

Central London Works: third process evaluation report

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Contents

Executive summary	1
Referrals	1
Support	2
Outcomes	2
Programme management and resourcing	3
1 Introduction	5
1.1 The Central London Works programme	5
1.2 This research report	6
1.2.1 <i>Structure of the report</i>	7
2 Referrals to Central London Works	8
2.1 Summary	8
2.2 Referral routes and effectiveness	9
2.3 Referral volumes	10
2.4 Participant and borough needs	11
2.5 First appointment	11
2.6 Participant preconceptions and expectations	12
2.7 Next appointment	13
2.8 Suggested Improvements	13
3 Support received on the programme	14
3.1 Summary	14
3.2 Internal support	15
3.2.1 <i>Experiences of adviser support</i>	15
3.2.2 <i>The nature of support received</i>	16
3.2.3 <i>Health support</i>	18
3.3 External support	18
3.3.1 <i>Support availability and uptake</i>	18
3.3.2 <i>Experiences of external support</i>	19
3.4 Employer engagement	19
4 Outcomes	21
4.1 Summary	21
4.2 Actions taken as a result of the support	22
4.3 Employment outcomes	23
4.3.1 <i>Occupations</i>	23
4.3.2 <i>Job quality and earnings</i>	24
4.3.3 <i>Achieving sustained employment outcomes</i>	24
4.3.4 <i>Managing health conditions at work</i>	25
4.3.5 <i>Employment outcomes for different groups</i>	26
4.4 Health and wellbeing outcomes	26
4.5 Wider impacts reported as a result of support	27
4.5.1 <i>Increased confidence</i>	27
4.5.2 <i>Improved skills and qualifications</i>	28
4.5.3 <i>Those reporting no changes or impacts</i>	28
4.6 Employment aspirations and challenges	28
4.6.1 <i>Employer contact and aspirations</i>	28
4.6.2 <i>Views on employment and barriers to work</i>	29
5 Programme management and resourcing	31
5.1 Summary	31
5.2 Programme management	32
5.3 Programme funding	32
5.3.1 <i>Funding changes during and since the pandemic</i>	32

5.3.2	<i>Community Investment Fund</i>	33
5.4	Staff skills and capability.....	34
5.5	Partnership Working	34
5.6	Programme governance	36
6	Conclusions and recommendations	37
6.1	Improving the consistency of one-to-one adviser support	37
6.2	Improving awareness and take-up of support	38
6.3	Supporting those with more significant needs.....	38
6.4	Sharing information internally and with partners	39

Executive summary

Central London Works (CLW) seeks to assist individuals who face barriers to work to find and sustain good quality employment. CLW is the devolved Work and Health Programme in Central London, with important differences in its design to reflect local needs and priorities. The intervention is delivered by Ingeus Limited, alongside a number of supply chain partners, and is available to residents in twelve London boroughs¹. It is targeted at three main groups:

- People with health conditions and disabled people;
- The Long-Term Unemployed, defined as those out of work for over 24 months; and
- Those with other significant barriers to work, such as carers, ex-offenders, homeless people, and those with English language needs (referred to as the 'Early Access/Entrant' group).

The programme is delivered by Ingeus and managed by Central London Forward on behalf of the 12 central London local authorities.

The primary objectives of CLW are to increase participation in employment and earnings from that employment. Key features of the model include that it combines both specialist health support and employment support; has been designed and is delivered in close partnership with Central London Boroughs; that it is entirely voluntary, with no mandatory referrals nor requirements' and that its 'payment by results' model seeks to incentivise both employment and non-employment outcomes, including earnings progression.

This research report presents findings from qualitative interviews with programme participants and interviews and workshops with staff from the delivery teams and local authority staff involved in the programme.

Referrals

Referral routes and processes appeared to be working well overall with staff and programme participants reporting referrals from a range of sources. A number of respondents felt that the referral process had improved as a result of better understanding of the programme, improved working arrangements between partners (including Jobcentre Plus), and improvements in management and screening by Ingeus. A range of measures were being taken to try to increase awareness and support referrals, including advertising, direct engagement with referring organisations, and offering different modes of engagement for participants. It was felt that all of these improvements – alongside the

¹ Camden, City of London, Hackney, Haringey, Islington, Kensington and Chelsea, Lambeth, Lewisham, Southwark, Tower Hamlets, Wandsworth and Westminster

easing of Covid-19 restrictions and possibly increased levels of long-term ill health – were contributing to higher volumes and engagement.

There were some concerns raised by a minority of participants and staff, around programme awareness and (in)eligibility, specifically around referrals, CLW not meeting local needs and the level of understanding of specialist needs (particularly those related to health).

Support

Support was continuing to be delivered remotely at the time of fieldwork and staff identified clear positives from this, particularly around engagement levels and privacy. Most participants reported positive experiences of the support received from their advisers although they tended to state that they would favour more face-to-face engagement.

The pandemic had also seen a shift towards more pastoral and social support which, by the time of the research, had shifted back towards a focus on employment-related support. There were mixed views on this, but with particular concerns from some borough staff and participant interviews that it may be leading to more focus on those closer to work and less on those with more significant and often health-related barriers.

Take-up of external support remained relatively low, although there were positive findings on this, where borough and delivery staff felt that there was sufficient support available and that the extra funding from the Community Investment Fund had increased this further.

Feedback on employer engagement was positive and changes within Ingeus were seen as beneficial for advisers and also for employers, and there was appetite among boroughs to build on this further.

Outcomes

Job preparation and job search were the most common actions undertaken as a result of taking part in CLW, with a smaller number of participants reported having undertaken training. Actions around health management were less common among those interviewed, although some reported accessing counselling or wellbeing support.

Around one third of participants had found work, in a range of occupations, including retail, hospitality, construction, security and care. Jobs tended to reflect both borough labour markets and the skills and previous experience of participants. As such, many were relatively low paid and insecure, although the increase in the number of more recently unemployed participants had also seen more people entering better paid jobs.

It had been proving challenging to secure jobs that paid the London Living Wage, despite a stronger focus on this by advisers, with many jobs available only paid at or close to the minimum wage. Participants themselves also often reported issues around zero hours contracts, hours inflexibility and insecurity.

There was positive feedback on the role of the in-work support team, from advisers and from one participant who had secured employment, in securing sustained employment. It was felt that the pandemic may have improved retention, perhaps because participants now are more work ready, and/ or because the greater focus on upskilling had better prepared people for work, or because people were less likely to want to move jobs during the crisis.

CLW appears to have had positive impacts on non-employment outcomes, although there was only limited information on this from interviews. Wider impacts were typically around increased confidence and improved self-esteem.

Some participants however reported no additional impacts from the programme. Many of these were people who had started to receive support more recently, while some were people already confident to look for work and ready to do so. However in some cases this did seem to be linked to wider dissatisfaction around the quality and consistency of support.

A greater number of those not in work had negative feelings about finding work, sometimes due to the pandemic and sometimes due to their own barriers to work. Several cited issues around ageism, childcare, language and a lack of work experience. For many, working hours and conditions were as important as the job itself, and struggled to find flexible work that they could apply for.

Those who felt more positive tended to emphasise the importance of the support received through CLW; while most participants overall stated that they could not identify any further support that CLW could provide in order to help them overcome their barriers to work.

Finally, in a number of areas both Borough staff and delivery staff stated that they would like to have more information available on the impacts of the programme – for example on its employment impacts for different groups, its impacts on health and wellbeing, and wider non-employment impacts.

Programme management and resourcing

Changes in the management of CLW were reported to have led to improvements in service delivery, partnership working and communications, and that this was likely to continue to improve. Delivery staff appeared to be well equipped for their role, with the right experience and training for the job.

Overall, borough staff were positive about the unique value of CLW and its ability to support those further from work however some did report inconsistencies between advisers, training gaps and inexperienced staff, particularly as a result of staff turnover.

Views on partnership working were generally positive, with the ability to pull together a range of local partners often working across areas far wider than employment seen as a key (and unique) strength of the programme. Regular and strong lines of communication were seen as the key to good partnership working, while conversely where partnerships worked less well it was often due to communications breakdowns.

Staff spoke highly of the Community Investment Fund and the impact that it had made during the pandemic, although a significant proportion were unclear on the details of the funding, how this had changed and what it was spent on. The ending of the temporary funding changes introduced during the pandemic appeared to have led to less funding being available overall and therefore less scope to provide the level of holistic support that was put in place during the first lockdown. Some staff also reported that lower funding had impacted significantly on programme delivery.

Borough staff had mixed views on programme governance, with some reporting strong two-way communications with delivery staff to shape and oversee the programme, but others describing little influence in delivery beyond referrals

1 Introduction

This report presents findings from qualitative research with staff, participants and partners in the Central London Works programme, conducted during the spring and early summer of 2021. This is the third 'process' evaluation report for the programme, following reports submitted in April 2021 and July 2020. This specific report focuses on understanding how the programme has changed over the year following the onset of the Covid-19 pandemic.

1.1 The Central London Works programme

Central London Works (CLW) seeks to assist individuals who face barriers to work to find and sustain good quality employment. CLW is the devolved Work and Health Programme in Central London, with important differences in its design to reflect local needs and priorities. The intervention is delivered by Ingeus Limited, alongside a number of supply chain partners, and is available to residents in twelve London boroughs². It is targeted at three main groups:

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The programme is delivered by Ingeus, and managed by Central London Forward on behalf of the 12 central London local authorities.

The primary objectives of CLW are to increase participation in employment and earnings from that employment. Key features of the model include that it combines both specialist health support and employment support; has been designed and is delivered in close partnership with Central London Boroughs; that it is entirely voluntary, with no mandatory referrals nor requirements' and that its 'payment by results' model seeks to incentivise both employment and non-employment outcomes, including earnings progression.

More background on the programme and its evaluation is set out in previous process evaluation reports.

² Camden, City of London, Hackney, Haringey, Islington, Kensington and Chelsea, Lambeth, Lewisham, Southwark, Tower Hamlets, Wandsworth and Westminster

1.2 This research report

The CLW evaluation did not originally include a further wave of qualitative research at this point. However given the impacts of the Covid-19 pandemic, it was decided that an additional wave of research would be conducted over the spring and summer of 2021 in order to explore how this crisis had affected programme delivery and participation and to understand what if any changes may be necessary in future. The research comprised four elements:

- **Participant interviews** – in all, 28 participants were interviewed in depth about their experiences of the programme and the impacts of the pandemic. Half of these participants were recruited from the second cohort of survey participants (which was conducted between July and September 2020); while half were recruited from those who joined CLW in Spring 2021. Around two thirds of interviewees had joined CLW since the onset of the pandemic.

The large majority of participants (24) were from the Health and Disability group, i.e. referred due to a long-term health condition or disability; while four were from the Early Entrant group (those with significant barriers to work, such as carers, ex-offenders, homeless people and those with English language needs). Unfortunately, we were unable to secure the participation of anyone from the Long-Term Unemployed group. Participants were fairly evenly split between women (16) and men (12), with interviews achieved with people from a wide range of ethnic groups and a breadth of ages. Participants lived across nine of the 12 CLW boroughs, with no interviews achieved with participants from the Royal Borough of Kensington and Chelsea, Hackney, or the City of London.

- **Interviews with delivery staff** – conducted with eleven staff involved in direct delivery of CLW, eight from Ingeus and three from supply chain partners. These interviews discussed the delivery of the programme, partnership working, wider programme management and views on the effectiveness of the CLW model. Staff were mainly in front-line delivery or supervisory roles.
- **Interviews with Boroughs** – members of staff from eleven local authorities were interviewed, in a range of roles including Heads of Department, Employability and Skills Managers, and Contact Agents. Interviews focused in particular on views on the programme's effectiveness and delivery and on partnership working; although the majority of staff did not deal directly with the delivery of CLW and so were often unable to talk about direct operational matters.
- **Workshops** – finally, two workshops were conducted in late September, bringing together delivery staff, Borough leads and Central London Forward staff (who oversee the management of CLW) to discuss findings and explore what has worked and where the key areas for improvement may be. In all, 19 staff took part in these workshops.

Across the workshops and interviews combined, staff were engaged from every borough.

1.2.1 Structure of the report

Chapter 2 below sets out findings on the referral process, including how participants found out about CLW, the operation of referrals, and the delivery and content of the initial engagement meeting(s).

Chapter 3 then explores the delivery of support within CLW – both the employability and health offer delivered by Ingeus and its partners, and wider access to services delivered by referral partners.

Chapter 4 looks at the reported outcomes achieved by participants, with a particular focus on impacts on wider non-employment outcomes (like job search skills, health and wellbeing) as employment outcomes among research participants.

In Chapter 5, we report on staff and borough views on the management and resourcing of the programme, including the changes implemented as part of the pandemic response.

Finally, Chapter 6 draws together key conclusions and recommendations.

2 Referrals to Central London Works

This chapter covers staff and participant experiences of the referral process including referral routes, the needs of participants being referred, initial appointments and participant expectations. The chapter focuses on changes, improvements and challenges compared to the previous round of research, with only participants who had not been previously interviewed being asked about their experience of referrals.

2.1 Summary

Referral routes and processes appeared to be working well overall at the time of the research. Staff and programme participants reported referrals from a range of sources including the councils, GPs, voluntary organisations and self-referral.³ Jobcentre Plus referrals however continued to be the primary route.

A number of respondents felt that the referral process had improved as a result of better understanding of the programme, improved working arrangements between partners (including Jobcentre Plus), and improvements in management and screening by Ingeus. A range of measures were being taken to try to increase awareness and support referrals, including advertising, direct engagement with referring organisations, and offering different modes of engagement for participants. It was felt that all of these improvements – alongside the easing of Covid-19 restrictions and possibly increased levels of long-term ill health – were contributing to higher volumes and engagement.

Overall, borough staff reported that CLW was largely meeting key local priorities for referral, particularly around health issues but also in tackling entrenched disadvantage and specific borough-level needs.

The referral process and first appointments both appeared to be working as intended for participants. The process was reported as being straightforward, with the first appointment typically taking place two to four weeks after referral. Staff reported that the process had been improved by moving the initial assessment to a specialist team, rolling out a new diagnostic tool and some changes to the focus of initial meetings. Participants also reported that the first meeting confirmed their preconceptions of the programme and the support that would be available, suggesting that the referral process was helping to set the right expectations around the support that CLW could provide. Regular meetings were then held every two weeks after initial enrolment.

³ During the pandemic, a strategy was pursued to increase the number of referrals to CLW from External Referral Organisations (EROs) and this is evidence this was taking effect

However, a number of concerns were also raised by a minority of participants and staff, and which would warrant further investigation:

- First, there were still concerns being raised around programme awareness and (in)eligibility. Specifically, concerns were raised by a small number of staff around inappropriate referrals from partners due to misunderstandings around the programme; and from Jobcentre Plus due to a focus on referral targets. Some felt that the focus in future should be on direct local referral, as was the case during the pandemic.
- Secondly, a small number of borough staff felt that CLW was not meeting their local needs. In one case it was felt that the programme was prioritising those closest to work rather than the most disadvantaged; while another reported that their key priority was supporting progression for low-income workers, which CLW by design could not meet.
- Thirdly, concerns were raised around understanding specialist needs, and particularly those related to health. Some advisers reported that the move to a new diagnostic system had put health referrals at the discretion of advisers and that they did not feel trained to make these decisions; while one disabled participant felt that the assessment did not understand their specific needs.
- Finally, a minority of borough staff also felt that there were still areas for improvement in the referral process itself – with concerns raised around individuals having to repeat themselves during the process; and that the move to a more centralised model for assessment rather than borough-based could make it harder to engage and retain participants.

2.2 Referral routes and effectiveness

As in previous rounds of research, most of the new cohort of participants were referred to CLW by their Job Centre Plus (JCP) work coach. A small number were also referred by their GP, with this route being more common than in previous rounds of research. At the point of referral, participants were provided with information dependent on their health and work status. Participants noted that their referrer stated the programme would help them with managing their health, provide training to enhance employment prospects, guidance and help with writing CVs and searching for jobs.

Interviews with delivery staff revealed a wide range of referral routes. In line with participant interviews, most referrals came via JCP, but referral routes also included local councils, ERO, GPs, other external organisations, and through self-referral. Nonetheless one delivery staff member pointed out that before the Covid-19 pandemic, CLW had more connections with local organisations which generated referrals; and that this had been difficult to maintain without face-to-face contact.

When asked about the effectiveness of referral routes, some staff members reported that the quality of referrals had improved, particularly through Jobcentre Plus, and that this appeared to demonstrate a better understanding of programme eligibility. Another delivery

staff member felt that the current routes were effective because external organisations are thorough in how they describe and introduce the programme:

“...because the external organisations are aware of us, [the participants] have already had a pre-introduction about the programme already”.

Delivery staff 4

Borough staff members also described an array of referral routes. Most commonly, Jobcentre Plus and borough/ council routes were noted. Beyond these, borough staff highlighted the use of Children’s services, Libraries, GP Surgeries, Self-referral routes and Jobcentre Plus as common routes, alongside referral from local provision including Southern Works, Workmatch, Connected Communities and Haringey Works.

On referral criteria, borough staff offered varied experiences of the types of criteria staff members were using. Most borough staff referred individuals based on whether they felt they would benefit from the programme. Other borough staff referred individuals on the basis of whether they were experiencing health issues, homelessness and unemployment, with individuals passed to advisers to then determine eligibility.

However, some borough staff also reported still finding the referral process challenging, with eligibility criteria leading to people who may be eligible not volunteering, and continued issues around participants having to repeat information multiple times which in turn could put them off taking part (issues also raised in the last evaluation report).

2.3 Referral volumes

Most borough staff described a recent increase in the volume of referrals. For a few, this was seen as a direct result of lockdown restrictions lifting and the labour market opening up; while others considered it to be a result of a rise in health conditions or social deprivation due to Covid-19 (including the impacts of Long Covid). Some also highlighted in particular internal restructuring at CLW, which had resulted in a decrease in staff turnover – with one borough staff member stating that the project had “really hit its stride at the moment”. Another stated that the quality of referrals had improved, as a result of improved screening by Ingeus before the first appointment.

Two members of delivery staff noted that referrals had slowed recently. One of these highlighted in particular issues around ineligible or unsuitable referrals, where referring organisations have incomplete information on participants. On the other hand, the other staff member felt that referrals had slowed because staff were spending longer filtering candidates to ensure eligibility.

One Ingeus staff member also highlighted this greater focus on screening within the referral process, stating that they were now focusing more explicitly on ensuring that individuals could commit to the goal of finding employment within a year – which has always been an eligibility criterion, but had not previously been an explicit part of the eligibility assessment.

“[We were] instructed to ask if [the participants] could see themselves going back into work in the next twelve months and if the answer was no then they couldn't join [the programme]”

Delivery staff 4

Borough staff described a number of different approaches being taken to try to increase referral volumes. A few staff members talked about using newsletters or adverts in the local paper to advertise the programme; while other examples included using an employment portal to advertise CLW, offering face-to-face appointments where possible to encourage participants to engage, and contacting local providers or other programmes to encourage referrals. However, one borough staff member stated that they were not trying to increase referrals, as they felt that CLW had been prioritising individuals closest to the labour market rather than the long-term unemployed and those with health conditions, and that local engagement had been disappointing.

2.4 Participant and borough needs

Delivery staff described a range of health needs among participants, most commonly mental health issues (often exacerbated by the pandemic), but also physical impairments. Another common theme in this wave of research was housing problems including homelessness. Delivery staff also described specific barriers related to digital devices and language needs.

Borough staff considered that CLW was largely meeting the key local priorities for the programme, which tended to be framed around addressing mainly physical and mental health challenges, and tackling long-term deprivation and worklessness. Priorities were also identified around supporting disadvantaged young people, ethnic minority groups and parents, and again felt that CLW was helping to reach these residents. However, one borough staff member noted that the need for more support for those in work and in low-income jobs to help find better work, and felt that this gap was not being filled by CLW as a programme restricted to those out of work at the point of referral.

When asked about changes to referrals during the pandemic, a number of Borough staff noted the broadening of access to individuals who had recently lost their jobs and so were closer to the labour market; while others noted that eligibility changes had led to a greater diversity in clients.

2.5 First appointment

The majority of participants had initial contact with CLW via a phone call with a member of Ingeus staff, who then introduced them to their employability adviser. A few people had initial contact by email. The process was straightforward for most participants, aside from one who described how they and their adviser kept “missing each other” via phone and email. Most participants could not remember exactly how long it took between their referral and first appointment, but none noted any issues or concerns with the time taken. Those participants who did recall, typically described the first appointment taking place two to four weeks after referral.

First appointments typically lasted 20-45 minutes. The majority of participants experienced their first appointment positively, with several discussing their health conditions, work status, job goals, training opportunities and the support that they would receive. However, a few participants felt their first appointment could have been improved. One participant did not feel “heard or understood” and that their autism was not considered in the appointment. Another participant noted that they had multiple people calling them and asking questions regarding their health and education status and felt that “they weren't corresponding with each other.”

Staff members indicated that the initial appointment was a chance for the adviser to build rapport and trust with the client. They reported that there had been a number of positive changes to the process, including having a specialist team conduct the assessment and then hand over to advisers for subsequent sessions; the rollout of a new diagnostic system (albeit with some issues identified around extracting accurate data); and earlier discussion of the support that was available to clients through the Community Investment Fund (CIF):

“As of recently we haven't been using CIF to best of our ability. Now the change we have made is that we introduce the CIF organisations in the initial conversation so that we can tell them about the courses we do”

Delivery staff 7

It was felt that these changes had meant that clients were more engaged from the beginning, with a better idea of the support that they could access.

Delivery staff were asked specifically about initial assessment of health needs, with most feeling that the process was effective in identifying these. However two staff members did express some concerns regarding changes to how health referrals were made, which with the new diagnostic assessment tool were now at the discretion of the adviser rather than system generated. It was felt that advisers may not have the skills and training needed to make those referrals, and that consequently there was less of a focus on health in the assessment.

2.6 Participant preconceptions and expectations

Participants reported different preconceptions around CLW. Most commonly, they expected to receive support with searching for and identifying jobs, constructing their CV and preparing for work interviews. A couple of participants also expected the programme to offer other forms of support such as counselling and referrals to health support. A few felt that they would be offered training opportunities or general emotional support.

Their experiences of the initial appointment largely tallied with their expectations, suggesting that the referral process was setting the right expectations for participants on what the programme would involve. One respondent recalled coming away from their first appointment feeling that the programme would ensure that:

“If anything major happens then I'll have a support network around me”

Participant 501

One also described how the meeting then led on to their agreeing an action plan with their adviser:

“...at the end we tied it all together, what are my goals and what do I expect to get out of this (programme)”

Participant 277

2.7 Next appointment

Waiting times for the next appointment varied among participants, with some waiting one week and others waiting up to three weeks. For most participants, regular appointments with advisers were organised usually on a bi-weekly basis. A couple of participants described actions being pursued in the second appointment, such as CV work and job searching. A few participants experienced some issues with their next appointment. For one participant, this was a result of their adviser leaving, meaning there was a delay in finding another adviser and duplication of the first appointment process. For another, they felt their adviser was not very understanding, which had also been the case in their initial appointment.

2.8 Suggested Improvements

Borough staff were asked to reflect on any improvements they deemed appropriate for CLW. The most common concern was that often clients have to repeat themselves during the referral process which can be overwhelming and confusing for clients. Borough staff also suggested the programme consider the difficulties that some clients could face as a result of Ingeus changing from a borough-centre approach to a more centralised team, particularly with Covid-19 restrictions easing. Staff in a borough impacted by this change reported that this could lead to participants having to travel between boroughs for appointments, which could in turn negatively impact referral and engagement rates.

A few borough staff members expressed concern regarding ineligible referrals, particularly from Jobcentre Plus advisers where it was felt that contact was shorter and referrals were more driven by targets than need. One of these suggested that the focus in future should be on referral directly through borough teams, as was the case during the pandemic, rather than Jobcentre Plus.

3 Support received on the programme

This chapter describes the support that participants received through Central London Works. It begins by exploring the internal support that is provided by advisers before moving onto the additional support available to participants, usually provided by referral partners.

3.1 Summary

Around two thirds of participants interviewed reported positive experiences of the support received from their advisers, particularly around their support to prepare for and look for work, and their ability to listen to, motivate and support individuals in a non-pressurised and understanding way. However around one third of interviewees reported more negative experiences, with those further from work and with health conditions more likely to feel that their needs were not being met.

Support was continuing to be delivered remotely at the time of fieldwork. Staff identified clear positives from this, particularly around engagement levels and privacy, although participants themselves tended to state that they would favour more face-to-face engagement.

The pandemic had also seen a shift towards more pastoral and social support, which by the time the of the research had shifted back towards a focus on employment- related support. There were mixed views on this, but with particular concerns from some borough staff and participant interviews that it may be leading to more focus on those closer to work and less on those with more significant and often health-related barriers.

There were also positive findings on external support, where borough and delivery staff felt that there was sufficient support available and that CIF funding had increased this further. However take-up of external support remained relatively low. This could reflect support being well targeted at those that need it most, not least as people not receiving support did not generally say that they needed it. However given the generally positive feedback from those who *did* receive support, low take-up may also reflect low awareness and understanding of what may be available and its benefits.

There was good feedback too on employer engagement, where changes within Ingeus had created a more streamlined approach and a new Employer Account Management team. This was felt to be beneficial for advisers and also for employers, and there was appetite among boroughs to build on this further. A number of interviewees also pointed to increased vacancies and demand within London, particularly in hospitality – where it was felt that there may be opportunities to work with more employers and more closely, and to prepare and encourage more CLW participants to apply for and work in these jobs.

3.2 Internal support

3.2.1 Experiences of adviser support

Most programme participants spoke highly of their advisers and the support that they had received from them. They reported that their advisers understood their needs well and were helpful and supportive. Participants appreciated the practical and tailored help advisers provided, such as sending them suitable vacancies and supporting them with job searches and applications, as well as providing pastoral support.

“Basically, when I speak to them... enquiring in what my interests are in and making suggestions based on my interests.”

Participant 8

A number of participants also stated that talking to someone about their needs and challenges, whether health, personal, or work related, helped to make them feel better. Advisers' ability to listen, and to motivate and support individuals, was particularly welcomed. Some also highlighted the fact that advisers did not put pressure on them to enter work quickly or start applying for jobs immediately as a key way in which advisers understood and met their needs:

“[My adviser has] been very supportive and understanding, hasn't put any pressure on me”

Participant 280

“I think it is a very good programme, the more I think about it, it isn't overbearing or invasive...I feel comfortable reaching out to them when I need to”

Participant 271

One participant, who had seen three advisers during their time on the programme, praised their current adviser for identifying the root of a long-term issue which had been impacting their mental health and ability to stay in work. Through the adviser's support in addressing the issue, the participant now feels they will be able to find sustainable employment.

Participants also appreciated being kept up to date with the status of the job market and subsequent changes in certain roles and sectors due to Covid such as the rise in home working opportunities. Multiple participants reported that the weekly updates via email on vacancies were also useful.

However for around one third of those interviewed, feedback was less positive. These participants were more likely to report that their advisers did not understand their individual needs and circumstances. Dissatisfaction was more common among those who had seen different advisers, particularly where those advisers had contrasting skill levels or where communications between advisers had been poor.

Dissatisfaction was also more common among those with more complex needs, such as physical or mental health problems. Some people with long-term health conditions reported that the lack of specialist understanding or training around health meant that their adviser was then unable to properly support them. Some participants also described being encouraged to apply for vacancies that were unsuitable due to their mental health needs; while on the other hand one person described being referred to an employer-led scheme which they were not eligible for as it was aimed only at those with mental health conditions.

"[The support] hasn't met the needs that I have expressed... [they] haven't helped me find work in any meaningful way...nothing has come from [support] that they have offered"

Participant 281

"I got the impression they had lots of clients to deal with and obviously decided that they weren't able to find something for me so were just ticking boxes."

Participant 172

There was similarly a mix of positive and negative feedback from borough staff. There were positive reflections on the quality of the support delivered and its impact, with one for example stating that:

"[There have been] a couple of case studies where it has been very transformational"

Borough staff 6

However one member of borough staff reported that residents had complained that the support that they were receiving was not aligned with what they were expecting and that they were not being effectively supported by their adviser. This had resulted in their colleagues being reluctant to refer residents onto the programme.

"More often than not I tell them what is available to them...but by the time they get to caseworker stage...there isn't the same level of support that I told them"

Borough staff 4

It is welcome that findings overall are positive, but it does appear that there remain some issues around variations in the quality and consistency of support received, which may be more pronounced for those with more significant needs. This issue was also identified in the second process evaluation report, and so may point to a continued need to focus on addressing variations in quality between advisers, as well as improving access to more specialist support for those with more significant needs.

3.2.2 The nature of support received

At the time of fieldwork, participants continued to access support remotely rather than face-to-face, through both phone calls and emails with their advisers as well as through an online support resource. Neither participants, delivery staff nor borough staff had

clarity on when face-to-face support would return, and there were different views on the effectiveness of virtual support. Delivery staff overwhelmingly felt that virtual support had been an improvement on face-to-face, with fewer participants failing to show up for appointments and views that telephone appointments were easier for participants to accommodate and gave them more privacy to discuss sensitive matters.

However participants themselves in most cases reported that they preferred face-to-face appointments, most commonly because those with low digital skills struggled to access virtual support. A few participants also mentioned that it had been hard to get in contact with their adviser.

The pandemic saw a deliberate shift in focus within CLW towards greater support around social inclusion and a lesser emphasis on employment entry. This change had been welcomed and appreciated by both participants and borough staff, with for example participants recalling advisers checking in on their mental health and wellbeing during appointments as well as offering advice on staying safe and being generally reassuring. One participant, who was shielding from Covid-19 due to an ongoing health condition, recalled that their adviser stopped asking them about employment and wasn't pressuring them to look at job opportunities during the lockdowns. In addition to this verbal support, advisers were also able to financially support participants for example by purchasing digital items such as laptops and headphones as well as household necessities like mattresses and fridges. Many advisers mentioned how this was made possible due to the CIF funding that the programme was receiving:

“Someone could say I need a new fridge; I need a new bed; I need a new cooker and we could get it for them, helping them just get by with daily life”

Delivery staff 4

At the time of conducting fieldwork, the programme had shifted focus back towards support for rapid entry to employment. Delivery staff had mixed feelings about this change, with some welcoming the direct focus on jobsearch, upskilling and sustainable employment, but others believing that the programme had become more target-driven and focused on those more able to enter employment (with risks that those with long-term or more complex needs receive less attention).

“[The programme is] more focused on a work programme now than it used to be... more target driven... more focused on getting the money in”

Delivery staff 3

Participant interviews also brought out this change in focus between the lockdown and post-lockdown periods. Participants recruited from the survey sample (and so who had joined CLW either before or early in the pandemic) reported having received more developmental support, while those recruited for interview in Spring 2021 were more likely to report having received direct support around jobsearch and employment entry. This change in focus was also picked up by borough staff, with one stating that they felt that CLW worked best for those relatively closer to the labour market while those further from work (and particularly disabled people) were less likely to benefit.

3.2.3 Health support

A number of participants discussed receiving support for mental and physical health conditions from CLW advisers. Some of these reported that they had discussed their health condition and how to manage this with an adviser, which included discussing their mental health and receiving general support for wellbeing. A small number of participants also reported getting advice on how to talk to employers about their health condition or disability.

A small number of interviewees also described being referred to additional internal CLW health support. This included workshops with health specialists on issues such as pain management and support for mental health, including access to counselling sessions.

3.3 External support

3.3.1 Support availability and uptake

Delivery and borough staff were in agreement that there was sufficient support available externally for participants, with options available for all participants regardless of their needs or distance from the labour market. The forms of support that were mentioned by delivery staff included: debt management, bereavement support, neurodiversity support, counselling, foodbanks, health support, training courses, qualifications, graduate schemes and support with post-traumatic stress. One member of staff also reported more external support being made available through CIF funded partners.

“We use everyone that is available to us”

Delivery staff (row 3)

However despite strong awareness of external support amongst delivery staff, uptake from those participants interviewed for the research was generally low. Examples given by interviewees was limited to counselling, addiction support, and training courses, with most participants stating that they had not received any external support.

On the one hand, this could reflect support being relatively well targeted at need, as those not receiving external support also felt that they did not need it. It could also be the case that interviewees did not recall support received, or that some had not been on the programme for long enough to access it. However low take-up could also reflect low awareness among participants of its availability and benefits, and/ or its marketing by advisers. Indeed a small number of participants stated that they would have liked to have had clearer and more easily accessible information on the support available to them.

“I’d like to know what services are actually available to me and when... I think I’ve got a bit lost somewhere along the way, like I had to look at my welcome packet just to remind myself of what it’s all about, and what services they are actually offering because I want to make sure that I’m getting the best out of it, otherwise what’s the point?”

3.3.2 Experiences of external support

Almost all participants who expressed an interest in a form of external support, such as a training course, had received that support and feedback on support received was generally positive. For example one participant praised their adviser for identifying an interest in computers and IT, which they had never considered for a career before, and recommending that they join a course on coding and web development. They took part on the course and were now feeling more motivated and confident about working as they focus on their now long-term career goal of becoming a web developer.

In a small number of cases however, experiences had been less positive. One participant for example reported that they and their adviser had identified a potential undiagnosed health condition, but that the organisation that was going to assess this was unable to do so due to a lack of capacity. The participant stated that this had left them feeling confused and unsupported, and that the programme was not able to help address their health needs.

3.4 Employer engagement

There was very positive feedback around changes to the approach to employer engagement by Ingeus. Delivery staff noted that the new Employer Account Management team had created a streamlined approach to employer engagement, where members of the team connect with potential employers to source and secure vacancies. These vacancies are then shared with advisers daily (rather than weekly as previously), meaning that advisers can tell their clients about job opportunities as soon as they become available. One adviser said that the approach by the Employer Account Management team was “faster to access [and] easier to access” than before. The team had also been invaluable in maintaining contact with employers during lockdowns, when there were fewer vacancies and less recruitment activity.

Borough staff also spoke of the benefits of the engagement team, as there was now one point of contact between Ingeus and employers. It was felt that this would help to reduce the risks of firms being bombarded by candidates and mean that they would get a better quality service overall. A number of staff also expressed interest in working more closely and directly with the employer team in future.

Looking at specific industries, the hospitality sector was most commonly mentioned – with multiple borough and delivery staff noting the strong bounce back in recruitment following the easing of Covid-19 restrictions. Borough staff felt that there may be opportunities to do more work with hospitality employers in order to source vacancies, but also to then prepare and encourage CLW participants to apply for and take up roles given that these can often be seen as unattractive to work in. (It was also noted that employers needed to do more too, to make work more attractive and feasible for people returning to work.)

“As a sector we need to do more about promoting opportunities [for example in hospitality]”

4 Outcomes

This chapter details the outcomes that were achieved as a result of taking part in Central London Works. This has been one of the main focuses of this round of research, given the length of time that the programme has now been in place. The chapter looks at both employment outcomes and wider outcomes, as well as the aspirations and continued barriers that participants may face.

4.1 Summary

The most common actions undertaken as a result of taking part in CLW were around job preparation and job search. A smaller number of participants reported having undertaken training, typically shorter courses related to a specific vacancy or job goal. Actions around health management were less common among those interviewed, although some reported accessing counselling or wellbeing support.

Participants were supported into jobs in a range of occupations, including in retail, hospitality, construction, security and care. Among those participants interviewed, around one third had found work and there was a similar diversity of jobs secured. Jobs tended to reflect both borough labour markets and the skills and previous experience of participants. As such, many were relatively low paid and insecure, although the increase in the number of more recently unemployed participants had also seen more people entering better paid jobs.

Advisers reported a stronger focus on London Living Wage jobs and on more secure employment, although in practice this appeared to be challenging given the labour market situation – with many jobs still paid at or close to the minimum wage. Participants themselves also often reported issues around zero hours contracts, hours inflexibility and insecurity. This was particularly the case in social care and hospitality, with office workers generally more satisfied.

The focus on sustained employment was also aided by the in-work support team, with positive feedback on their role from advisers and from one participant who had secured employment. Advisers emphasised that participants' work readiness and desire to stay in work were often key factors in whether jobs were sustained; while for participants, job satisfaction and the quality of the role appeared to be key. It was felt that the pandemic may have improved retention, perhaps because participants now are more work ready, and/ or because the greater focus on upskilling had better prepared people for work, or because people were less likely to want to move jobs during the crisis.

On non-employment outcomes, CLW appears to have had positive impacts overall on health and wellbeing, although there was only limited information on this from interviews. Wider impacts were typically around increased confidence and improved self-esteem.

Some delivery staff also emphasised that the programme had improved skills and qualifications for participants, particularly over the last year.

Some participants reported no additional impacts from the programme. Many of these were people who had started to receive support more recently, while some were people already confident to look for work and ready to do so. However in some cases this did seem to be linked to wider dissatisfaction around the quality and consistency of support.

Among those not in work, a greater number had negative feelings about finding work than positive, sometimes due to the pandemic and sometimes due to their own barriers to work. Several cited issues around ageism, childcare, language and a lack of work experience. For many, working hours and conditions were as important as the job itself, and struggled to find flexible work that they could apply for.

Those who felt more positive tended to emphasise the importance of the support received through CLW; while most participants overall stated that they could not identify any further support that CLW could provide in order to help them overcome their barriers to work.

Finally, in a number of areas both Borough staff and delivery staff stated that they would like to have more information available on the impacts of the programme – for example on its employment impacts for different groups, its impacts on health and wellbeing, and wider non-employment impacts. The absence of this was a source of frustration, and in some cases made staff less likely to refer people to the programme.

4.2 Actions taken as a result of the support

As with previous rounds of research, the most common actions undertaken by participants were reported as being around active jobsearch and job preparation. This included drafting or editing CVs, looking for vacancies, filling out job applications and preparing for interviews. A smaller number of participants had been in contact with an employer to receive training, discuss an application or attend a job interview.

A small number of participants stated that attending training was the main action they had taken as a result of the support, which tended to involve attending short-term courses to gain skills or qualifications directly related to job goals – examples included training for IT skills, data analysis, bookkeeping and business administration. For one participant this training was part of in-work support delivered by CLW to help them find more sustainable employment, after being supported into a part-time retail role.

Actions relating to managing and improving health conditions were less common. Where these were reported, actions were around managing or improving mental health, for example by attending external counselling services or taking actions to promote better wellbeing. Finally, one participant accessed information on financial support as recommended by their employability adviser; while another received funding for interview clothes from CLW

Some participants reported that they had not taken any additional actions as a result of taking part in CLW. Some of these people were already confidently and proactively

carrying out independent job searches and applications; while others were not in a position to take action, for example because of the significance of their health conditions or due to other personal or material issues (for example like housing problems). Most of these participants were still in the early stages of programme support, and most mentioned discussing plans with their adviser to start engaging in support in the future.

A few participants stated that they would have liked to have taken more action and received more support through the programme, which is also referenced in section 3.2.1. It should be noted that these participants had primarily started receiving support during the first few months of the pandemic, and so at a time when support was disrupted but also less focused on jobsearch and employment entry.

4.3 Employment outcomes

Staff reported that employment outcomes had improved in 2021 compared to previous years, as pandemic restrictions had begun to lift and the economy started to recover. This included as a result of new job opportunities created by the Covid response, such as working in testing and vaccination centres. Improved employment outcomes may also reflect both the increased focus of CLW advisers on employment support (set out in section 3.2) and potentially the fact that some of those referred during the pandemic may have only recently lost their jobs and so were closer to work (noted in section 2.4). Overall around one third of participants interviewed in the research had found work, with those who had done so reporting that this had been a result of proactive job searches and applications, or through personal connections.

4.3.1 Occupations

Advisers reported that participants had found work in a variety of occupations including retail, hospitality, sales, construction, security, and IT. Some of the participants who had become unemployed more recently had also found work in higher paid roles such as marketing. One adviser said that they had helped some participants to pursue self-employment, particularly during the height of the pandemic when there were fewer job vacancies.

Employment outcomes depended on the local borough economy, with one adviser stating that participants tended to enter employment in key local sectors of health and social care (particularly during the pandemic); construction; hospitality and retail (which were increasing again as lockdown ended); and security. However, the same adviser also noted that participants were much less likely to enter growth sectors that were higher paying, like IT and digital jobs.

This variety of occupations was reflected by the roles held by participants interviewed who had entered employment. These participants were working in a range of occupations at various skill levels. Half of those in work were in health and social care, two in office-based administrative roles, one in retail and one in hospitality.

4.3.2 Job quality and earnings

CLW advisers and borough staff reported a greater emphasis on placing participants in work paying the London Living Wage (LLW) compared to what was reported during the last round of research. One way that advisers were trying to do this was through actively trying to make links with Living Wage Foundation-accredited employers. However, advisers also reported that most employers did not pay a living wage for entry level roles and so this focus on LLW jobs was challenging. One adviser estimated that overall, it was likely only around 10-15% of participants who entered work who were paid the LLW. This was reflected in the earnings reported by participants themselves, most of whom were earning less than the LLW and often paid at the minimum wage (National Living Wage) itself (especially for workers in social care).

The quality of participants' jobs also varied in terms of contracts and working hours. All of those working in social care were hired on a 'zero hours' basis, with some reporting that they would prefer a secure contract and also a greater number of working hours. Those working in retail and hospitality found it hard to find work which matched the hours they wanted, with one participant working on a full-time basis as a chef despite wanting part-time work, and a younger participant working part-time in a shop despite wanting full time hours. One of the participants working in administration was employed on a fixed-term contract of one year, meaning that they were uncertain about whether they would still be in work at the end of that year.

Quality also varied in the extent to which participants' roles matched with their aspirations, skills and experience. Some of those working in care and retail said that the jobs did not match their interests but that this was the only type of work available to them, while those working in office-based jobs felt that the work matched their interests and experience. Those working in office-based jobs also described good job satisfaction and opportunities for progression, while one care worker said that opportunities for progression had been limited by the pandemic as they were unable to engage in job shadowing.

As one adviser commented, ultimately the pay and quality of work that participants secured depended in large part on their prior education, experience and backgrounds. This was largely reflected in participants' experiences too, with one of those who had secured higher paying work having had extensive previous work experience in similar environments; although another participant was supported to enter work as a data analyst after attending courses arranged through CLW.

4.3.3 Achieving sustained employment outcomes

Advisers reported that a key aim of the programme was to support people into sustained employment – both with the efforts to focus on better quality work and the access to dedicated in-work support that continued for up to six months after securing employment.

“The in-work team is very key in this [securing sustainable job outcomes] as we provide it for 6 months after finding employment”

This was echoed by a participant who had found a job in social care independently of CLW but then received in-work support from their adviser who had coached them on self-esteem and managing working relationships, which helped the individual to remain in the role despite facing challenges:

“They didn't help me find a job but they helped me stay in it, 100% I can say that”

Participant 274

A number of advisers however reported that participants' work readiness and desire to stay in work were often key factors in whether employment was sustained. One adviser for example reported that their employment outcomes tended to either be long-term, or to last just a few weeks due to participants leaving the role shortly after starting. Some advisers reported that this had improved since the pandemic, but with different reasons given – either because pre-pandemic participants were less work ready and so less able to keep up with demands around punctuality, work routines and working with others; or because the pandemic had meant that those who secured work were less likely to want to leave it again due to the few other vacancies available; or because the focus on upskilling and wider pastoral support during the pandemic may have helped people to secure better quality job matches.

Participants themselves gave different responses when asked about whether they planned to remain in their role, with these views strongly informed by the quality and suitability of the work that they were doing. Those who were planning on leaving their current job were typically working in low wage roles on part-time or zero hours contracts and wanted to find better paid and more secure work. Those who wanted to stay in their current role were in higher paid jobs that were felt to be a good match for their interests. Nonetheless, some participants working in jobs that they were not fully satisfied with (in hospitality and social care) felt that they had no choice but to remain in their roles due to a lack of available vacancies.

4.3.4 Managing health conditions at work

Most of those in work felt that they did not need to make any changes to their role to accommodate their health, either because they were in generally good health or because the role was already suitable for their health needs. Of those who did have health needs, one participant had disclosed these to their employer and felt able to ask for changes in the future should this be needed; while another stated that they did not require any changes to the role but were nonetheless put in contact with other employees with health issues for peer support.

Nonetheless, one participant with a number of health problems stated that they felt unable to fully disclose their health issues due to worries that their employer would not be understanding and that this would lead to them losing their job.

“I told him [my employer] some of it but not all of it [prior to being offered the job]. Because I can't get a job otherwise. I told them one thing – everyone has health problems. They won't do anything. One thing is nothing. But three, four things and it is difficult to get a job.”

4.3.5 Employment outcomes for different groups

Advisers and Borough staff were asked if there were particular groups that were more or less likely to achieve employment outcomes through CLW. There were differing views among advisers, with for example one stating that the programme worked particularly well for those from ethnic minority groups, for the long-term unemployed and for disabled people; while another felt that disabled people fared relatively less well than other groups, as they were more likely to have specific support needs that cannot be met through the programme. Echoing the findings in section 3 above, one staff member made the point that outcomes depended more on the quality of support provided by advisers than on the specific characteristics of participants.

For Borough staff, most stated that they did not know who the programme was working well for as they reported that they did not receive detailed information on programme performance for different groups. This was a source of frustration for a number of those interviewed, who stated that they would like to have a better understanding of which groups the programme is working for, particularly in relation to ethnic minority groups.

4.4 Health and wellbeing outcomes

The evidence collected through interviews suggested that the programme has overall had positive impacts on participants' health and wellbeing, but it should be noted that there was only limited evidence given on the nature or extent of health and well-being outcomes – with delivery and borough staff generally unsure, and participants themselves tending to report on improvements in mental health and wellbeing but in relatively small numbers.

For delivery staff, those interviewed were primarily employability advisers who stated that they had little information on health and well-being outcomes for participants. A few advisers nonetheless did state that they had seen participants' health and wellbeing improve as a result of the support, including through better management of health conditions, improved mental health and increased confidence. One adviser stated that they would like to have better visibility of changes in health and well-being, for example through the Key Performance Indicators for the health and wellbeing team; although another adviser emphasised that feedback on this support was very positive:

"[I] hear nothing but good things about the health team...[they] have a major effect on the impact we have on our participants"

Delivery staff 7

Most members of borough staff interviewed were also unsure about health and well-being outcomes. Some expressed a lack of understanding of what the health support offer entailed, while others stated they did not receive data on these outcomes. A few staff members reported seeing good health outcomes for residents, expressing that the health support offered was of good quality and had made a positive impact on participants. One

of these staff members told us that initially the health support offered was of low quality but had improved over time:

“[Support for health and wellbeing] is why we are referring people to the programme...it was rocky in the beginning...there was criticism from us as boroughs...it was very weak in the beginning”

Borough staff 5

A small number of participants said that they experienced improvements to their mental health and wellbeing as a result of the programme, although none of those interviewed reported improvements in physical or musculoskeletal health. Some participants cited support from their employability adviser as improving their mental health, including a participant whose adviser had coached them on working with others:

“[My adviser] helped with my self-esteem and mental health in regards to working and working relationships...they did what they are supposed to do”

Participant 274

Others appreciated having someone to talk to and support them:

“[It’s] good to know that you’ve got people looking out for you”

Participant 277

A few participants spoke about experiencing improvements to their health and wellbeing as a result of external mental health support that they had accessed through CLW. These participants had accessed counselling programmes, and all reported that this had improved their mental wellbeing. However, one of these participants said that it was hard to isolate the main cause of their improved mental health, as they had started taking medication and received additional external support independently to CLW.

4.5 Wider impacts reported as a result of support

4.5.1 Increased confidence

As with last year’s report, the most common impact cited from CLW participation was an increase in confidence – in particular to plan, prepare and look for work. For some participants, the support increased their confidence in their skills and abilities and widened the range of roles they would consider applying for. Others felt more confident in their ability to search and apply for vacancies, as a result of support from their advisers or from attending training or taking part in work experience. Some of those who reported increased confidence also stated that they previously had had very low self-confidence due to their health or time out of work, and that the support received through CLW had positively impacted their self-esteem.

Some participants however reported that they had already been confident in looking for work, and that taking part in CLW had not led to any changes or improvements in this.

Many of these participants had volunteered for CLW primarily to find employment but had then struggled to find work due to the impacts of the pandemic on the labour market.

4.5.2 Improved skills and qualifications

Delivery staff also identified the acquisition of new skills and qualifications as a key non-employment impact for participants. They reported that Ingeus had provided more internal training courses and resources during 2020 and 2021, and that these were now more accessible to participants than prior to the pandemic as they were all being delivered virtually.

4.5.3 Those reporting no changes or impacts

A significant number of participants reported that there had been no changes for them as a result of the support received through CLW. It should be noted that many of these respondents had started receiving support within the previous six to nine months, and so it may have been too early to see wider outcomes; while as noted above, some also stated that they were already confident in looking for work and ready to do so. However in some cases this did also seem to be linked to wider dissatisfaction with the support received and/ or with the quality and consistency of adviser support (with one example being a participant whose first adviser had helped them with improving their housing, but then since moving to a second adviser had seen the quality of support decline).

Finally, borough staff were generally unsure about the nature and extent of non-employment outcomes for participants, with some stating that they did not receive any feedback or data on this which in turn made them less likely to want to refer residents to the programme.

“[We] haven’t had loads of data on the softer skills”

Borough staff 8

4.6 Employment aspirations and challenges

Those participants who were not in work were asked whether they had had any contact with employers, how they felt about finding work, and what their careers aspirations were.

4.6.1 Employer contact and aspirations

Several participants had come into contact with employers through job interviews. Sectors and occupations varied but included Transport for London, retail, delivery driving, and health and social care. Most of these participants reported being unsuccessful at interview, although one said that they were offered a job which they could not accept as the employer could not be flexible on their start time, while another said that they were offered a job but the offer was subsequently withdrawn for financial reasons. For those who had been interviewed for jobs, in most cases their adviser had helped them prepare for the interview and in some case they had also helped them to secure it. A small

number of participants said that their advisers did not help them in either securing or preparing for the interview.

Participants aspired to work in a variety of occupations including security, care, retail, administration and higher paid jobs such as IT and professional private sector work. A small number had specific employers they wanted to work for based on volunteering and work experience. For example, one participant wanted to work at a high street restaurant where they had undertaken a work experience placement arranged by CLW.

4.6.2 Views on employment and barriers to work

When asked, a greater number of participants reported having negative feelings about finding work than positive feelings. A number of these respondents cited the pandemic as a reason for this, saying that they were concerned about high competition for jobs due to increased unemployment. Others said that there were few suitable vacancies, including those who required homeworking, hours that could accommodate childcare, and those who were concerned about working in public facing roles due to Covid-19.

Several participants cited barriers to finding work including ageism, childcare, language barriers and a lack of references. For many participants, working hours and conditions were more or just as important as the job itself. Several required part-time work due to health needs or childcare responsibilities, and one participant wanted to work nights to fit around family life. Many also specified that they were only interested in homeworking, while a small number were looking for full-time work.

A few participants said that experiencing an extended period of unemployment made them feel less positive about their job prospects, as repeated rejections were disheartening and had a negative impact on their mental health. These participants felt that the longer they were unemployed, the less employable they became.

Of those who felt positive about finding work, several participants cited the impact of CLW on their confidence. These participants said that the support made them feel more prepared to find work, and more confident in their skills and abilities. This support included discussions with their adviser to identify skills which made participants feel more confident in their ability to find a job, and support for preparing for interviews which improved participants confidence in their interview ability. Participants also discussed attending internal group workshops which provided peer support and made them feel less isolated in their job search, while those who attended training said that this also increased their skills and confidence.

When asked, most participants said they could not identify any additional support that they wanted from CLW in order to help them overcome these barriers and find work; although as noted in section 3, a small number of interviewees felt that they could have been given more information about the support available to them from Ingeus. Some participants who were satisfied with the programme also made the point that ultimately, either the nature of the jobs market or their personal circumstances were preventing them from finding work.

“They can only do what they can in the remit they've got”

5 Programme management and resourcing

This chapter considers how the CLW programme is managed and resourced. It discusses in particular overall programme management, programme funding and changes made during the pandemic, adviser skills and experiences, partnership working and programme governance.

5.1 Summary

There was positive feedback from interviewees that changes in the management of CLW had led to improvements in service delivery, partnership working and communications, and that this was likely to continue to improve.

The ending of the temporary funding changes introduced during the pandemic appeared to have led to less funding being available overall and therefore less scope to provide the level of holistic support that was put in place during the first lockdown. This was a particular challenge for participants who had joined the programme when more funding was available; but may also have contributed to tighter screening of participants.

Some staff also reported that lower funding had impacted significantly on programme delivery, for example by leading to lower staffing and higher caseloads, and increasing the time required to manage more limited resources and/ or to find other ways to fill gaps in provision.

Both delivery and borough staff spoke highly of the Community Investment Fund and the impact that it had made during the pandemic, although a significant proportion were unclear on the details of the funding, how this had changed and what it was spent on.

Delivery staff appeared to be well equipped for their role, with the right experience and training for the job. There was some suggestion that access to specialist training for staff had been cut back compared with the early part of the programme, but staff emphasised the importance of “learning on the job”, were satisfied with the training received, and described a culture where learning was encouraged. Nonetheless, some borough staff did report inconsistencies between advisers, training gaps and inexperienced staff, particularly as a result of staff turnover.

Views on partnership working were generally positive, with the ability to pull together a range of local partners often working across areas far wider than employment seen as a key (and unique) strength of the programme. Regular and strong lines of communication were seen as the key to good partnership working, while conversely where partnerships worked less well it was often due to communications breakdowns.

The pandemic was felt to have strengthened partnerships in some boroughs, with more online work leading to wider engagement. Others however reported that the pandemic

had disrupted and undermined communications, either because regular meetings stopped happening, or because workloads increased and crowded it out.

Some borough staff did report a lack of impetus for partnership working among some delivery organisations, and suggested that it could be beneficial to incorporate partnership working as a key performance indicator for the programme.

Borough staff also had mixed views on programme governance, with some reporting strong two-way communications with delivery staff to shape and oversee the programme, but others describing little influence in delivery beyond referrals. This variation did not appear to be related to the staff member's specific role or level of seniority. Overall though, borough staff were positive about the unique value of CLW and its ability to support those further from work.

5.2 Programme management

Both borough staff and CLW employees spoke positively about changes that had been made to the management of CLW over the last year. This had included a new Ingeus management team for the programme, the introduction of new systems and processes, changes to how the programme is delivered (with a new centralised referral process and changes to the employer engagement function, set out in sections 2 and 3) and improvements to communications and partner engagement.

A range of staff stated that these changes, overseen by the new management team, had been positive and would lead to continued improvements in programme delivery. For example one borough employee who had experienced communication issues in the past noted that there had been improvements since the new management team was brought in and said that they expected this to continue to improve; and for example an Ingeus employee stating that they liked the approach that the new management were taking and the new systems that have been put in place by the team.

5.3 Programme funding

5.3.1 Funding changes during and since the pandemic

Programme funding had been increased overall during the pandemic, with the amount of funding tied directly to employment outcomes reduced. These changes were made to ensure that support could be maintained and increased during the depths of the crisis and that lower job entries did not lead to less funding available for support. By the time of the fieldwork for this report, these temporary changes to the funding model had ended, meaning that funding was lower overall and also more dependent on employment outcomes. Both delivery and borough staff commented on this, although there were varying (and generally quite low) levels of understanding of the specifics of the changes.

Both delivery and borough staff suggested that the ending of the temporary changes to the funding model had led to there being less funding available overall and therefore less scope to provide the more holistic support that was put in place during the depths of the

crisis. Those borough staff who felt able to comment on this tended to point out that while this additional support had, as one put it, “worked for the crisis”, it had always been intended as a temporary, emergency measure. Some delivery staff stated that this lower funding had also contributed to the tighter screening for eligibility described in section 2.3, and in particular the screening out of those who could not see themselves finding work within twelve months.

Delivery staff also reported that funding changes meant that they were able to offer participants significantly less support than previously, which was a particular challenge for participants who had been recruited onto the programme prior to the change and so still expected higher levels of (more holistic) support. In some instances, participants have been surprised to learn the programme can no longer fund courses they had been considering. Some delivery staff reported that they were trying to find new external partners who could help to fill these gaps, with one interviewee for example stating that they were looking for alternative funding to provide participants with laptops and training courses that could no longer be supported by the programme. Another suggested that the impacts could be mitigated by for example lending equipment to participants rather than purchasing it for them.

Some staff also took the view that lower funding had led to a greater impact on staff than participants, with staff teams being reduced which in turn increased caseloads for remaining staff. Another reported that discretionary funding was more likely now to run out in-month, which increased the workload of advisers in ensuring that this was being shared fairly and appropriately.

The reintroduction of the previous payment by results regime was seen to have led to a greater emphasis on employment within the programme, or as one Borough staff member put it, a “sharper focus on getting people into jobs” than under the previous model. As noted in section 3, this may in turn have led to advisers prioritising rapid employment entry for those generally closer to work; rather than the focus on wider holistic support during the pandemic, including for those with more significant (often health-related) barriers and who may have little prospect of an imminent return to work.

Finally, both delivery and borough staff were generally fairly unclear about the detail of changes in funding over the last year. It was suggested by some delivery staff that at times the communication of changes had been limited or lacking, and that the fluctuations in overall funding themselves had a significant impact upon delivery.

5.3.2 Community Investment Fund

Both delivery and borough staff spoke highly of the Community Investment Fund, which was the main way that increases in funding for additional support needs was delivered during the pandemic. Delivery staff felt that this had been particularly useful as a means of buying participants essential digital equipment; while one adviser also reflected that the fund had enabled them to bring a broad range of partners on to the programme to support participants. Borough staff also described a range of uses, including to buy household appliances or support those who were homeless, but with the most common examples given being around purchase of digital resources such as laptops and mobile phones.

Again, a significant proportion of interviewees were unclear on the detail of CIF funding, changes in funding levels and how it was being spent.

5.4 Staff skills and capability

Delivery staff typically reported prior experience of working with participants in welfare or employment programmes, usually within that delivery provider or a similar organisation. Where they did not have prior experience of such programmes, many had backgrounds within corporate recruitment. Most of the staff we spoke to had been working within their organisation prior to the pandemic.

Staff described feeling well equipped to handle the pressures of their role. However, experience of training and support varied with some staff reported having gone through structured training upon joining the company and others describing a “learn on the job” approach. Where training was given, it often focused upon supporting the most vulnerable participants, such as those experiencing poor mental health. One employee suggested that the training that they had received upon starting the role, which focused on helping those with complex needs, was not being offered to new starters anymore. A small number of staff described being funded to undertake external training programmes as part of their role, most notably the Level 4 ‘Employability Practitioner’ training.

Broadly, staff were satisfied with the training they had received and reported a culture where training and learning are frequently encouraged with in-house and external courses available to them. A small number expressed frustration at the relatively narrow courses eligible for supported funding; but regardless of their own training experience, many staff reflected that the most useful skills for their work were gained through practice.

“they try and teach it but it comes with experience and wanting to help the people on your caseload, wanting to do it right”

Delivery Staff 1

Many borough staff felt that remote working throughout the pandemic had limited their ability to comment on the skills and performance of delivery staff, whilst others felt that they were too distant from the programme altogether to pass comment. However those that did feel able to comment had differing views. Whilst some felt that delivery staff were adequately equipped to deliver the project, others reported “training gaps” and inexperienced staff, particularly as a result of staff turnover.

“when I came onto the programme, I thought that all caseworkers would be trained up to help the people they will be working with and their various needs but that isn't the case - some just come with more skills and some don't”

Borough Staff 4

5.5 Partnership Working

Views on partnership working were generally positive from both borough and delivery staff.

Among borough staff, some felt too distant from the programme to comment on this, but others closer to partnership working felt that the model was working “extraordinarily well”, with a wide range of partners working together to meet participant needs. Where examples were given of successful partnership working, it appeared that strong lines of communication such as weekly meetings or shared emails between delivery staff and partner organisations were key. In some boroughs the pandemic had served to strengthen communication between partners with online meetings enabling significantly wider connection than previously possible. For others, the pandemic had disrupted previously successful methods of communication such as quarterly in person meetings.

Those delivery staff involved in partnership working also suggested that it was an effective means of supporting participants and made CLW a uniquely collaborative programme. Staff described a wide range of partners that could provide support on specific issues that would traditionally be outside the scope of an employment programme, like food poverty. One interviewee described the model as the best possible, given that “no one can be an expert on everything” and suggested that staff were appreciative of the support available to them from other organisations. For staff that were familiar with the partnership model, it was seen to be integral to the unique value of the programme’s support to those with health conditions.

However, partnership working also presented some challenges. At times, staff felt that communication from partners was poor, particularly during the pandemic when workloads increased, and previous methods of communication broke down. One supply chain worker described how prior to Covid-19 partners would meet regularly to discuss their experience of providing the service and working with the programme. These meetings were useful for staff and their cancellation had had a negative impact upon understanding of how programmes could work together. It was suggested that partnership working could be made more effective if all partners were to attend regular meetings with CLW advisers.

Staff also described challenges in reaching partners during busy periods, at times having to spend considerable time chasing contacts at partner organisations. Breakdowns in communication also affected participants directly, with one example of a participant not being notified of courses start date as both partners assumed the other would provide confirmation. Communication issues and failures to contact participants who had been referred led some staff to form lists of “reliable” partners to whom they can refer participants. Furthermore, the stresses of the pandemic meant that some partner organisations were overwhelmed and no longer able to accept referrals.

Some borough staff also reported a lack of impetus from delivery organisations to engage with the opportunities that partnership working could provide. One interviewee described delivery staff as treating partnership working as an element of the project which was “good to have” but not necessarily essential. They suggested that it could be beneficial to incorporate partnership working itself as a key performance indicator for CLW. Some borough staff also noted however that staff turnover could be a challenge in building effective partnerships; and that more funding may be needed in some areas with less effective partnerships in order to develop these.

5.6 Programme governance

Borough staff described mixed levels of influence over how the project is run. Some staff described strong two-way communication between local councils and delivery staff, with opportunities to shape the programme from its inception.

"[I'm] reasonably happy with level of influence we've got...we've encouraged and helped shape it...we've been able to introduce them to other services that we think they could support...if we came to them and proposed a partnership, I would be confident that we could be able to work together and cooperate...to shape the delivery."

Borough Staff 5

Others describe little or no influence over how the programme is run, with borough staff only able to make referrals onto the programme rather than influence delivery. Whilst some borough staff were satisfied with this, others suggested that more meetings between delivery and borough staff would be beneficial to create a more collaborative approach. The level of influence of those staff interviewed also did not appear to be related to their role or level of seniority within the council.

The majority of borough staff were satisfied with the level of data that they received on programme performance, which was typically high-level data regarding the number of participants on the programme and the number of job starts by sector. However, as noted in section 4, some staff reported frustration at the lack of detail contained in this information, and wanted to see more detail regarding sustained employment, non-employment outcomes, and outcomes for different groups (for example ethnic minority groups or those with longer durations out of work).

Overall though, borough staff were positive about the unique value of the CLW programme. Though some suggested that the breadth of the programme inevitably led to a degree of duplication with existing support, its unique focus on health was seen to be its key driver of success in working with disadvantaged residents. One interviewee suggested that the launch of the Restart programme, given its flexibility and focus on breaking down barriers to employment including health conditions, may duplicate some of the programme's provision and approach.

6 Conclusions and recommendations

As with previous rounds of research, this report sets out a range of positive findings on the implementation of Central London Works, including some clear improvements in delivery since the last round of fieldwork.

Referral processes seem to be working better than in the past, both for staff and for participants, and the programme generally appears to be meeting local priorities and needs. Feedback on support received through the programme was generally positive, particularly around one-to-one support from advisers, and it appears that there is a wider range of partner provision and services now joined up with the programme. There are signs that employers are being engaged better, that job outcomes are improving, and that the programme may also be leading to improvements in skills, health and wider wellbeing. There is also positive feedback on changes made in the management of the programme and its responsiveness to boroughs and partners.

However, as with previous rounds of research, a number of potential issues were identified in the fieldwork, which can broadly be grouped around four key themes. We would recommend further work on each of these in order to continue to improve in the delivery of the programme.

6.1 Improving the consistency of one-to-one adviser support

While feedback on adviser support was positive overall, around one third of respondents raised concerns around how well their adviser understood their needs and could support them. Feedback from staff suggested that this lower satisfaction was often explained by variations in the quality of support from advisers, with some less experienced and/ or less specialised than others. It was also the case that dissatisfaction was often higher among those who had seen multiple advisers, particularly where a more recent adviser had been less able to understand and meet their needs.

In the last report, we suggested that there would be value in ensuring that all staff are trained and equipped in delivering support remotely, and that there are clear handover records kept for participants so that where advisers change they are able to pick up the delivery of support quickly and without duplication or disruption. We would add to this by also suggesting that there would be value in more systematically capturing data on programme satisfaction (as is happening now in the Restart programme) so that any differences between advisers can be investigated and understood, with appropriate improvement support then put in place.

6.2 Improving awareness and take-up of support

There appear to have been significant improvements in the availability of partner support for CLW participants, but the research also found low awareness of what support was available among some participants, and signs of low take-up of support. There would be value therefore in looking at how information on support availability could be better shared between partnership teams and frontline advisers; how this could be summarised and made easily available to participants; and how reviewing this could be more systematically built in to the customer journey, for example when action plans are reviewed.

As we noted in the last report, this appeared to be particularly the case for health-related support, where some participants reported having accessed internal (CLW provided) sessions but there was only very limited recall of having accessed external support – which was surprising, given that the very large majority of participants had long-term health conditions.

6.3 Supporting those with more significant needs

Both the interviews with participants and with staff suggested that people with more significant needs, and in particular significant health conditions, were less likely to be satisfied with the programme and to have their needs met. While this has been identified in previous rounds of research (and in other similar programmes too), it appears that the issues may have become more pronounced as a result of recent changes to the payment-by-results model and the reduction in additional funding, which has in turn led to a greater focus on employment entry. There was also some suggestion that people with more significant needs may be more likely now to be screened out from accessing the programme due to tighter application of eligibility rules.

Clearly, there are limits in the extent to which CLW can meet the needs of those with very significant disadvantages given its scope and resourcing, and there were also examples given of participants who were significantly disadvantaged and who had been well supported through the programme. Nonetheless, we would suggest that it would be worthwhile to review the support that is being delivered for those who are further from work, to ensure that they are able to move closer to work and can access tailored support that helps to meet their needs. This could involve for example exploring the scope for having more specialist or more experienced advisers available for these groups, as well as having more specialist needs assessment at entry to the programme.

Linked to this, we would also suggest reviewing the screening process for entry onto CLW, to ensure that rules around work readiness are being properly applied. Specifically, those who can “commit to the goal of finding employment within one year” are eligible to join the programme, subject to other eligibility criteria.

6.4 Sharing information internally and with partners

Finally, in this round of fieldwork both borough and frontline staff identified independently a number of areas where they felt that it would be helpful to have more information on programme delivery – including for example on the characteristics of programme participants, outcomes achieved for different groups, non-employment outcomes, take-up of wider services, and satisfaction measures with different aspects of provision. In most cases this was seen as being useful in supporting improvements in referrals, delivery and partnership working; but in some cases it was felt that the absence of this information made referrals to the programme less likely. Clearly it will not be possible to provide all of this information all of the time, but we would recommend exploring what is possible and desirable with partners and staff.

On a related point, it was also clear that while relationships with boroughs were generally very strong (and had improved), there were also some boroughs where relationships were less good and/ or had not been maintained as effectively (on both sides) during the pandemic. So finally, we would also recommend a stocktake on partnership working with boroughs.