the expectations of individuals: there is no guarantee of employment at the end of it. The qualitative evidence from participants in Section 5 indicates, however, that this did not always happen. As a result there was intense disappointment and, in a handful of cases, genuine surprise, among some trainees that placement did not lead to employment with the host organisation.

Referrals are essentially based on a claimant's perceived suitability to undertake the W4H Programme successfully. Typically this involves consideration of:

- a willingness to work and learn
- enthusiasm
- the initiative to progress
- the right employment opportunities
- relevant experience.

One of the key referral agencies was Jobcentre Plus who provided many referrals for the first cohorts of participants. This process had developed over time and involved more of an engagement approach with emphasis placed on the support available through W4H, and the fact it represents a route back into employment that is very different to other Programmes. At the same time it was acknowledged that there is also a balancing act to play in terms of managing expectations and also in ensuring that participants are not left "high and dry" if the Programme finishes and leaves

them unemployed. Once again, however, there was some evidence from the qualitative accounts of a small number of participants that post-placement support was inadequate. A minority of those who did not find work felt they did not receive the support they needed in managing the transition back to benefits and renewing their search for work (see section 5).

Referrals are dependent upon a number of criteria:

- claimants must have been out of work for 6 months or more
- individuals must have significant barriers to work and require encouragement and support to return to work
- if health is a barrier, is it something which can be addressed and that claimants can begin to think about addressing?

However, despite this "screening process" it was noted that claimants sometimes do not open up to Jobcentre Plus staff and there can be "hidden problems" that might only emerge when a client has taken up a post. It was noted by a number of stakeholders that this issue could prove detrimental to the Programme and to employers' willingness to engage. In this sense it was of the utmost importance that the right people are being referred so that employers continue to engage. One respondent stated the need for a more comprehensive screening process, perhaps led by the Positive Steps team, prior to referral onto the W4H Programme.

Jobcentre Plus were also important to the W4H Programme through the practical support they could provide on issues such as illustrating to claimants that they would be financially better off from a move into employment via the benefits calculator. In general terms claimants were around £80 per week better off (or £4,160 per year) and this realisation often acted as a further incentive. This is a common finding among research on benefit claimants: uncertainty as to how much they would need to be earning to make a return to employment worth their while financially (Beatty *et al.*, 2007).

It was also noted that the Programme was relatively easy to sell to claimants, not least because it was voluntary. One interviewee stated that although there was a lot of worklessness provision within the Blackpool area, W4H customers felt safer and more secure in participating. There was recognition that even if they were not to find full-time employment then they would be able to apply for vacancies with experience and training behind them and would receive a lot of support throughout. The fact that they would be competing with similar people (e.g. people with physical/mental impairments and lengthy periods out of the labour market) also made the scheme more attractive: "*W4H Programme is as safe as a move into work can be for an IB claimant*".

One negative aspect of the referral process for several interviewees was the fact that the scheme was postcode orientated and therefore exclusionary by its very nature. This was said to be very frustrating and difficult to explain to individuals keen on the scheme who fall outside the catchment area.

Participants were also sometimes referred to other agencies by the W4H and Positive Steps team. For example, the biggest health need tended to be unresolved mental health problems and clients were referred to the Northwest Therapy Centre in some instances.

## 4.5. Work placements

### *Recruitment procedures and processes*

In many cases the standard recruitment procedures used by employers were relaxed a little in order to account for the widespread issues of lacking confidence among trainees. This often involved a more informal interview and decision-making process that was "less intimidating" than it would be ordinarily. In one instance a job was "created" for a candidate due to the health limitations on the work that they could do. This involved "piecing together" a job description involving a disparate set of duties and responsibilities but one which was still of great benefit to the organisation and valued by colleagues. Such flexibility appears to be an important enabling factor in encouraging those who have not worked for lengthy periods. In other instances interviews were more "aspirational" based on ascertaining the jobs and roles that candidates wanted to engage with.

There were some problems reported however, though these were the exception rather than the norm. One interviewee, who thought that the initiative was a positive one overall, noted some problems along the way with sickness, conduct and performance issues. This had resulted in the introduction of a more formal recruitment process being used for future cohorts to ensure that the right individuals were matched to the appropriate roles. While it is perhaps inevitable that there will be some problems relating to sickness and performance this does raise issues in terms of the referral process and ensuring those on the Programme are suited to it. At the same time however, there is a need to ensure that the process of selecting candidates is not tightened to the point where it encourages 'cherry-picking'.

### *Job roles and suitability*

Most respondents felt that there were a lot of administrative and clerical jobs available through the Programme but as one interviewee put it: "*not everyone wants an office job*". There were a couple of hospital porter jobs which were a good alternative to those averse to clerical positions but the view was that there could be more of these types of positions provided. This usually came with the caveats that there are not many jobs around and also the fact that some individuals had had to leave jobs due to the physical demands. In this sense it is clearly about tailoring the appropriate opportunities to the right individuals.

For instance, it was suggested by one interviewee that the perception of customer services leads some people to think that the jobs in this area are not that demanding and relatively easy going. However, the respondent stated that this is not the case and it may be an idea for members of the Positive Steps team to spend a bit of time assessing the roles (e.g. spending a short period observing receptionists at work etc) in order to ensure they are suitable for candidates. This could be done for all roles within the Programme.

When asked about the suitability of jobs, one stakeholder stated that many of the roles are suitable but they are also quite limited. This was put down to the fact that W4H is relatively new and there was an expectation that the range of opportunities would grow and expand as the development of the Programme progresses. It was also acknowledged that this is not easy given the constraints of the Blackpool economy - an economy in which the public sector is a huge employer.

It was noted that some people will be turned off particular jobs just because it does not fit with their experience or because they could not imagine doing that kind of work. Some participants however, revelled in their new roles and enjoyed the challenge and variety of doing something they had never done before. In the main, the

concerns over the type and nature of job were triggered by the health limitations of individuals. Notwithstanding the caveats above, there was a general consensus that a better range of jobs would be more advantageous and may engage more individuals.

It is interesting to note at this point that the findings from qualitative research with participants suggests that, on the whole, individuals were broadly receptive to the type of placement offered, even if this did not fit with former work experiences (see section 5). The opportunity to gain work experience *per se* seemed more important than the desire to secure a particular type of placement.

### ***In-work support***

There were mixed views on the level of support afforded to clients when in their work placements. For some respondents the level of support offered to both participants and employers engaged in the Programme was seen as crucial in securing engagement and an enabling factor. This was said to be particularly important given that attitudes towards mental health are still sometimes characterised by a level of ignorance. Having the support in place from W4H instilled a degree of employer confidence in taking someone on and gave employers an opportunity to work with people with mental health problems:

*"It takes the fear out of employing someone with mental health issues. The quality of the support is important...you need to know if there is a challenge that there is someone who can give that support".*

For instance, one employer, who had taken on "harder-to-reach" trainees stated that their support needs were extremely robust and required significant engagement from the W4H team who managed to strike an effective balance between support for the trainee and that of the employer. The fact that one-to-one support meetings take place in the workplace or a location of the trainee's choice was also viewed positively.

The importance of the first six weeks was emphasised in terms of adapting to the work environment, often after lengthy periods out of the labour market. This was said to be a particularly daunting experience for someone returning to work which required a supportive process. On the other hand, some trainees required very little support and "hit the ground running".

Several others felt that the current support offered to clients when in work could be improved and more formalised: *"once they are in the workplace they are very much in the workplace if you know what I mean"*. It was felt by a minority of interviewees that some people were being left to their own devices too soon after taking up a placement and a number had struggled with this. There was also said to be a duty on employers here, especially given the finite resources of the W4H Programme. One interviewee stated that employers need to be committed but also tow a fine line between treating people like everybody else in the workplace and cutting a bit of slack from time to time where necessary. This required an appreciation and sensitivity to the fact that individuals are often struggling with difficult and complex conditions that can alter from day to day. Notably, the evidence from interviews with participants (section 5) indicates in-work support was widely regarded as adequate. It was, rather, the level of post-placement support for those who did not secure work that caused more concern.

## **4.6. Barriers to employment**

The vast majority of stakeholders reported that the main barrier to labour market participation was confidence and moderate to mild mental health problems often

relating to depression. Confidence issues were also related to a second significant barrier: long periods out of the labour market being unattractive to prospective employers. With this in mind the health element of the Programme was planned to be bolstered for the next cohort as *"some people have struggled in the past with their health problems"* (see 4.9 below).

#### 4.7. Partnership working

In the main, employers reported that the relationship with the W4H team was very good and there was excellent communication between employers, the Development Manager and others where necessary. Indeed it was clear that the Programme had spread its reach relatively wide across Blackpool and engaged with many different organisations. There was clear evidence of a shared understanding among partner agencies on how best to support clients back into work which served to strengthen the partnership approach.

Periodic meetings worked very well and took place at various points in the placement. The Programme and participants were also said to be very well monitored by the W4H team as well as undergoing the standard probationary protocols that apply to all new staff within the various work placements (forms etc).

Some stakeholders had engaged in a range of ways through, for example, providing jobs for work placements as well as additional support to the Programme. The Northwest Therapy Centre has provided three placements and is also contracted to offer counselling support to all trainees on the scheme during the transitional process of moving from benefits back into the workplace. The Shaw Trust acted as a referral agency but for the second cohort the Trust linked in more closely and, along with W4H, delivered a "goals" course to prospective participants.

Involvement in the W4H Programme has also provided the impetus for the establishment of organisational relationships that could develop beyond the initiative. For example, one employer has worked with Jobcentre Plus, Shaw Trust and A4E as a result of being involved with W4H; and the Shaw Trust first became aware of the Programme through established links with Jobcentre Plus. Indeed, there was a feeling that organisations tackling worklessness are "pretty proactive" in Blackpool and partnership working had been "crucial" in getting people with health problems back into work: *"It needs everybody working together and not being too precious about whose outcome it is"*.

Respondents were of the opinion that the Programme had made good use of the local services and experience available and many organisations were well geared to this kind of engagement. For example, Blackpool and Fylde College has experience of working with a diverse range of workless groups and were more than happy at the approach from the W4H Development Manager. This broad partnership approach was set to continue for any future cohorts. For instance a tutor at the College with a health background and an understanding of long-term unemployment issues will work in delivering a session to participants placed at the NW Therapy centre, which will seek to better integrate the training and health elements. It was stated that *"partnership in this sense is crucial as it provides the appropriate range of expertise and enables a better understanding of the challenges and barriers to be overcome to make participants work ready"*.

The general view was that the Programme had enhanced existing working relationships with *"everyone going in the same direction and keeping the client at the centre of everything we do"*. According to several interviewees, the partnership arrangements grew as the initiative progressed with the College playing a role here through the many established links as part of its employability agenda. Partnership

working had enabled the development of formalised processes, the sequencing of activities, and support of a bespoke nature. It was hoped that this inter-organisational working would grow further in the future.

#### 4.8. Outcomes

From an outcomes perspective the most important were deemed to be the move off benefits into secure work and the related (and virtually inseparable) issues of confidence and independence that this gave to individuals. This was also related to health improvements based on the impact this had on an individual's outlook and self-esteem. Indeed the complex and interrelated nature of outcomes was raised by a number of interviewees. One respondent was adamant that context was crucial in any assessment of the relative nature of outcomes. That is, levels of mental health issues (e.g. anxiety, depression), low educational attainment and the range of different circumstances were key considerations. It was also commonly cited that some individuals had not worked for ten or fifteen years and would simply not get a job through mainstream recruitment processes due to such a lengthy period of inactivity. However, the very opportunity to move closer to the labour market and engage was deemed extremely positive. The following quote was fairly typical of the attitudes of employers towards participant outcomes:

*“It goes deeper than getting people off benefits and work experience or a job...it's about opportunities to those who would not have them otherwise. For me there's a real sense of pride in seeing the transformation in people, in their confidence and outlook and, of course, in them finding employment”.*

On all levels the Programme had exceeded the initial expectations of stakeholders – for most, a 50 per cent completion rate was originally considered a good outcome but that has been surpassed. As discussed in section 3 above, the completion rate is 80 per cent with over 70 per cent of participants securing ongoing employment. Add in the wider social and economic benefits and the positive outcomes from the Programme were deemed very significant. These comments are further corroborated by the interviews with participants which showed that, in many cases, the Programme had a profound impact on health, well-being and employability (see section 5).

##### **Employment**

One respondent was of the opinion that the trainees they took on would not have secured employment in the open jobs market and in that sense the outcomes for them were significant. Again, this is a view echoed by participants in Section 5 with many stating they could not have secured equivalent posts through open competition. Employers noted that a number of adjustments to working practices were made to ensure they were able to remain in the placement and this had provided "a good starter" in terms of experience and confidence. Though a number of trainees were not taken on after the placement it was hoped that the confidence and experience gained could be taken forward and provide a platform from which to find a suitable job.

##### **Education and training**

Stakeholders often emphasised gaining the NVQ qualification as a significant outcome for individuals, especially given the limited qualifications of participants - many of whom had not engaged in training and/or education since leaving school. This element was also said to have helped formalise the Programme and provide a clear structure in which training was clearly related to the workplace. Almost three-quarters of Programme participants completed the NVQ and respondents spoke of

the importance of this and the positive affect it had had on attitudes towards learning and education:

*"They are so precious, so proud of their college work...Some haven't studied anything ever. Now there's nothing stopping them going on with regards to education. They've proved to themselves that they can do it. It's opened lots of doors".*

It was also reported that a minority of participants struggled somewhat with the NVQ element of the Programme and were *"far more engaged and enthusiastic in the employment activities than those related to education and training"*. It was however, stated that the NVQ element was accepted as a requirement and something which could increase employability in the long run.

### **Participant well-being**

The most positive outcome for the majority of stakeholder respondents was deemed to be the impact on trainees in terms of their everyday lives and their "outlook". One respondent stated that her expectations from engaging with the Programme had been far exceeded in this respect. Another stakeholder noted the confidence that going through the Programme and actually engaging gives to participants: *"You can see it in their faces, their confidence, their increased pleasure in life"*.

For most respondents it was important to recognise impacts of a more social nature in terms of the way that the Programme had affected aspects of people's everyday lives. As the person "grows and feels better about themselves" this also affects the people that they live and socialise with which should not be underestimated. These improvements had, in turn, filtered through to higher expectations and aspirations among the participants. These outcomes were also said to relate to wider economic benefits in the sense that individuals have more disposable income to spend on themselves and their family. With this in mind outcomes related to confidence and quality of life were considered "massive".

### **Employer outcomes**

Several employers spoke of the positive impact engagement with the programme had brought to their organisation. the following is a particularly pertinent example:

*'It's good from a diversity perspective...It helps staff at the Centre to see us an organisation where we all take responsibility for each other. It also helps to take away the fear and misunderstanding of mental health issues by giving staff the opportunity to working alongside individuals affected. Moreover, it helps staff in the work they do by giving them a better insight into mental health issues.'*

Several stakeholders also drew attention to the fact that W4H was also seen as **cost effective** from the point of view of both the employer and the client. This was often expressed in terms of the public expenditure saved on benefits, but also with regard to personal, health and social outcomes which are more difficult to quantify. For instance, savings to the NHS from reductions in GP visits, medication and prescriptions were cited by several respondents. Cost effectiveness was also seen to be an outcome of the local and targeted nature of the Programme which had avoided the churn and inefficiencies of huge sprawling initiatives.

## **4.9. Lessons for the future**

Respondents were asked to reflect on lessons learnt through their engagement with the Programme and to suggest any areas where the initiative could be improved.

There were a wide range of responses and these are listed below. It should be noted that there were no issues that came up time and time again and that, in the main, the improvements suggested were about progress, development and issues to be aware of rather than any substantial changes to the overall approach.

A key threat to the continuation of the Programme was of course the impending cuts in the public sector to be made by the new coalition government, which would inevitably limit the job opportunities available. It was thought however, that the Programme could still be providing training and work experience for individuals with a view to securing a stable, permanent job once the economy picked up again.

One key area for suggested improvements was around pre-employment training. Some interviewees stated that there were aspects of the pre-employment package that could be improved in hindsight. For instance the "skills for life" could have been incorporated into the training package. That is, clients were screened for their numeracy and literacy skills and in a number of cases there were clear needs for English and Maths. However the priority for people who were in work was to advance to the NVQ and gain a qualification. Given that clients were already engaging in work and doing the NVQ, adding "skills for life" was considered too much for people to take on. In hindsight it would have been beneficial if this could have been incorporated at some point - either at the start of the Programme, or at the end. This was something that would be linked in for future cohorts.

Also new for any future Programme is an established link with the NW Therapy Centre which is part of a move to more closely align training needs with the health side. It was felt by some stakeholders that there was not enough of a focus on the health side initially. In future health would come in first and there will be a better understanding of what is expected of them on the part of participants so that they can be better prepared on the health side.

Other suggestions and lessons learnt included:

- employers could be offered some form of training before commencing with trainee placements e.g. mental health awareness training
- it is important to maintain a focus on support for older workers as younger groups are generally well catered for in the area
- managing expectations should be a constant endeavour throughout the Programme and post-Programme support strengthened
- job matching: more time could be spent assessing the roles involved to ensure their suitability for trainees
- expanding job opportunities to cater for clients with learning difficulties
- the need for patience and tolerance in light of the issues faced by many participants
- a better planned lead-in time on the part of both employers and the W4H team so that occupational health and CRB checks (and in some cases vaccinations) do not hold up the work placement process
- there is competition from other placement schemes (e.g. the Future Jobs Fund) and these could represent a threat as placements become more scarce
- the introduction of a trial period of two to three weeks in which participants would be assessed on their readiness for a full six month placement
- a "fuller" pre-employment Programme to ensure the right people are on the right placements

- a more formalised and "regular" approach to in-work support.

#### 4.10. General views on the W4H Programme

At the end of interviews respondents were asked to summarise, in general terms, their view of the W4H Programme based on their experiences and engagement. These were universally positive and **it is apparent that stakeholders see a genuine and significant need for the Programme and its continuation.** Commonly cited benefits of the Programme included:

- it provides an excellent pathway for claimants to move back into employment
- it encourages good working relationships between different organisations
- there are very few opportunities in the local labour market in Blackpool and so the Programme was very much needed and filling a gap in provision
- it was also important given the seasonal nature of the local economy.

A few of these general responses on the Programme are given below:

*"It's extremely important that this Programme continues in an area like Blackpool. It will be even more important in the coming years when mandatory back-to-work initiatives come in...I think W4H has taken people who would not have got back into work under normal circumstances and provided them with confidence and real opportunity"*

*"It's a hugely important Programme for lots of different reasons...a hugely valuable resource to help get people back into work - both young and old"*

*"It's an outstanding initiative" and has led to supported partnership working and organisational collaboration....and has kept the clients at the centre of activities throughout."*

#### 4.11. Conclusions

In summation, stakeholder perspectives on the W4H Programme are very positive and the level of engagement from different organisations has not only proved an enabling factor in Programme delivery, but has also resulted in a series of positive knock-on effects. There is universal support for the continuation of the Programme albeit alongside some suggestions on elements that could be improved primarily related to pre- and post-employment training, health measures and delivery processes.

**Outcomes from the Programme on an individual, economic, social and health level were beyond the expectations of most stakeholders** and the interrelated nature of these outcomes was acknowledged as an important factor in any assessment.

## 5. Qualitative Evidence from Programme Participants

### 5.1. Profile of interviewees

The research team interviewed a total of 20 Programme participants which comprises over 40 per cent per cent of the total number engaged. The sample was carefully chosen to capture a broad spread of participants by age, gender, placement type and time on benefits. Participants were selected across all three W4H cohorts and included individuals placed in a range of organisations including:

- Victoria Hospital
- Blackpool council
- NHS
- Age Concern.

Sixteen of the placements were wholly or predominantly administrative roles with the remaining participants taken on as, respectively, a care assistant (two), catering assistant and hospital housekeeper. Eight of the participants were male and twelve were female. Most of the participants interviewed were in the latter stages of their working lives with nine aged between 40-50 with a further six between 50 and State Pension Age; only three were aged under 25 and two between 25-40 years old. The sample is therefore skewed to an older group than is captured by the Programme as a whole (see section 3). It is possible therefore, that findings, may be less applicable to younger participants who might have different concerns and aspirations, though experiences across age groups were very similar.

### 5.2. Life before Working for Health

Most interviewees were significantly detached from the labour market before joining the Programme in terms of time on benefits and employment aspirations. Whilst four participants had only been out of work and claiming health-related benefits for less than a year before placements, ten had been out of work for between one to five years; two between six to ten years and four over 10 years. Furthermore, less than half (eight) were actively looking for work in the period immediately before joining the Programme.

Many of those looking for work before engaging in W4H had struggled to secure interviews and some spoke of the demoralising impact of unsuccessful job search. One interviewee who had left her job as an adviser in a bank due to the need to take extended periods of leave for knee operations described how applying for jobs and receiving no replies was "disheartening – I was losing confidence." Another interview who had quit his car valeting job due to mental health problems stated, "*I couldn't find work and was losing confidence. I couldn't get out of that rut*".

Participants volunteered a number of reasons for unsuccessful job search. Firstly, some individuals felt employers discriminated against applicants with health problems. One interviewee in a wheelchair, for example, felt such discrimination explained why he kept getting knocked back for driving jobs he applied for. Secondly,

some interviewees regarded their own health issues as a barrier to finding work. One participant with a physical health condition explained how pre-interview nerves could trigger headaches which, in turn, contributed to stress and impacted negatively on confidence and self-esteem. Thirdly, the experience of being on benefits itself could have an adverse effect on confidence and mental health that damaged job prospects. One well-qualified participant described how claiming benefits eroded her aspirations and self-belief to the point where she would only apply for cleaning jobs: *"I didn't feel confident...I completely lost my confidence and lost the IT skills I'd learnt... I became very depressed"*. Finally, one interviewee cited the lack of any paid work or experience in the last 10 years as a barrier to finding work.

Some participants not actively applying for paid employment had taken steps to make themselves ready for work. Three interviewees had undertaken volunteering as a means of gaining experience, one of whom returned to college to gain qualifications when a physical health problem forced her to quit her voluntary role. A small number of interviewees had not engaged in any back-to-work activity since claiming benefits and had little inclination or aspiration to work. One interviewee gave up the notion of working after a knee replacement following a car accident proved the "nail in the coffin" of his working life. Mental health problems also contributed to a complete withdrawal from public life in the case of another Programme participant.

Overall, most interviewees were a considerable distance from the labour market in the period before W4H. Some had written themselves off completely. It is important to note, however, that many participants described reaching a point where they resolved to try and change their situation. One spoke of "wanting my life back" whilst another described how "I just wanted to move on, turn full circle". This indicates that W4H tends to attract individuals who have at least some degree of motivation to work despite, in many cases, a lack of confidence in their ability to find work. That said, the degree of detachment from the world of work experienced by many suggests that this is not a Programme which 'cherry-picks' those most likely to find work.

### 5.3. Referral routes

The most common referral route onto the Programme was through advisers at Jobcentre Plus which was the first agency to inform 14 of the participants about W4H. Three participants found out about W4H through the Positive Steps team whilst the remaining three individuals first heard about W4H, respectively, through a medical practitioner and attending a Jobs Fair.

The Programme had immediate appeal for a number of interviewees for a variety of reasons. One described how it provided the job search support she needed whilst another with no formal qualifications was attracted by the prospect of gaining an NVQ. A further interviewee who had reached a low ebb in terms of mental health described it as a *"last chance to get out of a rut"*. The Programme also appealed to another participant because of the promise of employment in the health profession which would otherwise prove difficult to secure: *"I thought fantastic I'd get my foot in the door. There's a big waiting list for jobs like that"*.

The voluntary nature of the Programme further attracted one interviewee who had negative experiences with mandatory job search requirements in the past:

*"They were all nice people and they didn't push you, there was no forcing involved y'know? I was on the dole when I was a lot younger and that was always really pushy. With this it wasn't like that...there was no pressure, it was only if you were willing to give it a go"*.

Other interviewees expressed initial reservations about taking part, often due to a lack of confidence, and only agreed after gentle persuasion by Jobcentre advisers. One woman suffering from severe depression was encouraged to take part by an adviser but *"it wasn't a pushy sort of persuasion. It's nice to know there are people out there who believe in you"*. It is notable, however, that she only attended the Jobcentre interview because of the threat of benefit sanctions. This indicates referrals to a voluntary Programme can originate through other *mandatory*, though less conditional, mechanisms.

#### 5.4. Experiences of placements

Placements comprised three core components:

- pre-employment training and further short courses to enhance work readiness and skills
- an NVQ Level 2 relevant to the placement
- a six month placement with the host employer paid at minimum wage.

The experience of engaging in each of these components is outlined in three sub-sections that follow.

##### *Pre-employment support and short courses*

All Programme participants undertook pre-employment training to prepare them for placements as well as further courses once placements began. These included courses on:

- food hygiene
- IT skills
- moving and handling
- fire safety
- first aid
- confidence building
- writing CVs and doing interviews (Abilities first).

Interviewees were generally positive about the value of the courses although some expressed negative views. Those with positive views described them as "useful" and "fun" as well as helpful: *"just to give me a little bit of a push to get me ready"*. A minority of respondents appeared to regard them as essential in preparing them for placements. One interviewee, for example, expressed a view that the confidence-building course *"gives you back your self belief...I wouldn't even get the shops before. I definitely wouldn't have sat here talking to you...I've talked at conferences now though for the NHS."* Another participant with severe health issues explained how her involvement in pre-employment courses helped make her "stronger" which, in turn, led her to leave an abusive partner.

A handful of interviewees felt the courses were of limited value in terms of content but invaluable because of the contact it provided with peers. One woman explained for, example, that whilst the confidence building was "boring", it was good because of *"the bonding that went on...it felt like you had support because you were all going through the same thing"*. This mutual support helped her face the "daunting" prospect of a return to work after over a decade out the labour market.

Some interviewees were more critical of courses however. Some felt that courses were pointless or trivial given pre-existing skills and expertise. In one case, a man who had undertaken extended health and safety training in a former manual occupation where *"everybody's lives depended on it"* resented being told *"not to leave buckets lying around"*. Others described some courses as "boring" or of low quality. One participant also felt that money could be better spent on providing individualised, tailored support on a one-to-one basis rather than on group events, even if this reduced the contact time available. On balance, though, positive comments about the value of courses outweighed such negative remarks, although few were effusive about the importance or need of this additional training.

### **Experiences of placements**

Most participants were satisfied with the type of placement secured through the Programme. For some interviewees, the desire to return to work was so strong that they were "prepared to do anything". Another respondent who found a placement as an administrator in the NHS spoke of how she *"saw it as getting myself back into work. I didn't care what I was doing so long as I was working"*. Others welcomed the opportunity to try something new as in the case of a former chef who was willing to retrain as a customer care assistant given his inability to continue in manual occupations due to a serious foot injury. A small minority of interviewees, mostly men, had initial reservations about changing occupations. One man who had previously worked in factories and warehouses described how he found it "strange" at first working with women as a catering assistant in Surestart centre but *"after a while enjoyed it"*.

Only a small minority of interviewees suggested the range of placements was too narrow, and this was sometimes expressed in general terms about the options for all participants rather than their own personal experience. One participant suggested, for example, that W4H was too centred on care and clerical roles: *"It needs to be broadened out a bit more to offer more jobs, especially for those that aren't admin-minded"*. On balance, however, there is little to suggest that the tight focus of the Programme on administrative or health-related roles constituted a significant barrier to many interviewees, although clearly this research does not include those for whom such options may have deterred them from participating entirely.

Most interviewees found the process of moving off benefits into placements worked smoothly and efficiently. A minority experienced delays in getting started, however, often due to the need for CRB checks. One individual encountered significant difficulties when his placement was delayed by administrative problems and felt "caught in a triangle" between W4H and managers and administrators at the host organisation. This led to benefits being stopped before the placement started as well as a sense of initially "getting in the way" when undertaking a role that had, in his view, been hastily created. These teething problems did not prevent him from enjoying the post, however, and could not be considered representative of the overall experience of trainees. Participants were almost universally positive about the experience of placements:

*"I loved the job."*

*"It was fantastic...I loved it."*

*"I love it. I'm busy non-stop, it goes very fast."*

*"The placement was great...I can't speak more highly of it...it certainly did the job for me."*

A number of factors contributed to the positive experience of trainees. These included:

- **enjoyment of social contact** with other staff and clients. A housekeeper in a local hospital responsible for giving out meals, stock maintenance and general cleaning spoke of how *"I love it – you meet loads of different people and everyone's so nice"*
- **a sense of purpose:** a general assistant on a hospital work described how 'I felt like I was doing something for them'
- **feeling like a valued member of staff:** one interviewee working as an administrator for the council-run Social Care team explained that *"you felt part of a team...you didn't feel like a gopher. I just loved it. I would stay one or two hours over time if needed."* He did not mind that the work paid less than his former job as a construction site manager because *"it's nice to feel part of something"*.

Only **one interviewee spoke negatively of her work**. She contrasted the monotony of this "boring, monotonous terrible" work with her previous experience as a volunteer arranging placements through the local Volunteer Centre, through which she had gained confidence, learnt new skills and met "so many people". Despite this preference, she chose to accept a permanent position once the placement had ended because "the girls were great" and the work was "well-paid and flexible". Evidently, the routine nature of the work did not negate the overall experience of being back in work after the "awful" time she spent on benefits due to mental health problems before accessing the Programme.

## 5.5. Support received

Participants received support at different stages before and during the placement from a number of sources including:

- the W4H and Positive Steps teams
- Jobcentre Plus and other 'back-to-work' providers e.g. Shaw Trust
- employers
- peers on courses or on placements.

Participants were generally positive about the advice and support received from the Positive Steps and W4H team who were described as "very helpful" and "ace" by two separate interviewees. Participants seemed to value the unprompted phone calls to check on their progress, even if they had no particular concern that needed addressing. Interviewees also highlighted the accessibility of the team and the succour derived from knowing that the Programme manager was "approachable" and *"always there at the other end of the phone if I needed her"*.

In a minority of cases, the intense support and encouragement provided seemed critical in sustaining commitment and attendance. One man with mental health issues explained, for example, how his Positive Steps had on occasion "literally got me out of bed" and helped him take the "baby steps" he needed in making the transition off benefits. Another interviewee placed as an administrator in the NHS after a spell of severe mental illness described how the ready availability of advice and support, *"makes you feel like you've got an extra backbone. It's a lifesaver"*. She also valued the "gentle kick up the backside" the team provided when motivation

or commitment flagged. There were few negative comments about the team although one interviewee considered their adviser *"a bit abrupt and not very approachable"*.

This combination of intense, flexible support and personal encouragement was sometimes contrasted favourably with the approach of Jobcentre Plus which was more focused on job brokerage: *"the Jobcentre just tell you there is this and this and this. I needed someone to take me through it, sit with me, fill in every little bit"*. Another participant criticised the work-first approach of Jobcentre Plus that did not recognise individual aspirations: *"they weren't a lot of kop to be honest...it was just a case of 'what jobs do you want? Well apply for as many as you can. What a waste of time!"* Evidently, there were occasions when Jobcentre Plus could not deliver the personal support participants valued.

These criticisms aside, participants mostly expressed positive views about other back-to-work providers who had helped them at some stage in placements. Jobcentre Plus advisers were described variously as "helpful" and "very supportive". One interviewee also spoke positively about how Jobcentre Plus provided her with back-to-work calculations that made her realise the financial benefits of returning to work. Another participant who required significant practical help in moving out of the family home when she started her new job was full of praise for the support the Shaw Trust provided in finding a flat. They still ring her every month to see how she is getting on. A separate interviewee expressed a view that the Shaw Trust *"were great. Any problems and I could go see them"*.

The consensual view was that most of the different back-to-work providers did offer valued support in the transition both into placements and subsequent employment. It seemed to be the quality, intensity and flexibility of support from advisers that mattered most to participants rather than the organisation per se. For this reason, however, the W4H and Positive Teams were perhaps most highly valued because of their perceived accessibility and capacity to deliver tailored support. The only negative comments offered tended to concern the post-placement support as discussed in sub-section 5.6.

Participants almost universally praised the support they received from the host employer:

*"The boss has been very good and I get a lot of support but as a co-worker, not as someone on a course"*.

*"My managers at the NHS are brilliant, I couldn't have asked for better"*.

*"My employers are very supportive, always willing to answer questions if I had any"*.

Specific elements of support from employers that trainees valued included:

- time off for medical appointments or sickness
- freeing up time to complete NVQ assignments
- being approachable and available to answer questions or address concerns.

In a small number of cases, employers appeared to play a critical role in keeping trainees engaged in placements. One individual placed with Age Concern with duties as both a receptionist and care assistant described how her employers helped her through a difficult initial phase. After the first month of the placement she felt

absolutely exhausted and her confidence really dropped when she thought she could not manage to finish the placement. She consequently approached her Line Manager who convinced her to stay on and told her that she was capable of completing the placement and doing the work: *"If it was a normal job and not a placement I think I would have just given it up"*. In another case, one Line Manager went to considerable effort to retain a trainee by using her own department's money to fund an extension to the placement until external funding could be secured. This prevented the participant from having to face the *"devastating"* prospect of *"the rigmarole of chasing benefits again. It's frightening"*. Such experiences point to the value of a Programme where employers recognise and respond to the additional needs of individuals at some distance from the labour market when making the transition back into the workplace. This kind of intense support from employers may not be as readily available in jobs secured through open competition.

Only one individual was critical of her employer for informing her that she would face a verbal warning if she had a third bout of absence following two periods of sickness leave following epileptic fits. Nonetheless, she acknowledged that that this was simply procedure within the NHS and that her managers were also highly critical of this inflexible rule. Employers were, in the main, highly valued.

Finally, one participant commented on the importance of peer support from two other trainees placed in the same organisation. Initially he found the placement *"very nerve-wracking"* after a period out of work due to mental ill health. He found it highly reassuring, therefore, to work alongside others in a similar position: *"We all helped each other out...it helped being around others in the same situation"*. This indicates there may be significant value in seeking to offer more than one placement in the same organisation during a single cohort.

## 5.6. Outcomes

This section outlines the key outcomes for participants in terms of:

- work
- training and skills
- well-being
- health
- social and family life.

### *Work outcomes*

A total of 15 participants secured a job with the host employer at the end of the placement. Eleven of these continued in the same role undertaken for the placement whilst three had their post discontinued but successfully applied for other positions internally. Of the 15 positions secured, 14 were permanent while only one was a short fixed-term contract. A further five interviewees did not find any work when their placement ended and are back on benefits.

Looking firstly at participants taken on by host employers, it is clear that this transition into unsupported employment after taking part in the Programme can have a transformative effect. Whilst the impact of finding work is discussed in more detail below, the extended cases in Box 1 illustrate the overall effect on individual lives.

## Box 1

### **Case 1: Sophie**

Sophie had been out of work for 10 years prior to joining W4H due to severe mental illness. Sophie's placement with Age Concern led to a full-time job with her time divided between her role as a foot care practitioner (15 hours per week) and as a support worker at the dementia patients carer's respite, which involves going to people's homes. She was always told from the outset that there was no guarantee of a position at the end of it. However, on completion she was put onto a rolling monthly contract and has now been awarded a three year contract for the 15 hours a week she works as a foot practitioner. She is optimistic about the future: *"even if this fails then the training and experience will hold me in good stead."* She was of the opinion that she would never have gone for her current role without participating in W4H because she lacked the confidence to even try it or apply for it: *"Without W4H I wouldn't be where I am now. I'd still be looking round for a job"*.

### **Case 2: Catherine**

Catherine last worked 19 years ago before taking time out to look after children and, more recently, claiming Incapacity Benefit due to a physical health condition. Before joining W4H she did not feel ready for work *"at all. I felt a bit ill, had a lack of confidence"*. She was referred to W4H by her Jobcentre Plus adviser and secured a placement as housekeeper at the local hospital where she was responsible for administering food and keeping the wards stock and cleaned. She believes she would *"still be doing nothing"* if she had not taken part in the Programme as she needed the encouragement the team provided: *"They do push you in a good way. A lot of people like me think that they can't do it but they can"*. At first she found the idea of working in a large hospital *"daunting"* but soon began to enjoy the job and was taken on permanently when her placement. She describes the whole experience of returning to work as *"brilliant"*, especially as she was not confident at the outset that W4H would lead to a job.

### **Case 3: Richard**

Richard was forced to leave his job working in the hotel industry because of mental ill-health. After being referred to W4H through the Positive Steps team, he was placed at Age Concern as a receptionist and administrator. He secured a full-time position when the placement ended that was also a promotion as it involved managerial responsibilities for the first time, including managing Future Jobs Fund placements. Richard described how *"I enjoy the responsibility and I'm now in a position where I'm delegating work"*. He feels that participating in the Programme and gaining work has provided a massive boost to his confidence: *"at the beginning of W4H, I wouldn't have felt confident talking in front of two people. The other day I went to speak to 25 new starters on the project"*. Age Concern are now talking about the possibility of Richard undertaking management training in order to secure a further promotion to the role of volunteer co-ordinator. This role would involve managing 120 volunteers in the Blackpool and St Annes area. Overall, Richard describes the Programme as a *"brilliant opportunity"* that has led to employment he could not have secured on the open job market: *"After two years out, nobody seemed to want me. I applied for 100 jobs and got one interview for a telemarketing company. I was applying for anything. With W4H I got straight into Age Concern. The funding from W4H gives them the opportunity to take you on and see what you can do."*

A number of observations can be made about these transitions into work:

- many respondents believe that **they would not have found work in their host organisation without taking part in W4H** because of a lack of confidence, skills or qualifications. In addition, some vacancies secured were only advertised internally
- participants believe that the experience and skills they have gained from the placement will have a **lasting impact** in their working lives; one individual whose short-term fixed post as a Customer Care Assistant is shortly to end still feels W4H has left him better equipped to find further work. It has helped to dismantle former barriers to work **by providing him with more qualifications, experience and a recent work history** to plug what used to be "a massive gap" on his CV
- the Programme encourages individuals to both **contemplate, and achieve success in, unfamiliar or more highly skilled occupations than they would otherwise have considered**. One woman who secured a full-time post as an administrator in the NHS explained that *"I would never have got into the NHS without the placement. I had no experience of computers and had been out of work for 20 years with anxiety and depression. My only options would have been ASDA and TESCO and I wouldn't have wanted to do that sort of work"*
- the experience of securing work can help to **raise aspirations**. One participant who entered her placement with few expectations about work went on to gain employment after placement as an administrator in a hospital and now harbours ambitions to become a medical secretary
- participation can **facilitate career progression** as in the case of Richard described in box 1 above
- it provided some interviewees with an opportunity to **bypass the kind of low-skilled, low-paid or insecure work** they would otherwise have been forced to contemplate. One participant described how the placement was timely because *"I was getting desperate and even thinking about agency work. I can't be doing with working a few days at a time [with an agency]. The way the majority of agencies treat you is not good"*.

Interviewees not taken on by host employers at the end of the placement and unable to find a job expressed deep disappointment about their failure to secure work. One participant who had joined the W4H Programme with severe mental health problems and "loved" her job supporting adults with learning difficulties explained how: *'I was very disappointed, but I half expected [to not get a paid job]. What I did not expect is that there wasn't anything I could do, even on a voluntary basis.'* Another participant described feeling "let down" when a job failed to materialise at the end of the placement due to funding constraints. In one particular case, the realisation that the placement would not lead to a paid job prompted one man to leave early and, during interview, to express considerable frustration (Box 2 below).

## Box 2

### Case 4: Robert

Robert spent most of his life working in manual industries including mining, steel and construction until a back injury forced him out of work and onto Incapacity Benefit. He found out about W4H after attending a jobs fair and was successful in applying for a placement as an internal postman at the NHS. He *"loved the job"* and *"was so well liked there. My bosses were really, really impressed with me"*. It appeared to come as something of a shock, therefore, when he found out the post would not be continued at the end of placement. He decided to leave two months early because *"I was not going to waste another month here when I could get something else"*. The experience of leaving seems to have had a profound effect as he feels like the Programme *"builds someone's hopes up"* such that an inability to continue in a job he enjoyed *'has set me back'*. Robert remains motivated to find work but believes that *"there is no way I am going to get a job as good as that anywhere else"* because he lacks IT skills and has not got the "will to learn" at the age of 55. He values the opportunity he was given because of the experience and self-belief it provided - *"It showed me how clever I am and how I can adapt to these situations"*. Nonetheless, he remains both disappointed and frustrated that it did not lead to job with the host organisation.

All of the participants who returned to benefits are continuing to look for work and one is in the process of arranging voluntary work with autistic children to further his ambition of working in the mental health field. Some remain concerned, however, that they face barriers in finding work through open competition including:

- a **lack of IT skills** (see Robert's case above)
- **discrimination** by employers: one individual with a severe foot injury expressed concern that his mobility problems would deter potential employers. Critically, he feels this makes it difficult to get interviews – *"getting past the first step which seems massive"* – when he is confident he could *"put my experience and skills across"* in an interview situation
- **competition with younger jobseekers** more savvy with completing job applications
- **a lack of appropriate qualifications:** one participant attributes her lack of success in applying for jobs as a care assistant to her failure to complete her NVQ in Health and Social Care whilst on the placement. She feels this now puts her at a disadvantage when applying for jobs.

Indeed, perceptions of the challenges involved in finding a job at the end can be formidable. One interview described the "panic" that set in when informed it will not lead to a permanent job: *"It's thrown me a bit. The placement was going really well. Now it's like, god, I've got to start again, pick meself off the floor and start again"*.

Despite these perceptions of facing barriers to work, all interviewees who were back on benefits felt that the placement had increased their prospects of finding work. This experience has enhanced their employability by providing:

- **sector-specific experience** such as working with adults with learning disabilities as well as generic, transferable skills including dealing with customers
- **qualifications:** one interviewee described how even a qualification *"as low as an NVQ is better than nothing at all"*

- **an understanding of the expectations of employers** such as the need for punctuality
- **an opportunity to gain work experience after years out the labour market:** one participant now looking for care assistant jobs explained that W4H helped her to break the 'Catch 22' of needing experience to get work but not being able to get that experience because of a gap in her work history. *"You can't make something out of nothing...you need that opportunity...and W4H gives you that opportunity"*
- an experience that **improved mental or physical health or confidence or self-esteem** (see below).

There were mixed views on the quality of post-placement support in finding work. Whilst some participants felt the W4H and Positive Steps teams continued to provide valuable advice and guidance, one interviewee described feeling "dropped like a stone" while another spoke of how one adviser in an otherwise supportive team was "worse than useless" because of his perceived failure to put him forward for work he was interested in.

In summary, it is evident that a failure to find work is intensely disappointing and making the transition back onto benefits and re-starting the search for work can prove hugely challenging. Whilst W4H is unanimously viewed as an experience that will increase prospects for work, it is perhaps the case that participants could benefit from a more intense and consistent form of post-placement support. Moreover, expectations about the likelihood of placements leading to work need to be very carefully managed. Most interviewees seemed aware that there was no guarantee of a job at the end but the Programme does seem to raise hopes that can lead to frustration and demoralisation if unfulfilled.

### **Skills and qualifications**

Sixteen of the 19 participants successfully gained their NVQ as a result of taking part in the placement. Most enjoyed the experience of learning and felt a sense of achievement in completing the qualification:

*"I thoroughly enjoyed the NVQ".*

*"I was chuffed, I've never done anything like that".*

*"I felt just like a child. I'd never really done anything like that. It's on a frame on the wall now".*

Those who found the course challenging sometimes felt that the college tutor had played an important role in helping them overcome any difficulties experienced. Many valued the qualification for providing something to put on a CV, especially if they had few formal qualifications prior to the course. Participants also considered it likely to improve future employment prospects if and when they needed to look for work. Two individuals felt it was of limited value because it was a lower level qualification than GNVQs gained before joining the Programme.

Three participants did not complete their qualification. Two of these appeared to run out of time with no opportunity to finish the course once the placement ended. This constituted a source of intense disappointment with one interviewee "devastated" by the failure to gain her NVQ which she feels is a barrier to finding work now she is back on benefits. Only one interviewee did not seem concerned about failing to gain an NVQ as he felt his placement was a "practical" job and that the course "interfered" with his ability to undertake the job: *"I didn't feel the NVQ wasn't going to do me any good".*

The comments in this section suggest, therefore, that most participants enjoy the experience of studying the NVQ and that the qualification both contributes to self-esteem and is regarded as enhancing employability. It would appear though, that there may be some value in helping individuals, where possible, to complete NVQs if unfinished at a placement end. The very low level of dissatisfaction with the course *per se* indicates that it is worth retaining as a compulsory element of the course.

### **Health and well-being**

Almost all participants reported increases in confidence and self-esteem as a direct result of taking part in the Programme:

*"It has definitely improved my confidence. 100%...each time you learn a new skill your confidence goes up a little".*

*"My anxieties about meeting and greeting people were dropping. It made me feel better, my confidence grew quite a lot,"*

*"It did a lot of good going back to work. It built my confidence up".*

*"It has given me confidence and got me out of a rut. I'm meeting people, not staying at home and feeling sorry for myself."*

*"If it wasn't for the W4H Programme I wouldn't be working, learning I wouldn't be as confident and cheery. I've got my independence from W4H"*

*"Yes, I'm a different person really. happier, more outgoing...I've got my mojo back as they say"*

The Programme also contributed to dramatic improvements in mental health in a number of cases where individuals had experienced severe mental conditions such as stress, anxiety and depression prior to joining W4H, as the case below in Box 3 illustrates.

### **Box 3**

#### **Case 5: Sandy**

Sandy left work in 2004 due to severe depression. During the four years before she started W4H, she *"never went out...didn't have a life and struggled to get out of the home. I didn't open the curtains"*. This also put pressure on her physical health because she started drinking a lot more. She had no intention of finding work but was persuaded to consider W4H when attending a compulsory interview with her Jobcentre Plus adviser. Having secured a placement as an administrator within the NHS, it *"all really, really came together. I really enjoy it"*. Sandy had struggled to hold down jobs in the past and described how her family were "shocked" when she stuck at the placement and subsequently went on to gain a permanent job with the NHS along with two NVQs. She credits the Programme with bringing about this transformation in her life: *"I didn't even want to think about work...if it wasn't for this project, I would still be on benefits with my health getting worse...back in my dark little haven."* Work has also had additional benefits in terms of raising her income and improving her physical health now that she has cut back on drinking and has a far more active lifestyle. In addition, it has provided Sandy with a social life that would have been inconceivable before finding work: *"I never used to go out. As I started working I got more backbone. I started getting invited out with the lasses for a drink. I remember sitting there once and thinking this is what life is about, you see it on telly and you think it's make believe but it's not"*.

A number of participants with physical health conditions also reported improvements to health including:

- **less pain** in a partially amputated foot during the course of placement: "it gave me less jip"
- less pain in two knee replacements that has reduced one participant's reliance on painkillers
- **regaining an active lifestyle** including walking and swimming that had been lost during a previous bout of depression
- improvements in both epilepsy and shoulder conditions attributed to being mentally and physically active in a job
- losing three stone in weight since starting the Programme with knock-on effects on mental health and sociability: "*it **lifted my self-esteem and changed the atmosphere around the house...my friends noticed the change in me too and said 'you haven't got your head down all the time'***"
- reductions in high levels alcohol of consumption attributed to the renewed sense of purpose and need to be alert and active for work.

### **Financial outcomes**

Most participants reported improvements in their financial situation following the move from benefits into the six month placement. Individuals described themselves respectively, as feeling "*better off*", "*having a good bit more money to spend*", and having to "*pinch meself to remind me I now have money to spend*". A number of interviewees also noted the positive difference that 'top-up' benefits such as Child Tax Credit, Working Tax Credit and Back-to-Work Credits<sup>21</sup> made to their income. One individual observed that this combination of wages and in-work benefits temporarily left her better off than in her last paid job in a bank when she earned £20,000 plus bonuses. Another noted that she was £150 a week better off when the Back-to-Work Credit was taken into account. Some interviewees also received one-off payments such as £250 grant from the Shaw Trust to bridge the period between benefits ending and receiving a wage Those individuals who went on to gain work following placements often benefited from a further increase in income as employers raised wages above the minimum wage level paid during placements.

This additional income also led to changes in spending patterns including:

- buying better quality food instead of, for example, basic brands such as 'ASDA Smartprice'
- spending money on nice clothes
- buying a car for the first time
- going on days out or on holiday for the first time in years
- purchasing new furniture or redecorating the house
- paying off mortgages
- reducing arrears on unsecured loans or utility bills that had been accrued when previously struggling on benefits.

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<sup>21</sup> Back-to-Work Credit provides recipients with £40 week for the first 12 months of work when moving off a health-related benefit (or just P2W participants?).

Many interviewees also reported a sense of independence and self-esteem derived from earning an income, with one observing that: *"it's nice to feel that you're standing on your own two feet and not reliant on the state"*. It clearly removed the stigma experienced by some from claiming benefits. The overall impact of financial gains and the knock-on effects on self-worth are evident in the typical case of Barry outlined in Box 4 below.

#### Box 4

##### Case 6: Barry

Barry spent 26 years out of work after a genetic condition confined him to a wheelchair. Through W4H he gained a full-time position working for Blackpool Council where his responsibilities included filing, helping the public use machines to pay their bills in the Council offices and delivering the post. He describes enjoying work 'more than anything'. Barry's financial position has improved dramatically since being taken on by the Council after the placement. While on benefits he had to take out loans to survive and has almost paid these off. It took time at first to adjust to monthly payments but he can now pay bills straight away over the phone - he could never do this previously. Barry is getting married soon and has been able to pay for the wedding and honeymoon upfront at a cost of £4,000. He also gets considerable fulfilment out of spending money on his nieces as he had never been able to buy them a birthday present until now. Barry also has a passion for films and now goes to the cinema once a week which he could not afford before. His sense of satisfaction from acquiring this new found financial independence is palpable: *"Financially, emotionally, everything is better...When you're on the dole you have to rely on other people. When you're working you rely on yourself...If you want to go for a few beers you have to rely on someone to buy you a drink"*.

A minority of interviewees did not believe that joining the Programme improved their financial situation because of the loss of other entitlements such as Housing Benefit. It was notable, however that this was not rarely considered a problem because of the attendant benefits of working. This included satisfaction derived from becoming financially independent: *'You're earning all your own money and not having to go down to the Post Office with a card'*. Financial gains often seemed a secondary concern alongside the emotional and social benefits of returning to work. A number of interviewees observed, nonetheless, that the one-year back-to-work credit was very helpful and therefore led to a dramatic reduction in income when terminated.

#### *Family and social life*

Some participants noted improvements in the quality of family and social life from taking part in the Programme. These included:

- **moving away from the sedentary lifestyle** engaged in whilst on benefits: *"All I did is sit and watch the telly"*
- **taking up new activities:** one man with knee injuries now working as team secretary at the NHS is about to start on a weekly cycle with colleagues. Cycling was a former hobby that came to an abrupt end following a car accident
- **socialising with colleagues** both inside and outside work: *"I've met a lot of people and made new friends"*
- **renewed or increased social activity** with family and friends such as meals out and day trips

- take up of **voluntary activity** outside work: in one case, the experience of work prompted a desire to be more active in the community which led to a volunteer position with the Red Cross
- **improved family relations and well-being** due to positive changes in mental health: *"I'm not as low, not as depressed as I was and my family have obviously noticed this. My daughters were very worried. It's not nice to see your Mum like that."*

## 5.7. Overall impressions and potential improvements

Participants overall impressions of the Programme were highly favourable with individuals describing it variously as "brilliant", "fantastic" and "amazing". For some, the Programme gave them an opportunity to secure employment and demonstrate their potential as workers that they would otherwise have not had:

*"It's brilliant. It's really good to give people that chance".*

*"It gives people the opportunity to prove themselves and to be seen as a person rather than someone who is disabled...It was a positive experience for me and if hadn't been given the opportunity I wouldn't be here [at work] now".*

In particular cases, it is no exaggeration to say that this opportunity had a transformative effect on the quality of lives:

*"It's been excellent. I would hope that everybody in that situation would have access to it because it can change your life. It gives you hope and opens doors. There's no hope when you're on IB".*

*"Fantastic, it's changed my whole life. It might not work for everyone but what it did for me was brilliant. I was behind with my rent and everything, getting into deeper debt. I've not got any worries now...I look forward to coming to work, I actually look forward to it".*

Even participants who were not taken on at the end of the Programme felt the experience had been worthwhile:

*"I'm still glad I had that opportunity. I enjoyed it...maybe too much. It was better than I expected".*

*"I will always be grateful for experience irrespective of my bad experience. If I had the chance tomorrow, I'd be back in there."*

When asked to suggest any improvements that could be made to the Programme to benefit future cohorts, few respondents believed significant or, indeed, any changes should be made. Where suggestions were made, these included:

- **broadening the range of occupations** offered to participants beyond administrative and health-related roles
- **reducing delays** between joining the Programme and starting placements
- **increasing the length of a placements** to provide further opportunities to gain skills and experience
- **increasing the scope and intensity of 'after-care'** such as support with job search activities for those not lucky enough to be taken on after placements

- **managing expectations** of placements leading to work. One interviewee whose post was not continued explained: *"It was a bit of an anti-climax to an extent if you didn't have a job at the end of it. The hope was always of a concrete job and this may have raised expectations for some people"*. Two interviewees also experienced difficulties in returning to IB after the placement ended and felt there needed to be clearer information upfront about potential employment outcomes and changes to benefit entitlements if unsuccessful.

It is perhaps the issue of what happens to individuals who, in the words of one interviewee, are "left in limbo" after placements end that the Programme most urgently needs to address. Whilst most individuals appear to understand that jobs are not guaranteed, positive statements at the beginning of W4H about employment outcomes do appear to raise expectations. One man who did not secure work after his placement felt that the Programme *"should have enlightened you. They kept saying don't worry because, there was some statistic, 94 per cent or something like that were kept on...but it didn't happen for me. I was very confident I would be kept on when I started."* Evidently, there is a balance to be struck between motivating new participants by informing them of success rates whilst forewarning them of the possibility of not finding work. Moreover, there appears to be a need for a carefully managed Programme of post-employment support that provides advice and guidance in the difficult transition back onto benefits and the renewed search for work. Finally, it seems there could be more information upfront about possible changes to benefit entitlements once the Programme ends.

## 5.8. Conclusions

Many of the participants interviewed were a considerable distance from the labour market in the period before joining W4H. Those looking for work struggled to secure interviews and felt that discrimination; health issues; the loss of confidence whilst on benefits; and lack of recent work experience all acted as barriers to work. Other interviewees had abandoned the search for work entirely.

Interviewees were overwhelmingly positive about placements and particularly valued the social contact; sense of purpose; and feeling of being a valued member of a team that placements provided. Participants mainly found pre-employment courses and other short courses delivered as part of the Programme "useful" or "helpful" in boosting work readiness, though few seemed to regard them as essential in preparing for the placement.

Most interviewees valued the in-work support they had received from the W4H and Positive Steps team which, in a handful of cases, seemed critical in sustaining commitment and support. This combination of intense, flexible support and personal encouragement was sometimes contrasted favourably with the 'work-first' approach of Jobcentre Plus which was more focused on placing people in jobs.

Gains identified through taking part in the Programme included higher levels of self-esteem and confidence; improvements to physical health; raised incomes; and a better quality of family and social life. While nearly all respondents who took part reported at least one of these outcomes, there were sharp differences in lasting Programme effects on overall well-being depending on whether a job was secured or not at placement end.

For some respondents who found work directly after placements, it is no exaggeration to say the experience has been life-changing in terms of the long-term effects on health, well-being and employability. Many attribute this success in securing employment wholly or partly to W4H. Moreover, some feel the calibre of job

they secured is higher than could have otherwise been achieved given relatively low levels of skills and experience prior to commencing the Programme.

It is also true, however, that interviewees not taken on by host employers at the end of the placement expressed deep disappointment. Many now feel they face considerable barriers to finding work through open competition including a lack of skills and formal qualifications; discrimination by employers and competition from younger, more 'savvy' jobseekers. Nonetheless, all expressed the view that W4H had improved their employability by providing them with: sector-specific experience; a qualification (the NVQ); a boost to confidence, self-esteem and/or health; work experience after long gaps out of the labour market; and an understanding of the expectations of employers. A small number of unsuccessful participants criticised the lack of post-placement support they received once back on benefits. It would seem there may be more scope for helping individuals manage the challenging transition back onto benefits and re-starting the search for work.

## 6. Conclusions

The evidence presented in this Report raises important issues about the future development of policy with regards to long term sickness and disability claimants and the role of ILMs. While there is significant cause for optimism in the findings there are also particular aspects which require strengthening and improving. In the main however, the Programme has been hugely successful in terms of measurable outcomes such as ongoing employment, Programme completions and the attainment of qualifications. It has also exceeded expectations in terms of the more qualitative outcomes which are more difficult to quantify. This section summarizes the findings of the research and the lessons learnt through the Working for Health Programme.

The evidence review in section 2 outlined a number of features of best practice in the design and delivery of ILMs. Findings from the qualitative element of the W4H evaluation outlined in sections 4 and 5 suggest that the Programme has, to some degree, adopted nearly all these elements of good practice. **It is questionable, therefore, whether there is much more to be gained by studying the principles of ILMs from research on other Programmes operating in different contexts.** These 'lessons learnt' may have considerable value for organisations contemplating the development of a new ILM, but perhaps have less to offer to a well-established and highly successful Programme like W4H.

**More value may be gained from the considering the evidence on standardised approaches to measuring health outcomes.** Any of the three approaches discussed in Section 2 could be readily applied to the W4H Programme and operationalised within existing monitoring procedures. The data such methods generate could add a significant degree of rigour and transparency to internal evaluations of Programme effectiveness, as well as a useful means of demonstrating impact to external organisations including funding bodies.

The qualitative evidence presented in section 5 showed that the Programme had **a demonstrable and often far-reaching capacity to generate positive outcomes** for participants. Given that many were a considerable distance from the labour market in the period before joining W4H, **there is little indication that 'cherry picking' accounts for the Programme's success.** This is a Programme that appears capable of engaging and motivating individuals who are genuinely detached from the labour market and often have been for very long periods of time.

Whilst individuals valued both pre-employment training and other short courses as well as the opportunity to study for NVQs, **it is the placements themselves that delivered the most beneficial outcomes.** Key gains identified through taking part in the Programme included higher levels of self-esteem and confidence; improvements to physical health; raised incomes; and a better quality of family and social life. Whilst nearly all respondents who took part reported at least one of these outcomes, **there were sharp differences in lasting Programme effects on overall well-being depending on whether a job was secured at placement end.**

For some respondents who found work directly after placements, it is no exaggeration to say **the experience has been life-changing** in terms of the long-term effects on health, well-being and employability. Many attribute this success in

securing employment wholly or partly to W4H. Moreover, some feel the calibre of job they secured is higher than could otherwise been achieved given relatively low levels of skills and experience before Programme start.

It is also true, however, that **interviewees not taken on by host employers at the end of the placement expressed deep disappointment**. Many now feel they face considerable barriers to finding work through open competition including a lack of skills and formal qualifications; discrimination by employers and competition from younger, more 'savvy' jobseekers. Nonetheless, all expressed a view that W4H had improved their employability. A small number of unsuccessful participants criticised the lack of post-placement support they received once back on benefits. Overall, it would seem **there may be more scope for helping individuals manage the challenging transition back onto benefits and re-starting the search for work**.

In highlighting Programme success, it is also important to acknowledge the limited impact W4H has had on overall levels of worklessness within the district. An employment rate of 70 per cent among a cohort of 48 individuals can barely make a dent upon an overall workless population of 11,000. But this should in no way detract from the achievements of the Programme. It provides a unique opportunity for individuals to find meaningful work that would otherwise prove unattainable given levels of health, experience and qualifications. A narrow focus on quantitative outcomes misses the *qualitative* difference W4H makes.

Evidently the long-term sustainability of the Programme depends on continued support from the coalition government for locally-delivered, flexible, innovative Programmes of this kind. At best, the outlook is uncertain. Cuts to the Future Funds Fund suggest that the future for sub-national initiatives underpinned by discretionary funding from central government is far from guaranteed. It is feasible, of course, that such an ILM model could be delivered through national Programmes such as the forthcoming Work Programme. This may, however, overlook the importance of scale with projects such as W4H benefiting from the local knowledge and networks of providers and employers. Moreover, any association with mandatory forms of welfare-to-work may negate the appeal of the Programme which lies, in part, in its capacity to attract individuals who are motivated to escape benefits rather than coerced to do.

Whatever the future direction and shape of government policy on worklessness, it would seem imperative that such a well-regarded and effective Programme be sustained in some form. It adds considerable value within the overall structure of provision to tackle worklessness within the area and provides a route to work for detached individuals that otherwise struggle to find paid employment. It has also garnered a huge amount of support from local agencies and stakeholders, which bears testament to its approach and success.

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