

Evaluation of In-Work Support

Executive Summary

1. Introduction

- 1.1 The In-Work Support (IWS) operation is a Welsh Government and European Social Fund (ESF) funded programme, which began in September 2015. The operation has been allocated £4.4m funding, of which £3.0m is ESF funding and £1.4m is Welsh Government funding. It is delivered by Abertawe Bro Morgannwg University Health Board (ABMU) across three south Wales local authority areas¹, while Rhyl City Strategy (RCS) is responsible for delivery in four north Wales local authority areas².
- 1.2 The operation aims to reduce sickness absenteeism and presenteeism rates in the workplace by supporting absentees (participants who have reached or are expected to reach four weeks of sickness absence) and presentees (participants who are at risk of long-term sickness absence) with rapid access to work-focused physical and/or psychological therapies, with support from a case manager. The operation also supports small and medium sized enterprises (SMEs) to improve workplace health and wellbeing.

2. Research aims

- 2.1 OB3 Research, in conjunction with the Institute for Employment Studies (IES), was commissioned by the Welsh Government to undertake an evaluation of the IWS operation. The aims of the evaluation were to develop a logic model for the operation, to assess the effectiveness of the operation's delivery and to review the perceived impact of intervention upon participants and employers. The evaluation took place between May 2017 and August 2018. The first stages of the evaluation involved the development of a Theory of Change for

¹ Swansea, Neath Port Talbot and Bridgend

² Anglesey, Gwynedd, Conwy and Denbighshire

IWS, set out in the Theory of Change report³. The subsequent stages of the evaluation set out to address the following objectives:

- to assess and compare the implementation of the operation in two areas, for absentee and presentee participants
- to assess and compare the implementation of the operation in two areas, for professionals, employers, GPs and other local stakeholder organisations
- to assess and compare the project management of the operation in two areas
- to assess perceived impact and usefulness of the services provided.

3. Method

3.1 The evaluation involved:

- an inception stage, including attending an inception meeting with the study Steering Group and accessing monitoring data and datasets
- desk based research which included a review of operation level documentation and monitoring data
- preparing research instruments which included semi-structured discussion guides for use with a range of contributors
- accessing anonymised datasets for participants supported by RCS and ABMU and drawing out a representative sample of participants to be approached for interview
- conducting interviews with 15 individuals involved with the management and delivery of IWS at RCS and 10 individuals at ABMU
- conducting qualitative (mostly) telephone interviews with a total of 53 clients
- conducting interviews with a total of 15 employers
- interviewing ten representatives from local stakeholder organisations
- conducting interviews or obtaining written feedback from a total of 12 representatives from General Practitioners (GPs) and medical practices
- synthesising the findings of the fieldwork and desk-based research and preparing a peer-reviewed final evaluation report.

3.2 The evaluation draws upon the views of a very small proportion of clients and, in the case of ABMU clients, the limited number of interviews achieved with supported clients means that it is difficult to identify any wider conclusions from the evidence gathered. Some care is required when interpreting the views of interviewed GPs and local stakeholders given that it

³ Welsh Government (2018) [Evaluation of In-Work Support \(IWS\) Theory of Change](#)

is likely that those who have been most engaged with the operation and attach the greatest value to it have been the most inclined to contribute.

4. Key findings

4.1 The evaluation found that:

- the IWS operation had been appropriately informed by the latest policy and research evidence on best practice about work and health, including the work of Waddell and Burton⁴, and Dame Carol Black⁵, as well as programme delivery evidence, such as Fit for Work and RCS' and ABMU's earlier programmes
- as at May 2018, the operation had far exceeded one of its Welsh European Funding Office (WEFO) funded outputs and results, was slightly underperforming against a second and was severely under-performing against its remaining three indicators. The operation had engaged with a total of 3,410 participants (against an overall programme target of 4,232) but the evaluation found that it would be unrealistic to expect the operation to make up for the shortfall during its remaining three-month funding period
- the operation's significant under-performance in relation to its employer targets was accounted for by the fact that the operation's provision to employers did not meet WEFO's requirements for recording outputs against these targets. The targets set were also, in our opinion, ambitious and unrealistic
- the majority of IWS clients (at 75 per cent) were presentees whilst a minority (at 25 per cent) were absentees, although the split varied considerably by contracted provider. The higher than anticipated proportion of presentees supported was accounted for by the lack of absentee referrals expected from the Fit for Work scheme
- the type of service most commonly accessed varied by contracted provider, with RCS clients more likely to have accessed physiotherapy services whilst ABMU clients were more likely to have accessed emotional health support
- the profile of ABMU and RCS clients were similar in terms of gender and age. RCS had been more successful in engaging self-employed clients and those working in

⁴ Waddell G and Burton KA (2006) Is Work Good for your Health and Well-being and Waddell G and Burton KA (2004) Concepts of Rehabilitation for the Management of Common Health Problems

⁵ Black, C (2008) Working for a Healthier Tomorrow - Dame Carol Black's Review of the Health of Britain's Working Age Population

the private sector. ABMU had succeeded in engaging a higher proportion of disabled clients and clients from Black and Minority Ethnic (BME) backgrounds

- whilst both RCS and ABMU attempted to engage GPs and other healthcare professionals to promote the service to prospective clients, RCS secured the commitment of a greater number of GPs and demonstrated good practice in terms of the ongoing effort to remind GPs about the availability of IWS
- some 70 per cent of RCS clients reported that their health or labour market status had improved at the point of being discharged and just over half of those discharged from the service were known to be in employment six months after leaving. A similar proportion of ABMU clients, at 71 per cent, reported an improvement in their health condition and the greatest positive change was observed across levels of anxiety and depression.

5. Conclusions and Recommendations

- 5.1 The evaluation sets out its conclusions and offers a series of recommendations for the Welsh Government to consider. The evaluation findings were limited by the fact that the research could only draw upon perceived impact findings as offered by clients, providers, GPs and employers making it impossible to come to a firm conclusion about the overall impact of intervention. The lack of any comparator data also limited the extent to which any outcomes reported by clients could be attributed to the IWS operation.
- 5.2 In terms of the approaches adopted by contracted providers it was only possible to draw out the strengths and limitations of the approaches adopted given that other external factors had bearing upon the operation's implementation. The evaluation concluded that:
- the models adopted differed substantially, with one led by a third sector organisation using a core team of non-medical staff and a network of contracted providers whilst the other was delivered by a health board utilising medically trained employees to deliver all aspects of the service
 - the third sector organisation was able to respond flexibly to the needs of the operation and its funders whilst the health board was able to offer a service which has been embedded within NHS processes.
 - both models, in different ways and to different extents, were able to put into place the key levers of change identified within the Theory of Change report as being critical to the successful delivery of the IWS operation. These included a flexible personalised

support service and multiple referral routes into the operation as well as (in the case of RCS) an exceptionally early and rapid access to intervention for clients

- client feedback about the RCS delivered service was exceptionally positive but the limited number of interviews achieved with ABMU clients did not allow the evaluation to come to a firm conclusion about the quality of provision provided by this provider
- it was concerning that nearly half of the ABMU clients approached for interview reported not having been supported by the operation.

5.3 In terms of the impact and usefulness of the support access, the evaluation concluded that:

- the health outcomes reported by clients appeared positive but in the absence of any counter-factual or comparable data it was difficult to offer a firm conclusion
- the operation was perceived to have helped improve the health and wellbeing of both absentees and presentees and was perceived to have positively impacted upon the number of days which an employee took off as sick leave, provided the service was accessed in a timely manner. Several absentees perceived that IWS made a positive difference to their ability to return to work quicker than would otherwise have been possible. Common outcomes identified by presentees included improved productivity, ability to perform tasks which they previously could not undertake and returning to full rather than reduced duties at work
- some interviewed clients did perceive to gain improved financial circumstances as a result of accessing the provision, particularly self-employed clients, and several perceived that they had reduced their need for NHS provision
- the IWS operation has to date only made a limited contribution to the expected employer outcomes due to the fact that intervention has been very light-touch in nature and unlikely to result in these types of expected outcomes.

5.4 The evaluation found that there is often not a clear-cut distinction between the characteristics of absentees and presentees and that their experience of the intervention was the same. A broader definition of an 'absentee' client has been adopted and this was found to be at odds to the underlying rationale that the operation should focus on clients at greatest risk of long term sickness. The evaluation concludes that the separation between absentees and presentees has not been particularly helpful to the operation's delivery.

5.5 The evaluation also found that the need for the IWS operation was mostly fuelled by gaps within the existing service (i.e. a shortfall within the provision available via the NHS service and a lack of employer led occupational health provision). From a client perspective, the

evaluation found that the high level of demand for services from presentees as well as absentees who have only been off work for a short period of time raises questions as to whether the operation has fuelled demand for service amongst those who would have achieved similar outcomes in the absence of intervention.

5.6 The evaluation recommends that:

- the Welsh Government seeks to reduce its employer related WEFO funded targets for the remaining duration of the operation so as to better reflect current achievements
- the Welsh Government liaises with WEFO to ensure that either (a) the operation's provision to employers can be counted as an eligible outcome or (b) that the operation reviews and makes fundamental changes to its provision for employers so that it is considered as eligible activity from WEFO's perspective
- any future intervention delivered by an NHS based organisation puts in place appropriate arrangements to ensure that it can adequately meet the operation's funding requirements, including:
 - (a) ensuring that the initiative is communicated appropriately to prospective clients making it clear who is eligible and ineligible for the service
 - (b) adopting processes to collect the necessary evidence and registration information from prospective clients from the outset
 - (c) adopting quicker processes to meeting client needs e.g. setting in place maximum waiting times for clients to meet with a representative from the operation and thereafter to receive services
 - (d) allocating greater resources from the outset to promote the service to prospective employers (particularly using employer networks and member organisations) and GPs
- should similar future intervention be funded by the Welsh Government, that it be focused on those geographical areas and client groups which face the greatest need and that intervention be better aligned to the underlying rationale for supporting those who are at the four-week absence point
- future intervention should retain elements of good practice such as early intervention, the use of setting time limits for meeting clients and the quick turnaround for therapy support

- future intervention should be adequately resourced from the beginning to allow for the effective promotion to employer groups and GPs
- future intervention should continue to support the needs of employers but do so in a more flexible, co-ordinated manner so that a more consistent offer be made available to employers. This could include the provision of an employer toolkit and individualised advisory support
- any future evaluation of similar intervention sets out to achieve a greater number of client interviews so as to offer a robust sample; considers any survey data available via the ESF Participant Survey commissioned by WEFO for ESF funded operations; considers re-interviewing a small number of contributors to understand the long-term impact of participation, considers developing a participant control group to test whether the perceived changes experienced by participants could be attributed to intervention as well as collaborates with delivery staff to jointly gather feedback from GPs so that the input of a greater number of GPs is secured.

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Bryer, N; Bebb, H; (2019). Evaluation of In-Work Support. Cardiff: Welsh Government, GSR report number 19/2019

Available at: <https://gov.wales/evaluation-work-support-operation-final-report>

Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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