

Institution: University of Sheffield		
Unit of Assessment: C-14 Geography and Environmental Studies		
Title of case study: Transforming health-related employment support across the UK		
Period when the underpinning research was undertaken: 2014 –2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Adam Whitworth	Lecturer in Quantitative Human Geography	2010–present
Period when the claimed impact occurred: 2015–2020		
Is this case study continued from a case study submitted in 2014? N		
<p>1. Summary of the impact (indicative maximum 100 words)</p> <p>For over a decade Whitworth’s research has been at the forefront of analysis of UK employment support policy. Whitworth’s research combines critical and comparative policy analysis with applied empirical analyses of the social and spatial impacts of policy interventions. Reaching beyond the academic community to affect real change in policy is a core component of his research practice. His work has directly influenced and led to significant impacts on priority health-related employment support policies at national, regional, and local levels across the UK:</p> <ul style="list-style-type: none"> • Department for Work and Pensions (DWP) national employment support policy. • World’s largest Individual Placement and Support (IPS) employment trial across the Sheffield City Region. • New cross-cutting governance mechanisms in the nine local authorities of the Sheffield City Region to deliver better integrated employment support. 		
<p>2. Underpinning research (indicative maximum 500 words)</p> <p>Around 75% of unemployed benefit recipients in the UK have health-related barriers to work and most wish to be in employment. However, this large group, despite being a policy priority, has for many decades suffered from markedly weaker outcomes and experiences within the UK’s employment support interventions. In response, Whitworth’s research activities have advanced understanding in:</p> <p>Identification and payment-by-results redesign</p> <p>DWP’s flagship £3 billion contracted-out Work Programme promised to transform employment support experiences and outcomes. Serving 2 million unemployed participants across Great Britain between 2011-19, Work Programme relied on an aggressive and differentiated outcome-based payment model to seek to incentivise providers to support all service users effectively. In practice, Work Programme saw poor targeting, generic support, disappointing outcomes, and evidence of deliberate neglect (‘parking’) of more challenging unemployed participants [R1]. Parking refers to deliberately neglecting to give time, energy, or resources to unemployed claimants with more substantial barriers to work, given that such claimants are considered to be relatively unlikely to move into paid work and/or to require considerable, and usually expensive, employment support to make a move into paid work realistic [R2]. Whitworth’s innovative statistical analyses provided the first and most robust quantitative decimation of Work</p>		

Programme's flawed participant identification process and payment model design as well as alternative evidence-based proposals for each [R2].

Transforming work-health support

Individual Placement and Support (IPS) is an internationally recognised employment support model for service users with severe mental health conditions. It involves IPS employment advisors working to an IPS fidelity scale co-located into secondary mental health teams. IPS is well-evidenced internationally to be effective but is niche in terms of its cohorts, settings, and participant volumes. As such there is enormous policy attention internationally in seeking to modify IPS models and successes to far larger and wider health cohorts across primary care and community settings. The key to success of modified IPS models is to amend the core IPS fidelity scale for these changed cohorts, settings and volumes whilst retaining IPS's evidenced effectiveness. Whitworth's research has led international scholarship, setting out an original analytical framework and critical guidance for the rigorous design of modified IPS models tailored to local contexts [R3] as well as then in their robust cost-benefit analysis to inform policy decision-making [R4].

Devolution and integration

Local integration is key to delivering coordinated whole-person support for unemployed individuals with health conditions and wider multiple needs, a key weakness and strategic priority in UK employment support. Whitworth's research has advanced governance scholarship through his original distinction between its 'positive' and 'negative' forms and zooming in on positively networked accountability as the key but currently neglected route to effective policy integration [R5, R6].

His policy engagement has transformed health-related employment support in the UK in four key areas: design of payment-by-results models; identifying the right individuals for programme participation; transforming work-health employment support interventions; and unpacking the potential of devolution for locally integrated interventions.

3. References to the research (indicative maximum of six references)

- R1.** Rees, J., **Whitworth, A.**, & Carter, E. (2014). Support for All in the UK Work Programme? Differential Payments, Same Old Problem. *Social Policy & Administration*, 48(2), 221–239. <https://doi.org/10.1111/spol.12058>
- R2.** Carter, E. & **Whitworth, A.** (2015). Creaming and Parking in Quasi-Marketised Welfare-to-Work Schemes: Designed Out Of or Designed In to the UK Work Programme? *Journal of Social Policy*, 44(2), 277–296. <https://doi.org/10.1017/s0047279414000841>
- R3.** **Whitworth, A.** (2018). Mainstreaming Effective Employment Support for Individuals with Health Conditions: An Analytical Framework for the Effective Design of Modified Individual Placement and Support (IPS) Models. *Social Policy and Society*, 18(4), 517–533. <https://doi.org/10.1017/s147474641800043x>
- R4.** **Whitworth, A.** (2018). The economic case for well-considered investment in health-related employment support: Costs and savings of alternative modified Individual and Placement Support (IPS) models. *Disability and Health Journal*, 11(4), 568–575. <https://doi.org/10.1016/j.dhjo.2018.02.004>
- R5.** **Whitworth, A.**, & Carter, E. (2017). Rescaling employment support accountability: From negative national neoliberalism to positively integrated city-region ecosystems.

Environment and Planning C: Politics and Space, 36(2), 274–289.

<https://doi.org/10.1177/2399654417708788>

- R6. Whitworth, A and Murphy, R (2018).** Local integration: harnessing the potential for public policy. A report by the University of Sheffield in collaboration with the Mayoral Combined Authorities and Core Cities. Sheffield: University of Sheffield. <https://bit.ly/38xEP2w>

4. Details of the impact (indicative maximum 750 words)

Whitworth's research has transformed policy understanding, and the design and effectiveness of health-related employment support policies in the UK at national and regional levels.

National policy impacts in the UK

Enhancing policymakers' understandings of programme design

Since 2019 the £600 million voluntary Work and Health Programme (WHP) has replaced the Work Programme as Great Britain's main contracted-out national employment support programme. DWP's key performance lever in WHP was a payment-by-results model through which to drive employment outcomes, taxpayer value-for-money and positive service user experiences. From 2015-16, Whitworth was seconded to the DWP and embedded into DWP's two key teams responsible: firstly, for the WHP participant identification and segmentation tool and, secondly, for WHP's payment-by-results model. Whitworth guided the team through the key considerations, led team design workshops, and input to senior submissions. Whitworth's impacts on WHP design were both general and specific. As the DWP Lead Analyst responsible for the WHP payment design summarised: *"Adam's expertise in segmentation and payment-by-results across similar international contracted employment programmes provided an invaluable evidence base and guidance to our thinking"* [S1].

Beyond guiding DWP's overall understanding and thinking in these design teams, Whitworth's impacts were central to shaping three specific elements of the WHP design:

1. Identifying the right unemployed individuals for the programme

The WHP is designed with a specific cohort in mind - unemployed individuals with health conditions or disabilities and who have a reasonable prospect of moving into paid work with additional intensive support. Therefore, it is essential that the correct individuals are identified and referred to the programme. If they are not specific, key features of the WHP, including funding per participant, delivery model, support services, and outcome targets on providers cannot be realised. Whitworth's research expertise in statistical profiling and segmentation [R2] was central to shaping WHP's final design, including the development of WHP's Identification Tool to select appropriate referrals from Jobcentre Plus into WHP. Whitworth provided expertise around profiling and segmentation and various profiling options. In addition, he recommended and advised on the incorporation of knockout questions to exclude referrals clearly outside of the target cohort as well as scoring questions to then prioritise the most appropriate referrals of those remaining. Both were incorporated into Identification Tool used by the DWP. As the Head of Health Provision, Change and Design at DWP summarises: *"His recommendations around priorities and a proposed design approach for the Identification Tool to achieve them was influential in shaping our thinking and impacted directly on its final design and operation in Work and Health Programme"* [S2].

2. Payment-by-results design: avoiding the previous pitfalls from differential pricing

Whitworth's research [R2] identified that incorporating different payment groups and levels into the Work Programme created perverse incentives and 'parking' risks and, as a result, undercut

DWP's outcomes, user experiences, and value-for-money objectives. His findings were key to DWP's decision not to attempt to incorporate these different payment groups and levels into WHP. Whitworth's research [R2] was cited to this effect in DWP's official impact evaluation of Work Programme [S3] and as the central piece of research evidence in the design team's key recommendation to DWP's Senior Programme Board to avoid payment groups and differential pricing in WHP [S4]. This recommendation was accepted and WHP therefore avoids problematic differentiated payment groups. As the DWP Lead Analyst summarises: *"Adam's research into the weaknesses of the Work Programme payment model, and his knowledge of the limits of DWP's administrative data for profiling, was key to our recommendation...and fed directly into shaping the eventual payment-by-results design"* [S1].

3. Introduction of up-front secure fees whilst maintaining outcomes incentives.

Finally, Whitworth's research [R1, R2, R5] was key to persuading DWP that secure up-front service fees of around £600 per customer needed to be included into WHP alongside its outcome-payments, unlike the predecessor Work Programme. This is to both to mitigate 'parking' risks and to help smaller specialist third sector providers to be able to engage with the programme – key weaknesses of Work Programme. Whitworth's contribution directly shaped the eventual payment-by-results design and the decision to use upfront payments [S1].

Regional policy impacts in the UK

1. Evidence-based design of the world's largest IPS trial

From 2016-2018 Whitworth led the design of Sheffield City Region's (SCR) modified IPS health-led employment trial (HLET) during his extended secondment to SCR (£102,000 financed by SCR). With the aim of transforming employment support for individuals with health conditions across the UK, the HLET is a randomised control trial and flagship national policy of the DWP-DH joint Work and Health Unit (WHU). SCR contains around two million residents across nine local authorities spanning South Yorkshire, Derbyshire, and Nottinghamshire.

Individual Placement and Support (IPS) is a well-evidenced employment support model for individuals with severe mental health conditions. The HLET is the world's largest IPS trial (£20m, 15,000 service users) and innovatively modifies the traditional IPS model for new cohorts, settings, functions, and volumes. Specifically, unique IPS features designed into in SCR's HLET by Whitworth are its expansion to a low to moderate mental health and/or physical health cohort, its expansion to an in-work cohort at risk of sickness absence, and its co-location with wider primary care teams (e.g. GPs, physios, IAPT mental health teams) and community services.

Whitworth led protocol development, design, costings, profiling, and evaluation strategy for the HLET. As the HLET Programme Lead at the national WHU describes, Whitworth's research expertise provided *"considerable added value"* in a number of areas. This includes model design, costings, profiling, and local evaluation strategy, but particularly in the central IPS task of *"careful adaptation of the IPS fidelity scale to address the need of our trial cohorts, which differ from the [IPS] norm in terms of key patient characteristics, caseload sizes and delivery settings"* [S5]. As the Director of Public Health in Rotherham, writes: *"Adam's knowledge of international employment schemes for people with health issues and of the IPS fidelity scale and evidence base, and how to flex it, has been essential to guide us through the project winning, design and launch so successfully"* [S6]. Dan Jarvis MP, Mayor of SCR, writes: *"Your excellent modelling and extensive knowledge of employment support programmes will transform the lives of those who are unemployed or in work and struggling within the City Region"* [S7].

The HLET has successfully transformed experiences and outcomes for this key cohort. As of October 2020, the HLET had supported 3,010 service users in total: 1,800 unemployed

individuals of whom 33% had successfully been supported into paid employment and 1,210 employed individuals at risk of sickness absence of whom 76% had successfully sustained their employment [S8]. HLET's 33% success rate compares to a 10% 'business-as-usual' Jobcentre Plus counterfactual for the unemployed cohort where reliable benchmark data are known. For this HLET cohort alone this equates to an expected Treasury gain in reduced benefit spend and increased tax take of £6.3 million over 5 years. Although important, such financial calculations fail however to capture the HLET human impacts. One service user says of her success with the HLET: *"It's a very lonely place when you are out of work. But now that I have a job my whole outlook has changed, and things are on the way up. I'm over the moon with my new role and it's a real pleasure to come to work!"* [S8].

2. Building new regional governance to drive enhanced local integration.

Underpinned by Whitworth's research into the potential for devolution to drive local integration [R5, R6], a second strand of regional impact relates to SCR's development of innovative new cross-cutting governance mechanisms – Local Integration Boards (LIBs). Each of the SCR's nine local authorities use these new governance arrangements to enable effective whole-person employment support. As the Director for Health Improvement in Sheffield, says: *"Adam has presented and shared some of his academic work on these ideas to those of us closely involved, and those concepts and thinking have shaped the development of the local system and policy landscape... As a result SCR and political leaders have signed up to building a set of new governance mechanisms called Local Integration Boards (LIBs) across the nine local authorities in SCR"* [S9]. Over 100,000 SCR residents are currently unemployed and with multiple support needs but failing to receive the coordinated whole-person support that they require. LIBs represent a key strategic change locally in overcoming this current fragmentation of services.

Taken together, the changes to the employment support system, and how that benefits service user experiences and outcomes, are significant. As the Chief Executive of SCR writes, *"Adam's expertise has had major impacts in the city-region's employment landscape whether measured in terms of our substantive shift towards better locally integrated employment programmes that Adam consistently advocated, or in terms of the hard numbers"* [S10].

5. Sources to corroborate the impact (indicative maximum of 10 references)

- S1.** Letter of support from Lead Analyst (Health), Head of Profession for Operational Research, Contracted Employment Provision Directorate, DWP
- S2.** Letter of Support from Head of Health Provision, Design and Change, Contracted Employment Provision Directorate, DWP
- S3.** DWP official Work Programme quantitative impact assessment (<https://bit.ly/3vqt33V>) [accessed 25 Nov 2020]
- S4.** Internal DWP WHP design recommendations paper to Work and Health Programme Senior Programme Board
- S5.** Letter of support from HLET Programme Lead, DWP-DH Work & Health Unit
- S6.** Letter of support from Director of Public Health, Rotherham City Council
- S7.** Letter of support from Dan Jarvis MP, Mayor of Sheffield City Region
- S8.** Performance data from SCR health-led employment trial provided by Employment Lead, Sheffield City Region and Service user testimony of HLET experiences, HLET website, <https://www.syha.co.uk/work/find-good-work/> [accessed 23 Nov 2020]
- S9.** Letter of support from Director for Health Improvement, Sheffield City Council
- S10.** Letter of support from Chief Executive, Sheffield City Region