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WELCOME
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INTRODUCTION

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There is no quick fix to the economic inactivity problem

As I write this editorial, the usual round of pre-Budget leaks have been appearing in the newspapers. By the time this latest edition of the IEP Journal appears in print it is likely we will know the policy details underpinning the rumours.

But the pre-Budget briefings have confirmed what many of us have known for a long time – that the UK labour market has an economic inactivity problem, that the Government recognises that there is a problem, and that there is a growing consensus that new policy initiatives are needed to address the issue.

The evidence base on both the longer-term and shorter-term increases in economic inactivity amongst particular groups, especially amongst those with health conditions or disabilities, has been at the forefront of various presentations given at the last two IEP Summits, including by myself.

These have pointed out that whilst the Labour Force Survey (LFS) indicates that unemployment is at a historical low, employment has still not recovered to pre-pandemic levels with currently a quarter of a million fewer people in employment than before the pandemic¹. So how do we square the circle?

The largest intervening factor in this equation is the rise in the number of working age people who are economically inactive – neither in employment or unemployed – currently running at just over half a million people.

The government's response to the issue of stalling employment, high levels of vacancies in particular sectors in the labour market, and a fall in labour market participation is outlined in comments from the Chancellor ahead of the Spring Budget:

“For many people, there are barriers preventing them from moving into work - lack of skills, a disability or health condition, or having been out of the jobs market for an extended period of time.... I want this back-to-work Budget to break down these barriers and help people find jobs that are right for them².”

However, many commentators from the wider policy, practitioner and academic communities have

questioned whether the government really has understood the nature of the economic inactivity problem^{3/4}, the long-term processes and economic geography underpinning it⁵, and the role of employers in what is a demand side as well as a supply side issue⁶.

For example, one mooted Budget policy initiative seeks to stem early retirement amongst the over 50s and increase retention of older workers in the labour market. It aims to do this by changing the tax rules for annual and lifetime pension contributions. However, whilst there were 80,000 more early retirees as we emerged from the pandemic in mid-2021 compared to the pre-pandemic period, there are currently 15,000 fewer early retirees than before March 2020⁷. This has led some to point to a misdiagnosis of the issue and that ‘The Great Retirement’⁸ is ill-conceived and increases in economic inactivity amongst the over 50s are more related to ill health and the health system rather than early retirement per se.

1 ONS (February 2023) [Employment, unemployment and economic inactivity for people aged 16 and over and aged from 16 to 64 \[seasonally adjusted\]](#), Dec-Feb 2020 to Oct-Dec 2022

2 BBC News, 12th March 2023: [Budget 2023: Universal credit claimants to get more childcare cost help](#).

3 Louise Murphy and Gregory Thwaites (2023) [Post-pandemic Participation: Exploring labour force participation in the UK, from the Covid-19 pandemic to the decade ahead](#). London: Resolution Foundation.

4 Tony Wilson, 10th March 2023, Institute of Employment Studies blog: [Gradual, then sudden: why employment has stalled and what the Budget should do](#)

5 Christina Beatty, Steve Fothergill, Tony Gore and David Leather (2022) [The Real Level of Unemployment 2022: The myth of full employment across Britain](#). Sheffield: Sheffield Hallam University.

6 Katy Jones and Calum Carson (2023) [Universal Credit and Employers: Exploring the Demand Side of UK Active Labour Market Policy](#). Manchester: Manchester Metropolitan University.

7 Comparison of LFS data from Dec-Feb 2020 to May-Jul 2020 to Oct-Dec 2022.

8 Lane Clark & Peacock (February 2023) [The Great Retirement or the Great Sickness? Understanding the rise in economic inactivity](#).

In reality, the largest increase in economic inactivity is for those with long-term health conditions or disabilities - there are currently more than 350,000 in this group compared to the pre-pandemic period (LFS).

Other initiatives likely to be announced in the Budget will hope to make it easier for families with children who receive Universal Credit (UC) to get more help upfront with childcare costs as well as increasing the level of childcare costs covered by UC – primarily aiming to get more women in low-income households with childcare responsibilities back into the workplace.

This is surely a positive initiative? However, we know that finding suitable and accessible childcare that works around part-time work, irregular hours, school holiday periods, and the usual juggling of work and school drop offs/pick-ups is an issue for many women or lead carers as well as how much it costs.

It has been suggested that this policy change will be coupled with a scrapping of the Administrative

Earnings Threshold (AET) for couples. This would mean more partners of UC claimants with children above a certain age would be expected to meet with a Work Coach more regularly and take active steps to move into work or increase their household earnings⁹.

Such a tightening in the conditionality regime would be enforced through a tougher sanctions regime. Ultimately, compulsion backed up by sanctions translates more as punishment rather than support.

There appear to be relatively limited details of the types of additional support that may be made available to those with long-term health conditions or disabilities. Whilst some reports suggest the Work Capability Assessment will be scrapped there is limited detail on how this will be operationalised – will those with long-term health issues just be reclassified or hidden within a different part of the benefits system?

Will greater conditionality or sanctions then be imposed on the group? This will not help support this group towards employment it will simply

ignore and reclassify the underlying problem. Research on interventions for this group consistently shows that it needs to be tailored to health as well as employment support and a standard unemployment delivery model will not solve the issue¹⁰.


So, this issue of the IEP Journal could not be more timely. It seeks to bring together a range of evidence on this very issue. The articles provide an understanding of the frequent challenges faced by many economically inactive groups and how employment support interventions might be shaped to support transitions back to active labour market participation.

Perspectives are provided by a range of local and regional policy makers, third sector providers, practitioners, academics, and evaluators.

They highlight evidence on interventions supporting various groups of the economically inactive including lone parents; potential second earners in low-income couple households with children; those with long-term health conditions or disabilities; those who may be

⁹ Currently this is the case for only those partners in UC households below the AET.

¹⁰ Christina Beatty, Kirsty Duncan, Steve Fothergill and Siannadh McLean (2013) [The Role of Health Interventions in Reducing Incapacity Claimant Numbers](#). Sheffield: Sheffield Hallam University.



marginalised in the workforce or live in disadvantaged communities; and employers views on Active Labour Market Policies.

A key message comes across the evidence presented by contributors. A one size all approach to policy interventions for the economically inactive is unlikely to work. Instead, interventions need to reflect the different needs, capabilities and aspirations to work amongst sub-groups of the economically inactive population.

Interventions and delivery models need to be tailored to varied local labour market conditions and contexts. Taking a more supportive rather than punitive approach seems sensible or otherwise participants lose trust or disengage.

The role of the employer is crucial and demand side interventions are needed as well as a supply side model. It also needs to be remembered that for many people who want to return to work but have health conditions, disabilities, significant caring responsibilities or long periods of time outside active labour market

participation that the journey is often incremental over long periods of time and there is no quick fix.

Finally, I would really like to thank all the contributors and David Imber FIEP for putting in the time to get this issue together. It is really appreciated. It is so good to see all the different perspectives and evidence gathered together in one place.

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Christina is a Professor at the Centre for Regional Economic and Social Research (CRESR). She has 30 years' experience of undertaking applied policy and evidence based research.

She is interested in the interaction of labour market policy, welfare reform, the levelling up agenda and regeneration. Her work highlights the consequences of national policy decisions in different types of places in Britain and the need for policy interventions which are tailored to local economic contexts. Her research has a particular focus on older industrial Britain, former coalfield areas, and Britain's seaside towns.

THE BENEFITS OF A MODEL OF LOCALITY-BASED, PERSONALISED EMPLOYMENT SUPPORT FOR LONE PARENTS



Nearly one quarter of families with dependent children in the UK are headed by a lone parent, equating to around 1.8 million households. For these families, the challenges of juggling paid work and caring responsibilities are acute.

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Lone parents (nine out of ten of whom are women) are both sole breadwinner and primary carer for their children, meaning that their economic and personal wellbeing is uniquely dependent on the availability of work, childcare and income which supports them to balance the demands of work and family life.

Mainstream employability programmes have reported initially positive outcomes for lone parents (Graham and McQuaid, 2014; Whitworth and Griggs, 2013) but evidence on job-retention and longer-term wellbeing suggests that the quality and sustainability of job outcomes for lone parents can be disappointing. Lone parents often enter short-term work followed by a return to claiming benefits (Campbell et al. 2016).

Moreover, whilst in the UK there has been a long trend of increasing employment rates amongst lone parents, this has recently reversed. The rate of employment for lone parents with dependent children has fallen from 70 per cent prior to the

COVID-19 pandemic, to 65 per cent in December 2022¹.

Lone parents are highly motivated to work but can be prevented from doing so by structural and personal barriers (Johnsen and Blenkinsopp, 2018). Practical considerations such as family friendly working hours, and availability and affordability of quality childcare are paramount (Shildrick et al, 2010). They can also face additional barriers including the consequences of poverty or poor housing; health-related issues; and gaps in employability or basic skills (McQuaid et al, 2010).

Lone parents in work experience challenges to progression and job-retention. They are over-represented in sectors such as caring, retail and hospitality which may offer low pay and less favourable conditions.

Single mothers are more likely to work part-time (compared to couple mothers) and on average couple mothers earn twice as much as their single counterparts².

Crucially lone parents often experience a 'mismatch' between their family-first priorities and the work-first emphasis in policy, suggesting a need for employability programmes to address caring responsibilities, implications for family well-being, and ability to balance work and family commitments to sustain employment outcomes (Lindsay et al, 2021). In this context, it is useful to revisit 'what works' in supporting lone parents into work by reviewing the outcomes of a model of personalised, locality-based support.

In 2012 the (then) Big Lottery Fund in Scotland carried out a co-design process with organisations working with lone parents and providing employability support in the five local authority areas in Scotland with the largest lone parent populations: Edinburgh, Fife, Glasgow, North Lanarkshire, and South Lanarkshire. Their aim was to develop a programme for sustainable local partnerships to tackle the barriers that lone parents faced in returning to work.

¹ Office for National Statistics (December 2022), Employment rates of people by parental status: Table P

² Economic Challenges for Single Mothers. Pre-budget briefing from Gingerbread and the Women's Budget Group (Spring 2022).

The resulting programme, 'Making it Work' (MIW) supported over 3,000 lone parents facing the most complex challenges³ in these five areas between 2013 and 2017.

MIW supported lone parents who were furthest from the labour market. Almost one quarter of participants indicated that they had an illness or disability that affected their ability to work (most commonly depression, stress or anxiety), they lacked confidence to return to work and reported barriers in relation to the availability of suitable local jobs and childcare and weak family and social networks which could support their participation in work and training.

The programme was delivered by local partnerships involving employability providers, Jobcentre Plus and third sector organisations. It offered a model of support which included intensive key worker support, access to existing service provision, and linking between employability and wider support services, including childcare.

Participation in MIW was voluntary, although a key objective was to prepare lone parents for increased conditionality through Universal Credit.

MIW partnerships worked with lone parents at all stages of the employability 'journey':

- pre-employment: establishing credibility and visibility with lone parents and other stakeholders through outreach and networking; connecting with lone parents, engaging them in personal development, supporting planning for work and childcare, and signposting and improved and accelerated access to complementary services (such as healthcare and money advice).

- engagement: support to build employability skills and self-efficacy through key worker involvement, peer support, access to personal development and work-focused training; signposting and facilitating access to mainstream employability and learning provision and supporting engagement with childcare (including direct provision of childcare to support participation in training).
- post-employment: in-work support from key worker for job retention and progression, assistance in identifying learning and development opportunities, and engaging with employers to encourage family friendly practice.

Our evaluation of MIW⁴ (Batty et al, 2017) highlighted the benefits of this locality-based, personalised model of support in addressing the barriers faced by lone parents. There were programme-level improvements across a range of 'distance-travelled' measures covering confidence, self-efficacy, and perceptions of barriers to work.

Thirty per cent of lone parents supported by the programme moved into work. Qualitative data illustrated the importance of the programme's flexible, holistic and personalised approach. The lone parents we interviewed were overwhelmingly positive in relation to the support received and the impact this had in terms of improved outcomes for themselves and their families. They highlighted the benefits associated with bespoke programmes of support which responded to their needs and priorities (and over which they felt a sense of ownership) and which allowed them to progress at their own pace.

The final evaluation report (Batty et al, 2017) identifies what 'worked well' in supporting lone parents to progress towards employment:

- Extensive outreach to access lone parents who might not otherwise be engaged through mainstream provision. There is a crucial role for community-based organisations with expertise in working with lone parents to develop effective outreach strategies for this group.
- Evidence-based practice. Analysis of evidence during the development stage of the programme identified the need for a tailored, holistic approach to assist lone parents who face multiple and complex barriers.
- Holistic provision included peer support (to overcome issues associated with isolation and lack of family and supportive networks); support to address a range of practical issues such as housing, debt, benefits, and access to healthcare (for the lone parents and their children), and the provision of affordable and flexible childcare, particularly to support participation in training (by providing on-site childcare at training venues).
- Work with local employers, to encourage flexible and family friendly working practices and to increase confidence in employing lone parents (for instance through joint recruitment exercises between MIW partnerships and employers and in-work support).
- Local partnerships with the flexibility to co-ordinate specialist skills and services in response to local need, facilitated by flexible, longer-term funding to mitigate the impact of start-up costs and enable shared learning on effective approaches;

³ For the purposes of Making it Work this was defined as lone parents experiencing one or more of disabilities, or caring for someone with disabilities; with a large family (three or more children); living in an area with a depressed labour market; living in chaotic circumstances; with little work experience or who have been out of work for two or more years.

⁴ The evaluation was carried out by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University and the Scottish Centre for Employment Research (SCER) at the University of Strathclyde. Team members included Elaine Batty, Chris Dayson, Will Eadson, Colin Lindsay, Anne Marie McCullen, Sarah Pearson, Elizabeth Sanderson.

and performance management frameworks which reflect both 'hard' outcomes (jobs and training) and 'soft' or distance travelled outcomes (skills, self-efficacy, confidence, and wellbeing) for those requiring long-term support.

MIW made considerable progress in addressing the personal barriers to work experienced by lone parents but there are ongoing structural barriers, particularly in relation to childcare costs and availability (notably for larger families), and in balancing the financial rewards from work and benefits.

The report also highlights policy implications, framed specifically in this instance as a series of 'principles' for employability support services in Scotland, but which also have resonance for provision more generally.

These include the benefits to employability services which are designed nationally but adapted and delivered locally in partnership; offer a flexible, tailored 'whole person' approach; are responsive to those with high needs; align employer need with target group aspirations; and are facilitated by funding mechanisms which support progress towards work as well as job outcomes.

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She has worked on evaluations of a number of third-sector led employability programmes including Making it Work supporting lone parents (<https://www.shu.ac.uk/centre-regional-economic-social-research/projects/all-projects/making-it-work-evaluation>) and Talent Match supporting young people (<https://blogs.shu.ac.uk/talentmatch/>). She is currently working with the Child Poverty Action Group (CPAG) to evaluate their programme, Your Work Your Way, which aims to support mothers in low income families into work (<https://cpag.org.uk/policy-and-campaigns/your-work-your-way>).





HOW SHEFFIELD CITY COUNCIL IS TACKLING ECONOMIC INACTIVITY AT A LOCAL LEVEL



Back in 2017, amid concerns over economic inactivity at a local level, Sheffield City Council (SCC) took decisive steps to address labour market participation, aimed at tackling structural disadvantage while boosting the city's talent pool.

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Sheffield's rate of inactivity stood at 27.0% of working-age people, 5.0% higher than the national average and 3.9% above the regional, providing strong rationale for local authority (LA) intervention. The response was to remodel Sheffield's LA-led employment support model, to better-align it with the challenging engagement and intervention needs of economically inactive residents.

For some years, SCC had commissioned employment support activity which was accessible to inactive residents (many of whom were unable to join national employment and skills programmes through Jobcentre Plus), albeit this provision was often under-utilised by this group. Our locality-based approach included a suite of neighbourhood work clubs.

These were delivering on the stated objective of supporting workless people into jobs, yet most of the successful outcomes were for Jobcentre Plus customers rather than inactive residents. Therefore, many of Sheffield's economically inactive residents remained trapped in a vicious circle of long-term

worklessness, individual poverty, social exclusion and poor health.

The European Social Fund's (ESF) September 2017 call for 'Priority Axis 1: Inclusive Labour Markets' proposals presented a timely opportunity to reshape and expand SCC provision. In collaboration with LA partners across South Yorkshire (Barnsley, Doncaster and Rotherham), the councils provided match funding to develop the £19.5 million South Yorkshire ESF Pathways Programme (2019-2023). The initiative funded keyworkers across a variety of local projects to work directly with workless people facing barriers to entry into employment, education or training. Successful funding bids enabled rollout from October 2018, with each of the LAs within South Yorkshire overseeing local delivery and SCC doubling-up as the accountable body.

In Sheffield, core LA funding (40%) and ESF match (60%) delivered a total fund of £11.3 million for investment over five years, with £4.9 million ringfenced to procure projects delivered by the city's voluntary and community sector (VCS). Legacy work clubs

were replaced by a suite of targeted, bespoke projects for cohorts including (but not limited to) ethnic minorities, people with learning difficulties, ex-offenders, lone parents, 15-18-year-olds and over-50s – all groups with higher economic inactivity rates.

As community-based projects, often located in more deprived parts of the city, they aimed to be inclusive and welcoming of all those who engaged with the projects.

This community-based approach therefore facilitated engagement with residents who may not normally have had interaction with mainstream employment support services via Jobcentre Plus (JCP).

It also offered a lengthier, more intensive and – in some cases - more specialist interventions than were available via mainstream programmes. The systematic collection of participant data highlighted that many client groups faced multiple barriers to entering the labour force [see Table 1 below] and were in need of lengthy, intensive engagement and support.

DESTINATIONS OF PARTICIPANTS IN ESF PATHWAYS

By November 2022, 470 economically inactive 15-18-year-olds and 1,444 adults aged 19+ (in addition to 2,519 unemployed participants facing additional barriers) had voluntarily taken up the ESF Pathways support offer, of whom 1,438 had completed their engagement. Of these, 58.5% of young people and 62.0% of older participants had secured a job or moved into substantial training upon leaving the programme. Over four years, 510 (46.4%) of the 1,100 inactive adults who had completed their engagement have entered paid employment. It is always difficult to directly attribute the outcomes of participants to any intervention without a comparator group of residents with similar characteristics but receiving no intervention, however, it is notable that 53.0% of economically inactive adults taking part in the programme had progressed into work or active job search which is almost double ESF's 27.0% baseline requirement for transition regions.

Potentially, locally targeted interventions such as the South Yorkshire ESF Pathways Programme may also have contributed to a reduction in Sheffield's economic inactivity rate by 7.6 percentage points over the same period to 19.4%. This contrasted with nominal reductions nationally (0.6 percentage points) and regionally (0.9 percentage points) over the same period. SCC has plugged a notable gap in provision for vulnerable economically inactive residents. The programme has also financially supported vital voluntary sector organisations without duplicating or displacing externally commissioned activity.

ESF Pathways aims to help disadvantaged residents better support themselves and their dependants as well as improve their health and wellbeing through the wider benefits of work. The programme therefore has the potential to lead to wider positive impacts such as reducing the strain on NHS and council services, and make a net positive contribution to the economy. Projects such as this which aim to re-engage the disengaged back to active participation in workforce also has the potential to help employers – as many continue to struggle with the aftermath of the pandemic and reduced access to migrant labour – to fill vacancies¹, boost output and weather a challenging commercial environment².

THE IMPACT OF DELIVERY MODEL ON ENGAGEMENT

The choice of delivery model influences the engagement and progression rates of participants. Overall, a higher proportion of engagements in the community model (delivered by voluntary and community sector organisations (VCS) in local community venues) are with economically inactive residents (41.4%) and this compares with 34.1% in the direct delivery model (delivered through existing frontline services). However, there were notable differences across age groups indicating different delivery models were required for 15-18 year olds compared to adult groups. This reflects the needs and preferences of individuals within these age groups.

Originally, delivery of services for young people aged 15-18 were sub-contracted to community providers. However, as 15-18s being less typical users of community venues, the potential engagement benefits

of subcontracting to VCS were seemingly diminished. Sheffield therefore in-sourced youth delivery in 2021 and direct delivery is now used by all South Yorkshire LAs for youth engagements. This direct delivery model provides effective co-working between council staff in schools/education, care and housing etc and helps ensure NEETs are referred in-house for ESF support. Across the region, 66.3% of direct delivery engagements are in this age category.

For adults, delivery of ESF Pathways is sub-contracted to community providers in Sheffield, where a citywide network of 30 keyworkers is tasked with engaging individuals, diagnosing barriers, delivering tailored interventions and supporting progressions. This has proved to be a successful model for this age group, with 46.4% of participants aged 19+ progressing into employment from economically inactive status (510 jobs).

SCC has worked extensively with the local VCS over many years to develop capacity to deliver, providing sector leadership, funding opportunities, information and training, membership of employability sector trade bodies, contract management and centralised management information functions. This is with a view to having specialist provision available across the city, supporting local people in their own communities with the LA in the background of the intervention. The model acknowledges the reluctance of some people to accept support which is overtly provided by a local authority, in much the same way as some people opt not to engage with JCP and the benefits system.

¹ ONS Vacancies and Jobs in the UK: October 2022. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/jobsandvacanciesintheuk/october2022#:~:text=4. Jobs%2C%20vacancies%20and%20wider%20labour%20market%20measures.COVID%2019%20pandemic%20levels.>

² CIPD (2022) Labour Market Outlook: Autumn 2022. <https://www.cipd.co.uk/knowledge/work/trends/labour-market-outlook#graf>

As accessible, trusted community pillars, these VCS partners can attract self-referrals, cross-refer from other in-house services (e.g. health projects, community learning) and locate the 'hardest-to-reach' through connections including GP surgeries, faith centres, youth clubs, tenants' associations and other outreach.

The result is a wide and varied participant base, comprising individuals who would not have received employment support elsewhere.

SUPPORTING PRIORITY COHORTS

SCC's approach to employment support is driven by a combination of labour market information, stakeholder feedback, local ward analysis and participant data from our own programmes.

With a view to sharing areas of knowledge and good practice with other LAs and commissioners, SCC conducted a recent study into the characteristics and primary circumstances of economically inactive engaging with its programmes.

Table 1 indicates the key characteristics and outcomes for the 1,914 inactive residents who engaged with SCC delivery partners for employment support and Table 2 shows key differences by age groups.

Table 1: Sheffield ESF Pathways participant outcomes by priority cohort group, May 2019 to November 2022

Priority cohort	All economically inactive participants		Outcomes	
	Number in each cohort	Cohort as percentage of all economically inactive participants (N=1,914)	Percentage of cohort securing paid work	Percentage of cohort moving into education or training
Ethnic minority background	1,038	54.2%	40.1%	21.8%
Live in 10% most deprived areas in England	856	44.7%	38.4%	26.2%
Long term health condition or disabled	494	25.8%	28.3%	19.8%
No qualifications	311	16.2%	28.4%	47.8%
Aged 50+	290	15.2%	45.4%	5.2%
Adults from workless single adult households, with dependants	93	5.0%	40.0%	9.3%

Table 2: Characteristics of Sheffield ESF Pathways participants by age group, May 2019 to November 2022

	Economically inactive participants*	
	Percentage of 15-18 year old participants in each category N=338	Percentage of 19+ year old participants in each category N=1,100
Male	59.1%	48.8%
Ethnic minority background	42.3%	58.1%
Live in 10% most deprived areas in England	62.1%	39.1%
Live in a workless household	N/A	36.8%
Progressed to education or training	62.7%	9.1%
Progressed to securing paid work	18.6%	46.4%

Note: these are for participants who have completed their engagement

NEED/MOTIVATION TO FIND WORK

The Office for National Statistics tells us 29.8% of economically inactive Sheffield residents 'want a job', but we know many of these individuals need additional support and encouragement to access provision. Our participant analysis highlighted differences between participants from working and workless households:

- over three-quarters of participants living in working households were receiving financial support from either a parent (23.5%) or partner/extended family (54.2%)
- significantly fewer participants from workless households were receiving support from parents (6.1%) or a partner / extended family (6.1%)
- 49.0% participants from working households moved into work with 35.8% disengaged
- 41.0% participants from workless households moved into work and 42.9% disengaged.

This potentially alludes to additional barriers participants in the workless household category may face, typically including parenting – or lone parenting – commitments, care responsibilities, language barriers, a lack of recourse to public funds and, in some cases, the inertia of multi-generational economic inactivity. In such cases, work may only become a realistic prospect through a lengthy and/or intensive targeted engagement, with additional wraparound provision.

PROFILING INACTIVITY

Within the economically inactive cohort, we see individuals who:

(1) cannot or will not engage with the labour market ('Unlikely' participants): e.g. seriously ill or profoundly disabled people, home-makers or retirees by choice.

(2) need to engage with the labour market ('Likely' participants): e.g. economically inactive people who have inadequate financial means to support themselves and/or dependants, including those who live in workless households, have no recourse to public funds or have made an active choice not to claim welfare benefits

(3) want to engage, or can/will engage, with the labour market in the right circumstances, with appropriate support and/or opportunities ('Possible' participants): e.g. people with a degree of financial security (who can opt not to work), including home-makers, retirees, NEETs living with parents, incapacity claimants, parents and/or carers who are able to undertake some work with reasonable adjustments.

Profiling participants in this way can be useful for LAs in terms of targeting financial and staffing resources at groups and individuals who are eligible for support, want to engage and are able to benefit. Participants in category (1) are unlikely to every join a voluntary programme, so are not a key focus for our programmes. Those in category (2) are quite likely to engage, due to their challenging circumstances and need to generate an income. The ability to engage effectively with category (3) can be the difference between an effective local programme and a genuinely high-performing one.

In Sheffield, we have experienced some success supporting 'possible' participants in category (3), using a combination of pre-engagement activity (e.g. short pre-entry courses), specialist and targeted keyworker support, proactive employer engagement and advocacy, brokering flexible working opportunities and offering adequate wraparound provision (e.g. childcare, therapy, debt support) to encourage those who are able to embark on the search for work.

The community led projects promote the non-financial benefits of work, such as improved health and wellbeing, mental stimulation and social interaction. Delivering this clear narrative on the wider benefits of work can be persuasive for some individuals as whilst some may not necessarily need to work they can appreciate the benefits beyond increasing household income.

IN SUMMARY

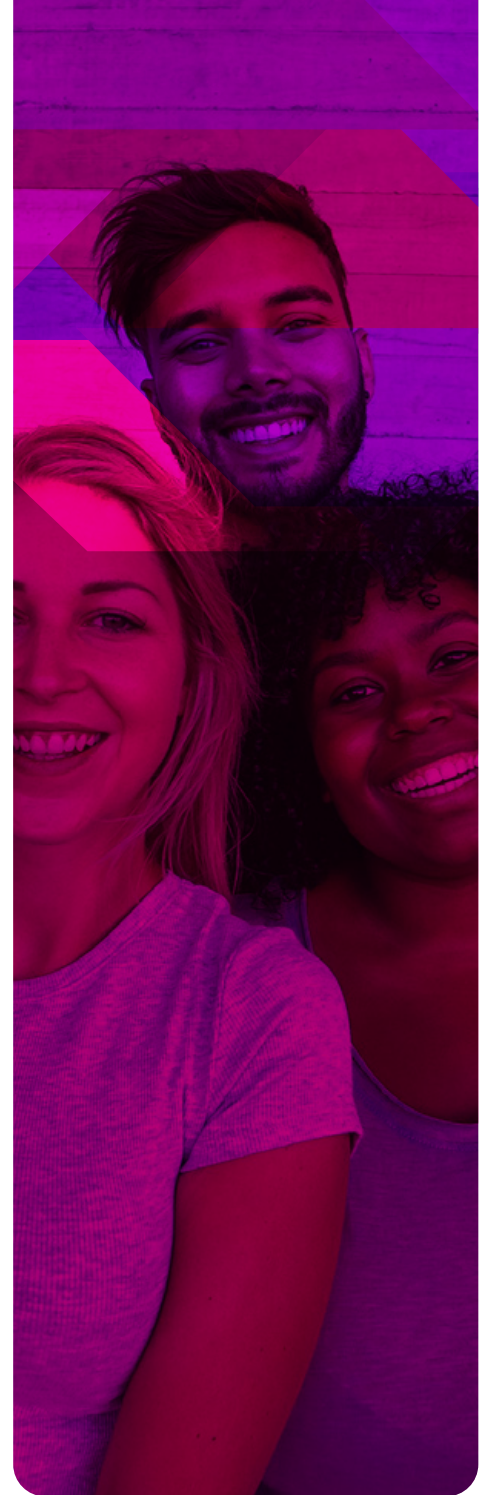
SCC's experience of supporting economically inactive residents tells us that if the right provision exists, in the right areas, delivered in the right way, there is a sizeable audience willing to engage with the provision.

Our community led approach delivers bespoke interventions which acknowledge the challenges of accessing the 'hardest-to-reach' groups and that a one size fits all approach is not appropriate.

The systematic collection of participant data across projects helps to diagnose common barriers and motivations to re-enter the workforce and identify viable pathways to progression. There is still plenty of work to do in Sheffield, but we have made a solid start. Our delivery model is potentially replicable elsewhere could be considered by other LAs as the sector moves towards the post-ESF environment.

As for the future, insight from our ESF Pathways Programme has fed into South Yorkshire's investment plan for the Shared Prosperity Fund, which has been approved by government for 2023-25.

We hope this will allow SCC and its partners to continue the positive work ongoing in this area, helping disadvantaged residents improve their life prospects, strengthening local communities and generating the additional staffing resources employers need to play their part in the wider economic recovery.



ABOUT THE AUTHOR

Kevin Owers

Kevin is a Policy Officer at Sheffield City Council. Working for the local authority's Employment & Skills Service, he plays a lead role in strategic planning, securing funding, the design and implementation of programmes and local partnership working.

A former journalist, Kevin entered the employability sector in 2015. He has worked in a variety of roles within Sheffield City Council's Employment & Skills Service, including project development, marketing & communications, and contract management roles on programmes including Sheffield's Working and ESF Pathways.

For several years he acted as lead officer for the Sheffield Employability Network, which involves arranging quarterly meetings of the 'Teacake Club' and editing a weekly newsletter to share local news, updates and key policy developments relating to employability and employment support.

Kevin is a graduate in Law from the University of Sheffield.





BACK TO THE WORKFORCE: BOOSTING PARTICIPATION



It's pretty well known now that DWP have been working hard on reviewing levels of economic inactivity in the British labour market.

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Recent references by the DWP Secretary of State suggest the work is nearing completion and announcements can be expected perhaps around the time this edition of the Journal is published.

The shift in DWP language to “workforce participation” is especially welcome - not many in the likely groups will welcome being called inactive.

So, what more do we know about the groups of people who have lower participation rates? Attenders at past IEP Summits will have had quite detailed briefings from Christina Beatty and Tony Wilson on this topic. We know that there is a large and longstanding disability employment gap.

We also know that post-COVID self-reported levels of long-term sickness and early retirement amongst the over fifties have risen significantly. Despite the latest signs of the inactive numbers plateauing, low workforce participation remains a significant barrier to economic growth.

Not least because the numbers are startlingly high. The suggestion is that at least a million workless people, not including students, would like to

work at some point in the future even if not seeking work right now. Only a minority - perhaps one in three or four - are known to the system as current welfare recipients of UC, or ESA. Indeed, we don't know much about the geographical distribution of people who face these circumstances below local authority level.

So there is a policy and operational design challenge here for employability professionals and for DWP. This is not just about scale: the intervention levers that DWP have traditionally pulled draw on information already held in the benefit system and in some cases rely on mandation to secure contact with the target group.

That simply won't be relevant to many people who might benefit from help. It will therefore be necessary to devise approaches which have the flexibility and agility to address either locally concentrated or sparsely distributed groups of workless people the majority of whom have no close connection with the welfare system and are not used to the world of employment support.

There are also many people with more than one challenge such as in “I've retired sooner than I planned, to become a carer for a family member”.

Let us not forget the number of people who have a “side hustle” - entirely legitimately - often through platforms such as eBay or Etsy which means they operate at the boundary of activity and inactivity. A new approach might well reveal significant numbers waiting for medical or psychiatric interventions, or for the outcome of their dealings with the criminal justice system.

So shaping a new response will mean rising to new challenges of scale; local difference; and multi-disciplinary delivery asks. But there is learning and experience in the sector which might help us.

LESSONS FROM PAST EMPLOYABILITY EXPERIENCE

It's been a while since many of us have worked at scale with such a mixed client group, many of whom will have developed very personal strategies around coping with the closing decade of a working life. There is however quite a long history of doing this in the employment support world, often with considerable success. In recent years ESF is the outstanding example where participants become eligible by way of their personal characteristics (eg age), or the absence of them (eg literacy)

rather than benefit status. On a longer timescale, New Deal for Communities, and Action Teams had similar “loose” eligibility requirements taking place of residence as an indicator of need. Indeed, for many years from the mid-80s, access to a variety of programmes such as Jobclubs was either open to anyone self-declaring unemployment, or by way of controlled access through waivers and quotas for entry to major work and training programmes. And we should not forget the importance of employers in a campaign of this kind. There are echoes here of the drive to persuade employers to consider long-term unemployed benefit claimants through extended interviews (Work Trials), and short intensive job-focused training (now known as sector-based work academies).

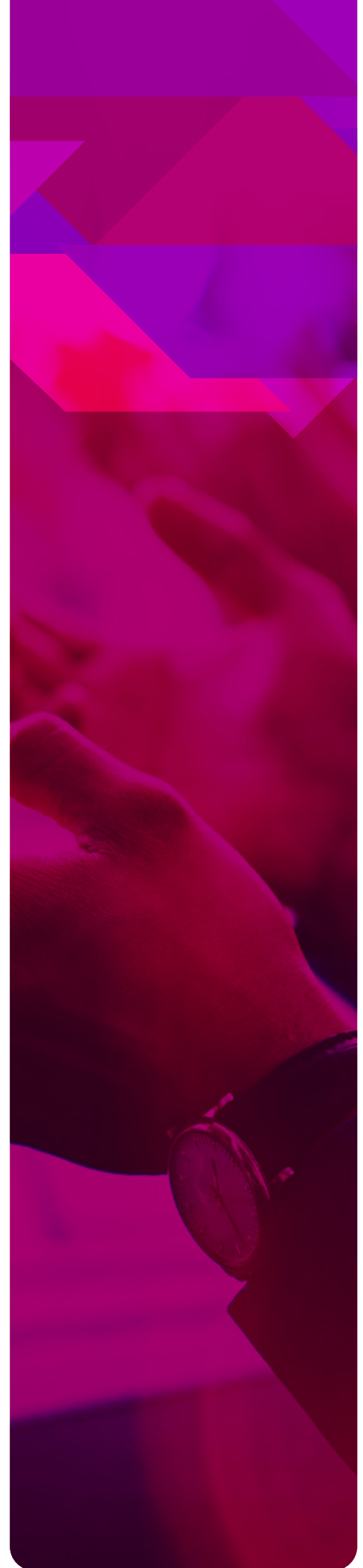
There’s learning to be had from those experiences around eligibility which fits well with the widely varied groups of people DWP are seeking to reactivate. Alongside that it will be important to cultivate a varied landscape of provision including both for-profit and not-for-profit providers. That means a new programme in the sense of a group of projects of varying sizes all pointed at the same goal, with variety built-in reflecting local circumstances of scale, and of demography, in the client group. The keynotes therefore will be local flexibility to respond to local characteristics so that the programme may look quite different in (say) Oldham and Guilford.

And there will be a significant partnership challenge in bringing key deliverers together - employment support, primary healthcare, housing, and financial and welfare advice are likely examples.

WHAT SHOULD A PARTICIPATION PROGRAMME LOOK LIKE?

A programme or group of projects of this kind will need to have strengths and serious capability in five key areas:

- first in active contact, where finding people who need support and are willing to engage will be a major challenge. Effective local marketing especially through appropriate social media will be crucial. Referrals from Jobcentres though important, will not by themselves offer the range and scale of community links that will be needed. There is a strong case for significant third sector involvement in this task building on existing local partnerships and ESF experience. It is likely that structured and widespread outreach will be needed, in GP practices, Citizens’ Advice Bureau, alongside work that is already happening in Jobcentres around over 50s Jobsfairs and the like. This will need to be done at scale while looking locally relevant.
- secondly in appreciative advice: the temptation at this point will be to drift into what is sometimes described as the “medical” model of advisory work where symptoms are identified and treated as barriers to be overcome. Without underplaying some of the very real challenges for people our approach should be to move the dialogue onto personal aspirations whether for themselves or others in their lives. It will be important to accept that not everyone contacted and welcoming support will actually want a job right now. They will have aspirations for their own health or perhaps for the care of other family members and may not at this stage be able to return to work in the short-term.
- next in active personalised planning, so that there is a clear mutual understanding of “what we will do/ what you will do”. We should expect that the contact and advisory process surfaces challenging tasks not only around return to work but care issues, access to medical treatment and related, state pension issues and occupational guidance – which is by no means a complete list.



- accompanied by a best practice relationship with employers building on excellent work across the sector on disability and youth unemployment. Until recently the equivalent energy has not been devoted to labour market returners and the over 50s. It is time to change that and reprioritise the employer-related work of both JCP and providers.
- and finally follow up and follow through: a programme of this kind will generate, if it works well, demand for specific expert services within the employment support world and beyond it. That means referral across organisational boundaries and between disciplines. So, there will be an urgent need for partnerships between organisations and individuals at a local level. This may possibly lead to uncomfortable strains on other parts of the public service arena if the contact and advisory process described here works well. Capturing the outcomes and learning from this at a local level will be key to successful delivery.

WHAT CAN DWP DO TO BUILD SUCCESS?

At a headline level, we should be looking for:

- an explicit new priority of increasing workforce participation building a common sense of purpose across Departments, devolved administrations and local government;
- numbers attached to that sense of purpose to drive ambition and energy into the task, setting for each locality a target for numbers of people contacted, and placed into work;
- bringing potential 'work returners' explicitly into the eligibility group for both Restart, and the Work and Health Programme and encouraging providers to market vigorously for those participants;
- expanded eligibility for the smaller JCP programmes in the same way;
- locally-based contact teams based in or linked to every Jobcentre to build this new caseload;
- specialist adviser teams bringing together skills in employment support, advice and signposting on benefits and the state pension;
- and a significant and complementary new priority for employer-facing work which repositions the existing portfolio of measures to draw in and transform

employer attitudes to current workforce non-participants whether or not they receive welfare benefits.

Finally, there are the questions of resources and a sustainable future for this area of labour market intervention. Resourcing a new programme along the lines above would not be cheap. DWP would be able to redirect some existing resource from existing programmes and the Work Coach cadre in Jobcentres. But more than that will be needed from Treasury pockets to deliver at scale. The risk is that great efforts are made to get this work off the ground which are then allowed to wither as priorities and focus shift. Kickstart is I am sorry to say the model to avoid here.

The aspiration should be to use this approach as the foundation of a large scale multi-disciplinary adviser-driven programme that stays in regular touch with people who have left the labour market but with support and encouragement could return to it.

ABOUT THE AUTHOR

Patrick Hughes FIEP

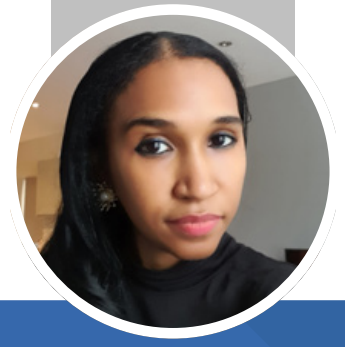
Patrick is Chair of Groundwork East and Director of Salientwork Ltd, a strategic labour market consultancy.

Patrick was a civil servant working for DWP, Jobcentre Plus, and the Employment Service. In the 1980s he had trained and acted as an employment adviser in Manchester. He then worked on implementation of the Community Programme in London; and later on the New Deal for Young People, and for Lone Parents.

Later in his career he was DWP Director for East of England, and then for London and worked closely with a wide range of partners and providers in the employment and skills industry. He is also a Trustee of Clarion Futures, and Event Content Director for IEP.







The IEP Journal met Maryam Bello-Tukur AIEP to find out more about working with disadvantaged participants.

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IEPJ: Hello Maryam, and thank you so much for taking time to tell us about your work with the Shaw Trust.

Hello, and thank you! I love the IEP and its platform, so it's great to be here.

I'm an Intensive Personalised Employment Support (IPES) keyworker. My job is to progress individuals with multiple barriers into employment. Many of the participants who come to us are neuro-diverse, have physical disabilities and/or mental health issues and on top of that other barriers, such as digital poverty, limited computer skills, qualification or work experience. I'm also seeing a lot of people with housing issues-facing eviction or living in temporary accommodation.

My job starts with building rapport, getting my participants to trust me enough to communicate openly and share their challenges and what they don't like.

IEPJ: We don't hear a lot about 'what they don't like'

I find that asking people what they want can be intimidating, and you don't get very far. You see, many of the participants we support have been

on other employability programmes and bring those experiences and their 'pitch' with them. So rather than asking what they want, I start with 'what don't you want?' 'what hasn't worked in the past?' and that gives a good sense of their mindset. Also, it immediately grabs their attention as they realize that we'll be doing things differently. I ask them how they want me to support them, putting them in the driving seat. I am mindful about being firm and knowing when to push back because in this business the customer is not always right. That's why we're here, to be that voice of reason and catalyst for positive changes.

IEPJ: Is there a tension between asking what they want and challenging?

Always. However, when you understand what's important to a person, you're able to diffuse that tension, such that the action plans you set align with what the participant values. For example, a participant who is not interested in getting a free device and learning to use it to attend review meetings or perform job searches, could very well be open to using the device as a cost-effective way to keep in touch with family living abroad. It's all about reframing.


IEPJ: You're devoting your time and understanding to the client's life; you're not pushing employment before they're ready?

Absolutely. I take it slow in the beginning, then speed things up. It's important to establish trust and build a strong foundation in the beginning to ensure you're putting in the right interventions. Once you have your participants' buy-in, then you can accelerate. Boom-boom-boom hitting those targets.

IEPJ: Let me pick you up on your word 'challenge'. How do you do that?

It depends on the individual. I challenge my participants to step outside their comfort zone by tapping into their strengths or interests and using creative thinking to make it as enjoyable as possible. This encourages them to focus outward thereby increasing their likelihood to pick up new skills.

I once had a participant with anxiety who was struggling with interviews. After three mock sessions I decided to switch things up and have him interview me on a topic he was well versed in. As he interviewed me, he began to see things as an employer would.



As he provided his feedback, he was able to reflect more deeply on the changes he needed to make. His performance improved dramatically in his next mock interview. He went on to have a successful interview and a job offer.

IEPJ: When you know people well, you know how to push, at the right time, with kindness and empathy. But also challenging the wrong behaviours. You've given your participant the power and authority, and you've also given them micro-skills – how did you get to that?

I adopted this approach when I realised that many participants felt that they had limited power over their employability. To build a sense of empowerment, I approach my participants as a learner rather than an expert, making it clear that ours is a learning partnership. I don't presume to know them from the information on their file. Instead, I listen with rapt attention and ask a lot of questions.

IEPJ: You don't need to know everything; your clients can tell you?

Yes, I prefer it if they can tell me. My mantra to my participants is 'you're the expert on you'. I don't follow a rigid structure. I make participants aware that what they say or do informs how I support them. This relationship dynamic encourages participants to take ownership of their employability journey. While I may inform, support, guide, or challenge even, success or setbacks are largely dependent on them.

Having said that, getting participants into work is the easy part! Keeping them in work is the real challenge. An adviser may have an employer support plan and reasonable adjustments in place, but some things are beyond the adviser's sphere of control. The difficulties in transitioning from being long time unemployed and fitting into the work environment are

often underestimated. Again, what the participant says, or leaves unsaid plays a big role. I've learnt the value of that contacting my in-work participants weekly, asking specific questions to pick up on warning signs and being mindful of the impact the participant's employment status may have on their family or friendship relationship dynamics. I don't presume to know these things. I learn from them.

IEPJ: What makes a work-related disadvantage?

Digital poverty, low level of education, limited skills, qualifications, and experience constitute major work-related disadvantages. Individuals belonging to any of the protected characteristics – particularly individuals with disabilities - are further impacted by these disadvantages.

Disadvantage is hard to measure as some people with multiple barriers may thrive when exposed to the right support and interventions while those with fewer barriers struggle to progress. I find that people's emotional resilience and mental fortitude play a big role in this.

One's level of mental fortitude and emotional resilience could stem from a number of things, such as genetics, mental health issues, environment or past trauma. Without a healthy mindset, committing to going into work and staying in work is extremely challenging.

While employability advisers use coaching techniques and motivational interviewing to support their clients, we are not qualified to provide the support participants' need to overcome deeply rooted emotional trauma and change their mindset. Sadly, the support services offered for mental wellbeing are limited and sometimes not robust enough to move the needle.

IEPJ: So should employability services use less technology and do more work on mental resilience?

Employability services should consider how technology can complement building mental resilience in participants. The JETS programme evidenced how technology can be used as a tool to achieve this. The IEP shows how technology can be used as a tool to help advisers learn and implement best practices. My learnings from IEP resources and the LiveLearnLunch webinars have given me a better understanding of the role of mental resilience of participants and their advisers and how to factor that into the support offered.

IEPJ: Employment disadvantage is a continuing problem. What should we be doing better?

Increased investment in research and development and in the learning and development of employability practitioners would lead to more effective and efficient employability programmes and interventions. There is also a need for closer integration between employability and skills acquisition to help keep up with the rapidly transforming labour market.

IEPJ: What would you like to see in the IEP Quality Improvement Framework that's being developed?

With the emergences of various apps to facilitate collaborative working, and GPT Chatbots in the employability sector, I would like to see a quality improvement framework for the use of technology to complement employability practitioners. I would also like to see more on learning and development in the sector, with a focus on addressing accessibility needs and requests for reasonable adjustments.

IEPJ: In this issue of the Journal professor Adam Whitworth describes caseloads of 20 per adviser in IPS models. Where should we be heading on caseloads?

I absolutely agree that we should be aiming for smaller caseloads, providing greater support. The IPS model is ideal as it ensures better use of resources while allowing advisers the spare capacity to provide intense and personalised support. It is also worth noting that advisers supporting individuals who need light-touch support may be able to take on slightly larger caseloads and still provide a high quality of service and outcomes.

IEPJ: In such an ideal world, how would we pick out people to help?

That's a difficult question. In an ideal world, we would want to help any and everyone into sustainable employment. However, time and budget constraints dictate that we focus on those who are most socially and economically disadvantaged and have multiple barriers to employment. The question we ought to be asking is 'how do we ensure that we are referring people to the right provision?'

IEPJ: Thank you Maryam, for sharing your work on the frontline of effective employability support. I'm sure readers will be both inspired and reassured by your insights!



ABOUT THE AUTHOR

Maryam Bello-Tukur AIEP

With a background in business, Maryam is relatively new to the employability sector.

Maryam was an Initial Engagement Adviser on the JETS programme, an IPS Specialist on Aim4Work and currently a IPES Keyworker at Shaw Trust.

She is also an Event Co-ordinator for the Women's Network, a champion on of Integration Management Systems, a champion for the Race Equality Network and a member of the Executive Shadow Board at Shaw Trust.



WHAT ROLE CAN EARLY INTERVENTION SUPPORT PLAY IN PREVENTING ECONOMIC INACTIVITY?



Tackling economic inactivity is currently a key policy priority in terms of getting people back into work. However, this is not just about reducing the 'stock' of economically inactive workers already outside the labour market.

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Policy makers and frontline practitioners are increasingly focussing on early intervention support to limit the 'flow' of workers into economic inactivity, particularly due to ill health or disabilities. But how effective can early intervention initiatives be in keeping workers with health issues in the labour market?

Previous studies have indicated there may be limited impact from early intervention initiatives¹. However, this article presents new evidence from an evaluation² undertaken by the Centre for Regional Economic and Social Research at Sheffield Hallam University of the Working Well Early Help (WWEH) programme in Greater Manchester.

This mixed methods evaluation centred on an analysis of programme monitoring data for 3,433 participants - including standardised health assessments and wellbeing measures at entry and exit of the programme - and 136 in-depth telephone interviews with participants.

An impact analysis based on 60 in-depth participant interviews and a comparison of WWEH participant outcomes with a matched group (i.e. individuals with broadly similar characteristics and employment situations who had not received WWEH support) using data from the Labour Force Survey (LFS) was also undertaken.

This impact assessment estimated the extent to which outcomes would have been achieved without WWEH and how important WWEH interventions were to outcomes over and above the influence of other factors.

This combination of methods helped to quantify health and employment outcomes over the six months of support, assess the extent to which impacts could be attributed to the programme, and understand in detail from first-hand accounts the factors that enabled or constrained positive change.

The evaluation found that early intervention can facilitate quicker returns to work for some groups.

At the same time, it showed the need to better understand how best to engage those who work for small to medium-sized enterprises (SMEs) or support those with the most severe health conditions.

THE WORKING WELL EARLY HELP PROGRAMME

WWEH was a three-year long early intervention employment support programme as part of the wider suite of Working Well programmes³ in Greater Manchester. It aimed to support individuals with a health condition or disability who had either become recently unemployed (within the last six months) or taken medical leave from an existing job.

Greater Manchester Combined Authority (GMCA) commissioned WWEH to test a new local approach to preventing longer-term unemployment or economic inactivity. It was designed to align with national^{4/5} and local priorities to help those with disabilities and long-term health conditions access work.

¹ Department for Work and Pensions (2006) Impacts of the Job Retention and Rehabilitation Pilot. Research Report No 342. London: DWP.

² Batty, E., Crisp, R. et al. (2022) Working Well Early Help: Final Annual Report 2022. Manchester: Greater Manchester Combine Authority. <https://greatermanchester-ca.gov.uk/media/6763/wweh-2022-annual-report.pdf>

³ <https://www.greatermanchester-ca.gov.uk/what-we-do/work-and-skills/working-well/>

Initially, WVEH mainly targeted employees on medical leave who worked for small or medium-sized enterprises (SMEs) as they tend not to have access to occupational health support. However, the outbreak of the COVID-19 pandemic led to a strategic decision to accept a significantly higher proportion of newly unemployed participants than originally planned to support efforts to minimise negative labour market impacts.

Referrals were generated through three main sources: GP practices, Jobcentre Plus (JCP) offices and SMEs themselves. Once referred, participants could access a range of support for a maximum of six months via a Vocational Rehabilitation Caseworker (VRC).

The client journey began with referral onto the programme and completion of a biopsychosocial assessment (BPSA) based on a series of bespoke questions and standardised assessments about health and wellbeing⁴. These identified the multiple, interrelated issues impacting on participants' ability to move back into work. Assessments and discussions with VRCs were used to draw up a Return to Work Plan (RtWP) that detailed barriers, goals and interventions around three key themes: health and wellbeing, life and home, and work and skills.

The programme provided two tiers of service designed to provide appropriate levels of support depending on whether participants have access to occupational health provision at work:

- **Advice Service:** The Advice Service was offered to all in-work participants employed by large organisations (more than 250 employees) that are

likely to have access to occupational health support already. This lighter-touch service provided a RtWP with a series of recommendations to support participants to access self-help tools or local services. VRCs could also refer or signpost them to other organisations for further advice or support. Recommendations could be shared with GPs or employers to inform reasonable workplace adjustments and treatment plans.

- **Support service:** The support service was available to participants who either worked for SMEs (fewer than 250 employees), were self-employed or who had become unemployed in the last six months. This group received end-to-end support from VRCs for a maximum of 26 weeks with regular review of needs and goals in their RtWP. Participants received a tailored package of services that could include, for example, 'fast-track' access to cognitive behavioural therapy (CBT) or physiotherapy to bypass NHS waiting lists.

MAXIMUS were the lead provider with some elements delivered by Pathways Community Interest Company. A Programme Office team with representation from GMCA and the Greater Manchester Health and Social Care Partnership provided oversight and strategic direction to WVEH.

HEALTH ISSUES AND BARRIERS TO WORK

Participant monitoring data (n=3,433) showed mental health issues were particularly prevalent: nearly three fifths (59 per cent) of all participants reported at least one mental health condition compared with just over a third (37 per cent) who experienced at least one physical health condition.

Health conditions were most commonly cited by participants as the reason both for leaving work and the primary barrier to returning to work. Far fewer participants reported employability challenges. Other barriers to work reported included discrimination based on ethnicity, bereavement, caring responsibilities, and relationship issues.

One of the most striking findings from interviews with 136 participants was that work itself was often a contributing factor to poor physical or mental health. Issues included overwork, bullying or harassment, difficult or dangerous working conditions, job insecurity, lack of support from managers, and perceived employer discrimination on the basis of ill health. Working during the early phases of COVID-19 pandemic intensified some of these issues, particularly among those in the health and social care sector who experienced burnout or felt inadequately protected against COVID-19 in the workplace.

WHAT DIFFERENCE DID WVEH MAKE TO HEALTH AND WELLBEING?

The evaluation indicated improvements in health and wellbeing measures for the majority of participants over the six months. Elements of WVEH support identified by participants as contributing to positive change included: fast-track access to physiotherapy and CBT; the empathetic, non-judgemental and listening approach of frontline staff; practical tools and techniques to self-manage health conditions; and signposting or referral into other valued support.

⁴ DWP and DHSC (2017) Improving Lives: The Future of Work, Health and Disability. London: TSO. <https://www.gov.uk/government/publications/improving-lives-the-future-of-work-health-and-disability>

⁵ Department for Work and Pensions (DWP) and Department of Health and Social Care (DHSC) (2017b) Thriving at work: The Stevenson / Farmer review of mental health and employers. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

⁶ Full details provided in evaluation report [see above].

In-work participants on medical leave referred via GPs were more likely to experience health and wellbeing improvements than those referred by Jobcentre Plus (JCP). One possible explanation is that GP patients were, by definition, already receiving support for health conditions and were therefore more likely to see improvements, even if this wasn't down to WVEH.

Another reason may be that JCP participants tended to report higher levels of need around health and wellbeing, which could mean WVEH support had less impact as it was designed to address lower levels of clinical need.

This was a point repeatedly emphasised by programme staff. One suggested, for example, that CBT did not always function as intended as a short-term foundation for those with mild to moderate needs until they could access external clinical support: “[It was intended to be] more of a stop gap than a be all and end all for the lighter touch cohort but we know the bulk of the cohort had a severe need”.

Certainly, health and wellbeing outcomes were notably better for participants who had moderate rather than either high or low levels of anxiety

or depression. This suggests there may be a ‘sweet spot’ in terms of positive change relative to severity of mental health conditions.

The impact assessment methods identified additionality for positive health or wellbeing outcomes of between 43 and 51 per cent. This means for every 100 participants whose health or wellbeing, or management of a condition, improved, between 43 and 51 would not have done so if they had not received WVEH support. However, there were no cases where positive change could be fully attributed to WVEH as other sources of support also made some contribution to outcomes.

DID EARLY INTERVENTION SUPPORT A QUICKER RETURN TO WORK?

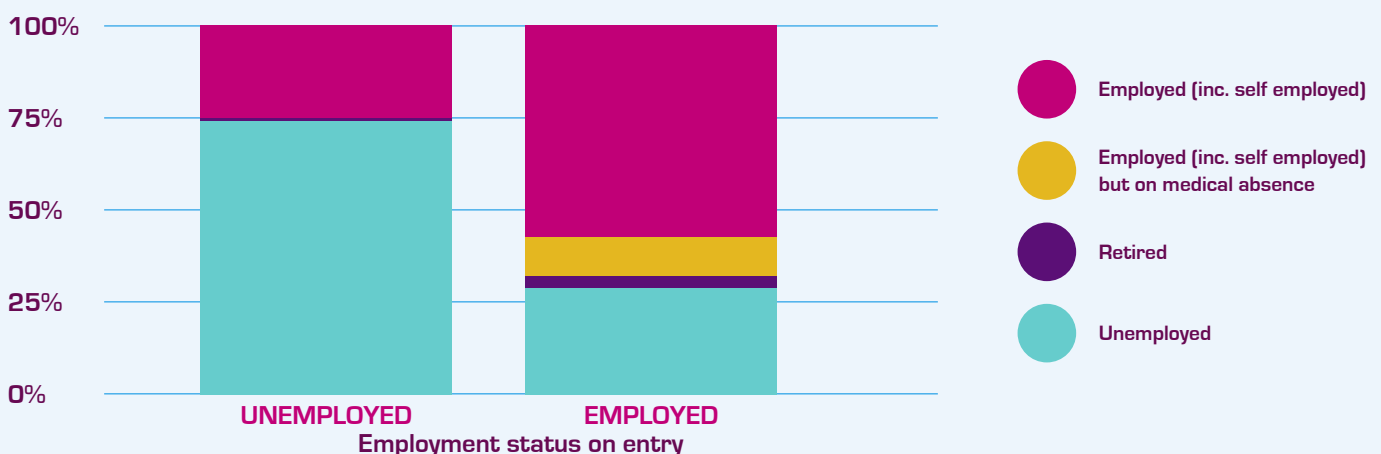
Understanding the potential of a programme like WVEH to prevent flows into economic inactivity requires assessment of the extent to which it supported a return to work that might not otherwise happened at all or as quickly. Our analysis shows that the programme had some success in supporting early returns to work for some participants, although not on the scale hoped.

Over a third (38 per cent) of all participants experienced a positive employment outcome in terms of returning to an existing job or finding a new job. This was lower than programme targets. Table 2 below shows that a return to work by the time programme support ended was far more likely for those already employed but on medical leave (58 per cent) compared with those who were newly unemployed (25 per cent).

Overall, participants were more likely to experience a positive health and wellbeing outcome than a positive employment outcome. This is perhaps not surprising. Improvements to health and wellbeing may be easier to achieve than a return to work which can be a more daunting and potentially longer-term journey and is also dependent on employer willingness to recruit or support staff with health conditions.

While the scale of employment outcomes clearly matters, it is also important not to lose sight of the transformative impact it can have at an individual level. Among the many positive experiences reported, one described how the support of WVEH not only helped “massively” with her health and wellbeing, but to also break the cycle of a succession of short-term, low-skilled and unsatisfying jobs since leaving school.

Table 2: Employment status on exit by status at entry



Base: 1158 Note: ‘Employed on entry’ includes those self-employed

“This is the longest job I’ve had since I was 19...I would never have gone into this role without their support... It just like put me on the path of how I could actually move forward, it was kind of like a life coach...I will be forever grateful, they were so great”.

The interviews confirmed the value of WVEH support in enabling some participants to return to work more quickly.

“When I was able to do the CBT and go through and kind of calm everything it did help me go back to work a lot. I don’t know whether I would have gone back as quickly [without WVEH support].”

Of course, some participants may have returned to work anyway without WVEH support (known as ‘deadweight’). Our impact analysis suggests that around one in three of those who returned to work would not have done so without programme support. This is slightly lower than the range of additionality for health outcomes (between 43 and 51 per cent). It is perhaps to be expected given the nature of VCR support this can identifiably improve health and wellbeing. The contribution of WVEH towards a return to employment may be harder to pinpoint or facilitated by wider support from employers or health practitioners outside the programme.

However, the evidence suggests that WVEH has achieved a high level of additionality compared to other employment interventions – albeit for general populations. For example, an international analysis of 505 programmes found the mean effect size to be 22.4 percentage points over the longer term⁷.

Those who credited WVEH provision with facilitating their return to work pointed to the value of a number of aspects of support: offering advice on a gradual return; encouraging use of workplace occupational health services where available; enabling better self-management of health conditions; providing the knowledge and assertiveness to articulate needs to employers; and strengthening resolve to leave harmful jobs.

WHAT CAN WE LEARN FROM THE EARLY INTERVENTION MODEL OF WVEH?

The extent to which the early intervention approach of WVEH stemmed flows into longer-term economic inactivity cannot be quantified with the highest level of confidence and rigour using the methods underpinning the evaluation. There was no control group to compare WVEH participant outcomes with those for individuals who did not receive any programme support. However, we can say with some confidence that programme data shows that a number of participants returned to work quicker than they otherwise might have, albeit not on the scale hoped.

Three final points of learning stand out for any organisations looking to design, commission or deliver early intervention programmes.

First, those who have recently left work can still have severe health conditions or very low levels of wellbeing as measured by standardised assessments and self-reported measures. This was something that was not fully anticipated at the outset of WVEH. It is important therefore, to consider embedding more intensive clinical provision internally



⁷ Card, D., Kluge, J. and Weber, A. (2015) What Works? A Meta Analysis of Recent Active Labor Market Program Evaluations, IZA Discussion Paper No. 9236 <http://ftp.iza.org/dp9236.pdf>

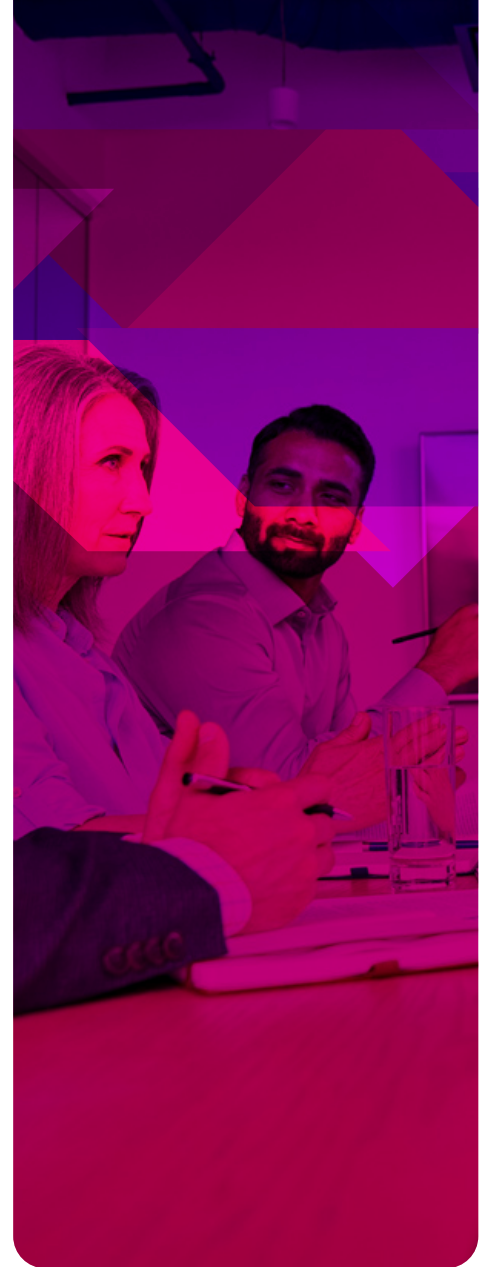
or set up clear referral pathways into appropriate external provision to support those with the highest levels of need.

Second, SME employees can be very difficult to engage through their employer despite the potential value of WVEH-type provision. WVEH engaged far lower numbers of SME employees than intended. This highlights the importance of careful prior consultation around the needs of SMEs and their willingness to engage with early intervention support, as well as effective messaging around the potential benefits to businesses (e.g. lower staff absence and higher productivity).

Third, the evaluation found that experiences of work all too often shape poor health and wellbeing. This underlines the importance of complementing WVEH-style integrated health and employment provision with a wider upstream 'healthy workforce' provision to

encourage employers to promote healthy lifestyles among staff as well as raise awareness of environments, cultures and practices beneficial to staff wellbeing. The availability of good work is critical to ensuring that those with health conditions and disabilities can return to and sustain work.

This positive relationship between good quality employment and good physical or mental health - and the barriers to work presented by poor health - has been recognised in a series of recent national strategies⁸ and Greater Manchester-level reports including The Health Equity in England: The Marmot review 10 years on⁹ and the Build Back Fairer review¹⁰. Good work is not just critical in enabling people with health conditions to stay in jobs or return to work but also in preventing work-related illness in the first place.



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⁸ Department for Work and Pensions (DWP) and Department of Health and Social Care (DHSC) (2017) .; The Mental Health Taskforce (2016) The Five Year Forward View for Mental Health. <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>; NHS (2019) NHS Long Term Plan. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>; NHS England (2016) General Practice Forward View. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>; Public Health England (2017) Health profile for England: 2017. <https://www.gov.uk/government/publications/health-profile-for-england>

⁹ Institute of Health Equity (2020) Health equity in England: The Marmot review 10 years on https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

¹⁰ Institute of Health Equity (2021), op cit.



INTEGRATING EMPLOYMENT SUPPORT: LEVERAGING LEARNINGS FROM INDIVIDUAL PLACEMENT AND SUPPORT



Setting the scene

As is well known, many clients of employability services require support with a range of issues besides their employment needs – mental and/or physical health, housing, debt and finances, travel, childcare, and so on.

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Integrating those wraparound supports to create genuinely whole-person support packages is particularly important for clients farther from the labour market including the economically inactive.

These clients often fare less well in the UK's mainstream Jobcentre Plus or contracted provision. Making it happen and getting it right however are notoriously challenging and – despite good practice in the UK such as GMCA's Working Well ecosystem¹ – integrated employment support is in international perspective not a particular strength (or even common feature) of the UK employability landscape. If we are serious about supporting the economically inactive back into paid work then better integrated voluntary employability programmes will need to be an important part of the policy package².

This article reflects on the potential learnings from Individual Placement and Support (IPS) – a model of employment support built on co-location and integration of employment specialists into clinical/

health teams. Despite being still at the margins of the UK's employability landscape England has been a genuine international IPS innovator in recent years and the role of IPS in that landscape is gradually getting bigger, more important and – we argue – also more interesting for mainstream providers and commissioners.

UNDERSTANDING IPS

IPS is a voluntary, intensive and user-centred place-then-train employment model with low caseloads and IPS employment specialists co-located into health teams. In the UK context IPS Grow supports providers and commissioners in its development³.

Central to the IPS model is adherence to a strict fidelity model⁴ that outlines 25 characteristics of a high quality/fidelity IPS service that any IPS provider can work towards and be scored against. The fidelity scale includes items relating to, for example, the maximum caseloads that IPS employment specialists work to (below 20 ideally) and the extent of proactive employer engagement.

IPS is well evidenced to be highly effective for its traditional severe mental health cohort regards both work and health outcomes and strong adherence to IPS's fidelity scale is seen as key to that evidenced effectiveness⁵.

IPS is traditionally and still predominantly used to support individuals with severe mental illness – IPS SMI in NHS terminology – with integration of employment specialists being into secondary mental health teams.

NHS England has recently rolled out IPS SMI⁶ across England. Given its strong evidence base, an understandable international trend over the past decade though has been the application of IPS in a range of new contexts and cohorts including alcohol and drugs, low to moderate mental health and/or physical health, chronic pain, ex-offenders, homeless populations, and so on.

¹ <https://www.greatermanchester-ca.gov.uk/what-we-do/work-and-skills/working-well/>

² <https://www.local.gov.uk/about/campaigns/build-back-local/work-local>

³ <https://ipsgrow.org.uk/about/>

⁴ <https://www.centreformentalhealth.org.uk/ips-fidelity-scale>

⁵ <https://www.centreformentalhealth.org.uk/research-evidence-ips>; <https://ipsgrow.org.uk/about/what-is-ips/>; https://www.centreformentalhealth.org.uk/sites/default/files/the_evidence_for_ips.pdf

⁶ <https://www.england.nhs.uk/mental-health/case-studies/severe-mental-illness-smi-case-studies/individual-placement-and-support-ips-for-people-with-severe-mental-illness/>



England has in many respects come to lead the way internationally in this innovation with Public Health England's (now Office for Health Improvement and Disparities [OHID]) IPS alcohol drugs (IPS-AD)⁷ gradual expansion across English local authorities and the Work and Health Unit's IPS Primary care (IPS-PC)⁸ work prominent at a national level.

Alongside, DWP and the British Association for Supported Employment (BASE)⁹ have collaborated on the Localised Supported Employment¹⁰ pilot – a related, though not identical, SEQF fidelity model.

LESSONS AND LEARNINGS FROM IPS FOR THE WIDER EMPLOYABILITY LANDSCAPE

IPS is a very particular model of employment support and, as such, at first glance perhaps appears to have little of relevance for the wider (and of course much larger) non-IPS employability landscape. I would argue the contrary and I wish to focus here on five particular points that I think offer helpful insights for wider commissioning and provision.

First, there is an on-going discussion about how far commissioners (and providers) should fill in the 'black box' of employment provision. IPS's fidelity scale offers a clear measurable service template that helps commissioners and providers say to mobilise to quality at pace and to remain focused on quality in delivery for all clients, helping fend off the frequent pressure otherwise to become oriented solely around chasing outcomes. Grasping quality through fidelity can be especially helpful early on in contracts when outcomes may not yet be flowing in order to help commissioners and providers to have

a clear grasp of delivery quality to benchmark against and work towards. Second is values and cultures. IPS is built on fidelity but it is rooted more deeply on eight principles and a set of values. Things like:

- placing clients at the centre of things, giving clients genuine agency and working in partnership to co-produce a support package and work journey. As an example, job matching to client preferences is a central feature of IPS;
- proactive staff that genuinely care about their clients as people, that really listen to clients and that go the extra mile in and between meetings to help clients realise their work goals. As an example, in our research with IPS service users they repeatedly describe their relationship with their IPS Employment Specialist as close, positive and like 'having somebody in your corner';
- staff that are ambitious for their clients and challenge their clients, but do so with a meaningful support offer (yes, low caseloads really do help) and who know when to push, when to pull or, indeed, back off;
- and active work with employers to really understand their needs and to match them to suitable clients (and never to unsuitable clients!), helping employers to rethink or carve roles as helpful. As an example, high performing services tend to describe themselves as having two core objectives – helping people find well-matched jobs and helping employers find well-matched talent – and work both tracks of activity.

⁷ <https://ukhsa.blog.gov.uk/2019/03/27/supporting-people-from-substance-misuse-treatment-into-employment/>

⁸ <https://www.gov.uk/government/publications/individual-placement-and-support-in-primary-care-initiative/guidance-individual-placement-and-support-in-primary-care>

⁹ <https://www.base-uk.org/home>

¹⁰ <https://www.gov.uk/government/news/7-6-million-to-help-2-000-adults-with-autism-into-work#:~:text=We%20know%20that%20those%20with%20people%20reach%20their%20full%20potential;https://www.gov.uk/government/publications/local-supported-employment-guidance-for-local-authorities/local-supported-employment-guidance-for-local-authorities>

As such, behind their (usually good) fidelity scores really good IPS services have IPS as a set of values and way of working in their DNA permeating how they operate and interact in everything that they do. They're challenging, ambitious and outcomes focused, but not at the expense of people, quality or universality of support.

Third is integration. IPS is built around integration of employment specialists inside clinical/health teams (the type of team naturally varying based on the main health need of the cohort, and increasingly an IPS debate is occurring as regards multi-disciplinary teams). That integration is a key part of the value-added because not only does it enable better co-ordinated care across key needs but, crucially, it also over time gradually bends the awareness, understanding, culture and practices of the host team (say an IAPT or substance misuse team) to seeing the value of paid work to them, their health service and their clients/patients. Digital has its place of course, but building those relationships and bending those host services needs physical relationships and great IPS employment specialists to build them.

Fourth, and related, IPS relies on great staff who have the right values, who are dynamic, proactive and determined to help clients succeed,

and who make the most of the ample flexibility and discretion that they have at the frontline inside an IPS model. Recruitment of the right people is a common IPS challenge and the right values and attributes is usually said to be more important than whether they have employment advisor experience.

Fifth and finally, caseloads and costs. The brass tacks matter enormously too of course. A key fidelity item relates to caseload size and in traditional IPS services the maximum target caseload is 20, and preferably smaller. IPS is intensive, universal and serving clients with significant health (and other) challenges and often with limited recent work experience. That inevitably takes low caseloads and sufficient time with clients to transform. IPS services in some of the newer cohorts flexes that a touch, up to around 25-30 as a target maximum caseload, and alarm bells start ringing at anything higher than this. In terms of unit costs IPS services vary. My read of the evidence and that variation is that IPS services realistically need upwards of around £1600 as a minimum and (unless there is a particular cohort need not seen in the current applications) shouldn't need to go higher than a maximum of around £2400 as a unit cost. That's clearly far higher than Jobcentre Plus's unit costs but it's in the realms of mainstream contracted

provision such as Work and Health Programme (and far lower than programmes like Kickstart) that have very different models, values and evidence bases as well as quite some overlap in cohorts. With resourcing key to enabling the IPS model to be delivered by providers on the ground there are risks to commonly seen practices such as price competition/discounting during commissioning or payment-by-results models (especially if highly aggressive in its implicit performance expectations). In practice such features are rarely used in IPS services, in part due to their frequent rooting in health rather than employment systems and commissioning.

This isn't to say that IPS can and should do everything, far from it. But it does in my view present commissioners and providers with interesting comparisons, choices and learnings to pull on. Whether it's more IPS (or, related, SEQF Supported Employment) in new cohorts or contexts or whether it's non-IPS provision learning from some of the strengths, successes and challenges of IPS services there's lots to gain in us as an employability community engaging with the evolving experiences, evidence and learnings from the growing array of IPS services internationally and in the UK.

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Adam is a Professor of Employment Policy in Strathclyde Business School. His research focuses on the design and analysis of employment support programmes.

He has particular interest in contracted provision, evaluation, health and work, local integration and Supported Employment (both Supported Employment Quality Framework (SEQF) & Individual Placement and Support (IPS) models).

He has worked extensively with government and provider partners helping them to design, evaluate and deliver employment programmes. He delivers consultancy and research evaluations for providers and commissioners as well as academic research projects. He is currently leading a major NIHR funded research project into IPS beyond severe mental illness (SMI).





LOCALLY DESIGNED PROVISION TO ADDRESS HEALTH-RELATED ECONOMIC INACTIVITY: WORKING WIN IN SOUTH YORKSHIRE



South Yorkshire Mayoral Combined Authority's (SYMCA) Strategic Economic Plan is built around three policy objectives: Growth, Inclusion, and Sustainability.

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There is recognition of the importance of supporting people into employment, not only for the benefit of the individual but also how having fewer economically inactive people can support the local economy.

Around 23% of South Yorkshire's population are economically inactive (2021-22) and over a third of these are in the long-term sick category, higher than the average for Yorkshire and the Humber and England. Locally and nationally, this is particularly an issue in the over 50s, many of whom are leaving the labour market due to poor health.

Good health and good work are interdependent. Good work is a key determinant of health, improving health and wellbeing and protecting against social exclusion. Conversely, being unemployed is bad for health and wellbeing and is associated with poorer health outcomes for every deprivation quintile.

Health also impacts on employment opportunities. Having good physical and mental health make it easier

to find and sustain good work, whereas poor health is a common barrier to both retaining and gaining employment. Those with long-term health conditions, both physical and mental, and those with disabilities, including learning disabilities, can find it more difficult to secure and stay in employment due to their underlying health conditions or disability. This can result in them becoming excluded from the labour market and ending up dependent on welfare support, despite potentially being able and willing to work, if the right support and workplace adjustments in place. Just as being in work is protective for health, loss of employment for someone with a health condition can lead to worsening health and poorer health outcomes.

Not only is supporting people to be in work good for their individual health, but it is also important for the local economy. Studies by the Northern Health Science Alliance (NHSA) estimate that around a third of the productivity gap between the North and the rest of England is due to poor population health.

South Yorkshire has already started responding to the challenge of economic inactivity driven by poor health. The South Yorkshire and Bassetlaw NHS and the then Sheffield City Region Combined Authority (now SYMCA) took part in a randomised control trial pilot programme, along with West Midlands Combined Authority.

They worked in partnership with the Department for Work and Pensions and Department of Health and Social Care's joint Work and Health Unit, to design and deliver a Health Led Employment Trial. The aim was to provide innovative and intensive employment support for people with mild to moderate health conditions to help them to remain in or find paid employment, based on the Individual Placement and Support (IPS) model.

The South Yorkshire programme was called Working Win and while the programme was managed by SYMCA, procurement was led by health partners. A wide group of partners were involved in the design, implementation and oversight of the programme.

¹ Waddell, G; Kim Burton, A. (2006) 'Is work good for your health and well-being'. London: TSO

² Bambra, Munford, Brown et al (2018) Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity. Northern Health Science Alliance, Newcastle

³ The design of the WorkingWin programme and randomisation process are set out in the following report: Beatty, C., Crisp, R. and Gore, T. (2020) Co-design in the WorkingWin Programme: good practice and learning. Sheffield: CRESR, Sheffield Hallam University. <https://shura.shu.ac.uk/27628/>

Individuals were referred or signposted by clinical services, including primary care, Improving Access to Psychological Therapies (IAPT) and Musculoskeletal services (MSK).

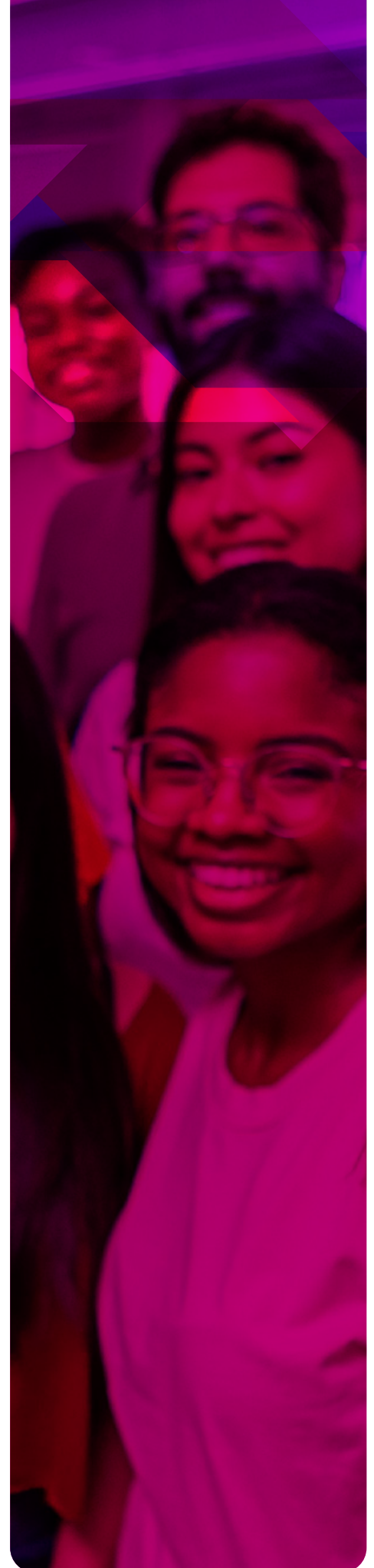
The national evaluation of the RCT element of the Health Led Employment trials is still ongoing but has the potential to demonstrate the economic and social impacts of an IPS based model of intervention compared to previous pilots offering different delivery models⁴. However, to date Working Win has been widely seen as a success by local partners, exceeding its targets on referral numbers and outcomes. A local evaluation was also commissioned to understand the added value of local co-design based on a series of workshops and interviews with stakeholders (see footnote 2).

This local evaluation demonstrated that the co-design element of the programme was thought to have delivered a number of additional benefits. These included creating a sense of shared ownership and trust and helped to harness pre-existing networks and structures to aid implementation and delivery. The process of co-design also helped to build in structures and opportunities for engagement of clinical services, which supported referral pathway development and delivery, as well as securing senior-level buy-in. Extolling the benefits of building in partnership working and inter-agency co-operation for the design and delivery of tailored employment support models is not new, however, often this has been done at the national level or in quite dated policy contexts. Providing up to date robust evidence via local evaluations therefore demonstrates the benefits of local collaboration within current policy landscapes. Whilst SYMCA is in the process

of commissioning the next phase of local evaluation, there are some emerging findings. Demand for the programme from those in-work but struggling, was higher than anticipated, accounting for 42% of referrals compared to an expected third (data up until September 2022). Many participants were struggling with mental health issues and the majority were educated to NVQ level 2 or level 3. The programme therefore had good engagement with those at risk of exiting the workforce and has the potential to reduce flows into economic inactivity. The programme also appears to have reached more people from ethnic minorities (around 13%) than many other general employment or training schemes and may reflect the delivery model of working with local community groups in ethnically diverse areas to raise awareness of the programme.

The role of health partners was also key, and the positioning of Working Win as a health-led employment programme, combined with a local co-design approach, helped build collaboration and gain senior level support amongst health partners. The strong relationship between the main provider and health partners was highlighted as one of the main strengths of the programme in the first local evaluation.

Referrals to Working Win from health professionals has helped deliver social and economic outcomes and built significant traction with the health sector in looking for sustained employment solutions to long standing issues. Anecdotal evidence from the providers in South Yorkshire suggests that referrals have worked so well because of the level of trust and regular contact that health care providers have with patients, particularly those who are unemployed.



⁴ Purden, S., Stratford, N., Taylor, R., Natarajan, L., Bell, S. and Wittenburg, D. (2006) Impacts of the Job Retention and Rehabilitation Pilot. DWP Research Report no 342. London:DWP. <https://sda.infotap.uk/sda-assets/rrep342.pdf>

After running for 5 years in total, Working Win has become a known and trusted brand and is widely understood by GPs and other health care professionals as a single programme that can provide specialist employment support, particularly for those patients who are in-work but struggling.

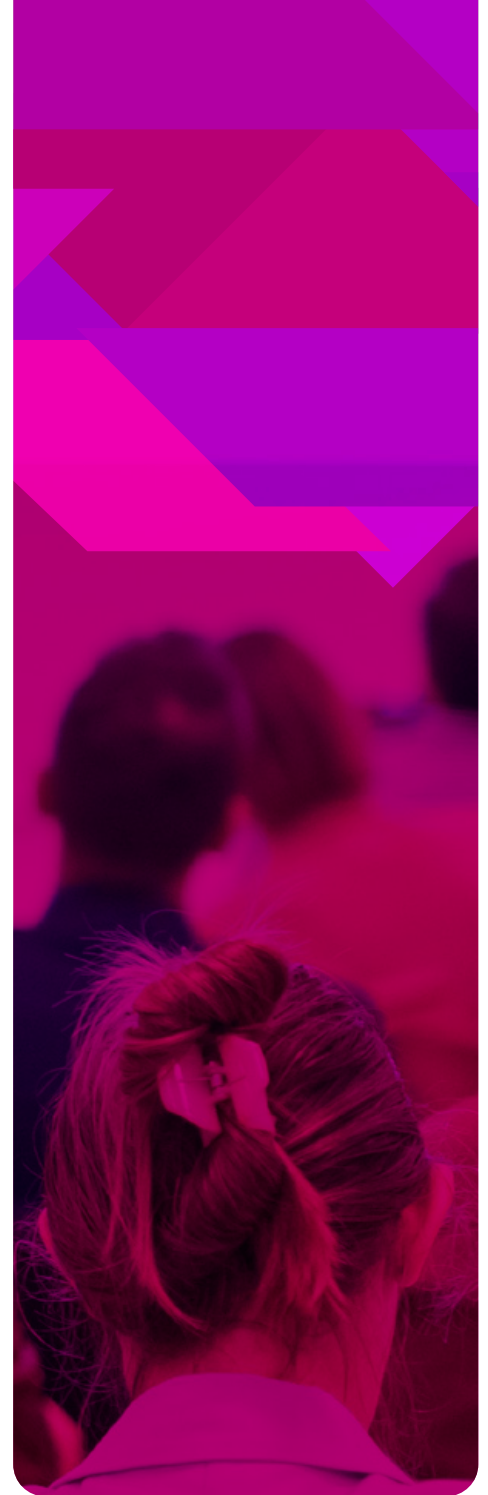
Working Win has demonstrated the value of key health services (ICS, CCGs, Trusts and clinical services) working with local and combined authorities and voluntary and community sector partners to deliver integrated health and employment support.

The Mayor of South Yorkshire, Oliver Coppard, has a personal ambition to make South Yorkshire the healthiest region in the country and is the chair of the South Yorkshire Integrated Care Partnership (ICP), a local coalition across health, local authority, voluntary sector, and other key local partners.

One of the ICP's shared bold ambitions is to work together to increase economic participation and support a fair, inclusive, and sustainable economy, in particular, how partnership working can help reduce the employment gap between those with a physical or mental long-term condition and the overall

employment rate. With increasing numbers of those over 50 becoming economically inactive due to health reasons, both nationally and regionally, there is clearly a need to look at greater alignment and integration of health and employment services to support more people to maintain or gain good work and for those responsible for economic development to pay more regard to the importance of accessible good work for both health and productivity. There may also be transferable learning from Working Win which can inform other programmes aiming to address economic inactivity.

The early evidence from Working Win puts South Yorkshire in a strong position to continue to build on their existing experience of developing innovative approaches to integrating health and employment services. The evidence indicates that there are benefits to be gained from localised approaches including: supporting people with health conditions to stay in or gain employment; enabling the development of effective integrated service delivery models; and contributing to the local regional economy.



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Ruth has worked as a doctor in the NHS for over 12 years, specialising in Paediatric Surgery before retraining in Public Health.

She has a particular interest in inclusive, sustainable economies and how action on socio-economic inequalities can reduce health inequalities.

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WORKING WITH EMPLOYERS TO TACKLE ECONOMIC INACTIVITY



While rising economic inactivity is a problem for individuals who are excluded from opportunities to participate in the labour market, it is also a problem for employers, many of whom face chronic labour shortages.

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But for too long the focus of research, policy debate, and, indeed, employment support professionals, has been almost wholly centred on individuals and how to support them in to work. As employers are those ultimately in control of the opportunities we want to support people into, this is an important oversight, as they will clearly be a critical part of any solution. What's more, to 'activate' employers, the employability community has an important role to play.

Drawing on our [new research](#)¹, which explores the views of more than 100 employers and wider stakeholders on policy and support to help people move into and progress in work, this article outlines three ways the employability community can better engage with employers, which could ultimately lead to better outcomes for individuals, employers and the wider economy.

1) LISTEN AND SUPPORT

First, it is important that those designing and delivering employability support programmes understand what employers want, and what employers are able to offer.

Lessons can be learned here from the government's recent Kickstart programme, introduced as part of the Plan for Jobs to stave off a predicted spike in youth unemployment. An early decision to require employers to offer 30 placements (although later rectified) immediately alienated the small business community, and employers of all sizes were put off by processes to engage which were perceived to be overly bureaucratic and slow to respond to business needs. The message here is clear: employability programmes that don't work for employers, will not work for the people they are aiming to support. So, listening to and involving employers from the outset in their design is critical to ensure that any barriers to their engagement are avoided.

When designing and delivering employability programmes, it is also important to recognise the additional support employers may need to effectively recruit – and manage – those who are furthest from the labour market, or who have additional support needs or commitments including health conditions and caring responsibilities.

Where employers lack the experience and/or confidence to support people with diverse needs, they can be reluctant to engage in support programmes – or may overlook brilliant candidates if they perceive others to be a safer bet. As one stakeholder from an employer representative organisation told us:

“One of the big difficulties, and you see this through all the supportive employment programmes there's been over all the years, once you get a choice between a highly-qualified young person or any person and someone who hasn't been in the labour market ever, or very sporadically, or is poorly educated, the pressure on the employer to make the sensible decision. Again, and this gets harder with the size, if you're a small employer, you're absolutely going to play safe. Unless you can put a measure of labour market support in there supporting employment that actually takes that risk away from that decision... You can't rely on altruism”.

¹ Jones, K. and Carson, C. (2023) Universal Credit and Employers: Exploring the Demand Side of UK Active Labour Market Policy. ESRC/Manchester Metropolitan University

Furthermore, and as the focus of the employment support community shifts beyond work entry to what happens to individuals while in work, the importance of good management practices is clear, but this is something employers may need support with:

“There needed to be support to help employers to manage individuals who might not have a straight line back into employment. There could be bumps along the way. They might need additional support from external bodies, agencies, but they also need the employer to stick with them... they also might need employers who have managers who are good at managing people and can provide a bit of support and flexibility”. (National Stakeholder, Employer Representative Organisation).

2) CHALLENGE AND ENCOURAGE

Second, employability professionals have an important role to play in promoting better quality and more inclusive employment practices.

Recruitment challenges have forced some employers to reflect on their own practices: Are they requiring candidates to have experience for entry level positions? Are they paying minimum wages for difficult or undesirable jobs? Are their opportunities inflexible and not inclusive enough to cater for the needs of a diverse workforce? Many employers understand this – some as a result of forced introspection as vacancies have remained unfilled - and have begun to make changes. Others need encouragement – or even challenge. Utilising their employer networks and connections, employability professionals could help to provide this constructive critique.

Again, the experience of Kickstart provides an instructive case study. Positively, our research demonstrates how good relationships between employment support providers can be leveraged to encourage employers to take steps towards more inclusive employment: for example, one employer, who began engaging with the Department for Work and Pensions (DWP) through the Kickstart programme, explained how this new relationship had resulted in their subsequent engagement with the Disability Confident campaign:

“So becoming Disability Confident as an employer, that’s one of our things that we’ll do this year with the DWP... and it is only because of the DWP” (Retail Employer).

Conversely, we also highlight a missed opportunity to encourage higher quality employment opportunities through the Kickstart programme, which funded 25-hour-per-week jobs for 6 months paid at the minimum wage. While we found examples of employers going beyond minimum programme parameters – for example where employers voluntarily paid a Real Living Wage, offered full-time hours and built in progression opportunities beyond the length of the programme – this did not appear to have been explicitly encouraged by the employability professionals the employers were working with. Instead, offering more than the minimum was driven by wider organisational commitments to providing quality employment opportunities, rather than encouragement from employment support services.

We also found examples where employers felt constrained by the design of Kickstart: for example, one employer explained that they wanted to offer full-time hours instead of 25,

but was not aware that they could do so under the terms of the scheme. So if Rishi Sunak’s assertion that Kickstarters would be doing ‘decent jobs’ was realised (policy evaluations will tell), this is arguably the result of chance over design.

Considering the implications for broader employment support interventions: are employability professionals supporting employers to meet minimum scheme requirements, or are they encouraging them to go further? Even small efforts like sharing good practice could perhaps result in much better outcomes.

3) HIDE THE WIRING AND JOIN THE DOTS

Finally, employability professionals have an important role to play in joining the dots of what is – regrettably - a complex and fragmented employment and skills system. Our research exposes the policy silos which are already all too familiar to anyone working in the employment support world, which result in a very confusing landscape for employers to navigate. However, employability professionals consulted through our research told us about their efforts to ‘hide the wiring’.

The employment support sector can also play an important brokerage role – while ultimately the role of an employability professional is to support people into work, through their interactions with employers they can also become an important gateway into wider support services which can help their businesses – and as a result individual jobseekers and employees – to flourish.

4 Purden, S., Stratford, N., Taylor, R., Natarajan, L., Bell, S. and Wittenburg, D. (2006) Impacts of the Job Retention and Rehabilitation Pilot. DWP Research Report no 342. London:DWP. <https://sda.infotap.uk/sda-assets/rrep342.pdf>

With their ears to the ground, is there scope for employability professionals to squeeze employer-focused support into their typically encyclopaedic knowledge of individual-focused support and services? Are they connecting with other employer-facing services to provide a more holistic offer of support?

There is a lot of support and advice out there for employers: for example, Working Families and Timewise provide helpful resources for employers seeking to make their work more flexible², and in some local areas 'good employment' charters have been developed to encourage and support better quality working practices³. Employers can also access support from a range of sources including [universities](#) and [growth hubs](#).

There are of course limits to this, and perhaps larger employment support organisations, which hold contracts for both employability and business support programmes, are better placed to do some of this at an organisational level. More critically, while employability professionals could play role here, this doesn't negate the need for policymakers to take a drastically different approach.

A much more strategic and co-ordinated vision is needed to ensure that employment, skills and business support meets local need, and that Departments including the DWP, BEIS and DfE which should have shared objectives aren't working at cross-purposes.

Furthermore, as Professor Ashwin Kumar and I argue in our recent book⁴, fixing the UK's crumbling social infrastructure (i.e. childcare and public transport) is also a critical part of what needs to happen to tackle economic inactivity.

CONCLUSION

Where economic inactivity results from a mismatch between the needs and demands of individuals and employers, there is an important role for employability professionals and the organisations they represent. The three areas highlighted above are by no means exhaustive, so going forward let's think collectively and continue to share good practice when it comes to greater inclusion of employers in the design and delivery of employability interventions.

This will be key to ensuring employment policies and services adapt effectively to today's labour market challenges. Forums provided by organisations like the Institute for Employability Professionals and the Employment Related Services Association are already leading the way, but let's make policymakers (not just the DWP), employers and their representative organisations a bigger and more permanent part of the mix.



ABOUT THE AUTHOR

Katy Jones

Katy is a Research Fellow in the Centre for Decent Work and Productivity, based in Manchester Metropolitan University's Business School.

She has published extensively on topics including employment support, vocational training and labour market disadvantage. She has previously held research positions at The Work Foundation and the University of Salford.

Katy recently led the first major independent research project focused on employer views and experiences of Universal Credit and related employment support, supported by the Economic and Social Research Council's prestigious New Investigator Grant scheme.

² See for example <https://www.workingfamilies.org.uk/wp-content/uploads/2019/01/Flexible-hiring-guidance-WFB.pdf>

³ See for example the Greater Manchester Good Employment Charter <https://www.gmgoodemploymentcharter.co.uk/>

⁴ Jones, K. and Kumar, A. (2022) *Idleness: a new Beveridge Report*. Agenda Publishing



POTENTIAL SECOND EARNERS IN COUPLES – A WELL-HIDDEN TREASURE TROVE



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Child Poverty Action Group (CPAG) is a charity with a vision for a society free of child poverty, where all children can enjoy a childhood free of financial hardship and have an equal chance in life to reach their full potential.

Your Work Your Way Project Team,
Child Poverty Action Group

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The main focus of our work has been improving the safety net of social security for families, but with 75% of children in poverty living a household where at least one adult works¹ access to well-paid quality work is a key issue that can help end child poverty².

Whilst child poverty is highest in single parent families, it is also too high in couple families. Where one parent in a couple works :

- 40% of children are in poverty when the single earner is full-time
- 54% are in poverty when the single earner is part-time

Child poverty is far lower when both parents work:

- 15% are in poverty with one full-time and one part-time earner
- 6% are in poverty with two full-time earners

Child poverty significantly reduces when a family is earning between them the equivalent of 1.5 salaries.

Employment support can make a crucial difference to individual families and to child poverty by supporting potential second earners in couples into sustainable work.

CPAG therefore set up the 'Your Work Your Way' (YWYW) project in 2020, venturing into employment support for the first time. The project was designed to cater for the needs of potential second earners - either mothers or fathers – in a couple on either Universal Credit (UC) or Tax Credits, who have children. We were fortunate to be supported with funding from Barclays Lifeskills and YWYW commenced in early 2020 – just as the pandemic and lockdown hit.

This article highlights the aims, design of the delivery model, and initial impressions from the implementation of YWYW which is still on-going in two of the four pilot areas.

A process and impact evaluation of the programme is being undertaken by the Centre for Regional Economic and Social Research at Sheffield Hallam University to collect evidence on what worked well for clients and project workers. Full findings will be available on completion of the study later this year.

ECONOMICALLY INACTIVE PARENTS IN COUPLE HOUSEHOLDS

There is a huge pool of potential – in 5.5 million UK households there is a mix of at least one working and one workless adult. Most of these non-working adults are women. But in no sense are they 'just a mum' or 'just a housewife' as they are so often categorised (including by themselves).

Many 'stay-at-home mums' have considerable skills and experience from education and previous employment. They all have experience of caring for children – and often for other adults as well – of juggling hectic family life around a partner's work, budgeting, and family or playground diplomacy!

¹ Department of Work and Pensions (2021) Households Below Average Income 2019-20 - Table 4.3db: Composition of children in relative low income and material deprivation by various family and household characteristics, United Kingdom. <https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2020>
Note: The HBAI data for 2020/21 was affected by the pandemic and DWP have not produced the equivalent tables for 2020-21 data.

² All Party Parliamentary Group on Poverty (2022). In-work poverty.

http://apppgpoverty.org.uk/wp-content/uploads/2022/07/APPG_Poverty_in_work_poverty_FINAL.pdf

DWP (2021) HBAI 2019-20 - Table 4.5db: Percentage of children in low-income groups by various family and household characteristics, United Kingdom.

Many have also been involved in community projects – organising playgroups, school or community events, or transport.

Mums have a lot to offer the labour market. They have experience, and often a desire to work in areas where we have chronic shortages, such as care, early years, and social work. This by no means limits women to these professions, but their life skills just increase the potential pool of job opportunities that may be readily available to them. However, these jobs can often also be poorly paid and offer limited opportunities to lift families out of poverty and many face huge barriers to return to work:

- Fitting their work around a partner's work shifts or the demands of self-employment.
- The need to update their skills.
- Transport (most low-income families have one working vehicle at best).
- A lack of family carers to help with childcare.
- The need for quality jobs that will do more than cover their costs of working, when taking into account the clawback of wages when someone is claiming benefits .

On top of these practical barriers, many parents on low incomes are also struggling with finances and are often in debt, exacerbated by the pandemic, even before the cost of living crisis. Financial insecurity may increase the need to find work, but it also leads to anxiety, depression, and makes it hard to look beyond the next set of bills .

These barriers make successful employment support challenging and rewarding. By supporting a mum into work, whole families can be lifted out of poverty.

YWYW DELIVERY MODEL

Our pilots cover 4 very different areas of the country – Bury in Greater Manchester, Coventry, Luton and Taunton Deane in Somerset – to include urban, town and rural settings. We made some necessary delays to the project to try to see out the worst of the lockdowns, and then worked with Job Centres, councils, schools and community organisations in each area to build a caseload of clients with children, a partner in work, and who are claiming in-work benefits.

An important part of the project is to have a Personal Support Coach in each of the pilot areas and for them to have a low caseload of 25 to take into account the complex needs and multiple barriers faced by our clients. All coaches have been trained in motivational interviewing to help clients work through the emotional as well as the many practical barriers to work.

The design of YWYW also included a personal budget of £2,000 per client to enable them to access training, the equipment they need, transport and childcare as statutory funded childcare is not available for training.

All clients have the option to be supported by a dedicated welfare rights advisor employed on the project. This can help ensure that families are claiming their full benefit entitlement, advises how work will affect their benefits, helps to access childcare

funding, and also checks income and expenditure to assist clients with budgeting, help them to reduce debt, and claim one-off payments such as the Household Support Fund which they may be entitled to, but would not have known of.

EMERGING FINDINGS

As a second earner, few of our clients benefit from any UC work allowance, so will see all of their net earnings reduced by the 55% taper rate in UC⁷. Coupled with the costs of transport, childcare, training and clothing, and the loss of time with their children and partner, incentives to work are among the lowest of any group.

Some clients have tried low-skilled work for poor wages and found it is not sustainable – juggling the demands of working hours is difficult and the financial rewards are pitiful. One of our clients took Christmas work in a supermarket for 15 hours a week over 3 evenings, but after her costs she was only £20 a week better off and felt the job was not worth all the problems it created for the family.

Other clients taking up work in hospitality or warehousing have found their managers fail to take account of their family commitments, so they end up having to leave their job, which can be deeply depressing and saps their confidence in work. Many parents also worry they would lose benefits if they were deemed to give up unsuitable work without good reason, so are loathe to take on work.

4 For a discussion of high Marginal Deduction Rates for UC claimants see: House of Commons Library (2022) Reducing the Universal Credit taper rate and the effect on incomes. <https://commonslibrary.parliament.uk/reducing-the-universal-credit-taper-rate-and-the-effect-on-incomes/>

5 Kaufman, J., Page, G., Aldridge, H., Pybus, K. and Patrick, R. (2022) Every Day is a Struggle: Life at the sharp end of the cost-of-living crisis. Covid Realities Research Report. <https://covidrealities.org/learnings/write-ups/everyday-struggle>

6 Britt, E., Soleymani, S., Wallace-Bell, M. and Garland, A. (2022) Motivational interviewing for employment: An exploration of practitioner skill and client change talk. Journal of Employment Counseling, 00;1-18 <https://doi.org/10.1002/jpec.12198>

7 House of Commons Library (2022) Reducing the Universal Credit taper rate and the effect on incomes

So we find that quality, reasonably well-paid work that can fit with other commitments is key to sustainable working for single parents and mothers in couples. Few of our clients have the up-to-date skills and experience for such jobs, so enabling them to access training, qualifications and experience has been key.

Almost 40% of our clients have taken up training courses – at all levels from introductory courses, up to one doing a degree in nursing and another in social work. Almost all of the courses they need have to be paid for, and without the budget from YWYW they would be unable to do so. Most clients also lack the IT to complete a course, produce a professional CV or apply for many jobs, so we have provided them with a laptop and software. In many cases this has been transformational.

Whilst most of our clients are still receiving support, almost half have progressed into work within 12 months. The most popular sector has been health & care, followed by education and childcare, and then social work and advice. All sectors with high needs for experienced, empathetic staff with a drive to make a difference.

Whilst work has not always been easy for our clients to manage, all who have

achieved their 'dream job' have stuck with it so far. Sometimes they have struggled with working hours, training demands (especially in the health & care sector), or with their own caring responsibilities. We have continued to support clients in work, and to help them request flexible working when necessary.

For clients with complex caring responsibilities such as a child with a disability, quality self-employment is a means to earn whilst keeping control of their working hours and maintaining flexibility. 10% of YWYW clients are taking this route and have qualified as personal carers, beauty therapists, a self-employed counsellor, personal trainer, a dog trainer and HGV driver among others, all with good earning potential. Alongside local business support services, we are helping them to set up their own businesses, using their personal budget for the equipment they need.

The provision of a welfare rights advisor as part of the project has resulted in almost 20% of clients seeing their monthly income increase through benefit take-up as many were not accessing their full entitlement. Unclaimed benefits comprised of mainly disability benefits for either themselves or their children, as well as Council Tax Support, free school

meals, and even unclaimed Child Benefit. Almost half have also been able to access grants to help cover or prevent debt. This advice and support to enable clients to feel confident in their finances has been crucial in helping them deal with arrears and overcome anxiety about money so they can focus on moving into work.

The project has had fantastic feedback from clients, many of whom feel it has transformed their family's life as well as their own. The personalised approach – valuing mothers as individuals – and supporting them to realise their aspirations without judgement or threat has been key.

As the pilots draw to a close in March 2023 we look forward to seeing even more clients progress into work and higher levels of training. Our evaluators at Sheffield Hallam University will be following their progress for another few months and producing a final report later in the year.

We hope that the positive, supportive approach of Your Work Your Way can help pave the way for other employment support programmes that enable more second earners in couples to take up work, labour market gaps to be filled, and whole families to move out of poverty.



ABOUT THE AUTHOR

Your Work Your Way Project Team, Child Poverty Action Group

The Child Poverty Action Group's Your Work Your Way project team was established in 2020 in order to undertake a pilot employment support project aimed at helping parents who are potential second-earners in a household to overcome barriers to employment.

LETTERS TO THE EDITOR:

Do you have an opinion on the issues raised in this edition's articles? If you would like to submit a response of up to 300 words to be considered for publication, please email

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