

Let's Get Working!

Final Evaluation Report
July 2023

Let's Get Working

Final Evaluation Report

July 2023

Contents

Executive summary	3
1 Introduction and background	6
2 The Let's Get Working model	9
3 Let's Get Working: the overall picture	11
3.1 'Outputs: who came to the project?	11
3.2 Outcomes and impacts: what happened to participants?	20
4 Let's Get Working: what role did referrals play?	29
4.1 Referrals overall	29
4.2 Let's Get Working and health and care services	32
4.3 Let's Get Working and the Public Sector / Jobcentre Plus	37
4.4 Let's Get Working and self or personal referrals	38
5 Let's Get Working and health	40
5.1 Let's Get Working and mental health	40
5.2 Let's Get Working and autism, Asperger's syndrome and similar conditions	41
5.3 Let's Get Working and learning difficulties	42
5.4 Let's Get Working and other conditions	43
5.5 Let's Get Working and individual characteristics	44
6 Perspectives and conclusions	50
Annexes	
Annex A: Supplementary tables	54
Annex B: The Participant Assessment Questionnaire	72
Annex C: Six month participant follow up survey questions	73

Executive summary

Background

Let's Get Working (LGW) was a project funded by the European Social Fund (ESF) and National Lottery Community Fund (NLCF) as part of the Building Better Opportunities (BBO) program. BBO was created *'to invest in local projects tackling the root causes of poverty, promoting social inclusion and driving local jobs and growth.'* LGW specifically targeted individuals with long-term illnesses or disabilities in East Sussex and Kent, aiming to enhance their employability and help them find work. The project operated on a voluntary basis, providing personalized support and a flexible approach to empower participants to take control of their journey towards employment.

LGW's aims were to:

- Improve the chances of people with long term illnesses or disabilities in East Sussex and Kent to find work or improve their employability.
- Provide direct one to one and group support to people with the aspiration to move towards, or into, work.
- Use a very flexible, person centred approach designed to provide participants with the life-skills and resources to take charge of their own path towards the world of work.
- Pilot an approach which sought to find people able to benefit through many different routes.
- In particular to see whether collaboration with Social Prescribing and other health and care services would help the project reach people who would otherwise probably not be found.
- The project hoped to reach some 1,800 people, of whom at least 1,100 would leave the project having made a decisive step towards or into work – employment, self employment, training or education, or active job seeking.
- It was also hoped that the project would help people improve their sense of wellbeing, become socially connected and able to manage everyday life.

From the start LGW was intended to be a learning project, researching and testing the scope and potential of its delivery model and ways of reaching participants.

Let's Get Working's key outcomes:

Number of people helped	1,757
Number who went into work	385
Number who left for some form of learning	321
Number of previously inactive people now job seeking	197
Number reporting increased wellbeing	705

What did we learn from LGW?

1 Reaching potential participants

- Achievement
 - LGW successfully reached its target groups, including individuals with long-term illnesses or disabilities and those not connected to employment-related services. This was accomplished through unconventional approaches such as collaborations with various voluntary and public sector organizations, word-of-mouth referrals and internal referrals.
- Lessons
 - The project found that potential participants ,who could benefit from LGW's support, were present in diverse localities and communities. Many of them were not currently engaged with employment-related services and may have experienced past unsuccessful attempts; for many employment may have seemed a remote possibility.
- Achievement
 - The attempt to forge close links with the emerging social prescribing 'movement', and NHS clinical services more broadly, had limited success. Close, positive links were established with a number of primary care providers as well as specialist health care providers such as hospital based neurology departments or community mental health teams. This led to a range of very positive outcomes for the participants concerned and provides a demonstration of the potential benefits of closer working between health providers and other forms of social support for individuals. The project also built a strong relationship with the Occupational Therapy school at the University of Sussex providing student placements and bringing OT support to its participants.
 - Despite considerable and diverse efforts to build links with primary care throughout the LGW area, including explicit attempts to leverage the growing interest and investment in social prescribing, there was little active take up beyond a small number of individual GPs or other practice staff. Many similar efforts across the wider NHS also failed to gain substantive traction.
- Lessons
 - The participants who did come to the project through health referrals, in particular those from primary care, recorded some of the most positive outcomes with nearly half going into work and having high ratings for wellbeing and other social indicators. The LGW model clearly delivered for them and the value of its approach should be of interest to clinicians interested in the welfare of their patients. In the main however, NHS health services across East Sussex and Kent do not have adequate understanding, capacity nor systems to embrace the sort of provision offered by LGW. The concept of social prescribing tends to be seen too narrowly and the potential for employment support has yet to be realised.

2 Who was reached?

- Achievement
 - LGW successfully engaged with 1,800 individuals over seven years, with a significant focus on those furthest from the labour market. The project effectively reached economically inactive individuals, the long-term unemployed, individuals with life-

limiting disabilities and those facing multiple disadvantages. The project saw overrepresentation of male participants, as well as individuals with mental health conditions, autism or other neurodiverse conditions.

- Lessons
 - Diverse recruitment routes, voluntary participation and a high degree of personalization and flexibility were instrumental in achieving the intended number of participants. LGW effectively reached individuals who were least likely to access or benefit from mainstream employment support.

3 What did they experience?

- Achievement
 - LGW successfully established and delivered a robust model of provision which supported the majority of those taking part to record recognisable progress towards positive outcomes.
 - Support entailed a wide diversity of elements including:
 - Appraising position and setting goals
 - Practical steps
 - Training and qualifications
 - Guidance and advice
 - 'Bursaries' to fund specific items
 - Occupational therapy
 - Groupwork
 - It was necessary to avoid some participants becoming overly dependent on the project and ensure momentum was maintained
- Lessons
 - Diversity and flexibility were key to the success of the model. Notwithstanding significant bureaucratic requirements it was possible for support staff to build highly personalised packages tailored to the needs and goals of individual participants; to modify and refine these as needed and to take as little or, within reason, as much time and duration as judged necessary.
 - Equally important was the mindset, skills and experience of support staff

4 What were the end results?

- Achievement
 - Two thirds of participants left the project to a known destination, of whom more than eight in ten achieved a recognised outcome: employment, training or starting to actively seek work.
 - Employment outcomes and learning outcomes broadly matched those recorded by the BBO programme as a whole even though, overall, LGW participants experienced higher levels of disadvantage.
 - On leaving the project LGW participants, who had been economically inactive on joining the project, were twice as likely to be actively job seeking as those from the BBO programme as a whole.
 - Of those who went into employment two thirds were still in work six months later.
 - More than eight in ten said LGW had a positive impact on their lives

- Lessons
 - The LGW project demonstrably matched the BBO programme as a whole and was seen by staff as better and more satisfying for participants than most other provision for similar groups. The project showcased its adaptability by quickly evolving its model in the early stages incorporating additional elements as needed, transitioning successfully to online provision during the Covid pandemic and adapting to post-pandemic labour market conditions.

1 Introduction and background

Let's Get Working (LGW) was a project funded through the Building Better Opportunities (BBO) programme, an initiative of the European Social Fund (ESF) and The National Lottery Community Fund (TNLCF). The project ran from January 2017 to the end of June 2023. BBO was created *'to invest in local projects tackling the root causes of poverty, promoting social inclusion and driving local jobs and growth.'*¹. LGW was specifically focused on people with long term illnesses or disabilities who were either unemployed or economically inactive and who were interested in moving closer to the labour market with the ultimate goal of entering employment.

The specific priorities of the BBO programme at local level were set by each of the 38 Local Enterprise Partnerships (LEPs), in the case of LGW this being the South East LEP. The project's funding was specifically focused on work in Kent and East Sussex targeting long term ill and/or disabled people. SELEP's overall programme was broken down into a number of geographical and thematic priorities with LGW's focus on health-related issues running alongside similar projects targeting people with mental health conditions, carers, the over 50s and lone parents. LGW was funded to work directly with participants who were either unemployed or economically inactive.

The BBO programme was conceived during 2016 in an economic and social environment rather different from that prevailing at the time of writing in 2023. LGW's work can be seen as taking place during three main phases:

- Start up, initial learning and consolidation of the model 2017-2020: mainly face to face delivery across a relatively wide geography with LGW's lead organisation, Sussex Community Development Association (SCDA), supported by two partner sub-contractors – Royal British Legion Industries (RBLI) and Social Enterprise Kent (SEK). Work during this time included outreach to a wide variety of potential referral organisations, in particular in the health and social care sectors, to publicise its offer and attempt to link with the social prescribing movement. This phase of the project began during high levels of political, policy and economic uncertainty following the Brexit vote. Labour market participation rates were high and unemployment falling with relatively low inflation. During this phase the project model was tested in practice and refined, for example, to discourage participants from becoming overly dependent on the project.
- The Covid pandemic period 2020-mid 2021/22: LGW shifted to largely phone and online based support innovating its delivery methods and content. Some online group provision was organised for participants in addition to 1:1 support. The period was characterised by a high degree of labour market uncertainty and turbulence including many people on furlough and other Government measures to suppress unemployment. Demand for LGW support continued but changed in nature with a dramatic decline in referrals from the health and care sector offset by a higher proportion of referrals from Jobcentre plus and other mainstream employment support providers of people whose employment had ended or been suspended at short notice and higher levels of anxiety, depression and practical needs.
- The post-Covid period 2021-2023: this period saw the reintroduction of face to face delivery whilst retaining distance support offering more blended provision. The support model can be considered more 'mature' with increased emphasis on focused and shorter duration work with

¹ <https://www.tnlcommunityfund.org.uk/funding/programmes/building-better-opportunities>

participants. The labour market was turbulent with greatly reduced participation rates and high levels of unfilled vacancies with particular sectors, notably, care, retail, hospitality, construction and technically skilled professions particularly short on candidates.

Let's Get Working was designed as a research-based project intended to experiment with different aspects of the nature, delivery and organisation of employment support services. The key questions, which this report seeks to answer, were:

Finding participants

- Are there new and better ways to reach long term ill and/or disabled people who might benefit from employment support services?
 - Can they be reached through collaboration with health and care services, in particular Social Prescribing?
 - How can economically inactive people be reached and enabled to re-enter the labour market?
 - What role might word-of-mouth play in bringing people to the project?
 - Which referral routes are most effective?

Outcomes

- Did the project achieve its goals?
 - What was achieved in relation to employment, learning, job search, and wellbeing outcomes for participants?
 - As defined by the BBO programme
 - Additional project defined outcomes
 - What was achieved for people with different characteristics in particular people:
 - With mental health issues
 - With autism or similar conditions
 - With musculoskeletal conditions
 - With learning difficulties
 - With other health conditions
 - By gender
 - By age
 - By other notable characteristics
 - What was achieved for people coming through different referral routes in particular:
 - Health and care services
 - Jobcentre plus
 - Self or personally referred
 - Other referral routes
 - How do the project's outcomes compare to similar provision across the BBO programme?

Supporting participants

- What is the potential for a delivery model based on highly individualised, flexible support combined with an emphasis on developing confidence and capability rather than directly finding jobs?
 - What aspects of the model are most important?

- What do different parties think of the model?
- What can it achieve?

The report presents the achievements and learning from LGW over its full period of operation, referring, where relevant, to differences over time. The report is based on a mix of different information sources including:

- Detailed monitoring data required by the BBO programme as a whole gathered in real time by the project.
- Additional monitoring data gathered by the project tailored to the specific nature of LGW, in particular, to track the perceptions and views of project participants in relation to their wellbeing, engagement with the labour market, everyday living, and community engagement.
- Project documents of different types including management reports, publicity documents, monitoring reports and operational materials.
- Interviews and other testimony from project participants, front line and management staff (including two staff surveys), referrers and delivery partners, including follow up surveys to track participant outcomes six months after their exit from the project.

The report is intended to show and explain the extent to which LGW achieved the overall goals it set for itself in its original funding bid and its specific outputs, results and outcomes as defined by its contract with the BBO programme (some of which were modified during its lifetime).

The report begins with a description of the LGW working model highlighting its key features and drawing attention to its differences from other forms of employment support. It then provides an overview of the achievements of the project looking at who was recruited into the project, their circumstances at the time of joining, where they went after their time with LGW and what we know about some of them six months after leaving.

We then look in more detail at the journeys of people who came to the project in different ways, considering differences in the nature and outcomes of participants referred through health and care services, from mainstream employment support, or who referred themselves. Following this we consider what role different health and disability conditions played in the experience and longer-term outcomes of people who took part in the project. Outcomes in relation to people's different circumstances and characteristics are then considered. The report concludes with commentary on the project from other perspectives, in particular the views of staff and stakeholders, as to its pros and cons as a model for others to follow.

We would like to express our gratitude to all those who gave us their views and provided access to the information necessary for us to complete this report. The conclusions drawn are those of the CurvedThinking evaluation team alone based on the evidence available at the time of writing. All information provided was on the basis of confidentiality.

July 2023

2 The Let's Get Working model

LGW's aim was to help unemployed and economically inactive people with long term health issues and or disabilities to progress towards job-search, education, training, employment and self-employment. The project was secured, managed and led by Sussex Community Development Association (SCDA) with support from two local partners acting under SCDA's direction, Royal British Legion Industries (RBLI) and Social Enterprise Kent (SEK). SCDA operated throughout East Sussex, particularly in and around Newhaven, Eastbourne and Hastings; RBLI in western Kent and Medway; SEK in Thanet, in and around Folkestone, Ashford and Canterbury.

The project began work during the early part of 2017 with a three-year contract to support 950 participants, 20% of whom were expected to move into employment. Two extensions to the project were agreed with an eventual duration up to the end of June 2023 and final target of 1,803 participants.

Long term ill and/or disabled people in East Sussex and Kent, with an interest in moving towards employment, were to be identified by various means, enrolled in the project and then supported to make progress. Achievement was to be recorded in relation to moving on to work, learning or more active job searching. Participants would also be sounded out for any interest in the possibility of becoming self-employed or starting a business. Those with a realistic chance of doing so would then be helped to explore and, where possible, make this a reality.

The support available to individual people enrolled into LGW was delivered by a team of employment support workers with different roles including;

- initial contact and assessment of need and action planning.
- continuing support with achieving action plans, maintaining motivation and momentum.
- specialist inputs such as training, CV writing.
- during part of the project Occupational Therapy support by students on placement.

Advisors were able to draw from a menu of tools including;

- Dedicated 1:1 support with a specific advisor.
- Support with writing and updating a CV.
- Job searching techniques.
- Training and upskilling.
- Interview preparation.
- Support into self-employment.
- Support with motivation and confidence levels.

The suite of support available to participants looks, at face value, similar to that provided by most mainstream and sub-contracted employment support services. It is, however, important to note that LGW's approach to delivery had distinct features which made its offer somewhat different from others, arising from both the leeway offered for experimentation and initiative by the BBO programme

itself and by the ethos and working methods adopted specifically by SCDA itself and its sub-contractors. These included;

- Taking part in the programme was voluntary for participants rather than compulsory, nor a condition of benefit entitlement.
- Development of close relationships with referrers, with a particular emphasis on health and care providers, organisations with less experience of working with employment support providers and encouragement of self and informal referrals.
- A rigorous but humane initial assessment process to ensure unsuitable enrolments were avoided.
- Detailed initial assessment with a focus on identifying real, realistic goals and individual factors and circumstances which might play a role in achieving progress, or not.
- A highly individualised and flexible approach with an emphasis on providing useful and appropriate support, genuinely tailored to individual needs and preferences.
- Maintenance of 1:1 relationships between participant and advisor as far as possible with avoidance of changing to different people.
- No fixed timetable for the duration or content of support – whilst also avoiding overly protracted duration and the buildup of dependency.
- The ability to use financial ‘bursaries’ to pay for items or services identified as needed to achieve agreed goals (provided a business case could be made).
- The experience and quality of advisor support with an emphasis on encouragement and flexibility and a willingness to recognise that ‘soft’ measures, simply talking through issues, showing kindness, keeping in touch without a specific agenda, could be as valuable as formal actions.
- Trust shown in front line staff by managers to innovate and take initiative.

This was the backdrop to the project achievements discussed below. In the final section we will return to the subject of the LGW model and consider what staff felt about it and the lessons to be drawn from the whole enterprise.

3 Let's Get Working: the overall picture

This section discusses key aspects of the project as a whole, paying particular attention to the expectations of the BBO programme and the measures used by it to understand what funded projects were achieving.

3.1 'Outputs': who came to the project?

In terms of the BBO programme Outputs essentially means the absolute numbers of people overall, and in relation to different characteristics, who were formally enrolled into the project. At contracting stage the project agreed with BBO target numbers (subsequently increased as a result of additional funding being made available), as shown in the table below:

Table 1: Programme defined outputs

'Outputs' expected by BBO	Target agreed	Number achieved	% Target
Total people taking part in project	1,803	1,757	97.4%
Women	902	720	80.0%
Men	901	1,034	114.6%
Number unemployed	902	718	79.6%
Number economically inactive	901	1,038	115.3%
Number aged over 50	386	421	109.1%
Number with disabilities	1,364	1,513	111.0%
Number from ethnic minorities	141	158	112.1%

LGW was largely, but not completely, successful in recruiting the number and type of people it undertook to reach. The 1757 recruited was fractionally short of the 1,803 targeted but with a significantly higher proportion of men than women. This is discussed in the LGW and gender section below. Within the overall total a substantially greater number of economically inactive people were enrolled, offset by substantially fewer unemployed. Whilst this did not conform to the agreed target, it can be argued that a higher proportion of EI participants was a better imbalance over the other way round given the particular focus of LGW on health and disability. The distance from the labour market is likely to be higher for people currently inactive and the input required to move them onwards, greater. As will be seen LGW was particularly successful in enabling previously inactive participants to be able to actively search for work on their departure from the project in addition to substantial numbers into employment or learning.

BBO programme expectations tended to regard the economically inactive as most in need, however the table below demonstrates that LGW also reached many (very) long term unemployed people as well:

Table 2: Length of time unemployed on joining, by gender

Length of time unemployed on joining	Female	Male	Total	N
<6 months	18.9%	16.3%	17.3%	124
6-11 months	10.7%	13.1%	12.1%	87
1-<2 years	17.8%	20.9%	19.6%	142
2-<5 years	24.6%	25.0%	24.9%	178
>5 years	28.1%	24.8%	26.0%	187
Total	100%	100%	100%	718
N	281	436	718	

More than 70% of the unemployed people taking part had been unemployed for more than a year (one conventional definition of ‘long term unemployment’ and associated with rapidly reducing likelihood of returning to work). More than a half had been unemployed for more than two years and a quarter more than five years. Twenty participants had been unemployed for more than twenty years!

The numbers of people aged over 50 and from ethnic minority communities were above the targets, as was the number saying they were disabled. It should be noted that this last figure is hardly surprising, given the specific focus of the project, but does reflect the fact that, whilst people may have work limiting illnesses, this does not necessarily mean they define themselves as disabled.

There is naturally a lot more to a project such as LGW than the basic numbers monitored across the BBO programme as a whole. The recruitment process emphasised enrolling people most likely to benefit from the intense, highly individualised sort of support on offer, whilst the message to referrers prioritised reaching those who were in poor health and/or disabled and least likely to have made progress via previous support or had been long out of the labour market – if they had been in it at all. In essence LGW was set up to try and help the most intractable and vulnerable cases.

The following tables² summarise the composition of the LGW participant community beginning with the distribution of genders and employment status for which we also have comparable statistics from the BBO programme as a whole via the national evaluation (see box below for a discussion of how this relates to operational projects).

² In all tables, unknown and blank responses have been removed, therefore total numbers may not add up to the participant total of 1757. Percentages may not add to exactly 100% due to rounding errors.

The BBO programme as a whole has been subject to an evaluation of its work overall by Ecorys since its inception. A series of reports have been published using programme monitoring data as well as surveys, case studies and qualitative research. The national evaluation provides information on the performance of the BBO programme as a whole and this is the best available comparator to benchmark the achievements of LGW. Where possible we have included programme level figures in the tables in this report and commented on how they relate to LGW. In doing this, however, it is important to keep the following in mind;

- The most recently published figures, from the 2022 Annual Report, only cover participants on the project up to September 2021. The final national evaluation will of course cover the whole programme but had not been published at the time of writing. It may be the case that performance will have changed over the period, in particular since up to September 2021, there will have been many participants still with the programme whose final destination remained to be seen. The experience of project closure by LGW shows that there may be a drop off in the level of 'positive' achievements towards the end. This arises from people remaining with the project in the hope of making progress but which, in the end, fails to materialise.
- The BBO programme covered many different types of participant whilst LGW specialised in those with ill health and/or disability. It is not possible, at present, to know whether there were differences in outputs and outcomes for participants not covered by LGW so the only comparison possible is with the whole programme. It is, however, reasonable to assume that LGW are likely to have been amongst the most disadvantaged.
- Outcome analysis is only possible where a formal outcome was recorded for the participant in question. For the programme as a whole outcomes to September 2021 were only known for 62% of participants who had left their project, whereas LGW knew the destination of 65% of theirs. It is not clear what the implications of this are.

Despite these caveats comparison with programme performance has value in giving a broad picture and highlighting questions as to how LMTO has performed in relation to its peers. The figures should, however, be treated with some caution.

Find more on the Ecorys evaluation programme here: <https://buildingbetteropportunities.org.uk/>

Table 3: Employment status on joining the project by gender

Employment status on joining by gender	Female	Male	Total	N	BBO programme comparative outputs
Economically inactive	61.0%	57.8%	59.1%	1037	48%
Unemployed	39.0%	42.2%	40.8%	717	52%
Total	100%	100%	100%	1754	100%
N	720	1034	1754		
	41.0%	59.0%			
BBO programme comparative	49%	51%			

Clearly LGW had a substantially greater proportion of economically inactive participants who were, in fact, in a minority in the main BBO programme. LGW had a lower proportion of female participants at just 41% who were also weighted towards being economically inactive compared to men.

The next set of tables highlights aspects of the LGW participant community where interesting differences can be observed. We have only presented those where a difference is worthy of note.

Demographic and social factors

The characteristics explored in the following tables were recorded at the time of joining the project and were required by the BBO programme in order to allow for comparison and to determine different aspects of disadvantage.

Table 4: Age on joining the project by gender and employment status

Age on joining by gender/employment status	Female	Male	EI on joining	Unemployed on joining	Total	N
16-24	22.8%	30.7%	30.4%	23.1%	27.4%	481
25-49	50.0%	44.1%	49.0%	42.9%	46.5%	816
50+	27.2%	25.2%	20.5%	34.0%	26.0%	459
	100%	100%	100%	100%	100%	1756
N	720	1035	1038	719	1757	

Amongst male participants more were in the younger age group whilst women made up more of the over 50. The over 50s were also the most likely to be unemployed.

Table 5: Ethnic minorities by gender and employment status

Ethnic minority group by gender/emp status	Female	Male	EI on joining	Unemployed on joining	Total	N	BBO comparative
Not from ethnic minority group	89.2%	91.9%	92%	94%	90.7%	1594	78%
From ethnic minority group	10.7%	7.8%	7%	6%	9.0%	158	22%
	100%	100%	100%	100%	100%	1752	100%
N	720	1034	1038	718	1752		

Whilst LGW's number of people from ethnic minority backgrounds met its target its proportion, at 9%, was significantly lower than for BBO as a whole. It was, however, consistent with the ethnic minority population of East Sussex and Kent. Ethnic minority participants were more likely to be women and marginally more likely to be economically inactive.

Table 6: Basic skills by gender and employment status

Basic skills on joining by history	Female	Male	EI on joining	Unemployed on joining	Total	N
Lacks basic skills	33.2%	28.4%	30.6%	29.9%	30.4%	533
Does not lack basic skills	66.8%	71.6%	69.4%	70.1%	69.7%	1223
	100%	100%	100%	100%	100%	1756
N	720	1035	1038	719	1757	

Women were more likely to be lacking basic skills when they joined the project but there was relatively little difference in skills levels between the economically inactive and unemployed. The overall figure of 30.4% lacking basic skills is relatively high for an open ended, voluntary participation project.

Table 7: Jobless household by gender and employment status

Living in jobless household on joining by gender	Female	Male	EI on joining	Unemployed on joining	Total	N	BBO programme comparative outputs
Jobless household	55.3%	53.5%	50.5%	59.5%	54.2%	951	63%
Not jobless household	44.0%	45.7%	48.9%	40.5%	30%	792	37%
	100%	100%	100%	100%	100%	1743	100%
N	720	1034	1038	718	1743		

Another negative factor, affecting the likelihood of finding employment, tends to be where people live in a household where no one else is employed. This information is collected for all participants consistently across the BBO programme with around two thirds of all being in this position. Some caution is needed in interpreting this figure since it is not known how many lived alone and therefore were inevitably in a jobless household, however, it can be reported that LGW served a lower proportion than BBO overall, which may be attributed to the younger LGW participants being more likely to continue to live with family members due to their conditions. There was little difference between the genders but a greater likelihood for people to be unemployed.

Table 8: Homeless or housing excluded by gender and employment status

Homeless on joining by gender	Female	Male	EI on joining	Unemployed on joining	Total	N
Homeless / housing excluded	2.1%	3.3%	2.6%	3.2%	3%	50
Not homeless	97.4%	96.6%	97.1%	96.5%	96%	1701
	100%	100%	100%	100%	100%	1751
N	720	1034	1038	718	1751	

Homelessness is self-evidently a significant barrier to finding and retaining employment. Only a very small proportion of the LGW cohort reported homelessness or housing exclusion but the project did work with 50 individuals in this position – more likely to be male and unemployed meaning they are likely to have been referred to the project via advisors at the Job Centre.

Table 9: Offending history by gender and employment status

Offending history on joining by gender	Female	Male	EI on joining	Unemployed on joining	Total	N
Has offending history	5.8%	10.6%	7.4%	10.45%	8.7%	152
No offending history	93.9%	88.9%	90.3%	88.7%	91.3%	1595
	100%	100%	100%	100%	100%	1747
N	720	1034	1038	718	1747	

Having an offending history is well known to have a significant impact on employment for a host of reasons which, if combined with illness or disability, can only reinforce disadvantage. The project did support 152 people with offending histories who were significantly more likely to be male and unemployed – the latter primarily referred by Jobcentre Plus or other mainstream employment support programmes.

Health and disability factors

BBO did not require health status or conditions to be recorded beyond the basic ‘disability’ category. Given LGW’s focus it is hardly surprising that it greatly exceeded the BBO figure of 48% disabled participants. As stated elsewhere the great majority in LGW self-identified as disabled (defined as sufficiently severe to affect everyday life), although some 13% did not see themselves as disabled. It should also be kept in mind that disabled people themselves may not see their disability as the most significant factor in limiting their lives or labour market participation.

Table 10: disability by gender and employment status

Had a disability on joining by gender/emp status	Female	Male	EI on joining	Unempl oyed on joining	Total	N	BBO comparative
Had a disability	86.4%	86.8%	86.0%	87.0%	86.8%	1513	48%
Did not have a disability	13.1%	13.3%	13.3%	13.0%	13.25%	231	52%
	100%	100%	100%	100%	100%	1754	100%
N	720	1034	1038	718	1754		

In order to get a more detailed picture LGW chose to collect data on health conditions and used the categorisation devised by ONS for its figures related to the labour market, health and disability. Participants were asked to identify all conditions they experienced and to say which they felt to be the most significant in terms of their everyday lives. The following table presents the full set of conditions. In later analysis the less common conditions have been combined.

Table 11: Main health condition reported, by gender and employment status

Main condition by gender/emp status	Female	Male	EI on joining	Unemplo yed on joining	Total	N
Mental health	27.1%	21.4%	25.4%	21.5%	23.8%	414
<i>MH depression, nerves, anxiety</i>	21.5%	17.4%	19.6%	18.5%	19.1%	334
<i>MH Mental illness, phobias, panics etc</i>	5.6%	4.0%	5.8%	3.9%	4.7%	81
Musculo Skeletal	23.9%	18.1%	16.4%	26.4%	20.5%	357
<i>M-sk back or neck</i>	11.4%	8.6%	7.3%	13.4%	4.0%	170
<i>M-sk legs or feet</i>	7.6%	6.2%	5.8%	8.1%	6.9%	118
<i>M-sk arms or hands</i>	4.9%	3.3%	3.3%	4.9%	9.8%	69
Autism, Asperger's syndrome or similar	8.0%	19.9%	17.0%	12.2%	15.0%	261
Severe or specific learning difficulties	7.8%	9.7%	9.3%	8.4%	9.0%	156
Epilepsy	2.5%	3.2%	3.6%	2.0%	2.9%	51
Progressive illness	2.7%	2.8%	3.0%	2.4%	2.8%	48
Chest or breathing problems, asthma, bronchitis	2.7%	2.7%	1.6%	4.2%	2.7%	47
Heart, blood pressure etc	2.9%	2.4%	2.0%	3.5%	2.6%	46
Stomach, liver, kidney or digestive problems	2.2%	2.1%	2.0%	2.4%	2.2%	38
Diabetes	1.5%	2.3%	1.4%	2.9%	2.0%	35
Difficulty in hearing	1.4%	1.9%	1.6%	1.7%	1.7%	29

Difficulty in seeing (while wearing spectacles or contact lenses)	1.5%	1.7%	1.7%	1.4%	1.6%	28
Speech impediment	0.6%	1.1%	1.0%	0.7%	0.9%	15
Severe disfigurements, skin conditions, allergies	0.4%	0.8%	0.7%	0.6%	0.6%	11
Other health problems or disabilities	14.7%	9.8%	13.3%	9.7%	11.8%	206
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	1742
N	715	1027	1032	712		1742

Mental health conditions, embracing both depression and mental illness, were the most commonly cited with higher incidence amongst women and the economically inactive. Musculoskeletal conditions were the second most common, particularly bad backs, again higher amongst women but this time also the unemployed. Autism, Asperger’s syndrome and similar conditions were third, much higher amongst men and the inactive. Learning difficulties were fourth, slightly higher amongst men and the inactive. Most other conditions were of much lower incidence with a final 12% of other conditions not included in the main list.

It is important to also take into account many people experienced more than one health condition or disability, any one of which may also impact on their ability, or willingness, to move towards employment. As the next table shows only a small number only had one condition to report:

Table 12: Number of conditions by gender and employment status

Number of conditions reported	Female	Male	EI on joining	Unemp on joining	%	N
One only	8.3%	12.7%	10.9%	10.9%	10.9%	191
2	19.4%	22.5%	21.9%	20.5%	21.3%	374
3	19.4%	20.8%	20.7%	19.5%	20.2%	355
4	16.1%	16.4%	14.5%	18.7%	16.2%	285
5	11.0%	8.5%	10.2%	8.6%	9.6%	168
6	8.6%	8.9%	9.2%	8.4%	8.8%	155
7+	17.1%	10.1%	12.6%	13.5%	13%	227
Mean (average)	4.2	3.7	3.9	3.9		3.9
Median						3

Just one in ten people reported a single condition, with men more likely to do so. The median number was three, the mean 3.9, whilst one in five reported six or more conditions. Even for the youngest age group the mean was 3.3 and a third of over fifties reported five or more.

Table 13: Number of conditions by age

Number of conditions reported	16-24	25-49	50+	%	N
One only	13.3%	9.7%	10.5%	10.9%	191
2	27.4%	21.2%	15.1%	21.3%	374
3	23.4%	20.2%	16.8%	20.2%	355
4	14.5%	17.0%	16.6%	16.2%	285
5	7.7%	10.8%	9.4%	9.6%	168
6	6.6%	8.9%	10.9%	8.8%	155
7+	7.0%	12.2%	20.6%	13%	227
Mean (average)	3.3	3.9	4.4		3.9
Median					3

The following table shows both the main condition and sets it alongside the proportion of people who mentioned this condition at all:

Table 14: Main and all conditions

<i>Main, and all conditions</i>	Main condition	Mentioned condition (inc main)
<i>Mental health</i>	23.8%	67.4%
<i>Musculo skeletal</i>	20.5%	52.1%
<i>Autism, Asperger's syndrome or similar</i>	15.0%	31.5%
<i>Severe or specific learning difficulties</i>	9.0%	30.3%
<i>Epilepsy</i>	2.9%	7.2%
<i>Progressive illness</i>	2.8%	5.0%
<i>Chest or breathing problems, asthma, bronchitis</i>	2.7%	21.1%
<i>Heart, blood pressure etc</i>	2.6%	20.2%
<i>Stomach, liver, kidney or digestive problems</i>	2.2%	18.1%
<i>Diabetes</i>	2.0%	9.0%
<i>Difficulty in hearing</i>	1.7%	12.5%
<i>Difficulty in seeing (while wearing spectacles or contact lenses)</i>	1.6%	9.9%
<i>Speech impediment</i>	0.9%	5.8%
<i>Severe disfigurements, skin conditions, allergies</i>	0.6%	17.2
<i>Other health problems or disabilities</i>	11.8%	26.0%
<i>Grand Total</i>	100.0%	
<i>N</i>		1756

This table reveals some important findings. Mental health issues were reported by more than two thirds of all participants, the incidence noticeably increasing following the onset of Covid. Other potentially significant barriers to employability are also more common than might be expected a first sight, with one in five citing heart, respiratory or digestive issues amongst their conditions and learning

difficulties and autism or similar affecting around 30%. Further tables setting the incidence of conditions by various factors are provided for information in the annex and highlighted as relevant in the discussion of the main conditions in the sections below.

But the simple fact is that most LGW participants had a lot going on health and disability-wise.

3.2 Outcomes and Impacts: what happened to participants?

This section summarises the main outcomes and impacts achieved by LGW as a whole. We will discuss these in more detail later in relation to particular referral sources, characteristics and health conditions.

Programme performance

Monitoring of BBO programme performance was largely based on absolute, as opposed to relative performance, for example the numbers of participants in a particular category as opposed to their proportion in relation to the whole.

The following table summarises the main results the project was expected to deliver:

Table 15: Results expected by BBO

'Results' expected by BBO	Target agreed	Number achieved	% Target
Number leaving project for education or training	398	321	80.7%
Number leaving for employment / self employment	NA	385	
Number of those leaving for employment previously unemployed	160	188	117.5%
Number of those leaving for employment previously economically inactive	443	197	88.9%
Number economically inactive on joining who left to active job searching		197	

As can be seen the number of those leaving for education or training was short of the target number, being 80% of expectations. Given the total number of participants was more or less on target this indicates fewer learning outcomes than was hoped for. There is no particular explanation for the shortfall except to confirm that destinations were governed by the preferences of participants and professional judgements of staff. The project was clear it would not push people towards actions simply to meet somewhat arbitrary targets. There is in reality no 'ideal' number of people who should go in a certain direction and setting targets should be driven by need.

That said, staff members did criticise the bald monitoring numbers as being un-representative of the true level of learning attained by participants during their time at the project and, indeed, afterwards. Whilst the BBO programme was not prescriptive about some important issues, such as the definition of long term illness or disability, it was very rigid in relation to others, learning included. LGW would point to the following:

- People who left the project to some form of learning would not be counted if they had been in education or learning at the time of joining. The rationale here is that the programme wanted to see 'progression' and did not regard this to be demonstrated by such a circumstance. In the view of staff this meant what was regarded as, in fact, significant individual achievements could be missed. As an example there were a number of younger participants who joined the project whilst they were in some form of learning, particularly at college or FE, or special needs education – this was particularly the case for some with autism or similar conditions or learning difficulties. The project was successful in many of these cases in helping them to take up other, more advanced or progressive learning elsewhere, but this could not be counted.
- The project delivered its own learning programmes to many participants, often as more or less the final stage, which can be seen in many cases as representing progress in its own right rather than steps on a pathway. In many cases such learning could have been sourced externally and combined with formally 'exiting' the participant. The former case could not be counted as a formal result, being 'during' provision, whilst the same learning in the latter case could be counted. This seems illogical.

In relation to employment outcomes, from the point of view of programme monitoring, these were counted specifically for those who were unemployed at the time of joining but, for the economically inactive, only counted alongside those who were actively job seeking at the time of exit. The unemployed number into work was exceeded by 17%, even considering the lower number of unemployed participants enrolled into the project – the achievement here is therefore rather understated.

In contrast, the combined economically inactive result target was under achieved, at about 90% of expectations. However, the attainment figure here of 385 in total was split exactly half and half between leaving to employment and leaving to job seeking. This is in fact an unexpected and highly creditable result – EI people would in general be thought less likely to be able to move directly into employment following LGW type support, which put a premium on going at their pace, building confidence and capability rather than pushing towards job openings too soon. For as many to go into work as to leave seeking a job was not anticipated and can be seen as a major achievement.

One other questionable feature of the formal monitoring raised by staff should also be mentioned. As discussed, active job seeking on departure was only counted for EI people, since the definition of being unemployed implies the necessity for job seeking. Staff pointed out that many unemployed participants, particularly those who had been out of work for a long time, (remember 25% had been unemployed five years or more) were in reality doing very little, or largely ineffective, job seeking, often in a routine more intended to satisfy benefit conditions than with any real prospect of success. It was indeed just this sort of situation that lay behind many of the referrals made by JC+ and others to LGW and what we mean when saying the project was intended to help people 'for whom existing provision was not working'. Given there were audit requirements to prove active job seeking on leaving the project, it can be argued that people who had become more active and optimistic job seekers on leaving, often equipped with new skills or behaviours attained while there, should legitimately be seen as having made progress and counted as a formal result.

On a final note about what to count, the lack of a 'volunteering' destination was raised by staff as another area where the monitoring system missed out on an important aspect of the project's

achievements. Volunteering takes many different forms and was the right onward destination for a number of participants on the way to full labour market engagement.

'I am looking for call handler work at the hospital. I also have back up volunteer charity work which I am doing during the week.'

M53, unemployed two years on joining, diabetes and depression, no formal 'result' on exit

'Since leaving LGW, the interview feedback has been increasingly excellent. Since NY, I have interviewed with JNCC, three Wildlife Trusts, RSPB, CHEMTrust, LEAF, CPRE, and maybe a couple of others. I have also taken on volunteer work with great responsibility; today, I was offered free-lance work with them. Next week, I also have an interview with the Eden Project as a Higher Education lecturer and am waiting to hear from leading graduate roles.'

M25, unemployed on joining, musculoskeletal conditions, no formal 'result' on exit³

Comparative outcomes

The following table looks at project performance in a different way, considering not so much the absolute numbers as their relation to the overall participant cohort for whom a destination is known – which also enables us to benchmark LGW against the overall BBO programme evaluation.

The table reports the proportions of men and women and the unemployed and inactive in relation to employment, learning and job search outcomes and presents the comparative BBO programme evaluation numbers. Note that the base total number refers only to those for whom a destination is known (this can include 'no result'), therefore excluding those who left the project without providing any information. This is consistent with the programme level evaluation analysis, although LGW was a little better at having recorded results than the programme as a whole.

³ Throughout the report we provide direct quotes from participants or members of staff to illustrate key points. These were collected on the basis of anonymity during the research phase, we provide basic demographic or other relevant information to assist in interpretation and relevance of the comments made

Table 16: Known destinations by gender and employment status.

Known destination on exiting project	Female	Male	EI on joining	Unempl oyed on joining	Total	N	BBO programme comparative outcomes
Employment / self employment	35.2%	32.8%	29.7%	39.8%	33.9%	385	36%
Education or training	32.4%	30.0%	31.1%	30.5%	30.9%	321	32%
Inactive into job search (%EI on entry)*	27.5%	31.3%	29.7%	0	29.7%	197	15%
Inactive into job search (% all on entry)*	17.0%	17.7%	29.7%	0	17.3%	197	
At least one positive outcome	84.6%	80.5%	90.5%	70.3%	82.1%	903	84%
N	460	674	664	472	1136		73,287
Unknown destination	260	360	374	246	620		44,673
	37%	34.8%	36%	34.3%	35.3%		38%

One third of all participants left to employment or self-employment, marginally lower than the programme figure but clearly comparable, particularly given the LGW target groups. The education or learning figure of 31% is also very close to the programme wide number, as is the 82% achieving at least one result. Of particular note is the 30% EI leaving actively job seeking, double that reported by the programme evaluation.

Women were more likely to go into work than men and previously unemployed people considerably more likely. There were only marginal differences between groups in relation to learning outcomes, but EI men were more likely to be actively job seeking on departure.

*** Note on interpretation of Economic Inactivity and job search statistics**

In this and other outcome tables two different figures are shown for the proportion of participants who were confirmed to be actively job seeking on their departure from LGW. The first, *%EI on entry* is the proportion of people who were recorded as economic inactive on their entry to the project, ie it excludes those who were unemployed. From the point of view of the BBO programme, it is this figure that is counted as a 'positive outcome', since it represents a change in circumstances. The unemployed are regarded as being job seeking by definition, therefore if they left the project and continued job seeking there is no change, therefore this does not count as a positive outcome. This figure is used by the overall BBO programme evaluation, as shown in the final column of the table.

The subsequent row, *%all on entry*, by contrast shows the proportion of all participants, even though it is only those EI on entry who were counted. It is this figure, added to the two others (% into employment, % into learning) which is used to calculate the overall '*at least one positive outcome*' number, which is also quoted by the overall programme evaluation. In making sense of the numbers, the %EI figure is most useful as a benchmark for progress by EI people, whilst the % at least one positive outcome number best for understanding the achievement of the project as a whole.

Other outcomes

As a labour market programme it is not surprising that BBO did not seek to monitor other dimensions of the project experience. LGW, however, was keen to pay more attention to a wider set of issues given its health and disability priority and ambition to work with wider and not always employment focused referral bodies. The project used a set of 'Participant Attitude Questionnaires' (PAQs), completed by participants on joining, at intermediate points and on the point of departure.

The chosen format was based on the 'SWEMWBS'⁴ mental wellbeing monitor, a well-known rating scale used widely to assess the state of mind of those completing it. This poses a standardised set of seven questions, each of which are rated by the respondent on a 1 to 5 scale. The total score can therefore range from 7 (answered 1 to each question) up to 35 (answered 5 to every question). Analysis involves comparing the total at two time points to see the difference. In broad terms, a change in score of two or more up or down is regarded as significant. To see the impact on groups of people the change scores are added together and the mean change calculated. Proportions reporting different sizes of change are also instructive.

The following table presents the mean change in scores for the 1088 people for whom both start and exit PAQs were available – since we do not know the outcomes for the remaining participants, who overlap largely with the 'unknown destination' group discussed above, some caution should be exercised in interpreting the numbers.

The assessment scales used are given in an appendix for reference.

4

Table 17 Changes in assessment scores by gender, and employment status

Changes in assessment scores	Female	Male	EI on joining	Unemployed on joining	Total
Overall self assessment mean change (+8 = significant overall improvement)	+13.5	+11.3	+12.4	+11.9	+12.2
Wellbeing assessment change (+2 = significant)	+4.1	+3.7	+3.9	+3.9	+3.9
Labour market engagement change (+2 = significant)	+5.3	+4.3	+5.0	+4.3	+4.7
Everyday living change (+2 = significant)	+1.5	+0.7	+0.9	+1.6	+1.1
Community and connections change (+2 = significant)	+2.5	+2.5	+2.6	+2.3	+2.5

An overall figure comes from adding all four PAQ scales together, giving a rounded picture of change. Given the +2 threshold for significance for each, we can use a +8 figure for the overall number, which for LGW comfortably exceeded overall (mean +12.2), with women returning the highest at +13.3. The unemployed were also marginally higher. Much more detailed tables showing scores and their distribution are provided in an annex, and the differences in scores in relation to various participant and referrer characteristics discussed in the relevant sections below. We can note here, however, that particularly high overall mean scores were recorded by:

- People referred from primary care (+19.1)
- People leaving for employment (18.2)
- People referred from VCO organisations (+14.4)
- People leaving for education (+13.4)
- People job searching on leaving (+13.2)
- People with mental health issues +13.2)
- 25-49 year olds (12.9)

Notably below average scores were recorded by people with learning difficulties as their main condition (+9.6), although this is still a positive improvement. Not everyone did improve however, with 14% recording a decrease in scores of more than the significance threshold of 8, more negative amongst men (16.5%), people with mental health issues (16.5%) and musculoskeletal conditions (17%), referrer by JC+ (16.5%)

The wellbeing score asks questions about personal feelings such as optimism, feeling relaxed or useful, dealing with problems. Again, the overall mean score was clearly significantly higher at +3.9, being higher for women and for the groups referenced above in relation to the overall score. Primary care (+6.2) was particularly high. This pattern was repeated for all the different rating areas.

The labour market engagement score was to test the extent to which people felt confident in their knowledge of the jobs market and ability to access and thrive in it. At 4.7 this area recorded the highest mean increase of all, at 4.7, which was particularly high for those who left for employment (+6.3). It is only to be expected that people taking part in an employment programme should report improved feelings about the labour market and that those who succeeded in finding work would be particularly positive, however these are, by any standards, impressive results.

The everyday living score was intended to assess the extent to which everyday life had changed – although we must take care here since the contribution of the project to any changes is difficult to isolate. The underlying assumption however was that the issues covered were likely to improve should the project have been successful in tackling a full range of personal issues. The questions related to issues such as money worries, feeling able to manage medical conditions, getting around with difficulties. In fact the results here were less positive overall, with a mean positive change of +1.6, in the right direction but insufficient to demonstrate a significant improvement. Two groups did however record significant mean improvements: people with autism or similar conditions (+2.2) and those who left to employment (+2.0). The less positive responses here suggest that respondents did not perceive the project as playing that much of a role in more practical as opposed to psychological aspects of their lives. LGW had anticipated that successful engagement through social prescribing and health services might have led to demonstrable health improvements too, but this does not generally seem to have been the case, although the +1.8 mean score for primary care referrals hints at a possibly limited effect.

Community and connections tested individual's assessment of their social relationships and community participation with questions about independence, contributing to community life, contacts with family and friends and feelings of isolation. The overall mean score was significant at +2.5, on the low side but still positive. The assumption here was that engagement with LGW might in itself provide more positive social connections for individuals with their support workers, peers, and possible employers or learning providers. This was the one area where there was very little difference to observe between different characteristics, even men and women scoring the same, although those leaving to employment, primary care or VCO referrals and people with autism or similar conditions were somewhat higher.

See the more detailed sections below for further discussion of these findings and the annex for the tables.

3.3 Sustained results?

After leaving the project there was no formal continuing relationship with participants (including no 'in work – or learning support' for those who found jobs or went into education). This could not be funded under programme rules. There was, however, the opportunity for informal contacts – the open and welcoming nature of project premises for example (at least outside Covid times) meant people could – and did – drop in from time to time. Similarly, previous phone or on-line communications were

still available and some participants continued to keep in touch, ask for advice etc. A small number of participants took a 'break' from the project or were exited but formally re-admitted, staff were clear that being part of LGW was not necessarily a linear process and, particularly for people with health conditions, it was not surprising that some would need breaks or might go backwards at times.

The result of only informal contact being maintained with participants following exit means the project itself did not gather systematic follow up information. The evaluation did, however, follow up by conducting a survey of participants six months following their departure from the project. The questionnaire used is provided in the annex. The overall programme evaluation also used a follow up survey but this was launched after LGW's version so the results are not directly comparable. In the case of the LGW survey a total of 215 completed responses were received, approximately 20% of those leaving the project with known destinations. People were contacted at the six month point by phone, email and/or text, and a number of follow up reminders sent. Despite this the response rate is relatively low and interpreting the results should be done with caution since they cannot be regarded as fully representative of the whole. They do, however, provide some valuable insights into what became of LGW participants and how they felt about the project.

The Let's Get Working follow up survey: key facts

- 215 completed responses, evenly distributed over the lifetime of the project
- Follow up made six months following departure from the project
- 42% left for the project to employment
 - 70% of these still in work at the six months point
 - 80% of those still in work were with the same employer
 - of those that had changed, one had become self-employed, the others had moved to different employer
 - 75% said LGW was wholly or largely responsible for them being in work, 9% said it had little or no role
- 36% left to some form of education or training
 - 59% had completed their studies, 41% were continuing
 - 9% were now in employment
- Of the people who did not go into employment when they left, 49% were actively seeking work at the time of the follow up survey
- Asked what sort of impact being part of LGW had on their life, of all respondents to the survey, the results were:
 - Very positive 40%
 - Quite positive 42%
 - Neither 14%
 - Quite negative 2%
 - Very negative 1%

Even allowing for the likelihood that respondents were more likely to be those that had positive experiences with the project these are encouraging results, particularly the high proportion having sustained employment and even been able to move around in the labour market. The fact that people were also reporting some – but not all – of success in finding work to the project is encouraging and speaks also to increased confidence in the individual themselves, not just being 'done to' by the system.

Respondents were also asked for their comments on the project and its work with them. Some of the direct quotes are used throughout this report to illustrate particular points but, in summary, the main findings were:

Most positive aspects:

- One-on-one support from advisors was the most commonly cited positive. Participants valued having someone to provide encouragement, guidance and accountability. Many mentioned their advisor by name, demonstrating the value of close and enduring contact.
- Several respondents emphasized the importance of the emotional/mental health support in building confidence and overcoming barriers. Feeling valued was critical.
- The practical assistance with CVs, interview preparation, training courses and access to resources was also beneficial, according to many comments. This enabled tangible skills development.
- The flexibility to work at their own pace without pressure was highlighted as a major plus by some, particularly given the health limitations of the LGW target group.
- Some praised the social elements of the program in reducing isolation and allowing them to meet others facing similar challenges including, for a number, the maintenance of remote contact during Covid.
- Overall personal and customized assistance comes across as particularly valued.

More negative aspects:

- The most common criticism was that for them the program felt too prescriptive or rigid. Some felt the standard job search steps were not suited to their situations or aspirations.
- Relatedly, several skilled/educated participants felt the program was geared too much towards entry-level work. They wanted more specialized support or career guidance.
- Some commented on advisor changes or an eventual drop-off in support as being detrimental after having built rapport. Ongoing contact was important.
- Issues with unsuitable provision or assignments came up a few times. These participants wanted advisors with expertise relevant to their particular circumstances.
- A few felt their health and personal issues outweighed the need to focus on employment but felt they were not adequately addressed. Mental health support was lacking.
- For a few the program had not led to tangible results nor next steps. They wanted clearer outcomes.
- Overall the desire for tailored guidance and long-term support stood out as areas felt to need improvement.

4 Let's Get Working: what role did referral play?

4.1 Referrals overall

This section looks at LGW from the point of view of how people came to be involved in the project, what they were like and what happened to them. Each of the main referral routes are considered, including informal and self-referrals as well as those from other agencies. Table 18 below shows in detail the main referral sources and pattern of referrals over the course of the project. It is split between the pre-Covid period (2017 to the end of March 2020, and April 2020 onwards), and shows the proportion referred by each provider over time, as well as the proportion their referrals made to the total at that time.

Table 18: Referrals by source over time

Referrals by source	Public sector JC+	Personal	Charity VCO	Health services - primary	Health services - secondary	Local Authority ASC	Other	N	Total
2017	5.4%	9.6%	14.0%	32.1%	16.4%	4.8%	16.7%	204	12.1%
2018	18.3%	26.2%	31.2%	41.1%	39.3%	6.8%	23.8%	452	26.8%
2019	24.8%	21.4%	24.4%	14.7%	36.1%	2.0%	7.1%	378	22.4%
2020 Qtr1	6.3%	2.1%	4.1%	2.1%	4.1%	0.7%	2.4%	73	4.3%
Total 2017-Q1 2020	54.9%	59.4%	73.8%	90.0%	79.5%	61.2%	50.0%	1107	65.6%
% all in period	27.4%	20.1%	14.7%	15.4%	8.8%	8.1%	1.9%		100.0%
2020 Q1-4	6.9%	6.4%	5.5%	1.1%	4.1%	2.7%	9.5%	100	5.9%
2021	22.1%	7.8%	9.0%	3.7%	8.2%	0.0%	11.9%	210	12.4%
2022	16.1%	25.7%	11.8%	5.3%	8.2%	3.4%	28.6%	267	15.8%
2023	0.0%	0.8%	0.0%	0.0%	0.0%	8.2%	0.0%	4	0.2%
Total Q1 2020 - 2023	45.1%	40.6%	26.2%	10.0%	20.5%	38.8%	50.0%	581	34.4%
% all in period	42.9%	26.2%	10.0%	3.3%	4.3%	9.8%	3.6%		100.0%
Grand Total	552	374	221	190	122	147	42	1688	
	32.7%	22.2%	13.1%	11.3%	7.2%	8.7%	2.5%		100%

In summary referrals came from the following places:

- Public Sector JC+
 - By far the largest number of participants (43%) came from this source. This mainly relates to people sent to the project by Jobcentre Plus, largely by disability employment advisors but also other JC+ staff, and by downstream employment support providers such as the Work or Work and Health programme. The great majority were engaged with JC+ etc as a result of claiming various benefits related to

unemployment, incapacity and so on, with the roll out of Universal Credit taking place during the lifetime of LGW. LGW's high intensity, health focused approach was a niche resource available to these agencies who were encouraged to refer people they felt needed additional or different forms of support to make progress.

- 'Personal'
 - The next largest group (22%) were personal referrals, either by the individual themselves, or as a result of informal recommendation by family or friends including others who had been involved with the project. Project staff themselves spread the word through their networks, whilst leafleting, posters, presence at events etc also contributed.
- Charity / VCO
 - The non-profit sector comes third (13%). This category embracing a wide variety of large and small charities, social enterprises, social enterprises, community organisations, special interest groups etc. More than fifty VCO organisations are listed as referring people, many just one person, the great majority fewer than ten. The range includes those working with particular medical conditions or disabilities, geographically defined community organisations, housing associations, churches, CVSS, advice services and so on.
- NHS and other health services
 - NHS primary care, i.e. GPs and local surgeries referred 11% of participants, with secondary, community or other health services referring a further 7%. Around 90 primary care practices made referrals, an impressive number and testament to the project's considerable efforts to work with them, however, more than half only referred one person and only a handful referred five or more. Around 40 secondary and other health services made referrals, with the two county wide mental health, learning disability and neurodevelopmental services accounting for around a third of the 142 people referred. Others included hospitals of different sorts, community-based services particularly in mental health, district nurses, and a small number of adult care and private health providers, all referring between one and five people.
- Local Authority / Adult Social Care
 - This category referred 9% of participants, three quarters of whom were from county social services, particularly Adult Social Care and departments responsible for vulnerable younger people on the transition from full time education. The rest were a variety of local and county council departments such as housing and libraries who came into contact with potential participants and were aware of the project
- 'Other'
 - A small number of people came via other bodies – landlords, careers services, colleges, companies etc, or were ill defined, unknown or unrecorded.

We now look at the main categories in more detail, starting with health and care services given the intention of LGW to test this as an innovative referral route. To provide context, the next two tables summarise outcomes for participants by each of the main referral categories.

Labour market and personal outcomes by referral source

This table summaries the BBO programme labour market outcomes by each of the referral categories. The base number refers to participants for whom a confirmed destination was known by the project, and is consistent with the programme wide analysis by the Ecorys overall evaluation.

Table 19: Known destination of exiting project by type of referral

Known destination on exiting project by type of referral	Public sector (JC+ etc)	Personal	Charity, VCO	Primary care	Health secondary care	Local Authority ASC	Other	Total	N
Employment / self employment	30.2%	37.4%	34.9%	44.9%	35.3%	19.6%	17.4%	33.2%	385
Education or training	32.3%	31.1%	27.9%	30.7%	20.0%	39.3%	47.8%	31.4%	321
Inactive into job search (%EI on entry)	43.0%	30.2%	26.0%	19.4%	22.5%	26.0%	47.4%	29.7%	197
Inactive into job search (%all on entry)	14.3%	20.1%	14.7%	15.0%	11.3%	18.8%	29.1%	17.7%	197
At least one positive outcome	76.8%	88.8%	77.5%	90.6%	66.6%	77.7%	97.3%	76.1%	903
*N	371	245	129	127	85	107	23	903	

These figures are discussed in more depth in relation to the different referrers below but overall there are clear and important differences in outcome depending on how people came to the project. Those from primary care were far and away the most likely to go into employment with self-referrals and those from secondary care and CVOs also more likely to. These sources are those where people probably had the clearest choice as to whether to participate or not. In contrast referrals from agencies with a degree of influence over people such as the benefits system or providers of care packages show a lower likelihood of going into employment. This is also mirrored in the likelihood of previously economically inactive people being job seekers on exit, with the highest proportion clearly those from the jobcentre or other mainstream providers. Taken all together the stand outs for those achieving at least one positive outcome are these referred by primary care and personal referrals. These issues are discussed in more depth later on.

The following table summarises participant self-assessment using the four measures used and their total. The change number relates to movement between scores between the start of the participant's

time with the project and that at the time of leaving. For the overall assessment a figure of +8 or higher can be regarded as a significant movement, for the individual areas +2 is regarded as significant.

Table 20: Self assessment at time of leaving by referral

Self Assessment by time of leaving	Public sector (JC+ etc)	Personal	Charity, VCO	Primary care	Health secondary care	Local Authority ASC	Other	Total
Overall self assessment mean change	+10.7	+10.2	+14.4	+19.1	+12.5	+10.4	+6.1	+12.2
Wellbeing assessment	+3.5	+3.3	+4.3	+6.2	+4.1	+3.1	+1.9	+3.9
Labour market engagement	+4.4	+3.6	+5.3	+7.2	+4.7	+4.7	+3.3	+4.7
Everyday living	+0.9	+1.0	+1.3	+1.8	+1.1	+0.7	+0.6	+1.1
Community and connections	+1.9	+2.3	+3.1	+3.9	+2.5	+1.9	+2.3	+2.4

Primary care referrals clearly report the most positive changes in self-assessment being the highest overall and in every individual category. It may be no coincidence that this group also achieved the highest rates leaving to employment which is also associated with high ratings for wellbeing and personal circumstances. The results are, however, remarkable and contrast somewhat with other health and care related referrals, with CVOs being generally higher than the average, secondary or community services around the mean and local authority social services noticeably below average. Job centre and associated referrals were also relatively low, as were those from personal referrals. These issues are explored in more depth in the following sections.

4.2 Let's Get Working and health and care services

Very positive results for participants coming from health and care services, but an uphill struggle to persuade services to take much interest in what LGW had to offer

A key element of LGW's innovation related to the ways in which it made its service available. The project saw an opportunity to tackle lack of effective employment support for many long term ill and/or disabled people by seeking possible participants in as many and different ways as possible. This included, in particular, the emerging Social Prescribing (SP) movement⁵, where health providers

⁵ 'Social prescribing is a means of enabling professionals (often healthcare practitioners) to refer people to non-clinical services to support their health and wellbeing.' <https://www.socialprescribingnetwork.com/about>

(particularly in primary care) offer patients non-clinical interventions as part of their ongoing care. It is well attested that many people presenting to health services for help are more in need of social, emotional or financial support rather than clinical interventions. Social prescribing claims to create benefits for health, wellbeing and social engagement through a pathway where clinicians are able to refer patients on to a wide range of provision, typically including fitness and outdoor activities, community and social groups and events, peer support and arts activities etc.

LGW saw an opportunity to add work and the pathways towards it to the SP offer and the project shaped its offer, particularly in the early days, to be available to health providers as part of the mix.

Activities included:

- Approaching primary care providers throughout the LGW area of operations, attempting to explain the nature of the offer, who would be eligible to take part, and making the referral process as easy as possible.
- Identifying existing contacts in primary care with a view to them being exemplars and champions for others.
- Seeking to work with the growing number of SP 'link workers' and others. It quickly became apparent that GPs themselves were unlikely to present LGW directly to patients instead passing them on to specialist SP staff charged with supporting and referring patients to suitable opportunities.
- Broadening the scope to include not only primary care but also other health related services including community based provision, including mental health services and secondary care such as specialist hospital based services, rehabilitation etc.

In practice this element of the project was something of an uphill struggle. All partners put very considerable efforts into reaching out to health providers, particularly primary care, including being present in surgeries, briefing doctors, nurses, practice managers, paramedics and providing leaflets and other materials to explain the nature of the project. A similar approach was adopted with other health services including a number of existing relationships with particular local services, the i-Rock young persons' mental health centre in Hastings being a good example, whilst the neurology unit at Canterbury hospital is an example of a new contact with a clinician particularly interested in new opportunities for patient rehabilitation. In terms of reaching organisations this approach was successful in that nearly a hundred organisations made referrals at some point. Overall, however, LGW's experience was that in the main the uptake of its offer was primarily dependent on the personal interest and motivation of individual clinicians rather than institutions as a whole. Whilst a few GPs, particularly Social Prescribing 'enthusiasts', were keen to get involved, in the main, others failed to see the benefit or perceived the service as not helpful or simply felt themselves to be too busy to take an interest. It is a fact that primary care providers are not short of many different possible services for their patients and some have little appetite to add to an already confusing range. So, whilst the number of organisations is impressive, the numbers sent by them were not. The great majority sent just one or two with little continuation. The view of staff is that the idea simply did not take root and the lack of interest in the feedback offered was of little relevance, outward referral from primary care seems to be a one way street. The arrival of NHS funded link workers via national schemes in primary care made little difference with employment simply not seen in its establishment as a relevant SP opportunity.

Alongside the NHS the project also worked with other health and care (as opposed to benefit or employment) focused agencies. This included Local Authority Social Care services, both for adults and vulnerable younger people making the transition from full time education. In this case the service offer was somewhat less novel as, unlike much of the NHS, many social services departments already had experience of accessing employment support services of one sort or another for their clients. In publicising LGW, therefore, partners contacted local services, in many cases building on existing relationships, but were also approached by them directly. Whilst on the whole positive, a particular feature of this strand were periodic inappropriate referrals. LGW's offer was designed and intended for people with the motivation and capability of making meaningful steps towards the labour market. The project tried to avoid 'barriers to entry' and was conscious of the potential for 'cherry picking' accusations, a practice encouraged by the increasing proportion of employment support funded through payment by results contracts which brings obvious incentives to enrol the easiest to place and avoid the hard to help. The nature of the BBO programme, based on payment for delivery rather than outcomes, meant the project was able to – in fact sought out – more challenging cases who were not being well served by mainstream provision. However, with its funding ultimately focused on labour market actions, it was necessary to ensure this would always be a feature of work with participants, even if only as a long-term aspiration.

The issues with local authority social services here stemmed essentially from austerity. Social workers and others working in the community with ill and disabled people had seen ever shrinking provision for their increasing client workloads with public sector service cuts, tighter eligibility criteria, reduced capacity in the VCO sector etc, particularly for people on non-work related benefits or outside the benefits system altogether. In such circumstances it was not surprising that opportunities to 'get people off their books' by referring them on to other provision would be seized upon. Whilst in many cases appropriate there were, particularly in the early days, examples where wholly unsuitable people would be referred, for example people with high dependency needs, no realistic prospect of ever being in a position to gain employability skills let alone a job or zero motivation to join the labour market.

'Sometimes we have discussed with referrers that the referral individual is not interested, or it is not the right time for them, but they have asked us to keep trying to engage them, sometime people are not in the right place to engage.'

'I think that where participants are being pushed towards LGW motivation will possibly be much lower. Where participants are more actively seeking to move forwards they are already more suited to the LGW format.'

'Many referred just to them to keep them busy as their funding has been removed or lessened and they are seeking support elsewhere.'

Staff comments

Over time these tendencies were squeezed out of the process with LGW both needing, with regret, to refuse or 'return' referrals and steps taken to better inform social services as to who and what would or would not be accepted. In some cases this led to the drying up of referrals altogether but in others relationships were maintained and a positive flow of appropriate referrals maintained.

Finally, in this space, the project also worked with a number of other agencies, particularly in the VCO sector but also some private providers which focused or specialised in health or care related issues, for example:

- Autism UK
- Aspens Charities
- Change Grow Live
- Disability drop in centre
- Mencap
- Porchlight
- Terrence Higgins Trust
- The Octopus Foundation
- The Salus Group
- Neuro Rehab Works

Of the 200+ VCO organisations referring to the project, in most cases, only one or two people were referred by each over the lifetime of the project, with only a handful getting into double figures. This is testament to the outreach achieved by LGW and the widespread distribution of people with the potential to benefit from the project across many different organisation and localities.

LGW and Health and Care services: key facts⁶

- NHS primary care provided 10.8% of all referrals, NHS secondary and community services 8.1% - 232 people in total. The great majority, particularly from primary care, were pre-Covid
- VCO sector provided 12.6% of all referrals (although not all necessary directly health/care related), with numbers declining following Covid
- And local authorities 9.5% (again not necessary all health related) – with their proportion increasing following Covid
- Referrals were biased towards men (between 55 and 70%)
- And towards the economically inactive (60 to 89%)
- NHS services referred mainly people with mental health conditions (particularly secondary and community services), and people with musculoskeletal conditions. The also provided high proportions of minority conditions, in particular from primary care:
 - Skin conditions
 - Respiratory conditions
 - Diabetes
 - Epilepsy
- And from secondary care:
 - Diabetes
 - Progressive illnesses
- Local authorities referred in particular people with autism and mental health conditions, and were the largest referrer of people with learning difficulties, and some minority conditions, particularly speech impediments.
- VCO and private referrers contributed substantially higher than average proportions of some of the minority conditions reported by participants, in particular:

⁶ See tables in annex for background details about all Key Facts boxes

- Seeing difficulties
- Speech impediments
- Respiratory conditions
- Heart conditions
- Digestive conditions
- Diabetes
- Progressive illnesses

- People referred by NHS services had particularly strong employment outcomes – from primary care 44.9% left to employment, 35.3 from secondary/community
- Primary referrals had the highest rate of achieving at least one positive outcome at 90.6%
- Adult social care delivered the highest rate of people going into learning, 39.3%
- The proportion of economically inactive people who were job seeking on leaving the project was relatively low for participants coming from health and care referrers, between around 19 and 25%.
- In relation to self assessment of wellbeing and other personal factors, NHS primary care referrals recorded by some distance the largest increases in score overall, and for all the specific areas of wellbeing, labour market engagement, everyday living, and community and connections
- VCO referrals also reported higher scores than average in all areas

Overall then the picture of LGW's engagement with health and care services is mixed. On the positive side it demonstrated the viability of reaching participants via unconventional routes and of using individual's health issues and needs as a way to introduce the possibility of moving towards employment as a worthwhile goal. Whilst not all took up the offer or were able to make progress in terms of the BBO programme's objectives, the impact on people's self-assessment of their wellbeing and other aspects of life is undeniable, particularly through primary care and VCO agencies and is, therefore, worth pursuing into the future. Where appropriate referrals came through social services the evidence also points to positive outcomes particularly in helping people with autism and similar conditions to take up learning opportunities.

'Because of my past history I had [support worker] and she was very helpful with everything and helped me get into college'

M25, respiratory condition, primary care referral, left to FE college course

'The project had a huge impact on my self confidence'

F46, epilepsy, primary care referral, left to sales rep job

'The project is truly fantastic, the only reason I withdrew myself was because of a sudden decline in health that I was struggling to manage. Everybody I dealt with there were great and understanding and truly wanted to help.'

F19, back problems and multiple conditions, clinical psychologist referral. Left with increased wellbeing scores

On the less positive side, as noted, the project struggled to get much traction with NHS services both primary and secondary, even before Covid, and had very few subsequently. With few exceptions practices and departments did not engage to any great extent and there was little interest even when re-approached with positive messages from the experiences of participants from the early days. With

the evidence pointing to positive wellbeing and practical employment related outcomes at a high level for people accessed via health services this area merits revisiting in the future.

'Health care professionals are unlikely to have the motivation or time to address employment issues and challenges for those with chronic health problems or limited recent employment. Most health care professionals still focus on the clinical aspects of health (medical model) and are under resourced and under trained in considering the detrimental health effects of not working. Some may even seek to protect their patients from what they may regards as the challenges or potential risks of employment. The health risks of not working are often poorly communicated to patients with long term health conditions or milder mental health concerns.'

Staff comment

4.3 Let's Get Working and the Public Sector / Jobcentre Plus

High volume referral of mostly appropriate participants in need of different types of support, strong continuing relationships established with agencies. Strong outcomes.

Government welfare provision, in particular Jobcentre Plus and to a lesser extent its mainstream sub contracted provision such as the Work, and Work and Health programmes, were by some distance the largest source of referrals to the project with more than 550 people over the duration, nearly a third of the total. This was particularly so after the onset of Covid with the proportion rising from 27.4% to Q1 2020, to 42.9% over the Q2 2020 to end of the project in 2023. This can largely be attributed to the continued flow of referrals from these sources even during the height of the pandemic. LGW invested throughout its duration in building positive relationships with local offices, with varied results, some being more inclined to work with the project than others. These were nurtured and staff spoke of the value of building lasting contacts to ensure suitable candidates were put forward. Unsurprisingly a significant proportion of contacts were with Disability Employment Advisors many of which came to value the specialist nature of LGW and the results it was able to achieve.

LGW and Jobcentre plus: key facts

- The 'public sector', mostly Jobcentre plus, provided the largest number of participants, more than 550, nearly one in three of all those supported. The proportion rose from 27% pre covid to 43% post covid.
- 65% were unemployed rather than inactive, the only referral category where fewer than half were economically inactive. 78% were long term unemployed, 30% more than five years
- Referrals were biased towards men (59%)
- Referred highest proportion with musculoskeletal main conditions (25%)
- A quarter reported mental health as their main condition
- 30% left to employment
- 34% to learning
- 43% inactive began seeking work
- Recorded positive improvements in wellbeing scores overall although a bit lower than average

LGW's intended experimentation with widening the referrals net and, in particular working with health services, needs to be set against the scale of the programme expectations upon it. With 1,800 participants needing to be supported it was understood from the start that the project would need a steady inflow of participants and in the first year 40% came from health services with just 15% coming from JC+. As time went on, however, it became necessary to ensure the project's capacity was being fully used and, as health referrals became less readily available, increasing attention was paid to other sources with JC+ becoming the largest single referrer from 2019 onwards, particularly post the onset of the pandemic. This as health, VCO and, to a lesser extent, local authority referrals all declined. Unsurprisingly given JC+ is particularly concerned with in-work benefits two thirds of their referrals were unemployed with a bias towards the long term unemployed. The role of disability employment officers was important here with their brief to seek ways to help disabled people towards employment. They were natural partners for LGW and close working relationships developed across the project with many, although not all. LGW to some extent became part of the wider disability support system in its relationship with DEO, as well as other follow-on programmes such as the Work and Health programme. In both cases there was a clear offer from LGW to take on people who were not being effectively helped by mainstream provision and the results achieved validate the value of such a specialist service. One particular feature of LGW cited by participants was the kindness and humanity of support provided.

'I found that the support given was very helpful (and considerate and understanding)'
M62 unemployed, left continuing to actively seek employment

'My advisor was very sympathetic to my situation and worked around me. She made job seeking easier to cope with.'
F37 unemployed on joining, left to job in health spa

Labour market outcomes for these participants were generally strong although exit to employment was below the average. This group recorded the highest proportion of all as actively job seeking at the time of departure which is likely to be associated with participant's need for continued interaction with the benefits system. Whilst participation in LGW was on a voluntary basis, for those referred by JC+ the benefits regime is likely to bring with it requirements or expectation to take some form of action in order to maintain eligibility.

4.4 Let's Get Working and self or personal referrals

An important and growing source of participants for the project, particularly notable that many came from existing 'satisfied' customers. Clearly demonstrates the potential of outreach and informal connections to reach people able to benefit.

The BBO programme did not impose strict eligibility criteria on its projects. In the case of LGW it was funded under the strand of the South East BBO programme targeted on people with long term illnesses and/or disabilities, the nature of which was not defined, but left to the discretion of projects. This differs from much mainstream employment support provision particularly that coming via Jobcentres or its statutory follow-ons such as the Work programme.

This meant that LGW was able to cast its net widely and seek to enrol people they believed the project would be able to help without significant restrictions, with no need for a formal referral from other agencies. Publicity through various means including posters, leaflets, social media and attendance at events were used; participants were encouraged and supported to tell others about the work of the project; and it was made clear that people could refer themselves into the project. Word of mouth is an important indicator of quality and grew over time with 20% of participants coming from self or personal referral pre Covid, rising to 26% post, the only source bar JC+ to rise after the onset of the pandemic. Overall more than one in five participants arrived at the project via this route.

LGW and personal referrals: key facts
<ul style="list-style-type: none"> • Personal referrals were the most gender balanced of any group, 47% female and 53% male • And towards the economically inactive (65%), whilst 63% of unemployed personally referred were long term • Around one in five reported mental health as their main issue, somewhat lower than average and indicative of the greater need for motivation to take this active step rather than be referred by others • Other health conditions were distributed amongst the group more or less in line with the LGW averages
<ul style="list-style-type: none"> • 37% left to employment, the second largest proportion after primary care. Most roles in administration, retail, cleaning and care, largely in the private sector, with a handful successfully becoming self employment mainly in arts or personal services • 31% to learning, half to adult education or FE college and a third to vocational training • 30% of previously inactive people began active job seeking, second only to those referred by local authority care services • Recorded positive improvements in wellbeing scores overall although somewhat lower than average, perhaps indicative of higher expectations on joining

As might be expected the personally referred group was quite diverse with the pathways towards joining being somewhat random, including a number of cases where members of the same household or family joined the project in succession. Whilst mental health was still the main issue for a large proportion it was somewhat lower for this group, perhaps indicative of the higher degree of motivation needed to take the active step to seek out a project of this nature. We do not have figures for the numbers previously on different sorts of benefits nor for prior contact with employment support services but anecdotally, from staff, it is clear that many personal referrals were from people with little or no prior experience of receiving support. The large and increasing proportion coming from this route is testament to the project’s ability to help people in many different situations.

‘Self-referrals have a tendency to be motivated, they are at the right time to go forward and progress.’

‘I feel like self-referrals tend to be more motivated as they have sought the support out for themselves rather than been push towards it. The few that may not sign up to the project do tend to have a disability that is preventing them’

Staff comments

'Let's get working are amazing! My own personal journey enabled me to secure a job locally in Maidstone.'

M37, previously unemployed, left to role in engineering firm

'Due to my caring role I am limited in seeking work at the moment but the wellbeing sessions have helped me and I have good knowledge for when I am ready to seek work.'

F39, previously inactive, left to on-line business school

Having considered the perspective from the point of view of the origins of participant involvement with the project we now turn to consider the project's work in relation to different health conditions and disabilities.

5 Let's Get Working and Health

This section changes focus again and looks at origins and outcomes in relation to different health conditions and disabilities.

5.1 Let's Get Working and mental health

By some distance the most prevalent condition amongst participants of all sorts, increased noticeably following Covid. Engagement with LGW associated with strong positive labour market outcomes and improvements in wellbeing

Mental health issues, which include both milder depression and anxiety as well as mental illness, were clearly the most commonly cited main condition reported by nearly a quarter of participants, whilst more than two thirds included it amongst all their conditions. These numbers are more or less proportionate to the reported conditions of disabled people in the community as a whole⁷. People with depression and anxiety have a relatively low employment rate of 57%, whilst those with mental illness are much less likely to be in work, with an employment rate of 30%, the lowest bar those with autism and similar conditions.

Unsurprisingly the proportion of people reporting mental health as their main issue increased substantially following onset of the pandemic rising from one in five to one in three of people joining the project. Overall proportionately more women than men reported mental health issues and they were more likely to be economically inactive. Mental health issues were more common amongst younger participants and white as opposed to minority ethnic participants. They made up large proportions of people referred from secondary and community health services and adult social care.

LGW and Mental Health: key facts

- 23.8% said was their main condition, 67.4% one of their conditions – the most prevalent of all
- 27.1% of female participants, 21.4% of male – more than a quarter more likely to be female
- 25.4% of economically inactive, 21.5% of unemployed – more likely to be inactive
- 30.7% of under 24s, 17.5% of over 50s – more likely to be young, declines with age
- 24.7% white participants, 14.6% of people from ethnic minority group – more likely to be white
- 29.5% of Local Authority referrals, 28.9% of secondary health care – largest group referred by Adult Social Care and specialist mental health services
- Most likely to leave for employment, and highest employment outcomes of any group – 39.1% went into work
- Highest proportion with one or more positive outcomes
- Largest increases in overall self assessment scores, and scores for wellbeing and labour market engagement
- Lower than average increase in everyday living scores

⁷ Office for National Statistics Employment of Disabled People 2022

Outcomes for people with mental health conditions, particularly those with depression or anxiety, were amongst the most positive across the project. Nearly four in ten left the project for employment, and 31.6% for learning – overall nearly nine in ten had a positive outcome. The largest number of jobs were in retail, administration, hospitality and care, across a wide range of sectors and employers, whilst the ten who become self-employed included beauty therapies, crafts and on-line trading.

Exits to learning included many to local colleges but also a proportion to higher education, both locally and further afield, as well as on-line and some apprenticeships. Courses also included lower level qualifications (English, maths etc), vocational skills, IT systems and personal development.

Given the high and growing incidence of mental health conditions, the particularly high proportion of people going into work and achieving at least one positive result is validation of LGW's delivery model and approach to providing support. Confidence building and working on attitudes and aspirations are all too easy cliches in the employment support sector but LGW's results are firmly rooted in its individualised and supportive model:

'Let's Get Working really helped me find the confidence to apply for jobs that I didn't think I stood a chance in getting'.

F36, left to employment in NHS

'Everyone that worked with me were amazing. They encouraged me, helped me to believe in myself, found me a course that will help me to get into University when completed, and I also made new friends because of this.'

F26, left to learning

'Please continue with this great work, being out of work due to ill health or disability has a massive impact on mental health. Having a project designed to support you in finding new ways to move forward and not focus on the negatives is life changing.'

F46, left to self employment for retail company as well as making jewellery for sale

4.2 Let's Get Working and autism, Asperger's syndrome and similar conditions

Notable successes achieved for people seriously lacking in alternative sources of support

A substantial proportion of LGW participants experienced autism, Asperger's syndrome or similar neurodiverse conditions⁸ - 15% (261) saying it was the most significant for them, with 31.5% mentioning it as one of the conditions they experienced. This makes autism etc the fourth most prevalent condition for LGW. It is a high figure as only around 2% of the UK adult population is estimated to have autism⁹ but also reflects the need for employment support. ONS figures show that adults with autism have the second lowest employment rate of any disabled group at just 30% compared to 54% for all disabled adults¹⁰.

⁸ This terminology matches that used by DWP and ONS, for convenience it will be abbreviated to autism etc for the remainder of this discussion

⁹ <https://www.hogrefe.com/uk/article/autism-in-the-uk-prevalence-assessment-and-the-impact-of-the-covid-19-pandemic>

¹⁰ Office for National Statistics Employment of Disabled People 2022

Autistic people came to the project primarily from JC+ (27.3%) but with a substantial proportion (20.2%) from Local Authority adult social care (ASC). This route was a particular interest being based on the one hand on a strong relationship between LGW and ASC and, on the other, on a serious lack of alternative provision. Younger people with these conditions coming to the end of their time in education have little follow-on support, that which has been available in the past continually dwindling. ASC services were particularly keen to refer younger clients to LGW. Nearly one in four people with autism etc also came to the project as a result of personal recommendation.

LGW and Autism: key facts
<ul style="list-style-type: none"> • 15% said was their main condition, 31.5% one of their conditions – 3rd most prevalent • 19.9% of male participants, 8.0% of female – more than twice as likely to be male • 17.0% of economically inactive, 12.2% of unemployed – more likely to be inactive • 30.1% of under 24s – much more likely to be young • 30.7% of Local Authority referrals – largest group referred by Adult Social Care
<ul style="list-style-type: none"> • Most likely group to leave for education and training, above average proportion with one or more positive outcomes • More likely to report improvements in wellbeing, labour market engagement, community connections and in particular everyday living self assessment scores

The 61 people with autism who left to some form of learning went to study a very wide range of topics, including various forms of personal development, manual skills, customer service, pathways towards unemployment, various academic qualifications, customer service and IT related, at levels from basic and introductory up to degree level. Learning providers ranged from local colleges (the largest group), various on-line learning providers, businesses offering placements and apprenticeships and VCO providers.

Job roles for the 56 (32.4% of those with autism) leaving to employment included retail, leisure and hospitality, cleaning, administration, construction and care, spread across all sectors including large and small businesses, public sector, and NGOs. The small number entering self-employment included two builders, creating a 3d printing business, working on a fishing boat, and child minding.

Overall, given the low employment rate in the population for autistic people, barriers to access and lack of other provision, LGW’s work with this group was a clear success, led to a high level of positive outcomes, and validates the project’s work to reach out to support a much underserved community.

‘I found, the staff there, came up with ideas that I would not have thought of’

M55 left to employment

‘I currently am working as a volunteer’

M23, autism and depression, inactive on joining, left to volunteering and job search

4.3 LGW and learning difficulties

Particularly strong employment outcomes for people who usually experience to lowest levels of labour market participation

Around one in ten participants reported learning difficulties as their main condition, with 30% reporting it as one of their issues. People with learning difficulties have, by some distance, the lowest employment rate of any condition at just 24.5%¹¹ and whilst it may take many forms the barriers and attitudes surrounding learning difficulties make the provision of employment support particularly challenging. The complexity of providing support is frequently increased by the additional need to take the views of family members into account who may not always be in agreement as to what might follow.

Staff feedback does suggest the project at times struggled to support some people with the greatest needs and at times inappropriate referrals occurred.

LGW and learning difficulties: key facts
<ul style="list-style-type: none"> • 9% said was their main condition, 30.3% one of their conditions – 4th most prevalent. • 9.7% of male participants, 7.8% of female – marginal difference • 9.3% of economically inactive, 8.4% of unemployed – more likely to be inactive • 13.8% of under 24s – much more likely to be young • 29.1% of Jobcentre + referrals, 23.2% of personal, 17.2% of Local Authority referrals – the more challenging referrals primarily from Adult Social Care • Twice as likely to lack basic skills than others
<ul style="list-style-type: none"> • Above average probability of leaving to employment, overall as likely as any other group to report one or more positive outcomes • Lowest self assessment improvement scores particularly in relation to everyday living

People with learning difficulties were more likely to be in the younger age group, moderately more likely to be male and more likely to lack basic skills. They were generally less likely to report other key disadvantages such as homelessness or living in a workless household.

The project built up positive relationships with both referrers (although work was needed with some to avoid inappropriate referrals) and follow-on providers of further specialist support, volunteering etc. Overall reported outcomes were very positive, with a high 35.2% leaving for employment, 29% to learning and 30% of those previously inactive job seeking on departure.

'I earned a bus pass through let's get working which has been very helpful to me when traveling on buses. I have also gained working at Little Gate Farm through Lets Get Working which has given me more skills within a working environment and I have made some new friends and been communicating with lots of new faces. I have gained a lot from Let's Get Working'
 F25, inactive on joining, left to learning

'Working as lighting technician, all is going well'
 M21, inactive on joining and leaving, now in employment

Employment destinations were as varied as for other types of participant with the largest numbers going into retail/customer service jobs, cleaning and hospitality, mainly in the private sector but also local public sector eg schools or hospitals. One became a self-employed glazier. Learning destinations

¹¹ Office for National Statistics Employment of Disabled People 2022

included various level 1,2 and 3 academic qualifications and basic skills, a variety of vocational skills, IT skills and personal development.

4.4 LGW and other conditions

As discussed there were many other conditions experienced by LGW participants most of them, except musculoskeletal, only occurring in small numbers as the main condition although as noted some were more common as additional conditions such as respiratory, heart and digestive problems. Given this, it is difficult to identify systematically many patterns for the 'other' group as a whole, but there are some specific facts which are worth noting. We have included the musculoskeletal group here since it is itself very diverse, embracing a wide variety of physical issues with different origins, impacts and treatments.

Other conditions: notable findings
<ul style="list-style-type: none"> • Unemployed people much more likely to report musculoskeletal conditions • Women more likely to report musculoskeletal, as were over 50s, people with offending records, and people from ethnic minorities • Women more likely to report heart, respiratory or digestive problems • Men more likely to report diabetes or epilepsy • Younger people more likely to report digestive issues, skin conditions, speech impediments • Mid age group more likely to report progressive illnesses • Older people more likely to report respiratory illnesses, diabetes • Unemployed more respiratory and heart conditions, diabetes • Inactive more seeing or hearing problems, epilepsy, progressive illness
<ul style="list-style-type: none"> • People with epilepsy less likely to leave to employment or learning • People with difficulty in seeing more likely to leave to employment • Inactive people with diabetes less likely to be job searching on leaving

4.5 Lets Get Working and individual characteristics

LGW and Gender

The BBO programme expected a 50:50 male: female split between participants but, as noted above, this was not achieved by LGW, with just 41% female against 59% male (two participants 'preferred not to say'). Some light can be shed on this from the pattern of referrals. The project was naturally dependent on the referrals made to it and, despite encouraging so far as possible a balance, the project was not really in a position to turn down legitimate cases on the basis of gender for practical (maintaining numbers and keeping referrers on side) and ethical (fairness) reasons. The most unbalanced were from local authorities, particularly adult social care, whose referrals were just 29.5% female, along with secondary health services (30%), and VCOs (40%). Between them these organisations referred 78 males experiencing autism or similar conditions and just 20 females. The high proportion of autistic people supported by the project is one part of the explanation of the gender imbalance. The subject of differential diagnosis of autism between genders is of some controversy in

its own right, but from the point of view of LGW its (unusual) focus on providing support to people with the conditions probably explains at least a third of the 'shortfall' of female participants. Another substantial chunk comes from the imbalance from JC+, the largest referrer by some margin, whose referrals were only 41% female.

LGW and gender: key facts
<ul style="list-style-type: none"> • Women more likely to be: <ul style="list-style-type: none"> ○ Experiencing mental health as their main issue (27:21%) or musculoskeletal (24:18%) ○ Experiencing more health conditions or disabilities (mean 4.2:3.7) ○ In the mid and older age groups (50:44% 25-49, 27:25 50+) ○ Lacking basic skills (33:28%) ○ Economically inactive (61:58%) • Men more likely to be: <ul style="list-style-type: none"> ○ Experiencing autism or similar as their main condition (20:8%), or learning difficulties (10:8%) ○ Unemployed (42:39%) ○ Younger (31:23% <16) ○ Homeless (3.3:2.1%) ○ Offenders (11:6%) • Proportion of men joining project fell from 61% to 56% after Covid
<ul style="list-style-type: none"> • Women left to employment at higher rate (35.2:32.8%) • And learning (32.4:30.0%) • But slightly less likely, if inactive, to begin job search (17.0:17.7%) • Women also reported higher personal assessment scores overall (mean +18.2:13.4), and for wellbeing, labour market engagement, and everyday living, equal to men for community connections

It is interesting to note that the referral group with the most equal gender balance were the self or personal referrals, in effect, a random collection of people from many different backgrounds. This is indicative of the potential for a much greater demand for an LGW type service than suggested by the client groups upstream from the project on whom it was predominantly dependent for its participants.

'I'm looking for further information on training in painting and decorating. And I'm renewing my CV.'
 F39, inactive on joining, job seeking on leaving

'Although I haven't gone into paid work I have done a lot more charity work, becoming chair/Co chair of a couple of local charities or neighbourhood forum groups. I also became involved in the formation of a healthy living project giving advice and guidance in forming the pilot project and hope to continue being involved in this group. I was also approached by the local council to help them with a research project they are working on. My guidance and input into the project meant they won the bid and I shall be heavily involved with that being a local 'voice of the people'/public consultant. So although I have not gained paid employment, the course did enable me to pursue my crafting skills and also embed me into the local charity scene.'
 M55, musculoskeletal main condition, unemployed on joining, see above for destination!

LGW and other characteristics

The BBO programme collected information about a number of other personal and social characteristics of participants enabling us to identify patterns for example in relation to representation to overall numbers and outcomes. Whilst in some cases these factors were of little relevance there are a number of findings emerging from the data which are worth pointing out as they help inform our answers to the key research questions. The most notable are summarised below:

Likelihood of leaving to employment

Being an employment support programme the single most relevant outcome is naturally whether participants left the project into employment or self-employment. The following table summarises the proportion of people whose destinations after the project were known, who did just that. We should keep in mind of course that outcomes which put people on the path towards labour market participation, whether through taking up learning or becoming active job seekers, are also important. However, the into-work number is most likely to be noted and quoted by observers and provides a clear benchmark against which LGW may be compared to other interventions. It is a shame that the final evaluation of the BBO programme has yet to report however, LGW's numbers can be compared to the latest figures from the Ecorys evaluation, which show that up to the end of September 2021 36% of all programme participants for whom there is information left to employment or self-employment. It is perhaps invidious to make too close a comparison, but the nature of LGW's target groups both overall (illness and disability) and, in relation to the intended nature of referrals, (those particularly hard to reach or help) means that the LGW figure of 33.9% overall is to be regarded as a considerable achievement.



Autism or similar main condition 32.4%
 Jobless household 32.3%
 Men 32.8%
 Musculoskeletal main condition 31.3%
 Economically inactive on joining 29.7%
 Aged 50+ 29.6%
 Unemployed 2-5 years 27.6%
 Lacking basic skills 25.8%
 Unemployed 5+ years 17.7%

Less likely to leave to employment

There were some particularly notable achievements also for people with particular circumstances including the above average employment outcomes for people with offending records, who were homeless or housing insecure standing out. People from minority ethnic backgrounds also left to employment at a higher than average rate, as did the younger age groups, and women.

'I'm very grateful for all the support I received'

M28 from ethnic minority background, with autism, left to self employment in 3D printing

'I couldn't have done it without them. Self employed painter. Was all about confidence, and helping to pick myself up'

M63, unemployed more than five years, left to self employment

Conversely, employment was less likely as an outcome for people from jobless households and men, albeit marginally. The economically inactive group was also less likely to go straight to employment – their progress needs to be sought more in other outcomes. Whilst older people and the long term unemployed (with whom there is some overlap) were also less likely to find work however, this would be expected given the well-known difficulties often experienced by older workers and people long out of the labour market. The LGW figures in this area also compare favourably to other BBO projects focusing on older workers. And as the above quotes illustrate, a lower than average group outcome does not in any way detract from the success of those who did enter employment.

Likelihood of leaving to education or training

Participants left the project to many different forms of learning as discussed elsewhere in the report and it is self-evident that for many this will have been a valuable step forward on the way towards full labour market engagement. Learning may be directly related to particular vocations or job openings, for example forklift truck driving, or more to do with improving employability skills or providing evidence of achievement. For some participants the discipline needed to successfully undertake a learning programme could instil a mindset more attuned to the needs of taking up employment or enable them to overcome social anxiety or other mindset barriers to working.

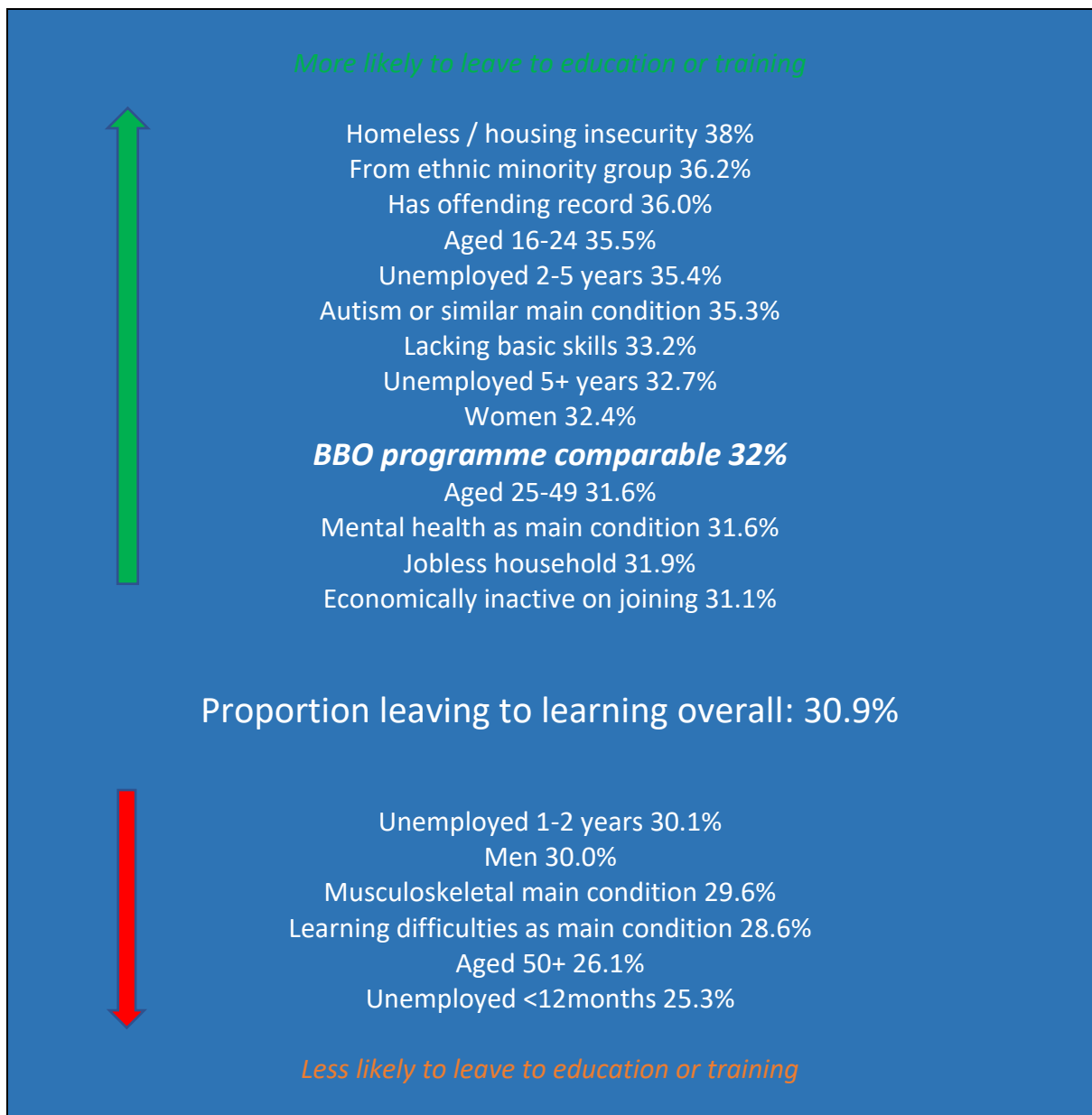
The participant follow up survey shows that all respondents had either completed courses of learning, or were still engaged with them six months after leaving and, at the same time, a third were also actively seeking work. There was a marked higher probability of leaving to learning for homeless people, those from ethnic minorities, and those with an offending record. The over 50s were considerably less likely, as were those only a short time unemployed.

'Because of my past history I had [support worker] and she was very helpful with everything and helped me get into college'

M25 offending record, inactive on joining, left to FE college for multi trade course

'Helped me a lot especially with my C.V and cover letters and finding a course to do'

M37 unemployed more than five years, left to digital marketing course

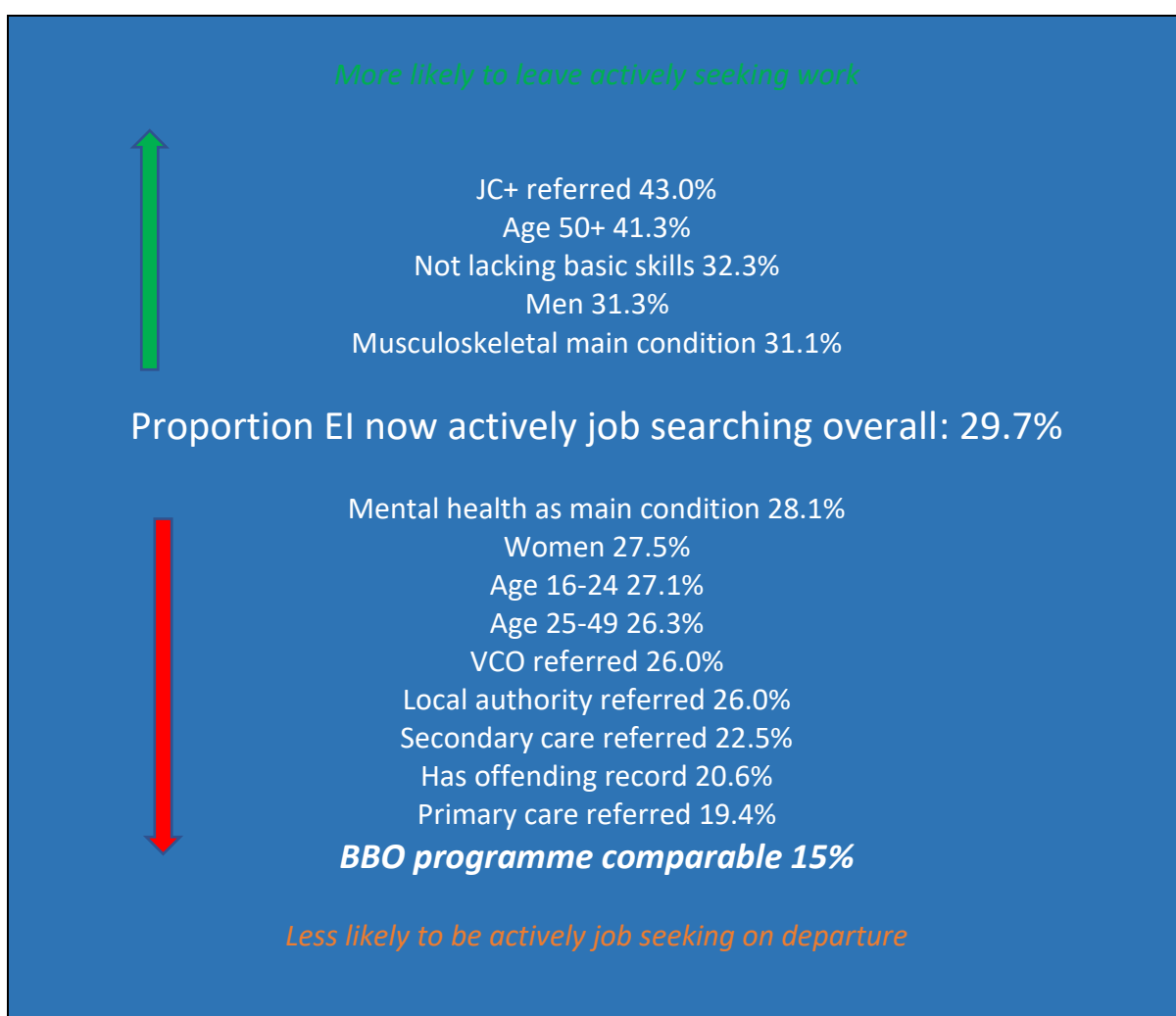


Likelihood of moving from economic inactivity to job search

LGW participants were much more likely to be job-seeking than those in the programme as a whole, in which only 15% of inactive participants continued after departing their project. People referred by JC+ or mainstream programmes were by far the most likely to continue job seeking, which is probably linked in many cases to actual or implied requirement for accountability to the benefits system. Over 50s were also considerably more likely to be continuing to seek work which, when combined with their lower likelihood of leaving to learning, perhaps points to their focus on getting a job as soon as possible. Older people may well have greater economic pressures to find work.

The groups less likely to leave actively job seeking tend to be associated with those more likely to have attained other positive outcomes, for example people with mental health issues as their main condition, primary care referrals, and those with an offending record. There is a possible question over the extent to which active job seeking continued after leaving the project however, with just four of the 27 respondents who left the project actively job seeking continuing to do so at the six months point (although one was now in work). This does not necessarily mean their experience with the project was negative:

'LGW have given unlimited support since i joined them, they are all fabulous!'
 F61, musculoskeletal condition, no longer job seeking at six months



5 Other perspectives

Having considered in detail the achievements of LGW we need to take account of the final sources of information, in particular the perspective of staff and stakeholders. Drawing together the two staff surveys, conducted in 2020 and 2022, discussions with staff at all levels in all three partner organisations, discussion with stakeholders, project documentation, group meetings, and observation, we can summarise views of the LGW model in action as follows:

Overall assessment of the project

In the main assessment was very positive and more than one staff member felt LGW was the best example of such an intervention they had ever experienced. Referral organisations were also overall positive, although it should be acknowledged that for many the project was a one-way street – having referred an individual there tended to be little interest (or perhaps capacity) in having further involvement with the participant unless necessary.

Good evidence of the project's assessment of itself comes from the surveys, with some interesting differences over time.

- In the 2020 survey, management and frontline staff had similarly positive views about the overall performance of LGW - mostly rating performance as going "Very well indeed" or "Well but could be better".
- In 2022, managers maintained positive performance ratings, but frontline staff like connectors were slightly more critical (some said "Middling").
- Comments from connectors focused on challenges like lack of team spirit, low referral numbers, and turnover due to the pandemic. Managers had fewer critical comments.
- Across both years, meeting numerical targets was commonly cited when explaining performance ratings, suggesting a focus on quantitative metrics when asked to think of the project as a whole.
- However, comments also highlighted the impact on participants' lives, like confidence building and overcoming barriers. Clearly qualitative outcomes matter to staff as well, even if they are not systematically reported to the Programme level.
- Several respondents balanced praise for supporting vulnerable people with critiques about taking on unsuitable participants which, while not hugely numerous, were clearly problematic and time consuming to deal with.
- Adaptability during the pandemic was praised, but post-pandemic staff turnover was a concern for performance, increasingly so as the end point of the project approached.
- Overall, frontline staff closest to participants provided more nuanced performance assessments, while managers were universally positive.

Strengths and weaknesses

From these perspectives, the greatest strengths of the project can be seen as:

- The one-on-one, personalized support was repeatedly emphasized. Participants felt "supported" and that staff "cares", this frequently being contrasted with perceptions of other forms of provision.
- The flexibility to address individual needs without rigid constraints was repeatedly highlighted. Staff could adapt to each person and had the time to do so.
- Funding for extra support like courses and transport enabled outcomes. It was seen by some as particularly important that participants did not face financial barriers to progressing with their action plans.
- The lack of forced participation or mandated activities was highly valued. Voluntary engagement was felt to create willingness and motivation. The occasions where this principle was questionable, for example some Jobcentre referrals, were held up as evidence of the importance of this being the case
- Broad eligibility allowed a wide range of people to benefit, this being particularly welcomed and novel. The fact that LGW did not 'just serve a narrow subset' was seen as very important.
- Staff's positive attitudes and belief in participants was felt to help motivation. As with any project staff came and went, and it was evident that those that stayed for longer periods were those with the strongest faith in the model and in particular its ability to deliver real changes for individuals
- VCO delivery was seen as an asset compared to statutory providers, believed to be more welcoming and flexible.

Whilst areas in need of change included:

- The need for better mental health support, with some staff feeling exposed and inexperienced given the nature and volume of mental health needs amongst participants, wanted more specialised support. Some support for staff's own mental health was also needed.
- Lapses between advisor contact with participants led to some disengagement with consistent follow-up essential. Whilst recognising this could not always be achieved some felt the process could have been better and that the connector/support worker split was not necessarily the best model.
- Referral process needed continual refinement to get motivated, suitable participants. Some felt there were simply too many mismatches, although this declined over time.
- Partnerships with some key referral targets like GPs needed improvement with LGW not well understood.
- The administration and bureaucracy burdens reduced time with participants and could be actively off putting with too much repetition and apparently pointlessness. Systems should be designed to maximize engagement and participant interests.
- Some felt the capacity and confidence-based model was limited and identified a need for employer engagement to make employment outcome easier to attain.
- The pandemic demonstrated that digital inclusion is now vital for access. Many participants lacked, and continue to lack, technical skills and resources. Although this was addressed with some success more could be done to improve the situation.
- More support was needed around actual job starts. The back to work transition is a vulnerable time and some feel the project could have been more supportive at this point.
- Some wanted tighter participant timeframes to prevent dependence, but others disagreed.

Overall the personalized advice and flexible support are clear strengths, while mental health support, employer links and technology access need bolstering.

Who is LGW most suitable for?

The surveys also canvassed staff opinions, based on their experience, of who LGW was best suited to support. The results show some interesting differences:

Younger Participants (under 24)

- In 2020, most respondents said this group was "Very suitable" or "Quite suitable"
- But in 2022, opinions were more mixed, with several rating them as "Not suitable" or "Neither"
- Comments mention that lots of other specialized youth provision already existed

Older Participants (over 50)

- Mostly rated as "Very suitable" or "Quite suitable" in both 2020 and 2022
- Seen as benefiting in particular from LGW's return to work support after health/life issues

Male Participants

- Consistently rated as "Very suitable" by large majorities in both surveys

Female Participants

- Also predominantly rated as "Very suitable" in both years

Ethnic Minorities

- Widely viewed as "Very suitable" in both 2020 and 2022
- LGW was seen as a good option for refugees having worked with various groups over time when alternative provision was not available
-

Multiple Health Conditions

- Majority rated as "Very suitable" in both years, unsurprising given the project's focus

Mental Health Issues

- Mixed opinions on suitability in both 2020 and 2022
- Some viewed as not suitable if conditions are too severe, although there was clear acknowledgement of the widespread prevalence of less severe cases. The need for specialist support was identified
-

Minor Disabilities

- Rated as "Very suitable" by most respondents across both years

People with little/no work experience

- 2020 saw a range of views from "Very" to "Not suitable"
- But in 2022 most said this group was "Very suitable"

Overall, the results highlight strong agreement that LGW is well suited to older people, men, women, ethnic minorities, those with health conditions, and minor disabilities. But its suitability for younger people and those with mental health needs is more disputed.

Concluding comments

Let's Get Working was a long duration project which evolved and adapted in many ways over its lifetime. For many involved with its delivery the length of time it had to do its work, build its relationships and refine its model were crucial to its successes and there was a distinct feeling of regret and even mourning as it approached its end. As one staff member commented it was upsetting to be receiving phone calls from referral organisations who had come to rely on LGW to help their most challenging clients in desperation as to where else they could turn.

The conclusion of this evaluation is that the LGW model proved itself clearly and contributed materially and cost effectively to the wellbeing of a large number of people. The fact that such a service no longer exists in any meaningful way in East Sussex and Kent means fewer people with long term illnesses or disabilities will see their lives improved. It is to be hoped that the lessons from LGW, and in particular the impact that can be achieved by flexibility, humanity and dedication, might yet be noticed more widely and embraced by policy makers and others who actually care about the welfare of their citizens.

Annex A: Tables

List of table and supplementary tables

Tables in main text

1. Programme defined outputs
2. Length of time unemployed on joining, by gender
3. Employment status on joining the project, by gender
4. Age on joining the project by gender, and employment status
5. Ethnic minorities by gender, and employment status
6. Basic skills by gender, and employment status
7. Jobless household by gender, and employment status
8. Homeless or housing excluded by gender, and employment status
9. Offending history by gender, and employment status
10. Disability by gender, and employment status
11. Main health condition reported, by gender and employment status
12. Number of conditions by gender, and employment status
13. Number of conditions by age
14. Main, and all, conditions
15. Results expected by BBO
16. Known destination on exiting project by gender, and employment status
17. Changes in assessment scores by gender, and employment status
18. Referrals by source over time
19. Known destination on exiting project by type of referral

Supplementary tables

Outputs

20. Main condition by age
21. Main condition by basic skills
22. Main condition by homelessness
23. Main condition by jobless household
24. Main condition by offending history
25. Main condition by disability
26. Main condition by ethnic minority group

Outcomes

27. Known destination by age
28. Known destination by disability
29. Known destination by ethnic minority group
30. Known destination by homelessness
31. Known destination by jobless household
32. Known destination by basic skills
33. Known destination by length unemployed
34. Known destination by offending record
35. Known destination by main condition

36. Known destination by type of referral
37. Change in overall PAQ score by gender, and employment status
38. Change in overall PAQ score by age
39. Change in overall PAQ score by main condition
40. Change in overall PAQ score by referral
41. Change in overall PAQ score by destination
42. Change in wellbeing score by gender, and employment status
43. Change in wellbeing score by age
44. Change in wellbeing score by main condition
45. Change in wellbeing score by referral
46. Change in wellbeing score by destination
47. Change in labour market engagement score by gender, and employment status
48. Change in labour market engagement score by age
49. Change in labour market engagement score by main condition
50. Change in labour market engagement score by referral
51. Change in labour market engagement score by destination
52. Change in everyday living score by gender, and employment status
53. Change in everyday living score by age
54. Change in everyday living score by main condition
55. Change in everyday living score by referral
56. Change in everyday living score by destination
57. Change in community and connections score by gender, and employment status
58. Change in community and connections score by age
59. Change in community and connections score by main condition
60. Change in community and connections score by referral
61. Change in community and connections score by destination

Outputs

Table 20: Main condition by age

Main condition by age	16-24	25-49	50+	Total	N
Mental health	30.7%	23.2%	17.5%	23.8%	414
Musculo skeletal	6.9%	20.2%	35.4%	20.5%	357
Autism, Asperger's syndrome or similar	30.1%	13.0%	2.7%	15.0%	261
Severe or specific learning difficulties	13.8%	9.6%	2.7%	8.9%	156

Other health problems or disabilities	18.6%	33.9%*	41.8%*	31.8%	206
		* Epilepsy	*Chest, breathing 6% Diabetes 6% Heart 4%		
Grand Total	100.0%	100%	100.0%	100.0%	1742
N	479	813	452		

Table 21: Main condition by basic skills

Main condition by basic skills	Lacks basic skills	Does not lack basic skills	Total	N
Mental health	19.7%	25.6%	23.8%	414
Musculo skeletal	22.9%	19.4%	20.5%	357
Autism, Asperger's syndrome or similar	12.1%	16.3%	15.0%	261
Severe or specific learning difficulties	13.2%	7.1%	9.0%	156
Other health problems or disabilities	32.1%	31.6%	31.8%	554
Grand Total	100.0%	100.0%	100.0%	1742
N	529	1215		

Table 22: Main condition by homelessness

Main condition by homelessness	Homeless	Not homeless	Total	N
Mental health	20.8%	24.0%	23.8%	414
Musculo skeletal	22.9%	20.3%	20.5%	357
Autism, Asperger's syndrome or similar	8.3%	15.3%	15.0%	261
Severe or specific learning difficulties	4.2%	9.1%	9.0%	156
Other health problems or disabilities	43.8%*	31.3%	31.8%	206
	* heart 8% stomach etc 8% diabetes 4% asthma 4%			

Grand Total	100.0%	100.0%	100.0%	1742
N	1691	48		

Table 23: Main condition by jobless household

Main condition by jobless household	Jobless household	Not jobless household	Total	N
Mental health	23.5%	24.4%	23.8%	414
Musculo skeletal	24.4%	15.8%	20.5%	357
Autism, Asperger's syndrome or similar	10.4%	20.7%	15.0%	261
Severe or specific learning difficulties	7.4%	10.7%	9.0%	156
Other health problems or disabilities	34.3%	28.5%	31.8%	206
Grand Total	100.0%	100.0%	100.0%	1742
	945	787		

Table 24: Main condition by offending history

Main condition by offending history	Has an offending record	Does not have offending record	Total	N
Mental health	20.5%	24.2%	23.8%	414
Musculo skeletal	31.1%	19.4%	20.5%	357
Autism, Asperger's syndrome or similar	10.6%	15.4%	15.0%	261
Severe or specific learning difficulties	5.3%	9.3%	9.0%	156
Other health problems or disabilities	32.5%	31.6%	31.8%	206
Grand Total	100.0%	100.0%	100.0%	1742
	151	1584		

Table 25: Main condition by disability

Main condition by disability	Has a disability	Does not have disability	Total	N
------------------------------	------------------	--------------------------	-------	---

Mental health	21.9%	36.5%	23.8%	414
Musculo skeletal	21.8%	11.7%	20.5%	357
Autism, Asperger's syndrome or similar	15.1%	15.2%	15.0%	261
Severe or specific learning difficulties	8.5%	11.7%	9.0%	156
Other health problems or disabilities	32.7%*	24.8%*	31.8%	206
	<i>*Diabetes 3% Epilepsy 3%</i>	<i>*Heart condition 4%</i>		
Grand Total	100.0%	100.0%	100.0%	1742
	1502	230		

Table 26: Main condition by ethnic minority group

Main condition by ethnic minority group	From ethnic minority group	Not from ethnic minority group	Total	N
Mental health	14.6%	24.7%	23.8%	414
Musculo skeletal	27.8%	19.8%	20.5%	357
Autism, Asperger's syndrome or similar	12.7%	15.2%	15.0%	261
Severe or specific learning difficulties	7.0%	9.2%	9.0%	156
Other health problems or disabilities	38%*	31.1%*	31.8%	206
	<i>*Heart conditions 10.1% Progressive illness 3.8%</i>	<i>*Epilepsy 3.0%</i>		
Grand Total	100.0%	100.0%	100.0%	1742
	158	1582		

Outcomes and Impact

Table 27: Known destination by age

Known destination on exiting project	Age 16-24	Age 25-49	Age 50+	Total	N
Employment / self employment	35.5%	35.4%	29.6%	33.9%	385
Education or training	35.4%	31.6%	26.1%	30.9%	321
Inactive into job search (%EI on entry)	27.1%	26.3%	41.3%	29.7%	197
Inactive into job search (%all on entry)	17.7%	16.8%	18.6%	17.4%	197
At least one positive outcome	88.6%	83.8%	74.3%	82.3%	903
N	304	525	307	1136	N

Table 28: Known destination by disability

Known destination on exiting project	Has a disability	Does not have a disability	Total	N
Employment / self employment	34.3%	32.1%	34.0%	385
Education or training	31.3%	27.0%	30.7%	31
Inactive into job search (%EI on entry)				
Inactive into job search (%all on entry)	15.6%	27.7%	17.3%	197
At least one positive outcome	81.2%	86.9%	82.0%	903
*N	968	159	1127	N

Table 29: Known destination by ethnic minority group

Known destination on exiting project	Not from ethnic minority group	From ethnic minority group	Total	N
Employment / self employment	33.4%	37.1%	33.8%	385
Education or training	30.4%	36.2%	30.9%	321
Inactive into job search (%EI on entry)	29.6%	30.0%	29.7%	197
Inactive into job search (%all on entry)	17.4%	17.1%	17.4%	197
At least one positive outcome	81.2%	90.4%	82.1%	903
*N	1029	105	1134	N

Table 30: Known destination by homelessness

Known destination on exiting project	Homeless	Not homeless	Total	N
Employment / self employment	38%	33.8%	33.9%	385
Education or training	38%	30.8%	30.9%	321
Inactive into job search (%EI on entry)	29.74%	23.08%	29.6%	197
Inactive into job search (%all on entry)	12%	17.4%	17.3%	197
At least one positive outcome	88%	82.0%	82.1%	903
*N	24	1108	1132	N

Table 31: Known destination by jobless household

Known destination on exiting project	Jobless household	Not jobless household	Total	N
--------------------------------------	-------------------	-----------------------	-------	---

Employment / self employment	32.3%	35.7%	33.9%	385
Education or training	31.9%	30%	31.0%	321
Inactive into job search (%EI on entry)	28.7%	30.2%	29.7%	197
Inactive into job search (%all on entry)	15.9%	18.7%	17.2%	197
At least one positive outcome	80.1%	84.7%	82.1%	903
*N	586	540	1126	N

Table 32: Known destination by basic skills

Known destination on exiting project	Lacks basic skills	Does not lack basic skills	Total	N
Employment / self employment	25.8%	36.8%	33.9%	385
Education or training	33.2%	30.7%	30.9%	321
Inactive into job search (%EI on entry)	28.8%	32.3%	29.7%	197
Inactive into job search (%all on entry)	18.1%	17.0%	17.3%	197
At least one positive outcome	77.1%	84.5%	82.1%	903
*N	298	838	1136	N

Table 33: Known destination by length unemployed

Known destination on exiting project	Unemp < 6 months	6-11 months	1-< 2 years	2-< 5 years	5 years +	Total
Employment / self employment	65.9%	57.2%	45.2%	27.6%	17.7%	39.8%

Education or training	23.4%	28.6%	30.1%	35.3%	32.7%	30.5%
At least one positive outcome	89.3%	85.8%	75.3%	62.9%	50.4%	70.3%
*N	94	56	93	116	113	472

Table 34: Known destination by offending record

Known destination on exiting project*	Has an offending record	Does not have an offending record	Total	N
Employment / self employment	39.7%	33.2%	33.6%	385
Education or training	36%	30.6%	30.9%	321
Inactive into job search (%EI on entry)	20.6%	30.2%	29.7%	197
Inactive into job search (%all on entry)	10%	18.0%	17.5%	197
At least one positive outcome	75%	82%	81%	903
*N	73	1056	129	

Table 35: Known destination by main condition

Known destination on exiting project by main condition	Mental health	Musculo skeletal	Autism...	Learning difficulties	Other conditions	Total
Employment / self employment	39.1%	31.3%	32.4%	35.2%	31.6%	33.9%
Education or training	31.6%	29.6%	35.3%	28.6%	29.9%	30.9%
Inactive into job search (%EI on entry)	28.1%	31.1%	28.8%	29.7%	30.8%	29.8%

Inactive into job search (%all on entry)	17.6%	14.2%	18.5%	18.1%	18.7%	17.3%
At least one positive outcome	88.3%	75.1%	86.2%	81.9%	80.2%	82.1%
*N	256	233	173	105	364	1136

Table 36: Main condition by type of referral

Known destination on exiting project by type of referral	Public sector (JC+ etc)	Personal	Charity, VCO	Primary care	Health secondary care	Local Authority ASC	Other	Total
Employment / self employment	30.2%	37.4%	34.9%	44.9%	35.3%	19.6%	17.4%	33.2%
Education or training	32.3%	31.1%	27.9%	30.7%	20.0%	39.3%	47.8%	31.4%
Inactive into job search (%EI on entry)	43.0%	30.2%	26.0%	19.4%	22.5%	26.0%	47.4%	29.7%
Inactive into job search (%all on entry)	14.3%	20.1%	14.7%	15.0%	11.3%	18.8%	29.1%	17.7%
At least one positive outcome	76.8%	88.8%	77.5%	90.6%	66.6%	77.7%	97.3%	76.1%
*N	371	245	129	127	85	107	23	1096

Table 37: Change in overall PAQ score by gender, and employment status

Change in overall score	Female	Male	EI on joining	Unemployed on joining	Total	N
>-16	8.2%	8.6%	8.4%	8.5%	8.5%	92
-9:-16	3.8%	7.8%	5.8%	6.8%	6.2%	67
-3:-8	5.8%	8.3%	7.9%	6.3%	7.3%	79
-2/+2	7.6%	7.8%	7.7%	7.7%	7.7%	84
+3:+8	14.0%	11.9%	13.4%	11.8%	12.8%	139
+9:+16	17.8%	17.7%	17.5%	17.9%	17.7%	193

>+16	42.8%	37.9%	39.2%	40.9%	39.9%	434
	100%	100%	100%	100%	100%	1088
N	449	642	633	458		
Mean change	+13.5	+11.3	+12.4	+11.9	+12.2	

Table 38: Change in overall PAQ score by age

Change in overall score	16-24	25-49	50+	Total	N
>-16	9.9%	7.8%	8.1%	8.4%	92
-9:-16	6.1%	6.6%	5.7%	6.2%	67
-3:-8	8.9%	6.2%	7.4%	7.2%	79
-2/+2	8.5%	7.6%	7.1%	7.7%	84
+3:+8	11.3%	14.0%	12.1%	12.8%	139
+9:+16	15.7%	16.6%	21.5%	17.7%	193
>+16	39.6%	41.2%	38.0%	39.9%	434
	100%	100%	100%	100%	1091
N	294	502	297		
Mean change	+11.3	+12.9	+12.0	+12.2	

Table 39: Change in overall PAQ score by main condition

Change in overall score	Mental health	Musculo Skeletal	Autism, Asperger's syndrom e or similar	Severe or specific learning difficultie s	All other condition s	Total	N
>-16	7.5%	9.8%	6.5%	11.0%	8.3%	8.4%	92
-9:-16	7.9%	7.1%	3.0%	3.0%	7.2%	6.3%	67
-3:-8	6.6%	4.4%	10.7%	6.0%	8.3%	7.3%	79
-2/+2	6.6%	8.4%	7.1%	12.0%	6.9%	7.7%	84
+3:+8	13.7%	12.0%	13.6%	13.0%	12.3%	12.8%	139
+9:+16	17.0%	15.6%	20.1%	20.0%	17.8%	17.7%	193
>+16	40.7%	42.7%	39.1%	35.0%	39.3%	39.9%	434
	100%	100%	100%	100%	100%	100%	1087
N	242	226	169	101	349		
Mean change	+13.2	+12.0	+12.2	+9.6	+11.3	+12.2	

Table 40: Change in overall PAQ score by referral

Change in overall score	Public sector (JC+ etc)	Personal	Charity, VCO	Primary care	Health secondary care	Local Authority ASC	Other	Total	N
>-16	8.3%	9.7%	5.6%	7.4%	6.3%	9.8%	13.6%	8.3%	87
-9:-16	8.0%	6.8%	7.1%	2.5%	2.5%	3.9%	9.1%	6.2%	65
-3:-8	5.5%	6.8%	11.9%	4.1%	8.8%	12.7%	4.5%	7.3%	77
-2/+2	8.3%	7.6%	3.2%	9.0%	8.8%	8.8%	4.5%	7.6%	80
+3:+8	13.0%	14.3%	11.9%	7.4%	18.8%	11.8%	27.3%	13.1%	138
+9:+16	19.1%	18.6%	16.7%	12.3%	17.5%	21.6%	22.7%	18.1%	190
>+16	37.7%	36.3%	43.7%	57.4%	37.5%	31.4%	18.2%	39.3%	413
	100%	100%	100%	100%	100%	100%	100%	100%	1050
N	363	237	126	122	81	102	22		
Mean change	+10.7	+10.2	+14.4	+19.1	+12.5	+10.4	+6.1	+12.2	

Table 41: Change in overall PAQ score by destination

Change in overall score	Employment / self employment	Education / training	EI to job search	Total	N
>-16	5.4%	5.7%	5.8%	8.4%	90
-9:-16	4.1%	5.1%	3.7%	6.4%	68
-3:-8	4.1%	7.8%	7.9%	7.3%	78
-2/+2	5.4%	9.3%	6.8%	7.7%	82
+3:+8	10.4%	12.0%	19.5%	12.9%	138
+9:+16	16.6%	18.6%	20.0%	17.5%	187
>+16	54.0%	41.6%	36.3%	39.9%	426
	100%	100%	100%	100%	1069
N	367	335	190		
Mean change	+18.2	+13.4	+13.2	+12.2	

Table 42: Change in wellbeing score by gender, and employment status

Change in overall score	Female	Male	EI on joining	Unemployed on joining	Total	N
>-4	7.6%	8.3%	8.5%	7.2%	8.0%	87
-2:-4	10.7%	9.1%	9.8%	9.6%	9.7%	106
-1:+1	18.7%	17.8%	18.5%	17.9%	18.2%	198
+2:+4	21.2%	27.5%	24.3%	25.6%	24.9%	271
>+4	41.9%	37.2%	38.9%	39.6%	39.2%	426
	100%	100%	100%	100%	100%	1088
N	449	639	635	458		

Mean change	+4.1	+3.7	+3.9	+3.9	+3.9
--------------------	------	------	------	------	------

43: Change in wellbeing score by age

Change in overall score	16-24	25-49	50+	Total	N
>-4	8.9%	7.0%	8.8%	8.0%	79
_2:-4	10.6%	11.0%	6.7%	9.7%	84
-1:+1	18.1%	18.6%	17.8%	18.3%	139
+2:+4	23.5%	24.8%	26.3%	24.9%	193
>+4	38.9%	38.6%	40.4%	39.2%	434
	100%	100%	100%	100%	1091
N	294	502	297		
Mean change	+3.9	+3.8	+4.0	+3.9	

44: Change in wellbeing score by main condition

Change in overall score	Mental health	Musculo Skeletal	Autism, Asperger's syndrom e or similar	Severe or specific learning difficultie s	All other condition s	Total	N
>-4	5.8%	8.4%	8.3%	12.0%	7.7%	7.9%	79
_2:-4	9.5%	11.6%	8.9%	9.0%	9.2%	9.7%	84
-1:+1	15.4%	16.9%	18.9%	21.0%	20.3%	18.4%	139
+2:+4	26.6%	22.7%	23.1%	27.0%	25.5%	24.9%	193
>+4	42.7%	40.4%	40.8%	31.0%	37.2%	39.1%	434
	100%	100%	100%	100%	100%	100%	1084
N	242	226	169	101	349		
Mean change	+4.4	+3.8	+4.1	+3.1	+3.6	+3.9	

45: Change in wellbeing score by referral

Change in overall score	Public sector (JC+ etc)	Person al	Charity , VCO	Primar y care	Health second ary care	Local Author ity ASC	Other	Total	N
>-4	8.0%	8.4%	7.9%	4.9%	5.0%	13.7%	9.1%	8.1%	85
_2:-4	11.4%	9.7%	3.2%	8.2%	10.0%	12.7%	27.3%	10.0%	105
-1:+1	18.0%	20.3%	23.8%	10.7%	18.8%	15.7%	22.7%	18.3%	192
+2:+4	23.8%	27.4%	25.4%	20.5%	25.0%	25.5%	9.1%	24.4%	256
>+4	38.8%	34.2%	39.7%	55.7%	41.3%	32.4%	31.8%	39.2%	412
	100%	100%	100%	100%	100%	100%	100%	100%	1050
N	361	237	126	122	80	102	22		

Mean change	+3.5	+3.3	+4.3	+6.2	+4.1	+3.1	+1.9	+3.9
--------------------	------	------	------	------	------	------	------	------

46: Change in wellbeing score by destination

Change in overall score	Employment / self employment	Education / training	EI to job search	Total	N
>-4	4.4%	6.9%	8.4%	8.1%	79
-2:-4	5.2%	9.0%	8.9%	5.8%	84
-1:+1	12.3%	21.0%	24.7%	29.4%	139
+2:+4	23.7%	24.3%	26.8%	12.5%	193
>+4	54.5%	38.9%	31.1%	44.3%	434
	100%	100%	100%	100%	1072
N	367	335	190		
Mean change	+6.0	+4.1	+3.2	+3.9	

47: Change in labour market engagement score by gender, and employment status

Change in overall score	Female	Male	EI on joining	Unemployed on joining	Total	N
>-4	5.6%	7.2%	5.7%	7.7%	6.5%	71
-2:-4	8.5%	12.2%	12.2%	8.8%	10.7%	116
-1:+1	14.3%	14.7%	12.8%	16.8%	14.5%	158
+2:+4	16.0%	16.0%	15.2%	17.1%	16.0%	174
>+4	55.7%	49.9%	54.2%	49.7%	52.3%	569
	100%	100%	100%	100%	100%	1088
N	449	639	635	458		
Mean change	+5.3	+4.3	+5.0	+4.3	+4.7	

48: Change in labour market engagement score by age

Change in overall score	16-24	25-49	50+	Total	N
>-4	5.4%	7.4%	6.5%	6.5%	71
-2:-4	11.0%	12.1%	10.7%	10.7%	117
-1:+1	13.6%	15.2%	14.5%	14.5%	158
+2:+4	14.8%	17.5%	16.0%	16.0%	174
>+4	55.2%	47.8%	52.3%	52.3%	570

	100%	100%	100%	100.0%	1090
N	294	502	297		
Mean change	+4.6	+5.1	+4.1	+4.7	

49: Change in labour market engagement score by main condition

Change in overall score	Mental health	Musculo Skeletal	Autism, Asperger's syndrom e or similar	Severe or specific learning difficultie s	All other condition s	Total	N
>-4	4.1%	7.6%	5.3%	6.0%	8.0%	6.5%	70
_2:-4	10.8%	12.4%	8.3%	13.0%	10.3%	10.8%	117
-1:+1	12.4%	13.8%	12.4%	19.0%	16.0%	14.5%	157
+2:+4	17.0%	10.7%	23.7%	13.0%	16.0%	16.1%	174
>+4	55.6%	55.6%	50.3%	49.0%	49.6%	52.2%	566
	100%	100%	100%	100%	100%	100%	1084
N	242	226	169	101	349		
Mean change	+5.3	+4.5	+4.9	+4.1	+4.5	+4.7	

50: Change in labour market engagement score by referral

Change in overall score	Public sector (JC+ etc)	Personal	Charity , VCO	Primary care	Health secondary care	Local Authority ASC	Other	Total	N
>-4	5.8%	8.9%	5.6%	4.9%	1.3%	9.8%	4.5%	6.4%	67
_2:-4	10.5%	14.3%	9.5%	6.6%	15.0%	7.8%	9.1%	10.9%	114
-1:+1	17.2%	10.5%	15.1%	9.0%	18.8%	17.6%	9.1%	14.5%	152
+2:+4	15.5%	19.0%	15.9%	12.3%	12.5%	16.7%	27.3%	16.1%	169
>+4	51.0%	47.3%	54.0%	67.2%	52.5%	48.0%	50.0%	52.2%	548
	100%	100%	100%	100%	100%	100%	100%	100%	1050
N	361	237	126	122	80	102	22		
	+4.4	+3.6	+5.3	+7.2	+4.7	+4.7	+3.3	+4.7	

51: Change in labour market engagement score by destination

Change in overall score	Employment / self employment	Education / training	EI to job search	Total	N
>-4	3.8%	4.2%	3.2%	6.5%	70

_2:-4	5.2%	10.2%	12.6%	10.9%	116
-1:+1	13.1%	12.6%	9.5%	14.3%	153
+2:+4	15.8%	15.9%	16.8%	15.9%	170
>+4	62.1%	57.2%	57.9%	52.4%	560
	100%	100%	100%	100%	1072
N	367	335	190		
Mean change	+6.3	+5.4	+5.5	+4.7	

52: Change in everyday living score by gender, and employment status

Change in overall score	Female	Male	EI on joining	Unemployed on joining	Total	N
>-4	16.3%	18.2%	18.3%	16.0%	17.4%	189
_2:-4	13.8%	14.2%	14.1%	14.2%	14.1%	153
-1:+1	20.0%	21.9%	21.8%	20.1%	21.1%	230
+2:+4	18.3%	18.6%	17.7%	19.5%	18.5%	201
>+4	31.6%	27.1%	28.1%	30.2%	29.0%	315
	100%	100%	100%	100%	100%	1088
N	449	639	635	458		
Mean change	+1.5	+0.7	+0.9	+1.6	+1.1	

53: Change in everyday living score by age

Change in overall score	16-24	25-49	50+	Total	N
>-4	24.6%	14.8%	14.5%	17.3%	189
_2:-4	13.7%	14.0%	14.8%	14.1%	154
-1:+1	17.7%	21.8%	23.2%	21.1%	230
+2:+4	16.4%	19.2%	19.2%	18.4%	201
>+4	27.6%	30.2%	28.3%	29.0%	316
	100%	100%	100%	100.0%	1090
N	294	502	297		
Mean change	+0.3	+1.32	+1.5	+1.1	

54: Change in everyday living score by main condition

Change in overall score	Mental health	Musculo Skeletal	Autism, Asperger's syndrom e or similar	Severe or specific learning difficulties	All other conditions	Total	N

>-4	21.58%	13.33%	12.43%	21.00%	18.34%	17.3%	189
_2:-4	16.18%	12.44%	11.83%	17.00%	14.33%	14.1%	154
-1:+1	16.18%	24.89%	20.71%	23.00%	21.78%	21.1%	230
+2:+4	18.67%	17.78%	21.30%	17.00%	18.05%	18.4%	201
>+4	27.39%	31.56%	33.73%	22.00%	27.51%	29.0%	316
	100%	100%	100%	100%	100%	100.0%	1090
N	242	226	169	101	349		
Mean change	+0.7	+1.4	+2.2	-0.1	+0.9	+1.1	

55: Change in everyday living score by referral

Change in overall score	Public sector (JC+ etc)	Personal	Charity, VCO	Primary care	Health secondary care	Local Authority ASC	Other	Total	N
>-4	17.5%	19.0%	17.5%	12.3%	18.8%	17.6%	9.1%	17.1%	180
_2:-4	14.4%	10.5%	16.7%	16.4%	10.0%	19.6%	18.2%	14.3%	150
-1:+1	18.8%	24.5%	20.6%	20.5%	23.8%	20.6%	27.3%	21.2%	223
+2:+4	22.4%	16.5%	15.1%	18.9%	18.8%	15.7%	22.7%	18.9%	198
>+4	26.9%	29.5%	30.2%	32.0%	28.8%	26.5%	22.7%	28.5%	299
	100%	100%	100%	100%	100%	100%	100%	17.1%	180
N	361	237	126	122	80	102	22		
Mean change	+0.9	+1.0	+1.3	+1.8	+1.1	+0.7	+0.6	+1.1	

56: Change in everyday living score by destination

Change in overall score	Employment / self employment	Education / training	EI to job search	Total	N
>-4	13.1%	17.4%	12.6%	17.5%	187
_2:-4	10.9%	15.0%	17.9%	14.3%	153
-1:+1	21.0%	20.1%	22.1%	21.3%	228
+2:+4	20.4%	19.5%	20.0%	18.1%	194
>+4	34.6%	28.1%	27.4%	28.7%	307
	100%	100%	100%	100.0%	1069
N	367	335	190		
Mean change	+2.0	+1.2	+1.6	+1.1	

57: Change in community and connections score by gender, and employment status

Change in overall score	Female	Male	EI on joining	Unemployed on joining	Total	N
>-4	11.6%	11.3%	11.2%	11.8%	11.4%	124
_2:-4	11.4%	12.4%	10.6%	13.8%	11.9%	130
-1:+1	21.4%	19.9%	21.6%	18.8%	20.5%	223
+2:+4	20.5%	22.1%	21.5%	21.2%	21.4%	233
>+4	35.2%	34.4%	35.1%	34.4%	34.7%	378
	100%	100%	100%	100%	11.4%	124
N	449	639	635	458		
Mean change	+2.5	+2.5	+2.6	+2.3	+2.5	

58: Change in community and connections score by age

Change in overall score	16-24	25-49	50+	Total	N
>-4	11.6%	12.0%	10.4%	6.5%	71
_2:-4	12.6%	12.4%	10.4%	10.7%	117
-1:+1	20.5%	19.4%	22.2%	14.5%	158
+2:+4	21.5%	19.6%	24.2%	16.0%	174
>+4	33.8%	36.6%	32.7%	52.3%	570
	100%	100%	100%	100.0%	1090
N	294	502	297		
Mean change	+2.4	+2.6	+2.5	+2.5	

59: Change in community and connections score by main condition

Change in overall score	Mental health	Musculo Skeletal	Autism, Asperger's syndrom e or similar	Severe or specific learning difficulties	All other conditions	Total	N
>-4	12.9%	12.0%	10.1%	11.0%	10.9%	11.4%	70
_2:-4	10.4%	10.7%	16.6%	6.0%	13.5%	12.0%	117
-1:+1	16.6%	21.8%	19.5%	25.0%	21.5%	20.5%	157
+2:+4	22.0%	23.1%	18.9%	25.0%	20.3%	21.5%	174
>+4	38.2%	32.4%	34.9%	33.0%	33.8%	34.6%	566
	12.9%	12.0%	10.1%	11.0%	10.9%	11.4%	1084
N	242	226	169	101	349		
Mean change	+2.7	+2.3	+2.9	+2.4	+2.3	+2.5	

60: Change in community and connections score by referral

Change in overall score	Public sector (JC+ etc)	Personal	Charity, VCO	Primary care	Health secondary care	Local Authority ASC	Other	Total	N
>-4	12.5%	11.8%	10.3%	9.8%	11.3%	8.8%	18.2%	11.4%	67
_2:-4	13.6%	10.1%	9.5%	11.5%	8.8%	14.7%	13.6%	11.8%	114
-1:+1	21.1%	22.8%	20.6%	14.8%	16.3%	27.5%	27.3%	21.0%	152
+2:+4	22.7%	20.7%	21.4%	18.0%	27.5%	21.6%	27.3%	21.9%	169
>+4	30.2%	34.6%	38.1%	45.9%	36.3%	27.5%	13.6%	33.8%	548
	100%	100%	100%	100%	100%	100%	100%	100%	1050
N	361	237	126	122	80	102	22		
Mean change	+1.9	+2.3	+3.1	+3.9	+2.5	+1.9	+2.3	+2.4	

61: Change in community and connections score by destination

Change in overall score	Employment / self employment	Education / training	EI to job search	Total	N
>-4	7.9%	9.9%	7.9%	11.5%	123
_2:-4	9.0%	13.2%	9.5%	12.1%	129
-1:+1	16.1%	19.8%	27.9%	20.5%	219
+2:+4	22.9%	20.1%	21.1%	21.0%	224
>+4	44.1%	37.1%	33.7%	35.0%	374
	100%	100%	100%	11.5%	1069
N	367	335	190		
Mean change	+3.8	+2.6	+2.9	+2.5	

Annex B

‘Participant Assessment Questionnaire’: the PAQ

WELLBEING (Health and Wellbeing) – based on ‘SWEBWEMS’¹²	WORK AND SKILLS (Employment and employability)	EVERYDAY LIVING (Barriers and circumstances)	CONNECTIONS AND COMMUNITY (Social Capital)
1 I’ve been feeling optimistic about the future	1 I understand the sort of jobs that exist locally	1 I don’t have any money worries	1 I can live an independent life without being reliant on other people
2 I’ve been feeling useful	2 I know where to find support to help me find a job	2 I can do things myself to help my medical condition / disability	2 I contribute to local community life, such as through volunteering or taking part in local activities
3 I’ve been feeling relaxed	3 I have gained new skills and experience needed to be in work	3 I don’t have any caring responsibilities that get in the way	3 I have regular, friendly contact with family, friends or neighbours
4 I’ve been dealing with problems well	4 No major personal issues would stop me from working	4 I don’t have any worries about leaving my home and going out and about	4 I can help other people locally if I want to
5 I’ve been thinking clearly	5 I do practical things that can help with work, like volunteering, training courses or work placements	5 I can travel locally without difficulties	5 I can find out the things I need to know about where I live
6 I’ve been feeling close to other people	6 I currently have skills or experience that make me employable	6 I can communicate with people I don’t know	6 I do not feel isolated or lonely
7 I’ve been able to make up my own mind about things	7 I think I am, or would be, a good employee	7 Dealing with my medical condition / disability is not dependent just on the doctor / health service	7 I feel part of the local community

¹² <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/about/>

Annex C: Six Month participant follow up survey questions

Let's Get Working Six Month Follow Up Survey: questions

- When you left the Let's Get Working project, did you go into paid work? (This includes self employment) Y/N
- Are you still in paid work now? (including being self employed) Y/N
- Is the work you are doing now the same as when you left the project? Y/N
- In what way is your work different now? (Open)
- Did you leave the project to do some sort education, learning or training? Y/N
- Has that learning or education finished now? Y/N
- Are you in paid work at the moment? Y/N
- Are you actively looking for paid work at the moment? Y/N
- How much of a role did Lets Get Working play - direct or indirect - in the fact you are in paid work now?
 - Its pretty much all down to Lets Get Working
 - Lets Get Working had a significant role, but some other things helped too–
 - Let's Get working was helpful, but other things were more important
 - Lets Get Working had little or no role at all
 - + open comment
- Looking back, overall what sort of impact has being part of LGW had on your life?
 - A very positive impact
 - Quite a positive impact
 - Neither positive nor negative
 - Quite a negative impact
 - A very negative impact
 - + open comment
- Many thanks indeed for completing this survey. Is there anything else you'd like to tell us?

First edition published by CurvedThinking July 2023