

Central London Works: Second process evaluation report

Georgie Akehurst, Kate Alexander, Jonathon Buzzeo, Harry Fox, Ceri Williams and
Tony Wilson

Institute for Employment Studies

IES is an independent, apolitical, international centre of research and consultancy in public employment policy and HR management. It works closely with employers in all sectors, government departments, agencies, professional bodies and associations. IES is a focus of knowledge and practical experience in employment and training policy, the operation of labour markets, and HR planning and development. IES is a not-for-profit organisation.

Acknowledgements

The authors would also like to thank everyone in the provider hubs, supply chain offices and JCP offices who supported our visits and calls, and colleagues at Central London Forward for their feedback and support.

Institute for Employment Studies
City Gate
185 Dyke Road
Brighton BN3 1TL
UK

Telephone: +44 (0)1273 763400
Email: askIES@employment-studies.co.uk
Website: www.employment-studies.co.uk

Copyright © 2021 Institute for Employment Studies

IES project code: 5931

Contents

1	Introduction	1
1.1	The Central London Works programme	1
1.2	This research report	2
1.2.1	<i>Participant interviews</i>	2
1.2.2	<i>Staff interviews and workshops</i>	3
1.2.3	<i>Structure of the report</i>	3
2	Referrals to Central London Works	5
2.1	The initial referral process	5
2.1.1	<i>Finding out about CLW</i>	5
2.1.2	<i>Initial information received by participants</i>	6
2.1.3	<i>The operation of the referral process</i>	6
2.1.4	<i>Initial perceptions and support expectations</i>	7
2.2	The first appointment	8
2.2.1	<i>The initial assessment</i>	9
2.2.2	<i>Information about the support offer</i>	10
2.2.3	<i>Support expectations following the initial meeting</i>	10
2.2.4	<i>Initial views about support offering</i>	11
3	Support received on the programme	12
3.1	Support delivered within CLW	12
3.1.1	<i>Employability support</i>	12
3.1.2	<i>Health support</i>	17
3.1.3	<i>Other support delivered within the programme</i>	19
3.2	Support delivered by referral partners	20
3.2.1	<i>Forms of support accessed</i>	20
3.2.2	<i>Integration of support</i>	22
3.3	Barriers to accessing support	22
4	Outcomes from CLW participation	24
4.1	Actions undertaken as a result of support from CLW	24
4.1.1	<i>Changes in job search skills</i>	25
4.1.2	<i>Better awareness of potential job opportunities</i>	25
4.1.3	<i>Access to work placements or job trials</i>	25
4.2	Changes in skills, confidence, and motivation	26
4.1	Impacts on health and health management	27
4.2	Ongoing challenges in finding work	27
4.2.1	<i>Health conditions</i>	27
4.2.2	<i>Caring responsibilities</i>	28
4.2.3	<i>Economic impacts of Covid-19</i>	28
4.2.4	<i>The need for more work experience and/ or training</i>	28
4.3	The suitability of and access to support	28
5	Programme management and resourcing	30
5.1	Programme management	30
5.1.1	<i>Local partnership working</i>	30
5.2	The impacts of changes due to the pandemic	31
5.2.1	<i>Funding model and resourcing</i>	31
5.2.2	<i>Community Investment Fund</i>	31
5.2.3	<i>Caseload sizes and adviser resource</i>	31
6	Conclusions and recommendations	32
6.1	Initial marketing of support	32
6.2	Initial engagement and action planning	33
6.3	Ensuring consistency in one-to-one meetings	33

6.4 Access to wider and more personalised support.....33

1 Introduction

1.1 The Central London Works programme

Central London Works (CLW) is a **£51 million** employment programme, launched in March 2018 and being delivered across twelve Central London boroughs¹. The programme has been partially funded by the Department for Work and Pensions, through a devolution agreement through which CLW will operate instead of the national Work and Health Programme for residents of these twelve boroughs. Similar agreements are in place for other parts of London and for the Greater Manchester Combined Authority. The programme is also funded through the European Social Fund.

CLW is specifically designed to provide personalised, intensive employment support to disabled people, those with long-term health conditions and the long-term unemployed. Referrals to the programme are predominantly from Jobcentre Plus (JCP), although they can also be made by other partners with eligibility determined by JCP.

The programme has a number of distinctive features:

- It combines both specialist employment and health support, delivered by health care professionals – with funding set to allow for small caseloads, specialist employment advisers and in-house health support
- The close involvement of Central London Boroughs is intended to allow for co-ordination and integration of CLW support with wider local services – including skills, welfare, social services and local employability support
- It is an entirely voluntary programme – with no mandatory referrals to participate in the programme or any aspects of support, and no sanctions for non-participation
- It has a ‘payment by results’ model that supports the achievement both of non-employment outcomes and of earnings progression
- Like the national Work and Health Programme, it is being operated as a randomised control trial – with participants randomly allocated either to the CLW intervention or to a ‘business as usual’ control group, so that the impacts of the programme can be rigorously evaluated

Delivery of the programme is being led by Ingeus Limited, working with a supply chain of subcontracted providers. At its commissioning, it was anticipated that up to 21,000 residents would be supported through the programme – with participants supported for up to 15 months out of work and up to a further six months when in work. Following the

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

Covid-19 pandemic, a number of changes have been made to the programme in order to ensure that support remained tailored to the needs of residents. This has included a greater focus on crisis-related support (for example around budgeting and finances, emergency food, deliveries and social contact); increased access to mental health provision; support with computer equipment and online access; access to home-based learning and support; and a reduction in caseload sizes for advisers. This has been enabled in part by an additional £2 million funding via the in-programme Community Investment Fund, and a temporary switch in the funding model (until May 2021) so that 80% is paid on delivery and 20% paid for outcomes.

1.2 This research report

This is an independent evaluation of the CLW programme, commissioned by CLF both to complement the national and wider London evaluations and to provide insights on the design, implementation and effectiveness of the programme. More detail on the overall evaluation design and objectives is set out in the first process evaluation report, which had findings from direct observations of delivery and interviews during the first year of delivery.

This second report presents findings from qualitative research with programme participants and with those delivering the CLW service – more detail on each of these is set out below.

1.2.1 Participant interviews

In all, forty-two CLW participants were interviewed for this stage of research. Interviewees were asked about all aspects of their experiences of the programme, from how they initially heard about it through the support that they received and its impacts on their health, employment and wider wellbeing.

Participants were selected for interview from among the second 'cohort' of participants to take part in a wider participant survey between July and September 2020 (the findings from this survey are reported on separately). Inevitably, given this timing, the findings from the research were heavily influenced by the impacts of the pandemic on the delivery of services and on individuals' employment prospects, health and wider wellbeing.

Participants were split between the three client groups for CLW as follows:

- 32 participants were from the Health and Disability group (those referred due to a long-term health condition or disability);
- 4 were from the Long-Term Unemployed group – referred after 24 months of claiming unemployment-related benefits (either Jobseeker's Allowance or in the Searching for Work group of Universal Credit); and
- 6 were from the Early Access group (those with significant barriers to work, such as carers, ex-offenders, homeless people and those with English language needs).

These proportions are broadly in line with those for the programme as a whole. Participants were evenly split between women and men, with interviews achieved with people from a wide range of ethnic groups and a breadth of ages. Participants lived across ten of the 12 CLW boroughs, although no interviews were achieved with participants from the Royal Borough of Kensington and Chelsea or from the City of London.

Importantly, while the large majority of participants had been referred due to a health condition or disability, only a minority of those interviewed reported that their health condition or impairment was significant enough to stop them from finding and keeping work – with in all seventeen participants self-identifying in this way (eleven from the Health and Disability Group, two from the Long-Term Unemployed group and four from the Early Entrant group).

All but one of the participants were being primarily supported by Ingeus, rather than one of their supply chain partners. Just over half (23) had signed-up to CLW before March 2020, while the remainder (19) had signed up since the Covid-19 pandemic had begun.

1.2.2 Staff interviews and workshops

In-depth interviews were conducted with nine staff involved in direct delivery of CLW – six 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.

Eight staff from six local authorities were also interviewed, in a range of roles including Heads of Department, Principal Officers and Partnership Managers. The majority of staff did not deal with the delivery of CLW and so were often unable to talk about direct operational matters. Interviews focused in particular on views on the programme's effectiveness and delivery, and on partnership working.

In addition to this, four workshops were conducted during July and August, with a combination of CLW delivery staff and local authority partners. In all there were eighteen workshop participants, with eight boroughs represented alongside six Ingeus staff and two sub-contractors. These workshops focused on understanding the impacts of the pandemic on CLW delivery, what had been working well so far, and key areas for improvement in future.

Across the workshops and interviews combined, staff were engaged from every borough except City of London, Lewisham and Southwark [check].

1.2.3 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 were limited.

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 7 draws together key conclusions and recommendations.

2 Referrals to Central London Works

This Chapter sets out experiences of initial contact with and referral into CLW. It begins by describing how participants found out about CLW and were referred into it, before then reporting on views on the initial engagement with the programme and diagnostic assessment.

2.1 The initial referral process

2.1.1 Finding out about CLW

Almost all participants interviewed reported that they first became aware of CLW through Jobcentre Plus (JCP). Typically, the programme was directly mentioned by their work coach, but in some cases individuals had noticed information about the programme on display and had then raised it themselves with their coach. Some also mentioned seeing information about CLW through the JCP portal.

Despite post Covid-19 changes to the referral process to allow for greater direct referral from partners, only a small number reported becoming aware of the programme through sources other than JCP. Specifically, one respondent cited being notified by their GP while another reported finding out through a friend. None had been engaged or referred by their local authority.

Interviews with Council staff reiterated that the main referral route had been via JCP, although there were notable examples where referral routes had been joined up with existing Council services such as housing teams, children's centres, school teams and welfare services. In another case, a Council interviewee described how they had sought to increase referrals by using another delivery organisation to try to connect up with local partners. These approaches appeared to have been successful, although numbers overall were relatively low.

Other boroughs however had seen some negative consequences of attempts to increase referrals, with in particular concerns raised that broadening eligibility during the pandemic had led risks of the CLW offer being 'diluted' and of it competing with other local provision. Some staff interviews had a different perspective on this however, noting that many of those referred during the pandemic had been more recently unemployed, were closer to work and so were more motivated to engage with support; and staff generally felt that the CLW offer was unique and would not duplicate other local provision.

Staff members also noted that there had been an effort to increase self-referrals following the first lockdown, through publicising the support in conjunction with local partners and by encouraging existing participants to inform friends and family of the support. However, using 'word-of-mouth' and drop-ins to boost referrals had obviously been undermined by

the impacts of lockdowns and social distancing. Staff also stated that referral forms had been simplified in an attempt to make self-referral easier, although it was reported that this had also led to some unsuitable or ineligible referrals (for example, of people who were still employed but on furlough).

2.1.2 Initial information received by participants

Often, the information provided about the programme before the first appointment was limited, although respondents were often unable to recall specific details about what they received. While a small number reported getting a leaflet explaining the programme, they generally struggled to recall details about the information this contained. Many reported receiving no specific information about the programme, with instead their JCP work coach simply stating that it could help them find work. Several stated that they were unclear on what support would be available and how it could help them, and felt that they could have benefited from further information. Some staff also shared the view that the information during the referral process was insufficient, with one reporting that participants sometimes failed to understand that CLW was being delivered by an external organisation.

Nonetheless, some participants did recall specific information about the programme that they were told during the initial referral process. This was described as being a general description that the programme could help with preparing and applying for work, rather than information about how it could help meet their specific needs (for example around health, disability or skills) Only one specifically mentioned being told about the potential links to employers, with one other participant recalling receiving leaflets related to health and employment. Typically, it was only during the first one-to-one appointment that respondents would receive clearer information that would guide their expectations from the programme.

Several respondents reported that they had been led to believe by JCP that participation on the CLW programme was compulsory, and/ or that they would risk losing benefits if they did not participate (the quantitative survey results similarly find that a significant minority of participants believed that participation was compulsory). Some participants stated that they felt strongly coerced into taking part in the programme and that they felt that it would not benefit them; most commonly because of significant health conditions that they felt meant that they were unable to work.

2.1.3 The operation of the referral process

Although some participants struggled to clearly recall specific details about the mechanics of the initial referral process, most commonly it was reported that it involved a JCP coach setting up a 1:1 appointment with a CLW adviser. Participants that joined prior to lockdown typically reported that this appointment took place at the JCP office, although some reported it as being at an Ingeus site. Most reported a wait of a week or two before the first appointment, and none reported any concerns about this.

The first process evaluation report identified a particular issue around a lack of joining up between JCP and Ingeus in the 'handover' to CLW, and interviews for this round of

research suggested that there had been some improvement in this over the last year. In particular in some cases, it was reported that CLW staff visited the JCP office to provide an overview of the programme and the support it can provide to a group of participants in advance of their initial one-to-one session. This was received favourably, with participants reporting that it encouraged them to take part.

Among those that joined after the first lockdown, a small number reported having longer waits between referral and their first meeting. Others reported expressing interest via the JCP portal and later being contacted by a JCP work coach. This was felt to have worked reasonably well, although participants reported that they were often not aware of when someone would be contacting them.

A common issue raised by Council and delivery staff was around sharing of information during the referral process. Advisers noted that often participants assume that their background information would have been transferred, and could then become frustrated if they then have to relay this information to the adviser. Advisers also stated that they sometimes did not receive important information from referrers regarding participants, including for example if a participant has exhibited violent behaviour. This information should clearly be shared wherever possible in advance of any one-to-one initial meeting.

2.1.4 Initial perceptions and support expectations

Participants commonly talked in a general, non-specific way about the support that they expected to receive from the programme in advance of the first appointment. This was often in relation to the practicalities of job searching – with participants frequently mentioning general help to develop a CV; completing application forms and writing cover letters; signing up to recruitment agencies; conducting job searches and navigating job sites; and general hints and guidance around job hunting. This high level and practical focus appeared to reflect the nature of the information received from JCP at the initial referral stage.

With many receiving limited information about the programme in advance of committing, participants often described their thought process around engagement with the programme as simply something that was ‘worth a go’ as they were keen to find work and felt it might increase the chances of doing so. This general sentiment of simply being open to an initial appointment with a CLW adviser to find out more was often coupled with negative comments about JCP, which encouraged participants to sample what they perceived as a potentially better alternative.

Given that participants were generally only given practical information about jobseeking, it was often these practical issues that participants stated that they wanted help with. So for example, a number of respondents mentioned that they entered the programme hoping to get help with managing job interviews (and for example hoped to get practice and feedback on this). Other topics mentioned, by a smaller number of participants, included wanting to get direct links with employers, to get help understanding why they were struggling to find a job, to attend workshops around relaxation techniques, to get careers advice, and to get help with becoming self-employed. Less commonly, a small number of participants stated that they had hoped to get help with locating appropriate training

courses, and in particular help with improving their IT skills. Only one interviewee stated that they had wanted to access a specific training course that could lead on to a specific job opportunity (in a local bank).

Getting help beyond job search was only very rarely mentioned by participants. A small number of participants reported being made aware of health and disability related support, with one interviewee with Asperger's Syndrome reporting that she was encouraged by the specific support for disabled people and hoped that staff would understand how to communicate information in a way that accounted for her difficulties in processing information quickly. Another interviewee with problems sleeping was specifically interested in a workshop designed to help manage this.

Only one individual mentioned awareness of potential support in relation to wider issues like housing and claiming benefits (and that this was not something that would benefit them personally). However, a member of delivery staff reported that difficulties around housing and benefits were very common, often alongside health concerns. Referrals to external organisations were rarely mentioned, although one individual had been told about 'Suited and Booted' which could provide clothing for an interview.

As noted in section 2.1.2, a minority of participants had felt that they were required to take part in the programme as a condition of their benefits. In these cases, expectations of support tended to be very low – with a view that it would be unable to help them, and/ or that their health conditions or other barriers would prevent them from being able to work.

Finally, it appeared that pre-engagement by Ingeus staff, for example through group sessions, helped with setting expectations and improving initial perceptions of CLW. Those who benefited from those sessions often reported having been encouraged to participate by the personal characteristics of the Ingeus representatives, including an autistic individual who specifically mentioned that the 'charming and friendly' nature of the adviser made them feel very comfortable in signing up.

In general, those who went into the first formal appointment with the clearest idea of the types of support that would be available and that they would be interested in were those who recalled either having received specific literature about the programme or having attended a group session with an Ingeus staff member.

2.2 The first appointment

Participants who had joined CLW prior to the pandemic reported either having their initial one-to-one meeting at a JCP office or an Ingeus site. Those referred following lockdown reporting doing the initial meeting via telephone. While some of these participants stated that they would have preferred the ability to meet in person in order to get to know their adviser, it was accepted that this was not possible due to social distancing requirements. The duration of the initial meeting varied considerably, but most typically this lasted around an hour. However, a small number of individuals referred post-pandemic reported that the initial contact had lasted only a few minutes.

2.2.1 The initial assessment

The first meeting was often described by both participants and delivery staff as ‘introductory’, providing a general overview of the programme and the support offering, and going through the participant’s situation and needs. This was then followed by a more detailed diagnostic assessment. Delivery staff described the diagnostic tool as intended to collect information in four main areas: assessing health needs; assessing employability and skills needs; understanding participants’ aspirations; and finding out about participants’ background including qualifications, work history and barriers to work. Advisers then said that this was used to create an action plan at the next meeting, designed to meet the participants’ needs (explored in more detail in Chapter 3).

All delivery staff considered the diagnostic tool and initial assessment to be comprehensive and effective in obtaining relevant information. Most reported that participants were generally transparent about their circumstances and that the tool identified a wide range of needs, including around skills, job seeking support, money and housing, physical and mental health issues, and family medication or separation. However, some advisers reported that the effectiveness of the diagnostic tool was at the “mercy of participant responses” and that needs were not always disclosed in the first meeting.

Participants also tended to describe the introductory meeting in favourable terms, and often reported that advisers sought to understand their current situation – particularly whether they are actively looking for employment or if they would be ready to do so – and the nature of difficulties and barriers they were facing. Many participants recalled having a discussion around work history and the types of job they would be interested in, sometimes including a discussion of specific job opportunities that they had recently applied for. Some explained the factors to consider regarding job searching, particularly health concerns and how these might limit the scope of appropriate vacancies. Advisers also sought to clarify any caring responsibilities and how this could impact their potential working pattern.

However, some individuals found the process to be quite bureaucratic, running through a list of set questions rather than helping them to plan or set goals. Similar issues were raised in the first process evaluation report, where the length and nature of the questioning during the diagnostic stage had put some participants off.

Criticism of the initial diagnostic was more common among post-lockdown participants, a number of whom reported that the initial meeting did not facilitate a full understanding of their personal situation or the nature of the support on offer. One participant in particular described the adviser as simply “reading off a script” and felt that she did not engage with her specific needs for home working due to vulnerability to Covid-19 (and reported being frustrated that the adviser was steering her towards preparing for supermarket work, which in turn damaged her confidence in the programme).

Since the pandemic, advisers also reported that they had seen an increase in participants who required financial and housing assistance. The pandemic has significantly affected

individuals' ability to pay rent and general living costs, which in turn has resulted in debt issues and increased mental health issues among participants.

2.2.2 Information about the support offer

While assessing the situation in relation to a job search was commonly the main (or exclusive) focus of the initial sessions, many participants reported receiving information about the support on offer through the programme. Participants were particularly likely to recall the availability of support around the practicalities of a job search such as help with CVs, covering letters, application forms, and interview skills; although some could only recall that they were told the programme could 'help to find work' in general terms.

They said they would help put me forward for jobs and help me find a job.

In some cases, participants referred onto the programme prior to lockdown recall being given specific information in relation to group workshops, with one signing up for some of these during that initial session. Others were told that relevant vacancies could be forwarded over to them. While discussion of health requirements was typically in relation to how this could render certain types of jobs unsuitable – for example, how an interviewee with a bad back would not be able to apply for jobs that involved lifting – a small number recall the adviser describing potential support to better manage a condition (or receiving information about health workshops). One participant was advised that the programme could provide professional support for PTSD and depression, and another was informed that the programme's own health professionals could help with addressing health needs.

Although most described the initial session as introductory, some reported receiving practical advice and support, including example CV templates, information on using MoneyWise, links to appropriate job websites including the internal portal, and potential voluntary opportunities. However, external training courses were rarely mentioned.

2.2.3 Support expectations following the initial meeting

Most participants reported that they were clear on the immediate next steps following their initial meeting, including the time of the next appointment and the location or format; and many said that they were aware of the sort of support that they would receive going forward. However, this was often described in quite general and non-specific terms around understanding that they would get help find a job with the practicalities of finding work. A couple of participants reported lacking an understanding of the purpose of the support and what it could help with following the first appointment.

Those who had more specific expectations about the programme after their first meeting talked about a fairly broad range of things including an assessment of their skills and aspirations, reviewing available online courses, CV development, and physically going through job vacancies. A small number stated that they hoped or expected to discuss appropriate career paths and then explore the skills and qualifications that could be beneficial. A few participants hoped to receive help with external training courses and while some were clear on the specific form this would take such as ESOL and IT courses,

others reported this in a more general way – stating that they hoped to discuss this subsequently and explore which available courses could be of benefit. Specific health needs were also mentioned by some participants, with expectations most commonly being that support with these would be provided by internal health workers rather than through external referrals.

For some participants, expectations were very limited – expecting just regular check-in calls to check progress and offer more informal, light-touch advice. These were typically people who felt confident in their own ability to conduct a job search independently and who only wanted CLW support to address practical jobseeking needs.

Few could recall specific details about what was discussed in their second appointment, but where they could, this commonly involved updating a CV or generally catching up on progress and any particular job vacancies. The subsequent appointment typically came a couple of weeks later, but some had to wait longer as this was around the time of the initial COVID-19 lockdown.

2.2.4 Initial views about support offering

The majority of participants reported a generally positive impression of the programme from their initial meeting, although some articulated this in terms of wanting to stick with the programme and see how it went rather than having a clearer idea of what they expected. Some made a specific, favourable comparison to their experience with JCP.

It was more than I ever got at the Job Centre. It was more motivational.

More generally, some specifically made positive comments about their adviser, particularly in relation to their personal character as being friendly, positive, and upbeat. Others felt the adviser did a good job in explaining all of the different things that could be offered as well as the practicalities of subsequent sessions.

They're brilliant! (The adviser) explained everything that she could do for me, what she could help me with, and how many times she would call me.

However, in some cases participants had had bad experiences with their adviser or a negative relationship, which in turn undermined their confidence that the programme could adequately support them. One described their adviser as 'judgemental' and felt her comments could have triggered mental health problems; reporting that she had had to discuss the adviser's comments with her existing therapist. Another described their adviser in pejorative terms and grew frustrated about a lack of understanding of her needs and appropriate vacancies, feeling the adviser failed to adapt subsequent questions based on what she already told her about health conditions.

Some individuals were negative about their initial experience more generally. One was unsure of the process or the support available and felt that signing up was pointless. Another was frustrated because he only wanted to receive some mock interviews but felt the adviser did not understand and pushed him into forms of support that would not be helpful. Another participant felt the adviser failed to understand her desire to leave her current industry and seek alternative career paths.

3 Support received on the programme

This Chapter describes the support delivered through CLW. It begins by exploring the delivery of support by employability advisers and health advisers within the programme, and then reports on access to wider support delivered by referral partners.

3.1 Support delivered within CLW

3.1.1 Employability support

The main form of support described by participants was the personal help delivered by Ingeus advisers during regular one-to-one sessions. The following section sets out in more detail the nature of the contact with advisers, the quality of the relationship and the forms of support received.

Contact with advisers

Before the pandemic, participants reported that adviser support was typically delivered through weekly, hour-long meetings at Ingeus offices. Participants told us that these were accessible locations, but that meetings often took place in open plan offices that did not afford sufficient privacy for discussing personal issues. This finding was also reported in previous waves of research.

A positive finding was that in most cases, participants reported that they had seen one adviser consistently, rather than changing advisers. This meant that participants felt able to form a relationship with their adviser and receive consistent support from someone who understood their situation and needs.

"[Having one consistent adviser] is very important or else you have to start at the beginning all the time. This is what it was like at the job centre, and [it is] so frustrating".

Participant 271

Where participants did report having seen more than one adviser, this was typically because an adviser had left Ingeus, they thought that they had had too many other cases, or they thought that they had been furloughed at that time. In many cases the handover to a new adviser had therefore not been smooth, with the new adviser not knowing their backgrounds and sometimes being new to CLW, which had in turn disrupted the support that they received. In some cases, participants were not aware of the change until they were called by a new adviser. Long gaps in support were also more common for participants who reported having had more than one adviser.

When asked about experiences of visiting delivery sites pre-lockdown, a few participants raised concerns. As had also been found during the first wave of the evaluation, some participants felt very uncomfortable talking openly about difficult and sensitive topics in an open plan office environment with other caseworkers and participants in close proximity. In particular, those with health issues and those with a tendency to become upset talking about their problems were often uneasy about this, and this appeared to be a problem across various sites. Two individuals insisted that their contact with advisers was conducted over the telephone instead, to avoid this problem. Another individual reported feeling unsafe and uncomfortable in the main Ingeus office.

The impacts of the pandemic on adviser contact

During the pandemic, support from employability advisers was delivered by telephone. Participants reported that this worked fairly well, but that it was harder to build relationships with advisers in this way and that face-to-face contact would have been preferred. This was particularly the case for those who *started* receiving support during the pandemic. Meetings during the pandemic were reported as being shorter, often lasting around fifteen minutes, and happening less regularly than face-to-face meetings. These check-ins tended to focus on providing social support and maintaining engagement, but some participants reported experiencing long gaps between sessions. In some cases, contact dropped off as lockdown went on as there was not much to discuss with their adviser.

Staff interviewees had mixed views on the switch to remote working. Some advisers noted the difficulties in contacting and communicating regularly with clients for a range of issues including ‘telephone fatigue’ among participants, a lack of access to computers or the internet for online delivery (and difficulties in explaining remotely how to use IT software to stay in touch), and participants becoming withdrawn and reluctant to remain in consistent contact. Staff also reported that the switch to remote support had meant that clients were missing out on the social aspects of face-to-face contact and group work.

For other staff however, remote delivery had led to some positive impacts – with in particular some participants with anxiety being happier to receive remote contact, especially given the impacts of the pandemic on their health; while some staff also perceived that engagement had been greater during remote delivery. Some participants also reported that remote delivery had been positive in that they were more able to stay in contact with their adviser between sessions, including by email, for example to discuss job applications or receive new vacancies.

Relationships with advisers

As noted in Chapter 2, most participants reported having had a very positive relationship with their adviser. This was also a key finding in the first wave of research. Advisers were typically described as friendly, encouraging, approachable and trustworthy, with a good understanding of participants’ needs and skills. Advisers often provided support beyond employability skills, which in lockdown included things like doing home deliveries of face masks. Participants stated that they liked having someone who was assisting with their job search while also checking in on their mental and physical wellbeing, and who

took this into account when agreeing any subsequent actions. A few participants contrasted this with the approach of work coaches at JCP, who they reported did not offer this level of personalisation or understanding in appointments.

"She's good. She's tried to move me forward and keep me focussed."

Participant 171

"I feel like I can speak to him like a friend."

Participant 41

"She listens to me, she understands me... She is very motivating and helpful with job applications."

Participant 25

However, participants who initially accessed the support prior to Covid-19 tended to have a better relationship with their adviser than those who accessed the support during the pandemic. As noted above, participants who joined during the pandemic found it hard to build a relationship with advisers over the phone and felt that their advisers did not know how to support them during the pandemic. In a few cases, it was felt that advisers lacked understanding of their needs, suggested inappropriate jobs and asked repetitive questions.

"It's [the relationship] probably ok, there's not a lot to talk about. But it would have been nice to have had some more information and a warmer welcome, maybe a follow up email or text to say, 'welcome to the programme, here are my contact details if you need to get in touch'."

Participant 172

Participants with more than one adviser also tended to report having less positive relationships.

Support received from advisers

All participants had had regular meetings with advisers, although of varying frequency as set out above. For those who had received substantive support over and above the check-in and catching up in meetings, the most common forms of support reported were help with job applications and job searches; and advice on careers and on skills. More detail on these forms of support are set out below.

Help with applying for jobs

Advisers provided advice on writing or updating CVs, including sending examples, giving feedback and using software to analyse CVs for key words. Advisers also provided tips and feedback for writing job applications and covering letters. When participants secured an interview, advisers would help them to prepare by providing tips around interview technique and holding mock interviews, which was particularly helpful for participants who lacked interview experience.

Discussion of career and job goals

Advisers discussed career goals and job aspirations with participants. Participants' existing goals informed the nature of this support and advisers also helped participants to identify new avenues that they had not considered. These discussions were often reported as taking account of participants' health needs, skills, and other responsibilities. Advisers discussed the steps needed to reach these career goals, such as gaining qualifications, and how CLW could help participants to address any barriers to meeting their aspirations.

Help with looking for jobs or pursuing self-employment

Advisers directly helped participants to look for work. This typically involved sending relevant vacancies to participants and supporting participants to look for vacancies online. Participants who reported carrying out job searches independently were typically those who were more confident and regularly searching for jobs prior to accessing the support. A small number of participants were considering self-employment, although in some cases they reported being discouraged from taking this route by their advisers. Others were supported onto relevant training courses and continued to receive job search support while pursuing self-employment.

Discussion of skills

Advisers talked to participants about their skills, in order to help identify suitable jobs and improve the confidence of long-term unemployed participants. This considered their qualification and experience, and advisers also found skills that participants were not aware of such as soft skills gained at university or skills related to caring responsibilities. Advisers would also identify skill gaps, such as IT, and help participants to access relevant training courses.

There were a number of other forms of support that advisers were expected to have been delivering, as set out below. These were less common, with most participants reporting that they had not received this help from their adviser.

Work on action plans

Staff interviews described how action plans are established after the introductory and diagnostic meeting(s) with participants. Advisers would use the information gathered about client needs, skills and aspirations to inform the action plan and then set weekly or bi-weekly progression-based goals for clients. These were then formally reviewed every three months, with regular checking of progress on previous actions and agreement of new ones in between these reviews.

However when asked about action plans, most participants interviewed reported that they were not aware of the development of a formal action plan. This is concerning, and was also flagged as an issue in the first process evaluation report, where there was no clear use of action plans during observations or clear organising model for how support and services were progressing people towards employment. These second wave interviews

again suggested that either this part of the process is not understood by participants as being an action plan for their involvement in the programme, or that in practice action plan reviews were not happening as consistently as intended. Low awareness of action plans was particularly the case among those referred onto the programme post-lockdown.

Where participants did recall having an action plan, they were often not clear on what it mean in practice. Participants who knew about their action plan described drawing this up early in the support, and that it included dates of one-to-one meetings, workshops, and regular review points. Some of these participants said that they had not revisited their action plan since; although some others stated that they had updated their action plan throughout the support.

Jobs brokerage

Job brokerage was very limited and not offered to most participants. In a few cases advisers secured work placements or job interviews for participants, and one interviewee reported having gained employment with a care agency that was brokered by her adviser.

Advice and support on health management or discussing health with employers

Because support for health was delivered by separate health advisers and in workshops, participants reported that their health condition was not usually discussed with their main adviser. Those participants that did report having discussed their health condition had done so early in the support, with this then informing their advisers' understanding of their needs and job aspirations. It was reported however that employability advisers would ask informally about participants' health and wellbeing.

Financial and benefits advice or support

No participants reported discussing the impact of entering employment on their benefits and finances, although some had asked for advice around finances and benefits from their advisers and were signposted to more appropriate forms of support such the Citizens Advice Bureau (CAB).

In-work support

Most participants interviewed were out of work, and so evidence of in-work support was limited. The few participants who were in work told us that they had had regular check in calls with their adviser, and one was being supported to find more suitable employment. Delivery staff also reported being able to refer to an in-work support team for individuals who had entered employment, with the team being able to provide one-to-one support on staying in work, as well as employer-facing support for job adaptations or workplace adjustments.

Finally, it should be noted that several participants reported not having received any substantive support beyond check-in meetings. In some cases, this was because participants needed to address a specific barrier to employment such as the impact of a health condition or skills gaps before engaging with employability support. However, the

pandemic was also a key determinant – with those who first accessed the support during the pandemic being less likely to have received meaningful employability support than those who were on CLW earlier. Some participants were told they would not receive any employability support due to a lack of employment opportunities during lockdown; while others were waiting to complete an external training course or attend an Ingeus workshop, which were also disrupted by the pandemic.

3.1.2 Health support

A key element of the CLW programme is specialist support with managing health conditions and disabilities, delivered within the programme, through specialist health advisers. Interviews and workshops with delivery staff emphasised the importance of these teams, and described the delivery of workshops across a range of areas including mental health, physiotherapy, pain management, motivation, and sleep and routine building.

Among participants, those that recalled having received health support had done so primarily through Ingeus health advisers in one-to-one sessions after a referral from their employability adviser. Issues addressed included weight loss, diabetes, headaches, anxiety, depression and post-traumatic stress. Health advisers discussed participants' issues and put in place action plans such as diet plans or plans for managing headaches or stress. Where needed, health advisers would refer participants to external healthcare professionals, such as psychological therapists, to provide further support. Advisers also recommended relevant internal workshops relating to health and wellbeing.

Unfortunately however, experiences of specialist health support among those interviewed in this wave of research were fairly limited, which likely reflected the impacts of the pandemic on face-to-face delivery. Most of the participants who did receive support had been working with CLW prior to the pandemic, and where health support had continued some participants told us that this had moved to check-ins over the phone which focused on maintaining engagement. Others reported that planned health workshops were cancelled during lockdown.

A number of participants reported not having been offered any health support, despite health issues acting as a barrier to engaging with the employability support; while others reported being offered workshops that were not relevant to their health conditions or needs. Some participants, however, reported that they were already managing their health condition or disability with external support and so did not need support via CLW.

Health support appeared to work best where advisers had relevant expertise. For example, one participant with diabetes reported that their adviser had a background as a nutritionist and was able to provide support around their diet. However, support from health advisers was not always suitable for participants, with particular issues raised by those with mental ill health where it appeared that the support on offer may have had a negative impact on the wellbeing of some participants.

Case study – health support for participants with severe mental health issues

- One participant reported experiencing severe anxiety, depression and post-traumatic stress after experiencing bullying and harassment at her previous workplace. This was a major barrier to engaging with CLW employment support as thinking about re-entering employment triggered her post-traumatic stress.
- The participant's CLW health adviser encouraged her to seek help from her GP, where she was offered cognitive behavioural therapy (CBT). She initially did not take them up on the offer as she had previously had a 12-week CBT course. However during lockdown, her mental health declined and she asked to receive CBT but was put on a long waiting list.
- Alongside this, the individual's CLW health adviser also signposted her to online self-help resources. The participant struggled to engage with these as she was experiencing suicidal thoughts and finding it hard to motivate herself to use these resources.
- Her CLW adviser typically called her once every few weeks to check in. However, these calls were short, usually around 15 minutes, and the participant felt that they were a 'box ticking' exercise rather than offering meaningful support.
- The participant also reported that she has had to disclose her mental health issues several times throughout the process, which was distressing.
- Overall, the experience had negatively impacted the individual's mental health and wellbeing. She had placed a lot of hope in the programme, as she was told it would help her manage her mental health issues and look for work; however she felt that her advisers were not able to do this, which left her feeling hopeless.

Ingeus also delivered health workshops which were open to all participants, including those who were not referred to an internal health adviser. For many participants, this was the only form of health support delivered. Workshops were delivered in group and one-to-one formats, and covered topics including depression, sleep, managing long term conditions, speaking to employers about a health condition and practical wellbeing classes such as yoga and relaxation techniques.

Participants found these workshops informative and useful, for example group discussions about mental health allowed participants to share experiences and coping methods. Workshops appeared to be most effective when joined up with internal and external health support, but for many participants they were the only form of health support that was delivered. Once again, this limited join-up with more specialist health provision appeared to be a particular problem during the pandemic.

Case study – Workshop: Discussing health conditions with an employer

- One participant told us about her positive experience of health-based workshops. She was a recent graduate with Asperger's Syndrome.
- Alongside her employability support, this participant attended a group workshop on disclosing her disability to employers. At the workshop she was given information about why disclosing a disability is important, and how to do so at interview and in a job application. The workshop included practical examples and a role play exercise.

- The participant put these skills into practice at a work experience placement in a high street shop arranged by her CLW employability adviser. At her interview, she told the employer about her disability and asked for support including that tasks are broken down into component parts and that instructions are given clearly. She was also given a dedicated helper for her first few shifts.
- This placement was very successful, in that she gained work experience and improved her confidence in speaking to members of the public. Ordinarily this may have led to paid employment, but unfortunately the employer had to close due to Covid-19. The participant stated that the employer had said that they would consider her for future positions.

3.1.3 Other support delivered within the programme

Some delivery providers interviewed and in workshops reported that they could also refer internally to housing, debt and wider employability support, although as noted earlier very few participants interviewed in this wave reported having received other support and awareness of what help may have been available was generally low. Those participants who had joined CLW during the pandemic were the most likely not to have received additional support, so clearly part of the reason for this was the disruption caused by the pandemic.

Where participants did report having received other support within the programme (rather than delivered externally) this was most commonly employability workshops delivered by Ingeus. These covered topics such as basic IT skills, job interviews, job applications and confidence building. Some workshops such as confidence building were delivered one-to-one while others were delivered to groups. Employability workshops were initially put on hold during lockdown and later moved to online delivery. This disruption had a negative impact on participants by stalling the momentum of their development.

Case study – Group employability workshops

- The participant, who is long-term unemployed, attended a short course of employability workshops focusing on job applications. These were delivered to groups, and participants were given practical tips for completing job applications such as keeping CVs and covering letters to one page and using recent examples of skills and work experience.
- In one session the adviser presented the group with a list of job vacancies that they could apply their new skills with. The group decided to work together to put in applications during the workshop.
- The participant felt that the workshops had been useful for them, but queried whether it had worked to have mixed groups at the session. They observed in particular that none of the participants with health conditions or impairments had attended at the first session, meaning the later sessions were only attended by those who were in the ‘long term unemployed’ client group. (This issue about mixed groups affecting the delivery of workshops was also identified as an area for improvement in the first process evaluation report.)

CLW also offered participants additional support for overcoming material barriers to employment, particularly during the pandemic as a result of the additional Community Investment Funding. Some participants were given laptops and headsets during lockdown to enable them to access support and continue applying for jobs, although there was a

delay in doing this due to demand initially exceeding supply. CLW also provided participants with support including clothes for job interviews, essential household items including washing machines, help with passport applications, DBS certificates and construction site certification.

3.2 Support delivered by referral partners

3.2.1 Forms of support accessed

Most delivery staff interviewed and in workshops talked about using partner databases to access external support, with examples given of working with organisations to provide work placements (Remploy); online training (GoTrain); accredited training (Lewisham, City and South Thames colleges); mental health (Mind); housing and debt advice (National Debt Line, Crisis and Council teams); food packages; and bereavement counselling (Pure Insights). It was often reported that their existing contacts and databases meant that services could be referred to more quickly than would otherwise have been the case.

However, most participants interviewed were not receiving support from referral partners, and most had not discussed the possibility of accessing with their adviser. Some of those interviewed were not concerned about this, as they felt that they did not need extra support; while the small number of participants who did receive external support were primarily accessing health support from the NHS or had been referred to external training providers by Ingeus.

Again, this relative absence of referral support may have reflected the impacts of the pandemic on delivery, although some advisers actually reported that partnership working had improved during the crisis as there was more provision now available. It should also be noted that there was also very limited observed use of referral partners in the first wave of research and this was highlighted in the first process report as an area that should be focused on for improvement.

External support for health and wellbeing

Some of those who were receiving health support had been doing so prior to their referral to CLW, most commonly for long-term health conditions. Others however had been referred to NHS services by their Ingeus health adviser. This included some examples of referrals to physiotherapy or to psychological therapy. One participant reported having received six weeks of external counselling for psychological issues relating to work, and another was having regular sessions to help cope with memory loss and anxiety following an accident. During lockdown this support was being delivered over the telephone.

Education and training

Employability advisers referred some participants to training from external partners, including local authorities and local training providers. This training aimed to address skills gaps which acted as a barrier to finding suitable employment. Those participants that had accessed training reported that their advisers were instrumental in helping them to do this

and in many cases had arranged it for them. Almost all of those who had accessed training had done so prior to the first lockdown, although one interviewee reported having taken up training courses provided by their Council during lockdown. Participants described having accessed training courses in the following:

- Computer programming
- Business studies
- Business administration
- Project management
- Customer service
- Employability skills
- Retail skills
- Health and safety, hazards and first aid
- Construction and manufacturing

These ranged in length from short one day sessions to more intensive courses lasting up to six months. Some participants gained level one or two qualifications, or certificates. A few participants also received support to re-enter full-time education, including higher education and apprenticeships.

Participants had mixed views on the value of these courses. Many reported that training was helpful as it provided them with new skills or qualifications that make them more employable, and helped to fill a gap in their CV. Some reported that it gave them skills that were directly marketable to employers, and for some of those who had gone on to secure work it was seen as the most important factor in helping them to do so. Those who were yet to start their training were also optimistic about the potential value of these courses, highlighting that in the case of IT training it would provide them with skills that are commonly requested in job adverts, thereby enhancing their chances of finding work.

A few participants were less positive, however. This was often related to participants prior level of experience and perceived skill set. For instance, on completing the course, some noted that they did not feel it had covered any new content that they were not already familiar with. As such, these participants did not feel the training had made a positive contribution towards their chances of finding employment.

Other forms of external support

Many participants had complex needs and faced barriers to employment beyond health and employability skills. A small number reported having been referred to external support for addressing these barriers, including to Council services and local charities for housing issues such as disrepair in rental accommodation or insecure housing; to foodbanks; or to charities that could provide clothes for job interviews. Some also stated that they had been supported by the Council or by Citizens Advice prior to joining CLW, in order to address issues with housing, taxes, and legal advice.

3.2.2 Integration of support

Participants had mixed experiences in terms of the integration of internal and external support. For the most part, health services delivered by the NHS appeared to be well integrated with health support delivered by Ingeus, as these services complemented each other without duplication. There were also good examples given of effective communications between the NHS and Ingeus advisers. Similarly, external training also appeared to be well integrated with internal employability support. Typically, employability advisers arranged the training and then checked in on participants' progress during their regular one-to-one meetings.

However, in other cases there appeared to be a lack of integration of services. Some participants reported receiving support for health issues from several providers and being unclear about whether the services that they were in contact with were from Ingeus or external partners. Participants also sometimes had to explain their situation to numerous individuals and organisations as information was not passed on during referral, which was particularly difficult for those seeking support for mental health issues. At the same time however, a few participants who had been referred to the NHS felt there was no need for integration between these services and CLW – seeing them as services delivering health rather than employment-related support.

Experiences of partnership working among delivery staff and boroughs were also varied. Some staff noted no issues with signposting or referrals and considered responses to be swift. Others, however, have faced slow communications. Borough staff had very mixed views, with some achieving high levels of integration and co-location, but others feeling that the programme did not fit well locally, and that signposting via local directories of services was not the same as integration of support (this is covered in more detail in Chapter 5 below).

One delivery staff member also noted particular issues around funding rules, meaning that where partners could not 'claim' for a job outcome for CLW participants then this could lead to them being unable to refer in to that support.

3.3 Barriers to accessing support

Most participants reported that the support offered by CLW and external providers was accessible and that they did not encounter any barriers to engaging with the programme. Some participants said that they had struggled to access support for employability, training and health issues in the past, and that CLW had been the first form of support that they had received beyond JCP. In this sense, CLW had been able to help participants overcome barriers to accessing external forms of support.

The Covid-19 pandemic, however, introduced barriers for some participants. Those who were referred to CLW in March faced disruption while Ingeus worked out how to deliver the support remotely. Some elements of the support including employability and health workshops were also disrupted or cancelled due to the move to remote delivery.

“Just when I was getting somewhere everything locked down!”

Participant 9

A lack of access to IT equipment and skills also acted as a barrier to engaging in support during the pandemic, for some participants. For the most part however the move to remote delivery was not a barrier to accessing support, and some participants reported having received IT equipment from Ingeus in order to continue to participate in the programme.

For a few participants, their health issues had made it hard to engage with the support on offer. For example some of those with mental health issues reported that they had struggled to complete actions such as identifying and applying for training courses; while another participant stated that their lack of a formal diagnosis for dyslexia had made it harder for them to access external support. Some participants were also facing personal circumstances that made it difficult to access the support including issues around housing and in one case having a criminal record.

4 Outcomes from CLW participation

This chapter details the reported outcomes that were achieved as part of the CLW programme. Specifically, it sets out:

- The actions participants took as a direct result of CLW support;
- How the support and approach of their adviser affected their skills, confidence, and motivation in their job search;
- Impacts on health management as a result of CLW health support; and
- On-going challenges that participants faced in finding employment.

Relatively few of those participants interviewed had found employment while on the programme, and it was clear from participant and staff interviews that the pandemic had significantly disrupted their ability to find work and staff ability to engage employers, particularly in hospitality which had been a key sector pre-crisis.

Nonetheless there were good examples given in staff interviews in particular of participants achieving employment outcomes, particularly in jobs that were in demand during the pandemic – like in cleaning, warehousing and care; but also in retail work. Staff considered that part of the reason for this was due to post-crisis referrals often being closer to work and more motivated to get back into work quickly.

4.1 Actions undertaken as a result of support from CLW

Participants were asked to describe the actions they had undertaken based on the support they had received from CLW, and how useful this was to their health and wellbeing and search for employment. Several participants commented that they had not made any progress towards employment at the time of the research. This was mainly attributed to the impact of the Covid-19 pandemic on the nature of the support delivered and the type of activities they were able to undertake during this period, which were both constrained by the need to stay home and limit contact with others.

Where participants were able to cite actions that they had undertaken as a direct result of the support received from CLW this focussed on: changes in their job-search skills; applying for a broader range of job opportunities than they were previously aware of; and undertaking a work placement or work trial. Each of these experiences is described in more detail below.

4.1.1 Changes in job search skills

Several participants noted that they had refined their job search skills as a result of the support and advice they received from their CLW adviser, and that they had then put this into practice. In several cases where participants had subsequently found work, they commented that they felt this change in approach had helped them to get those jobs. Examples of the changes made included:

- Altering the structure of their CV after receiving exemplars from their adviser and including appropriate 'buzzwords' in response to specific job adverts;
- Modifying how they set out cover letters after their adviser recommend keeping the contents to one page and substantiating the points made with recent examples from their work and life histories; and
- Identifying common questions they may be asked in an interview scenario and rehearsing their responses.

A few participants did note however that they already felt confident in their job search skills and therefore had not changed their approach based on the support of their adviser.

4.1.2 Better awareness of potential job opportunities

Some participants commented that due to the support they had received from CLW they were now applying for a broader range of job opportunities than they had previously. In some cases, these actions stemmed from a better awareness of relevant job portals that they could use to find vacancies. In others, participants were directly signposted to potential opportunities by their adviser, who would regularly email them vacancies that might be suitable to their skill sets and work history. Participants could also attribute these changes in behaviour to having explored new avenues of work with their adviser, which gave them a broader conception of what vacancies they could apply for. Participants were generally positive about these changes, as it was seen to have increased their chances of finding suitable employment.

4.1.3 Access to work placements or job trials

A few participants noted that they had been able to access work experience placements or job trials through their CLW adviser. In all cases, these had taken place prior to the start of the Covid-19 pandemic. The examples put forward by participants included a three week work experience placement in retail as well as a job trial in an office-based role for a care company. Staff interviews emphasised however that work experience opportunities had dropped off significantly during the pandemic.

Participants again had mixed views on the value of these experiences. One interviewee noted that the work placement had improved her skills and confidence, and added further experience to her CV. As part of the work experience she was also supported by CLW to disclose her disability with the employer and to secure reasonable adjustments. The employer was so pleased with her performance that they fed back that they wanted to hire her following the completion of the placement. However, the participant reported that the

retail business was then affected by the Covid-19 pandemic and so had to withdraw the offer.

Another participant has a less positive experience in an office-based role. They had suffered a head injury that had caused them to leave their previous role and now had frequent headaches. The job trial they undertook involved looking at a computer screen for long periods, which they complained made their headaches worse. The interviewee reflected that it was useful to know which type of work they could and could not do given their condition, but that the experience had not been valuable beyond that.

4.2 Changes in skills, confidence, and motivation

As noted above, some participants reported improvements in their confidence to find work after undertaking actions agreed with their CLW adviser, such as restructuring their CV, attending training courses or undertaking work experience (pre Covid-19). Seeing the material gains of these actions – such as having a more attractive CV, acquiring in-demand skills (such as computer programming) or noting changes in how comfortable they felt interacting with others – led participants to feel more self-assured in terms of what they can offer potential employers.

Several participants also noted that the approach of their CLW adviser as part of their regular catch-ups had helped to boost their confidence and keep them motivated in their job search. The regularity of catch-ups also kept a number of participants motivated to continue looking for work in the intervening period, both because of the friendly encouragement from their adviser and in order to have something to discuss at their next appointment.

Those participants who had accessed specific skills support also often talked about the positive impacts of this on their employability and confidence in looking for work, and staff interviews also noted this. A number of staff also made the point that skills acquisition was particularly important during the pandemic, as there was the time to invest in skills development and it would be well perceived by an employer.

Some participants, however, stated that they did not feel that they had made any gains in terms of their skills, self-confidence and motivation to keep going in their job search. A few felt they had not made any progress as they had only been receiving support for a short period. However, several of those who had been receiving support for a number of months commented that they had not made progress either because of the ongoing challenges they face to finding work and/ or because of the lack of suitable support offered via the CLW programme. Both issues are set out in more detail below.

In spite of these difficulties, a few participants stated that having regular contact with a CLW adviser had helped them to feel more positive in terms of their mental health and that it was reassuring to be in contact with someone who was understanding and was 'on their side'.

4.1 Impacts on health and health management

As noted, several participants had been able to access external health services via their CLW adviser. These services provided assistance with the varying health needs participants presented from to mental health to musculoskeletal conditions. In general, participants found these services useful in finding ways to better manage their condition. For example, this resulted from having a better understanding of how their mental health is negatively triggered by some workplace experiences, as well as what physical exercises can help support participants recovery. Feedback from delivery staff was also very positive about the effectiveness and quality of internal health support, particularly in giving clients greater confidence in managing their health conditions.

Where the support available was seen to be less helpful for participants was in cases where the health intervention was relatively light touch compared to the severity of participants' needs. For instance, one participant recalled being signposted to online resources to help deal with significant mental health problems, which they deemed inadequate given her circumstances (as noted in Chapter 3).

4.2 Ongoing challenges in finding work

As described above, in several cases participants reported positive impacts on motivation and on their perceived ability to find work either as result of the personal approach of their CLW adviser or because of actions undertaken that were enabled by CLW support. However, several participants highlighted ongoing issues that prevented their entry into the labour market. This could relate to one or more factors, including: participants' health and the risks posed by Covid-19; caring responsibilities; the economic impacts of the Covid-19 pandemic; and the need for more work experience and/ or training.

4.2.1 Health conditions

Several participants felt that it was not feasible for them to find work at the time of the research due to their health. A few participants with musculoskeletal conditions were awaiting an operation and had been advised by medical professionals not to work in the intervening period so their health did not deteriorate any further.

More commonly however, participants citing these issues commented that the health risks and behaviour change required by the Covid-19 pandemic had presented a significant barrier to labour market entry. For instance, due to the severity of their condition, some participants were advised to shield and stay at home even after the end of the first nationwide lockdown. As these participants were generally looking for frontline positions in line with their work experience (e.g. in cleaning, retail, health and social care, security, construction), this prevented them from finding employment over this period. Other participants noted that the temporary closure of sports and leisure facilities had affected their rehabilitation plan and the exercises they had agreed to undertake as part of their physiotherapy. This presented a set-back in terms of improving their physical and mental health: a prerequisite for them in being ready and able to enter work.

4.2.2 Caring responsibilities

A few participants noted that they would not be able to find employment due to their current caring responsibilities. Participants stated that the need to look after young children, some of whom had special education needs and disabilities, limited what hours they were available for and therefore what work they could do. Further, some participants with caring responsibilities had become pregnant over the course of the past few months and were expecting another child. This further restricted what employment opportunities they believed were available to them, as they perceived that employers would be reluctant to hire someone who would shortly be taking maternity leave. It should be noted that these challenges did not affect participants' motivation to find employment: in some cases, participants were currently in debt and wanted to find work so that they could pay back this money. However their current caring responsibilities created structural barriers to what employment opportunities were available to them.

4.2.3 Economic impacts of Covid-19

Several participants were not optimistic about their chances of finding employment as a result of the wider economic impacts of the Covid-19 pandemic, including high levels of redundancies and higher unemployment. As a result, participants felt that there were fewer vacancies available and more labour market competition for these roles. Coupled with a lack of confidence in their own employability, with participants citing gaps on their CV and a lack of work experience as challenges to finding work, this left participants pessimistic about their prospects.

4.2.4 The need for more work experience and/ or training

Alongside the above challenge, a few participants commented that they felt they required more work experience and/ or training opportunities to enhance their ability to compete for vacancies in the current economic context. Some participants that were relatively new to the programme were currently discussing with their CLW adviser how they could address these gaps in their skills and experience. However, a few noted that they would not be able to gain any meaningful work experience while the Covid-19 pandemic continued, due to the public health measures workplaces are required to introduce and the low priority for businesses during a period of economic instability to offer work experience opportunities.

4.3 The suitability of and access to support

Several participants felt that the support they had received had only partially addressed their needs or had not met them at all. This was attributed to one of three issues:

- **A lack of communication from CLW advisers:** As noted in Chapter 3, a few participants noted that they had limited and disjointed contact from CLW. This was attributed in some cases to seeing different advisers, while in others it related to a CLW adviser not getting back in touch with participants when they said they would.

This meant that some participants waited several weeks before being (re)contacted, which led to a disrupted experience of the support offer.

- **A need for greater support with job brokerage and job carving:** Some participants commented that they would have liked CLW to have facilitated a greater level of employer engagement in order to broker them into suitable work. This would involve matching them to specific vacancies, contacting employers on their behalf, and providing assistance around the application process, job design and 'job carving' where posts are adapted to support flexible working and/ or meet the needs of those with health conditions or a disability.
- **The need for more tailored support for those with greater previous work experience or qualifications:** A few participants, who had higher qualifications and stronger work experience, stated that they felt the support available was not suitable in helping them move into appropriate work that reflected their skills and experiences. These participants had often had to leave a previous occupation due to ill health and felt confident in their job search skills, but wanted more tailored careers advice, training and job search support in order to move into another occupation.

5 Programme management and resourcing

This Chapter sets out

5.1 Programme management

A key feature of the CLW model has been close partnership working between boroughs and Ingeus. Overall, borough staff considered that at a management level, this had worked well. Staff noted that CLW offered plenty of opportunity for Councils to comment on delivery or raise concerns regarding the support and services provided, with detailed catch-ups between borough level managers and Ingeus every six weeks. This had been aided by having a single point of contact within Ingeus, and their receptiveness to attending networking calls and meetings in order to establish local priorities and improve partnership working. The main criticism raised was that some of this could have been established earlier in the programme, and in particular involving borough staff in CLW meetings.

5.1.1 Local partnership working

Feedback was less positive however on the practicalities and direct delivery of local partnership working. In some cases, boroughs reported that there was in practice no real join-up operationally, often ascribed to a lack of flow-through funding from the programme to enable them to provide local, bespoke support for meeting additional needs. In some of these boroughs there was a view that CLW had been ‘dropped’ into their area and they had then needed to ‘retrofit’ the programme to meet their local needs (with perceived risks of duplication or overlap with pre-existing services).

For others, partnership working has been very effective, and staff have felt positive about Councils being able to provide greater support through CLW. This was often accompanied by co-location of services, particularly in boroughs that had a history of working in this way and of being able to accommodate new provision and programmes. In these cases, staff talked about co-location taking place in offices, libraries, job centres and community centres, and this enabling teams to work alongside partner organisations, share ideas and information. However even in some of these cases, concerns were expressed about often relatively short spaces of time spent by CLW staff in any one location – and that if referrals were not picking up after a couple of weeks, then they would move on to other places. It was suggested that it may have been more effective to have deeper ties into co-located premises in order to build a presence and relationships.

5.2 The impacts of changes due to the pandemic

There was consensus amongst delivery and borough staff that the changes made to the programme due to the pandemic (referenced in Chapter 1) had been welcome and important. It was widely agreed that job outcome performance had deteriorated due to the crisis, and that the shift to a greater focus on social contact, wellbeing and advice and guidance had been positive. Feedback on three specific changes – to the funding, the Community Investment Fund and caseloads – are set out below.

5.2.1 Funding model and resourcing

There was positive feedback from delivery staff on the overall increase in funding during the lockdown period, and on the changes in the Payment by Results model in recognition that employment outcomes were less likely and less of a priority than maintaining contact and supporting residents. These changes were felt to have alleviated pressure on caseworkers to get results, and enabled them to work more flexibly and responsively with participants.

5.2.2 Community Investment Fund

There were starkly different views between advisers and borough staff on the additional funding provided by the Community Investment Fund (CIF). Advisers were very positive about the funding, stating that it had enabled them to provide greater support for clients, to be more flexible in what they fund, to meet specific pandemic-related needs (like household goods and IT/ communications equipment), and to be less reliant on the availability of referral partners to provide support (who were often themselves disrupted).

However, those borough staff who had views on the CIF often reported that the funding was being kept within the main delivery provider and not feeding through into wider support services, which were under greater pressure during the crisis. Some felt that this was very different to how they had been led to believe that the funds would be used at the point that the decisions were made to increase the CIF.

5.2.3 Caseload sizes and adviser resource

There were varied experiences among staff regarding Covid-19 and caseloads. Most delivery staff were aware of Ingeus increasing recruitment in order to prepare for and respond to growing caseloads, but their own experiences had been mixed. Some reported referrals having continually increased due to the pandemic, leading to higher caseload sizes; while for others referrals had reduced and their caseload was smaller or little different in comparison to pre-Covid caseloads.

6 Conclusions and recommendations

This report sets out a range of positive findings on the delivery of CLW during what has been an exceptionally disrupted and challenging time.

Once again, the feedback on the quality and effectiveness of adviser support has been very strong; with positive feedback in particular on practical support to prepare for work, search for work, and maintain confidence and motivation. There have been signs of some improvement in referral processes and engagement, and signs that partnership working between CLW and boroughs has also improved. While services have been significantly disrupted due to the pandemic, those individuals who joined pre-crisis often reported favourably on support with health conditions and group workshops. And during the crisis period, there were still a number of positive findings around additional support to deal with its impacts on health and wellbeing, as well as some good (if limited) examples of participants being able to access skills and training support.

However, this report also identifies a number of concerns and areas for improvement, which can be categorised into four broadly sequential areas as follows.

6.1 Initial marketing of support

A clear finding in Chapter 2 is that potential participants often receive only very limited information about CLW prior to referral and that awareness raising remains patchy. This is a particular concern as CLW is a voluntary programme and so potential participants need the right information on which to make choices on whether to participate. As a result, it appears likely that some of those who may benefit from the programme are not being referred; while some of those who are referred may not be best placed to benefit.

There would be value therefore in Ingeus working more closely with JCP to improve the information given to advisers and shared with potential participants in advance of referral; and (when lockdowns end) to explore the scope to make greater use of awareness raising or recruitment sessions within JCP offices. Alongside this, we would again strongly recommend that action is taken to ensure that potential participants are not given the impression that CLW is a mandatory programme.

Related to this, we also found only limited evidence of non-JCP referrals, and no substantive evidence of direct recruitment by Ingeus. Again, improving marketing and partner outreach – with more active direct recruitment and awareness raising by Ingeus – could be worthwhile.

6.2 Initial engagement and action planning

Findings on initial engagement in the programme were generally positive, but the research continued to raise some concerns around the diagnostic process and use of action plans. Detailed diagnostic assessment has clearly been harder to achieve during the pandemic, but we remain of the view that there is a risk that too much of the initial engagement is focused on information gathering and too little on rapid development of an action plan and support to find work.

We would recommend exploring whether and how some of the diagnostic assessment could be trimmed back or pushed to later meetings; and would recommend looking again at the action planning process to ensure that plans are developed quickly, are purposeful and understood, and are reviewed regularly and constructively.

6.3 Ensuring consistency in one-to-one meetings

Again, feedback on employability adviser support was very positive and so this is primarily around continuous improvement and maximising consistency of support. The main issues raised during research were around the delivery of support remotely, with a number of participants reporting on short, unstructured and un-personalised meetings; and around those participants who saw multiple advisers having worse experiences of support.

There would be value therefore in focusing on ensuring that all staff are trained and equipped in delivering support by phone, which will clearly be a new skill for many advisers but one where there may be scope for staff to learn from each other, share practice and improve. We would also recommend ensuring that there are clear handover records being kept for participants, so that where advisers change they are able to pick up the delivery of support quickly and without duplication or disruption to support.

6.4 Access to wider and more personalised support

Finally, the main area for improvement from this research, as with the first report, was around how well CLW links up with wider services and support. Part of this has been disrupted by the pandemic, and so being able to return to co-located services, group workshops and face-to-face delivery of health support will all help to improve things. However there are also some clear structural issues, in particular around:

- Improving alignment and take-up of core support around skills and health. Relatively few participants reported receiving support on this, which could not be entirely put down to pandemic disruption.
- Access to specific services beyond employability, skills and health. In particular issues around finances, debt, housing, caring and benefits advice were identified in this research and appeared to be significant gaps in local service offers.
- Employer engagement. This was clearly very disrupted by the pandemic, but (re)establishing strong employer links will be key in the recovery period. In particular,

participant research highlighted the importance of this translating into direct job brokerage and 'intermediary' support between the individual participant and the employer – i.e. not just employer account management.

- Funding of wider services. More work is needed on ensuring that services are funded to receive participants from CLW. The increased CIF creates more opportunities for spot purchase of support by CLW, but it was unclear of the extent to which this was happening. Being clearer on the availability of this funding and the circumstances in which it would be used would be welcome, as would wider efforts to ensure that local services have funding to provide appropriate additional support (whether via CLW funds or existing local provision).
- Most importantly, effective integration with local partners. This is clearly working in a small number of boroughs but not in others. More could be done to learn the lessons from where this works well, which appears to comprise effective co-operation at management level, co-ordination in service delivery, sharing of information between referral partners, funding for additional services, and good processes for handovers and monitoring of delivery.