Department for Work & Pensions

Government Social Research

What enables the effective design, delivery and evaluation of local work and health programmes?

Rapid Evidence Assessment

June 2026

DWP research report no. 1140

A report of research carried out by the Learning and Work Institute on behalf of the Department for Work and Pensions (DWP). Views expressed in this report are not necessarily those of the Department for Work and Pensions or any other government department.'

Note: This PDF was generated by Learning and Work Institute. An accessible HTML version of this report can be found here: https://www.gov.uk/government/publications/local-implementation-and-evaluation-of-work-and-health-active-labour-market-programmes/what-enables-the-effective-design-delivery-and-evaluation-of-local-work-and-health-programmes

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First published June 2026.

ISBN 978-1-80786-012-7

Executive summary

Introduction

This report presents findings from a Rapid Evidence Assessment (REA) on what enables effective design, delivery and evaluation of local health and work programmes. It provides insights for local and regional policy, delivery and evaluation teams and senior decision makers. This includes case studies of effective practice in:

- governance and partnership working
- involving users in service design
- Management Information (MI)
- using evaluation to build capacity

Learning from this review can inform local decision making on key areas. This includes the roll out of WorkWell across England and succession planning for the Economic Inactivity Trailblazers.

Research question

How have local partnerships, governance structures, and funding arrangements contributed to the effective design, delivery, and evaluation of work and health active labour market interventions?

Scope

The review covered programmes and interventions focused on a region, local authority, mayoral strategic authority, or integrated care board area, in England, Scotland, Wales, or Northern Ireland. The programmes should include:

- clear elements of local tailoring and flexibility
- a target population of people aged 16 to state pension age
- a focus on both work and health outcomes
- an evaluation completed between 2017 and January 2026

Availability and strength of evidence

The evidence base for this report is limited for the following reasons:

- there are key initiatives still in the process of delivery where evaluations are not yet available
- in some instances, locally-led activities exist where evaluations have not been published or may not have been conducted
- there were a limited number of relevant studies available. This means that the evidence base for this review included studies rated as low quality. Even

where reports were high quality, findings related to the research questions drew on qualitative and sometimes subjective evidence

- reports generally included limited information about governance, funding models, or partnership arrangements

Findings

The full report contains detailed case studies setting out examples of how these findings can be implemented in practice. See table 4 for definitions around evidence type and standard.

Programme design and implementation

- Programme governance should include: differentiation between operational and strategic functions, time invested in developing shared understanding, and strong well-connected local leads. This ensures that day-to-day delivery is connected to the strategic aims as well as the local context. Evidence type and standard: Indicative – high[1].
- Local integrated partnerships (where new systems are created) rather than coordination (where activities are linked) are key for successful programmes, ensuring effective referrals and delivery. Evidence type and standard: Influence - high.
- Involvement of service users adds value to programme design and delivery by ensuring it meets user needs and is adapted to local contexts. This could include formal programme co-design, individually-led programmes and personalised action plan co-design, as well as involvement in evaluation and monitoring activities. However, this can be challenging to implement. Evidence type and standard: Indicative - moderate.
- Devolved and flexible funding arrangements such as minimally prescriptive funding arrangements and an absence of ‘payment by results’ enable person-centred, holistic delivery. These forms of delivery are more responsive to local need, contexts and changing circumstances and contexts. Evidence type and standard: Indicative – high.

Local evaluation and effective use of MI

- Evaluation works best when it is built into programme design, feasibility testing, and implementation. Linking programme delivery with evaluation

[1] The key findings in this report are mainly based on indicative evidence and have all been given a confidence rating of either indicative - high or indicative - moderate. This means that the evidence of these findings is suggestive and cannot be linked to outcomes. One finding in relation to local integrated partnerships has been scored more highly as it was possible to link this with comparative participant outcomes. It also means that these findings come from at least one study which has been rated as high or moderate respectively using the Youth Endowment Fund Evidence Quality Assessment (YEF-EQA) tool. Full details of how confidence ratings were applied are included in Appendix One.

frameworks and theories of change makes it clearer what works for whom and why. This supports live changes to ongoing delivery as well as the design of future programmes. Evidence type and standard: Indicative – moderate.

- Having a clear strategy for how MI data is used (both to support delivery and learning, in addition to monitoring and reporting) is important for visibility of performance and staff engagement. This can then improve data quality as delivery staff are more likely to support data collection. Evidence type and standard: Indicative – high.
- The process of evaluation can help strengthen evaluation capacity in local areas where this is appropriately resourced with support offered to staff. This can have long term benefits of upskilling staff and immediate benefits in increasing staff engagement with evaluation activities. Evidence type and standard: Indicative – moderate.

Recommendations

The full report contains detailed recommendations including trade-offs and barriers, and examples from practice (see table 1).

Effective design and implementation

- Partnership working: Policy and delivery teams should create mechanisms (such as co-location and joint meetings) for engaging and retaining appropriate delivery and referral partners for interventions. Relevant for: Senior decision-makers, policy and delivery staff.
- Governance: Policy and delivery teams should create overall programme structures at the outset. This could include: outlining different roles and responsibilities of partners and establishing clear mechanisms (for example local leads who can connect delivery and strategy) for communication and feedback. Relevant for: Senior decision-makers, policy and delivery staff.
- Funding models: Funders should prioritise opportunities for programmes that allow locally-led target setting and utilise test and learn approaches. Relevant for: Senior decision-makers and policy staff.
- Engaging communities and service users: Policy and delivery teams should integrate service user feedback into service design and delivery where possible. Relevant for: Senior decision-makers, policy and delivery staff.

Effective evaluation

- Building and sharing knowledge: Commissioners should ensure that evaluation is embedded in the commissioning of programmes. Relevant for: Senior decision-makers, policy, and data and evaluation staff.
- Design and use of MI: Commissioners should aim to ensure sufficient budget, time, and resource is made available to enable integrated programme design and evaluation processes. Relevant for: Senior decision-makers, policy, and data and evaluation staff.

- Sharing learning: Policy and delivery teams and commissioners should consider how engagement in evaluation activities can be effectively delivered, communicated, and incentivised. This could include ensuring that activities provide insights for day-to-day delivery. Relevant for: Senior decision-makers, policy, and data and evaluation staff.
- Building evaluation capacity and capability: Wherever possible, policy and delivery teams should take part in development activity relating to monitoring and evaluation requirements. Relevant for: Policy, delivery, and data and evaluation staff.

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Acknowledgements

The authors are indebted to Josh Meakings and Marie Stobbart at the Department for Work and Pensions (DWP) and Emma Heffernan at the Work and Health Directorate for their invaluable guidance. Our thanks also go to the Steering Group, which includes DWP staff Jane Mansour, Mike Jones, James Halse, Hatti Archer, Mark Langdon, Peter Weller, Tanya Powell, James Bishop, Tony Wilson, Nicolas Warrington, Daniel Riddle, Martin Sweeney (Cabinet Office), James Canton (Economic and Social Research Council, UK Research and Innovation (ESRC UKRI)), Svetlana Batrakova (NHS England), Lucy Townley and Chris Attwood (Ministry of Housing, Communities and Local Government (MHCLG)), John Ford (Queen Mary University London (QMUL)), Matt Russell and Andy Williams (East Midlands Combined Authority (EMCCA)) who have provided guidance and feedback.

Thank you also to the expert advisers Eleanor Carter (University of Oxford), Victoria Sutherland and Megan Streb (What Works Centre for Local Economic Growth) as well as members of the user panel for their valuable insights that shaped the drafting of this review. Finally, thanks to Rosie Gloster, Lorraine Lanceley (Institute for Employment Studies (IES)) and Elizabeth Gerard (Learning and Work Institute) for their advice, guidance and review of this report and to Learning and Work Institute staff Molly Taylor and Deborah Nyantakyi-Kankam for their support with literature searching.

1. Introduction

The effective integration of work and health support in active labour market policies (ALMPs) is a current priority for local and regional stakeholders. Several recent programmes and interventions have focused on the delivery of work and health-focused support at the local level. This includes the Department for Work and Pension's (DWP's) WorkWell and the NHS's Health and Growth Accelerator pilots. This means that local stakeholders need to understand more about how to foster effective local implementation and evaluation. The evidence review identifies features of good practice in the implementation of local health and work ALMPs and synthesises the enablers of good evaluation. Learning from this review can inform local decision making on key areas. This includes the roll out of WorkWell across England and succession planning for the Economic Inactivity Trailblazers.

The focus of the report is on what enables, rather than what constitutes, effective delivery. In the context of this report, effective delivery is generally defined as delivery associated with positive outcomes for individuals, employers, or systems. However, the type and quality of evidence underpinning this definition varies across evaluation reports. Some use detailed outcomes data and comparator groups, while others rely on the subjective views of a small number of stakeholders, delivery staff, and service users.

About the Labour Market Evidence Programme

The Department for Work and Pensions (DWP) commissioned the Institute for Employment Studies, in partnership with Learning and Work Institute, to deliver evidence reviews and practical resources on key labour market issues to help inform local stakeholders from Mayoral Strategic Authorities, Local Authority Connect to Work Clusters and Integrated Care Boards.

The project aims to support local policy makers to better understand what works in improving labour market outcomes for out-of-work and in-work individuals. There are 3 strands within the Labour Market Evidence Programme (LMEP): a user consultation, a series of evidence reviews and a lessons learned phase. The project is informed by a DWP steering group, and expert advisors.

This REA is one of several reviews that will be published as part of the LMEP. This REA was informed by consultation with a user panel as well as feedback from expert advisors. Each evidence review will be accompanied by a range of dissemination outputs, such as webinars and briefing papers, to support local stakeholders.

Research questions

This REA focused on the following key research questions, designed in partnership with the DWP, the programme's steering group and the LMEP's expert advisors.

How have local partnerships, governance structures, and funding arrangements contributed to the effective design, delivery, and evaluation of work and health active labour market interventions?

1. Design and implementation
    - what forms of partnerships and governance have been most effective in designing and delivering effective programmes and interventions?
    - what does 'effective' design and delivery of these programmes and interventions look like?
    - how have local communities and service users been involved in designing and delivering effective programmes and interventions?
    - how have funding models (for example integrated settlements) shaped programme and intervention design and delivery?
2. Local evaluation
    - what has enabled the effective use of Management Information (MI) data at the local level to support monitoring and evaluation?
    - what does 'effective use' of such data look like?
    - how has learning been shared between stakeholders and localities to support monitoring and evaluation?
    - how have local stakeholders built and sustained evaluation capacity and capability?

Scope

The review covered programmes and interventions focused on a region, local authority, mayoral strategic authority, or integrated care board area, in England, Scotland, Wales, or Northern Ireland with:

- clear elements of local tailoring and flexibility
- a target population of people aged 16 to state pension age
- a focus on both work and health outcomes
- an evaluation completed between 2017 and January 2026

These criteria were selected to ensure that findings were directly relevant to the design and delivery of work and health programmes in the current UK context and to ensure the review could be completed at pace. While the focus of this review was on work and health programmes, evidence from other policy areas may provide additional insight and could be included in further reviews.

Methodological overview[2]

The evidence review was conducted between February and April 2026. Searches were conducted across a range of sources, including:

- The GOV.UK Evaluation Registry
- The National Institute for Health and Care Research (NIHR)
- The Nuffield Foundation
- The Youth Futures Foundation (YFF)
- The Joseph Rowntree Foundation
- The Local Government Association (LGA)
- Generic search engines (Google and Google Scholar)

This was supplemented by searches of academic databases such as Scopus. While the search terms generated a high number of possible studies on these databases, the studies generally did not meet the inclusion and exclusion criteria.

The search strategy for this review was multi-pronged. First, it involved identifying programmes and then determining whether evaluations were available. Second, it involved identifying evaluations and then assessing whether the associated programmes met the inclusion criteria. Additional studies were identified through the call for evidence as well as forward and backwards chaining. For example, potential programmes were identified through the LGA website and backward chain searching was used to find relevant evaluations, while the evaluation of Step Forward Tees Valley was identified by the call for evidence.

A 4-stage sifting process using the inclusion and exclusion criteria was then applied:

- Initial searches returned around 100 reports or programmes that required further consideration within our criteria for inclusion. A further 4 studies were shared through the call for evidence. The first sift involved reviewing the title, abstract, and summary against the inclusion criteria (for example whether the programme had clear work and health objectives).
- At the next stage, where programmes met these criteria and evaluation reports were available, 40 to 50 were considered in more detail. This was to identify whether they met more complex criteria for inclusion (for example, to what extent the programme could be considered to be locally-led).
- At the third sift, the methodology section for each report was considered in more detail. At this stage, studies were given a quality rating of ‘very low’ to ‘high’ using the Youth Endowment Fund Evidence Quality Assessment (link opens directly to PDF file) criteria, as discussed in the following section. At this

[2] Full details of the approach are set out in Appendix One.

stage, we removed 2 reports with ‘very low’ quality ratings. Seventeen reports were then taken to the full review and extraction stage.

- Following the final sift, the studies were reviewed in full and data was extracted.[3]

About the reports identified and limitations

Included studies

The review identified a total of 19 reports[4] that met the inclusion criteria (see previous section for an overview of the inclusion criteria). When the quality of methods was reviewed using evidence standards, most reports scored between low and moderate on quality rating. Two reports rated as very low quality were removed, leaving 17 reports for consideration. Of these, 2 were rated as high, 6 moderate and 9 low.

It should be noted that the strength of evidence scores do not consider the extent to which the evaluation reports address the review’s research questions. As such, a ‘high’ scoring report may not address the review’s research questions in detail, while a ‘low’ scoring report might. This is particularly pertinent to this review which has a focus on considerations of governance and partnership structures which are typically investigated through qualitative interviews.

The review and extraction of the evidence from the selected reports considered:

- the extent to which the authors considered the programme to be effective and why
- the extent to which the reports included information relevant to our research questions, both directly and indirectly. For example, whether the evaluation considers questions around programme design, and asks questions relating to MI and evaluation capacity

Definitions of programme success

The included evaluations considered a range of factors when discussing programme success. These primarily included measurable outcomes such as job entry, sustained employment, entry into education or training, and work placement completion rates. More widely, some programmes (particularly those focused on young people aged 16 to 24) measured work readiness outcomes, as well as ‘soft’ outcomes such as wellbeing, confidence, motivations, and resilience. Several also considered the impact of wider social measures such as health and wellbeing, and wider social benefits such as housing stability.

[3] Numbers are shown as estimates where search techniques used and time available meant these were not always quantifiable in the same way a ‘database retrieval’ would be. In addition, in some instances multiple reports for an individual programme were available and considered as one ‘programme’.

[4] Collections of programme reports such as the successive Greater Manchester Working Well evaluation reports are counted once.

Most programmes also assessed success and effectiveness in terms of programme delivery mechanisms (how well the programme was delivered, fidelity to specific models, and participant engagement) and the cost effectiveness of the programme.

It is important to note that evaluations seldom, if ever, reported overall programme success in binary terms. If programme targets were not met, wider contextual factors affecting this were typically considered along with discussion of mitigating steps the programme took to address these. As such, no reports were excluded on the basis that a programme had not met its targets or was not considered 'a success.'

Additionally, the timeframe under consideration (2017 onwards) included programmes for which overall success and effectiveness was impacted by COVID-19 related challenges. These included health providers and partners being unable to engage as normal or lack of opportunity for in-person meetings both in governance and delivery. Throughout the report, we highlight where challenges were experienced or relevant governance changes were driven by related considerations.

A key constraint of the review was the limited availability of information on the processes and mechanisms underpinning programme design, governance, and implementation. Limited information on the role these factors play in eventual programme success was another key constraint. Similarly, the available reports did not always include direct discussion of the use of MI and evaluation capacity. However, some information can be inferred from discussion of direct delivery processes, and how MI was used by evaluators.

Wider limitations

In the process of conducting this review, several wider key limitations or qualifiers were identified that should be considered when reading these findings.

- It was noted that in some instances, these questions may have been considered at some point in the evaluation. However, a client preference for brevity in reporting and a focus on impact may mean reports do not include detailed information about process evaluation.
- There were instances of seemingly locally-led programmes which could potentially meet this review's inclusion criteria. Examples include:
    - West Midlands Combined Authority's devolved Work and Health Programme
    - Haringey Works
    - local projects funded by larger programmes such as Building Better Opportunities
    - various local authority-led programmes and initiatives

However, evaluations had either not been conducted, are ongoing and have not yet been published, or have been conducted but are not publicly available. This provides opportunities for further exploration and potential follow-up to this REA in the future.

- There were several potential reasons for missing evaluations among relevant local programmes. These included:

    - a lack of funding for a full evaluation
    - a lack of local expertise to conduct evaluations
    - concerns about negative messages and perceptions
    - services having limited communications or website capacity
    - a lack of drivers to facilitate publication
- Where findings related to features of effective governance, this was generally reported by respondents in qualitative research. These respondents will have varied experiences and may have vested interests in the efficacy of particular programmes or mechanisms.
- With some exceptions, the evaluations identified through this REA did not make direct comparisons between alternative governance structures and delivery methods, i.e. they did not compare their effectiveness.

2. Findings: Programme design and implementation

This section explores how local partnerships, governance structures, and funding arrangements have contributed to the effective design and delivery of work and health ALMPs. A full list of the programmes considered is included in Appendix Two. The reports offer insights into a range of programmes and examples of planning and design considerations which may be helpful for programme commissioners, policy, and delivery leads[5].

Local partnerships and governance structures

The REA explored which forms of partnerships and governance structures have been most effective in designing and delivering effective programmes and interventions. The programmes identified utilised a range of local and regional partnerships and governance structures, including local and strategic authority-led governance and multi-stakeholder partnerships. Very few of the evaluations made comparisons between their overall model and that of others (with the notable exception of Greater Manchester Working Well, which explicitly considered this, discussed further in case study 1).

We have identified several key components of common design and governance features that were considered effective in the design and delivery of locally-led programmes. These include the need for:

- clear leadership structures and accountability
- locally integrated structures
- effective referral partnerships
- flexible delivery models allowing the tailoring of services to user needs

It is important to note that while contexts differ (for example, adult health and work programmes, youth programmes, in-work support and homelessness prevention), these key components appear consistently.

[5] Due to the small number of reports included and the limited process information they contain this review cannot draw meaningful conclusions about ‘what works’ in specific geographies or contexts.

Clear leadership and accountability

It was uncommon for evaluation reports to discuss governance structures in detail. Where this was discussed, strong governance and accountability arrangements for programmes were seen as beneficial in:

- ensuring clarity in roles and responsibilities for managing and delivering the programme
- supporting partnership engagement
- enabling the effective sharing of learning and identifying opportunities for improvement

Local authority or strategic authority backing was associated with effective leadership as this enabled alignment with wider local policies and priorities. In addition, strong and well-connected local leads could support the integration of partnerships and local employability systems across stakeholders. These arrangements were highlighted in the Working Well evaluations and No One Left Behind (NOLB) Fife, as well as in Durham Works Futures (DWF). DWF emphasised that their position within the local authority gave them unique opportunities to build relationships. For example, DWF could advertise within council buildings and at council events, and work closely alongside other council services, such as the more mainstream Durham Works offer, to get direct referrals.

Where discussed, programme governance structures typically differentiated between strategic and operational leadership. Operational groups met regularly. This could include weekly or monthly meetings comprised of partner managerial representatives and delivery staff/case workers. Meanwhile, strategic groups met less often. This could include quarterly meetings comprised of funder representatives, and senior managers and strategic staff from the delivery leads and partner organisations. Some reports found that the frequency of these meetings changed due to wider pressures on the system, for example during the COVID-19 pandemic. Some noted increased frequency of meetings to manage processes and flexibility during a challenging time, while others reported challenges due to increased inconsistency in meeting frequency and attendance.

Where possible, collaborative governance structures between these 2 levels were beneficial when they provided opportunities for partners to meet to discuss challenges, enablers in the systems, and how blockers could be removed. These meetings supported collaboration and effective working, learning, and flexibility, as observed in the Talent Match Programme and Working Well.

Some programme evaluations highlighted the importance of clear management and operational processes or training, to ensure delivery staff understood their roles and priorities within the structure of the overall programme and partnerships. This approach helped to embed accountability at different levels. In Step Forward Tees Valley (link opens directly to a PDF file), this approach was welcomed for fostering a culture of openness and transparency, across both management and delivery perspectives.

Localised integrated structures

Several reports discussed the benefits of close working and integrated structures locally, particularly where these enabled integration between employment partners, health partners, local authorities, employers, and the Voluntary and Community Sector. This included:

- co-location, for example, the Cumbria Forging Futures programme had effective co location of link workers within Jobcentre Plus offices and Youth Hubs to improve referrals and handover
- locally specific in-person delivery, for example, partnerships enabling support to be delivered in a range of locations convenient to service users, evidenced through Youth Employment Service (YES) North East's programme to support neurodivergent people into employment
- services operating as an integrated network

Case study 1 provides insights into how the governance and partnership structures established by Greater Manchester Working Well supported effective programme management and delivery, as well as the integration of local partners in the programme.

Case study 1: Greater Manchester Working Well: Establishing clear governance and integration structures

Greater Manchester Working Well is a devolved employment and health programme commissioned by the Greater Manchester Combined Authority (GMCA) to support residents with complex barriers to work. As set out in Working Well annual reports, the programme aimed to demonstrate how locally commissioned, integrated services could deliver improved outcomes compared with nationally contracted provision. GMCA set the overall vision, outcomes framework, and performance expectations for the service. It used its devolved powers to shape a programme aligned with its wider policies. GMCA's commissioning approach was outcomes focused, with an emphasis on sustained employment, health improvement, and long term progression rather than short term job outcomes.

GMCA used learning from early pilot phases and ongoing evaluation and monitoring reporting to adapt eligibility criteria, referral pathways, and service models over time. This emphasised continuous improvement rather than inflexible contractual delivery.

The Working Well Programme Office provided oversight of the programme and was described as 'providing overarching strategic direction, intelligence on performance and active management to resolve any issues in the programmes.' Its role evolved over the course of the programme, becoming more 'hands-off' with day-to-day delivery as the programme became more established. Despite this, it was still reported as being more 'hands-on' than is typical for the Work and Health Programme.

The programme had a strategic group (including senior GMCA officers, senior representatives from DWP, and senior local authority and NHS partners) and an

operational group (including programme managers, providers, and delivery partner operational leads). Both groups met monthly.

The programme took a person-centred approach, focusing on providing clients with flexible support to address a range of issues that prevent them from finding and sustaining employment. Achieving high levels of integration with local services was therefore a core focus throughout the life of the Working Well programmes, to ensure participants can utilise a range of services in the area.

Key features of the programme's approach to integration, which were evaluated as positively embedding the programme in local systems, included:

Local Leads: Local authority staff were responsible for connecting Working Well with relevant support services and facilitating integration. This included brokering relationships to enable ongoing integration of services, and escalating issues within the local authority. Over time, this role reduced as the overall programme delivery model became more established. The programme evaluation noted that this role aimed to ensure buy-in from, and accountability to, local authorities in the delivery and performance of the programme.

Integration boards: The Local Integration Board involved meetings attended by Local Leads, provider staff (Integration Coordinators for Working Well: Work and Health Programme) and local support services such as Jobcentre Plus, health services and housing services. These meetings provided opportunities to raise challenges in addressing client needs, with an aim to address any blockages. They also provided the opportunity for knowledge sharing and learning, and opportunities to develop multi-service responses, as necessary.

Integration coordinator: Each local authority area had an Integration Coordinator, who worked for the programme provider and was responsible for partnership working and delivering integration. This approach differs from national programmes and previous local delivery, reflecting GMCA's emphasis on integration. The role involved working with Jobcentre Plus to deliver high quality referrals; working with Local Leads in the development and implementation of the Integration Plan; identifying and engaging with local support services to integrate them into the programme; and establishing and supporting External Local Signposting Organisation (ELSO) referral routes.

The programme evaluation noted that this was supported by the development of 'Ask and Offer' documents from local authorities and Local Integration Plans. This offered a framework for working together and achieving integration by setting out the minimum offer and clear expectations over the course of the programme. Local accountability and buy-in supported the programme to embed locally and achieve integration with local support services.

Recent reporting found that this approach meant GMCA was particularly valued for its ability to broker relationships and 'open doors' that could benefit clients. For example, this led to the development of the Working Well: Roots to Dental pilot which will give clients access to dental treatment.

The focus on integration as well as the significant time invested in establishing governance structures, was seen to enhance programme delivery through strong partnerships and clear accountability. In turn, this achieved positive impacts for clients and local communities, both in terms of employment and their wider health and wellbeing.

Effective referral partnerships

Effective referral partnerships were typically identified as one of the main enablers for effective programme design and delivery. Strong relationships and structures for partners to build upon, and establishing clear processes and accountability for these, were considered important. This was observed across most evaluations and was particularly important for identifying relationships with Jobcentre Plus and primary care providers as key sources of referrals.

Referral partnerships were often judged as most effective when:

- there were strong and trusted personal relationships between Jobcentre Plus advisers and delivery teams. These relationships might be pre-existing due to previous experiences working together, built through shared meetings and training, or developed through co-location of 2 or more partners in a shared working space
- where co-location enabled ‘warm’ handovers or face-to-face handovers and discussions where there was good understanding between partners of what was realistically being offered
- where new staff were provided with up-to-date training and warm introductions to partners
- where capacity was built into the programme to enable partnership development e.g. Working Well Partnership Engagement Consultants

Conversely, challenges were observed where there was an over-reliance on a single referral route, particularly when contextual changes impacted a partner’s ability or willingness to refer. This included difficulties faced during COVID-19, when partners were adjusting to changing client needs and delivery mechanisms, as well as the introduction of competing programmes. As such, some programmes improved overall referral numbers by diversifying their referral routes and partners, for example in the YES North East programme.

Delivery models

Flexible and devolved funding models were seen to be most effective when they allowed for holistic delivery to meet the often complex needs of individuals. They were also seen as beneficial when they enabled smaller caseloads and more intensive support options, supported by staff training, and resources to support employer engagement. Employer Engagement Officer roles were often highly valued where these had been implemented, allowing outreach to employers either to discuss possible recruitment opportunities, or to identify and offer opportunities for in-work support.

The reports identified did not typically discuss the processes for programme design in detail. However, some - particularly the Health-led Employment Trials evaluation and those supported by YFF and NIHR - did discuss the underpinning programme theories. This included what led them to include particular elements, and the importance of utilising the skills of experienced delivery staff when designing programme materials. Some of the evaluations also included detailed Theories of Change which were tested for plausibility and refined as the evaluations continued,

often using the insights and experiences of people who had taken part in the programme.

Involvement of local communities and service users

This section presents findings on the extent to which local communities and service users were effectively involved in designing and delivering programmes and interventions, including the benefits and challenges of co-design[6].

Only a few programmes explicitly discussed the involvement of local communities and service users in programme design and governance in their reports. No One Left Behind Fife (discussed below), The Talent Match Programme (both at the national level evaluation and the Liverpool specific evaluation) and the Step Forward Tees Valley programme (link opens directly to a PDF file) are among the clearest examples.

Step Forward Tees Valley included roles for 6 delivery ambassadors, which generated significant added value for the programme. Ambassadors supported marketing activity, engaging with potential participants at events; assisted delivery staff; and supported the evaluation process by engaging with participants. The ambassadors were strong advocates for the programme, and their involvement at public facing events encouraged people to engage. The evaluation found that the participants who had these roles developed new skills and confidence, and a number progressed into new jobs once their ambassador roles came to an end.

More widely, some reports referred to 'insight' activity through interviews with service users, but not specific co-design activity. Some reports also referred to lessons learned from service user experiences on similar pilots or previous programmes.

Evidence in the reports also identified a level of co-design with service users through the emphasis on individually-led programmes and personalised action plans co-designed with participants, enabling holistic support for the service user based on their needs and preferences.

In addition, service users were typically involved in evaluation activities such as :

- taking part in qualitative interviews
- contributing to Theory of Change design in some instances (for example in Drive Forwards Foundation's Supporting Care Leavers into Employment Intervention)

[6] Due to the number and nature of the reports considered and content included this report is not able to speak directly to issues relating to 'what works' for specific geographies or contexts.

- developing or testing participant facing materials (such as in the Health-led Trials)

Limiting factors often included respondent fatigue with the research process (which did not always achieve high response rates), as well as limited time for advisers to collect high quality MI.

Case study 2 provides insight into how service users can be involved in the commissioning process. It uses the example of No One Left Behind Fife, which facilitated co-production in its selection panel, the bidding process, and service delivery.

Case study 2 No One Left Behind (NOLB) Fife: Involving service users in design

NOLB Fife was a locally adapted employability programme designed to respond to high levels of disadvantage and unemployment. It was designed using a principles based contracting model and the Scottish Approach to Service Design. This prioritises flexibility, person centred practice, and collaboration instead of narrowly defined employment outputs.

Fife's contracting model focused on provider experience, service quality, and alignment with NOLB principles. This enabled voluntary sector providers to deliver support flexibly to help them to better meet the often complex needs of their clients.

A key feature of NOLB Fife (and the wider NOLB approach) was the inclusion of people with lived experience of using unemployment services in the commissioning process. Service users were involved with co-production at all levels within the selection panel, the bidding process, and service delivery. This enabled partners to have a greater understanding of user needs and context.

The evaluation found that the equal balance of control and influence between service providers and people who use employability services helped to facilitate co-production. However, it was also acknowledged that in some instances, those with lived experience found being part of the bidding selection process difficult. The evaluation identified that further support and training would have been beneficial, for example, providing examples of 'good and bad bids.'

NOLB Fife also used Collaborative Conversations with local communities, voluntary organisations, providers, and service users to inform programme design and ongoing refinement. These participatory discussions enabled stakeholders to explore how well existing employability services were working, identify gaps in provision and highlight effective practice. This meant they could also challenge overly narrow definitions of success focused only on job outcomes.

Providers could also adapt delivery flexibly in response to service user feedback, supporting highly tailored and holistic interventions. It was felt that this flexibility increased participant engagement and confidence. This was particularly the case for individuals with complex needs who require long term support or take non linear routes towards employment. The evaluation found that service users were, in line with service aims, typically experiencing challenging personal situations.

Funding models

This section explores how different funding models have shaped programme and intervention design and delivery.

The types of funding models used by the programmes considered in the evidence review include:

- flexible national programmes: initiatives and programmes funded by government or other large funders, such as philanthropic organisations. These give local areas a clear opportunity to differentiate their offer through a bidding process or design process
- integrated settlements: multi year, consolidated funding arrangements provided by the UK Government to certain Mayoral Strategic Authorities (MSAs) which merge numerous separate funding streams into a single, flexible financial settlement. These aim to give local leaders greater control to deliver local priorities across key sectors including skills, health and employment
- grant funding (from trusts and foundations)
- match funding (for example European Social Funding)

Most of the evaluation reports focused on delivery and outcomes and did not explore the impact of funding models themselves. Where funding was discussed, this typically focused on the nature of the funding model and the extent to which it offered flexibility. The importance of this flexibility was a recurring message in evaluation reports for programmes negatively impacted by the COVID-19 pandemic. Specifically, the review highlights the importance of funding models that emphasise:

- Local control in setting programme aims and targets. This was highlighted by positive instances where this had been done successfully such as Working Well. Working Well evaluations frequently noted the importance of its aims being defined by local needs and priorities. There were other examples where more rigid targets set by regional or national bodies did not reflect local need. This was noted by Welsh Government's In-Work Support Service evaluation and Talent Match evaluations. For example, in the In-Work Support evaluation local delivery partners described delivery targets for supporting presentees and absentees as unhelpful, because they over-emphasised work with absentees.
- Test and learn models or models which promoted flexibility to allow programmes to grow and develop. Talent Match was a particularly strong example of this, and an explicit assumption of the programme was that its local partners would use a 'test and learn' approach. The evaluation found this approach provided the scope for partnerships to respond to local circumstances.

- Contractual models that allowed flexibility to address contractual underperformance rather than punitive measures (e.g. through adjustment of targets or making adjustments to referral pathways). This flexibility was seen as particularly important for programmes where delivery was impacted by the COVID-19 pandemic.
- Opportunity for longer contractual models to embed delivery and improve organisations' capacity to deliver. Shorter contracting periods led to staffing challenges both at the start and end of a programme with people leaving for more secure contracts.
- Consideration of a wide range of outcomes targets without over-emphasis on narrow outcomes targets, such as entry to employment or number of employer engagements, with limited focus on progress to work or considerations and/or adjustments made.

3. Findings: Local evaluation and effective use of data

This section explores factors impacting the evaluation of ALMPs, including:

- what has enabled effective use of MI and what ‘effective’ use of this data looks like
- how learning has been shared between stakeholders and localities to support monitoring and evaluation
- how stakeholders have built and sustained evaluation capacity and capability

Effective use of MI data in evaluation

Very few reports discussed the use of MI directly within delivery. This means that our ability to derive lessons on how best to make use of MI and embed learning routines must be inferred, often indirectly. Often it was not explicit where MI was being used ‘effectively’ to inform monitoring, delivery, and improvements. However, it was apparent that information identified through MI, for example, referral numbers, had been used to inform changes in delivery approaches.

As such, the evidence review identified 2 main ways in which MI was typically used by locally-led programmes with a work and health focus: to support delivery, and to provide monitoring and evaluation functions.

In some programmes, evaluation and monitoring activities had been designed at the same time as programme delivery and checked and/or refined at key points of programme delivery. This provided a way to ensure delivery was: aligned with evaluation theories of change and frameworks; and that data for a range of key measures was gathered (with appropriate permissions captured).

MI captured by programmes typically included referral sources, start volumes, demographics, and presenting needs, alongside outcomes such as changes in health, wellbeing, condition management, and employment status. This supported both the tracking of performance against targets and identification of subgroup patterns, and comparisons between the client group and comparator groups.

However, the extent to which this information was used outside of evaluation activities was unclear from evaluation reporting, which often positioned the primary use of MI as a tool for outcomes reporting. In some instances, it was apparent that consideration of MI had led to changes in several areas. This included:

- programme and referral targets (for example, changes to target groups to include the newly unemployed during the COVID-19 pandemic)

- delivery (for example, the Cumbria Youth Alliance replaced planned group sessions with smaller ‘taster’ sessions, based on MI and practitioner insight into engagement barriers)
- quality (for example, improvements made to fidelity, caseload, and employer engagement activities in the Health-led Employment Trials)

Some evaluations of pilot activities, particularly those funded by Youth Futures Foundation, placed emphasis on learning for future delivery and sought to utilise MI to inform future programme design decisions.

Case study 3 highlights how the Durham Works Futures programme used MI to try to better understand the impact of support ‘dosage’ (the amount and type of support received) on client outcomes.

Case study 3 Durham Works Futures: Using MI data to understand and improve outcomes

Durham Works Futures used detailed MI data to understand how the amount and type of support (dosage) contributed to improved outcomes for young people furthest from the labour market, providing evidence to inform future service design and investment decisions.

The programme used participant MI data (including the number of sessions, activities undertaken, and duration of engagement) to construct a dosage indicator based on impact-weighted hours of engagement. This meant that activities were weighted according to their perceived contribution to outcomes. The dosage-response analysis found statistically significant associations between higher dosage and improved outcomes.

In Durham Works Futures each additional impact-weighted hour of support was associated with a 1.2 percentage point increase in the likelihood of transition towards education, employment, or training (EET), alongside significant improvements in wellbeing and self-esteem. This enabled the programme to evidence that sustained, intensive support, rather than brief or sporadic contact, supported progress for clients.

(It is noted in the report; however, that while dosage-response models can indicate whether the relationship between uptake of a treatment and outcomes is in the expected direction, it is impossible to eliminate confounders that might either exaggerate or attenuate the effect).

Key enablers of effective MI use included:

- Ensuring high levels of MI completion at different points: Some programmes experienced challenges ensuring high-quality management information was captured by advisers, particularly as client engagement progressed. It was not always clear in the evaluation reports how management information processes were communicated to delivery staff. Data collection was often reported as a key challenge for staff who saw it as time-consuming and overly bureaucratic.

- How MI is communicated and positioned to partners and clients: Communicating MI systems and their role to partners and delivery staff was particularly important. In Greater Manchester Working Well, MI was presented as a shared resource for GMCA, local authorities, delivery providers, and integration boards to monitor delivery, understand participant needs, and track outcomes over time, with dashboards being made available. Case study 4 discusses how Cumbria's Youth Alliance used an MI capture form which simultaneously worked as a tool for advisers allowing a structured conversational assessment, helping young people feel more confident discussing sensitive topics.
- Being able to access wider local and national datasets: Many reports discussed access to wider local and national datasets to support the construction of comparator groups, to increase understanding of programme impact. Access to these data sets (such as Understanding Society data) was key to enabling this.

Case study 4 provides insight into how Cumbria Youth Alliance (CYA) used a conversational assessment tool in a constructive way to inform understanding of client progress and programme impact. However, it also acknowledges the challenges of delivering the tool in practice, including length of the discussion required, and the challenges of repeat completion.

Case study 4 CYA - My Evaluation Tool (ME Tool): MI as a delivery support tool

CYA My Evaluation Tool (ME Tool) was used within the Forging Futures programme to support personalised, one to one work with young people, while also capturing structured MI to evidence need, progress, and outcomes.

The ME Tool was designed as a structured conversational assessment which was completed jointly by programme Link Workers and young people. It focuses on 10 personal support needs: relationships, employability, key skills (numeracy, literacy, and IT), aspirations and motivation, social involvement, healthy lifestyle, emotional wellbeing, home and stability, communication, and identity. Each area is scored from 1 (high support need) to 6 (low support need).

The ME Tool also includes a 'pipeline stage' to assess a young person's level of engagement and progress, ranging from 'not engaging' to 'sustaining.' The tool was intended to be completed during early one to one appointments and repeated every 6 to 8 weeks to track development over time. However, in practice it was completed more flexibly in response to individual need. Completion of the ME Tool could take a full hour-long appointment due to the conversation-style approach Link Workers used to explore personal support needs. As a result, only 34 out of 124 young people supported completed it more than once.

Link Workers typically introduced the ME Tool once rapport had been established, using it to explore needs in greater depth and co design realistic action plans. Young people reported that the collaborative approach made them feel comfortable discussing sensitive topics and helped them recognise areas where support might be useful. The ME Tool data also fed into CYA's MI system (Upshot), which recorded support needs and activities engaged with. ME Tool scores provided quantitative evidence of personal development for both the individual and the programme evaluation. The longitudinal ME Tool data showed statistically significant reductions in self reported support needs across 9 of the 10 categories for participants who completed the tool more than once.

Use of the ME Tool and the challenges experienced in ensuring repeat completion highlighted gaps in data capture. This informed evaluation recommendations to increase completion rates and further refine programme impact measures.

Overall, the reviewed evaluation reports did not typically contain detailed information on how learning has been shared between stakeholders and localities to support monitoring and evaluation.

For some programmes such as Working Well, it was apparent that learning was shared through established partnership and governance structures. For example, the Working Well Programme Office ensured that best practice on delivery of the programme was shared with areas where performance was lagging behind. Equally, the Local Integration boards enabled discussion of processes and challenges with a wide range of partners including providers, local authorities, Jobcentre Plus, health partners and GMCA. Similarly, the Health-led Employment trials had steering groups in both their delivery regions where challenges and improvements were discussed.

Otherwise, learning was principally shared during the evaluation process. For example, stakeholders took part in Theory of Change and design workshops, participated in the research process, and made recommendations for improvements for future evaluation.

Evaluation capacity and capability

The review identified that several stakeholders have built and sustained evaluation capacity and capability at the local level. While this was not typically explicitly discussed in reports, some of these approaches can be inferred via their approaches to delivery, evaluation methods, and recommendations.

- Consideration of evaluation and data collection requirements (including MI aligned with a Theory of Change and evaluation framework) from the outset and embedding evaluation approaches into delivery and roles. This approach can be seen in the delivery of GMCA's Working Well and the Health-led Employment trials, as well as in programmes funded by YFF. These programmes all emphasised trialling new approaches and sharing learning.

A key barrier associated with these requirements is the perceived burden among delivery staff who sometimes saw evaluation activities as detracting from time spent supporting clients.

- Improving staff skills to support evaluation activities. Reports did not typically discuss how staff skills were developed or improved to support evaluation. However, in the Health-led Employment trials, specific training was provided to delivery staff to support the evaluation process, which is discussed further in case study 5.
- Feasibility testing. Several of the interventions (often funded through YFF) included feasibility studies for future impact evaluations. These were particularly important as they provided recommendations on how future impact analysis could take place, and the steps needed to achieve this. This included exploring the feasibility and ethics of using Randomised Controlled Trial (RCT) approaches, the availability of comparator groups, and the potential use of quasi-experimental approaches.
- Investment in evaluation and evaluation infrastructure. The search process identified a significant number of locally-led programmes without published evaluations. It is essential to provide sufficient funding to support the development and subsequent evaluations of tailored locally-led programmes. Increased evaluation capacity and capability in local areas would enable teams to demonstrate the impact of smaller programmes and initiatives, for example through the availability of funding through YFF and NIHR's PHIRST (Public Health Intervention Responsive Studies Teams) programme.

Case study 5 provides insight on how the Health-led Employment Trials developed evaluation capacity in the delivery areas by providing training for delivery staff. This supported the collection of baseline data and randomisation. It potentially also helped build system capacity for future programmes and trials.

Case study 5 Health-led Employment Trials: Evaluation as a means to develop capacity

The Health led Employment Trials were delivered in Sheffield City Region and the West Midlands Combined Authority, alongside a large scale national evaluation using an RCT, process and economic evaluation. The evaluation was designed to engage local partners, providers, and health stakeholders to both provide and collect evidence.

Participation in the trials helped build local evaluation capacity in a number of ways:

Embedding research design early: Local stakeholders were actively involved in evaluation design and governance. Theories of Change were co designed with local partners and revisited through later workshops which included strategic authorities, providers, health partners, and commissioners. This process helped stakeholders understand causal pathways, outcomes, and mechanisms, potentially strengthening local capability in theory based evaluation.

Embedding evaluation in delivery systems: Evaluation requirements were integrated into service delivery through the bespoke randomisation and baseline data collection tool used by employment specialists. Local staff were trained by the evaluation consortium on ethical research practice, eligibility assessment, informed consent, baseline data collection, and neutral communication of randomisation outcomes. This significantly increased frontline staff capability in research and data quality.

Capturing MI: Providers collected detailed MI specified by the evaluation consortium. This enabled local partners to understand service intensity, caseloads, employer engagement activity, and participant journeys.

It was reported that these elements created additional burden and complexity for trial staff, as collecting high quality MI required significant staff time, and differences in local systems affected consistency of the data captured.

4. Recommendations for local and regional stakeholders

This section summarises the key learnings from the review into a set of recommendations for local teams providing insights into what enables effective design, implementation and evaluation.

Availability and strength of evidence

The research team identified various potential limiters to the number of available reports, and the information in those reports that was directly related to our research questions.

There are several reasons for this:

- There are key initiatives still in the process of delivery, with process evaluations due to be published soon. This includes the WorkWell pilots, NHS Accelerators, and relevant programmes and interventions delivered through UK Shared Prosperity Funding.
- In some instances, locally-led activities existed, but not all or any evaluation reports had been published (for a wide-range of potential reasons, including resource constraints), even when it was apparent these existed.
- It is also hypothesised that some locally-led work and health activities are being delivered without sufficient resource or capability for evaluation activity. Many of the reports included in this REA exist because they were directly funded by YFF, and NIHR's PHIRST scheme, or form part of larger national evaluations.
- The evidence base for this review included studies rated as low. Even where reports were higher quality, the information relating to the research questions generally draw on qualitative findings rather than comparative analysis.
- Reports generally included limited information about governance, funding models, or partnership arrangements. The research team hypothesised that this type of information might be collected as part of pilot, interim, and final evaluation activities. However, its inclusion in reports can be limited due to brevity constraints or a focus on impact, unless there is a specific requirement for consideration of these factors.

Table 1: Key insights into how to design and implement effective health and work ALMPs

Theme	Recommendation	Trade-offs and barriers	Examples from practice
1. Partnership working. Relevant for: senior decision-makers, policy staff, delivery staff	Policy and delivery teams should create mechanisms for engaging and retaining appropriate delivery and referral partners for interventions. For example, identifying opportunities for integration (where new systems are created) rather than coordination (where activities are linked).	Time and resource is needed for integrated partnership working. This can be challenging particularly for programmes with tight delivery timescales. Co-location is an effective tool for partnership working, however, it can often require full system integration and so is difficult to implement as part of new delivery. Alternative models such as hosting drop-in sessions or shared meetings could also be considered. Personal relationships are often the key enabler for good partnerships. However, staff turnover means sustaining these relationships should be considered a key risk for programme delivery. It is also important to avoid over-reliance on any one partner.	GMCA used existing shared health services such as Living Well Hubs to facilitate the co-location of health and employment support professionals. In the Health-led Employment Trials, co-location was supported by health partners being part of the trial design team. Where full co-location was not possible, partnership working was supported through employment specialists attending 'GP huddles' to share updates.
2. Governance. Relevant for: senior decision-makers, policy staff, delivery staff	Policy and delivery teams should create overall programme structures at the outset. This should include an outline of the different roles and responsibilities of partners and establishing clear	Effective governance requires a significant investment of time and resource in the planning and early delivery stages as demonstrated in the case study of GMCA's Working Well. This is likely to be challenging where	In GMCA's Working Well there was clear differentiation between strategic and operational delivery. Local Leads facilitated interaction and communication between these levels to help remove any blockers to effective delivery. Effective leadership arrangements often included having a local authority or combined

	mechanisms for communication and feedback between levels of governance. For example, through collaborative meetings and workshops, or through formal feedback processes.	programmes are delivered over shorter time frames or rolled out at pace.	authority in an embedded role. Durham Works Futures (DWF) self-reported that their position within the local authority gave them unique opportunities to build relationships. For example, DWF could advertise within council buildings and at council events and work closely alongside other council services to get direct referrals.
3. Funding models. Relevant for: senior decision-makers, policy staff	Funders should prioritise opportunities for programmes that allow: locally-led target setting, utilise test and learn approaches, flexibility for models and targets in response to changing needs and information, allow longer-term contracting to support staff stability and retention of knowledge and expertise.	Funding models that prioritise flexibility, local control, and stability can help to ensure that programmes and outcomes are tailored to local need and allow for ongoing improvements responding to feedback. However, this flexibility comes with increased risks around performance monitoring and measuring success.	NOLB Fife was designed using a principles-based contracting model. The contracting model focused on provider experience, service quality, and alignment with NOLB principles. This enabled voluntary sector providers to have flexibility in how support was delivered to best meet the often complex needs of their clients. Talent Match took a ‘test and learn’ approach rather than prescribing activities or using payment by results. Providers were required to apply a set of design principles rather than achieve target outcomes.
4. Engaging communities and service users. Relevant for: senior	Policy and delivery teams integrate service user feedback into service design by: removing barriers to individuals	Involvement of service users adds value to programmes; however, it can be very challenging to enable meaningful engagement. Co-design and co-production involve a significant time	In NOLB Fife, service users were involved with co-production at all levels within the selection panel, the bidding process, and service delivery. This was enabled by attempting to give equal

decision-makers, policy staff, delivery staff	engaging in co-design and delivery activities through provision of training and payment, identifying how best to use information from individual support plans to understand effective support and design routes, using MI and evaluation information to support iterative learning in a, more formalised way.	investment. Consideration should be given to when different forms of engagement are appropriate. For example, involvement in the design of evaluation activities is likely to be less resource intensive and easier to manage than involvement in programme design.	balance of control and influence between service providers and service users. However, further training for service users would have been beneficial. In Step Forward Tees Valley, ambassadors supported the programme in a range of functions including enabling participant engagement with the evaluation.

Table 2: Key insights into how to effectively evaluate health and work ALMPs

Theme	Recommendation	Trade-offs and barriers	Examples from practice
5. Building and sharing knowledge. Relevant for: senior decision-makers, policy staff	Commissioners should ensure that evaluation is embedded in the commissioning of programmes including: allocating sufficient budget to enable independent evaluation, setting expectations around the publication of evaluation findings, promoting the publication of technical	It is unrealistic to expect local areas to publish evaluations of programmes that are less successful unless publication is mandated by funders. Equally, in the studies considered for this review, there was a reluctance to focus on what worked less well, or make assessments that a programme was ineffective, even with independent evaluators. There is significant value in publishing evaluation reports that summarise key learnings. However, a preference for brevity	The suite of reports published by GMCA for the Working Well provide an example of the type of evaluation needed at the local and regional level to build insight into what works.

	information such as consideration of how partnerships, governance, and funding structures operate and how these directly impact on programme delivery and effectiveness.	comes with the risk that wider insights captured during evaluations do not reach a public audience.	
6. Design and use of MI. Relevant for: senior decision-makers, policy staff, data and evaluation staff	Commissioners should aim to ensure sufficient budget, time, and resource is made available to enable integrated programme design and evaluation processes.	MI and wider evaluation activity work best when built into programme design, feasibility testing, and implementation. However, this requires evaluations to be commissioned alongside the programmes they evaluate, rather than as a second stage activity.	The Cumbria Youth Alliance used an assessment tool as part of their delivery process to capture management and impact information. This allowed them to clearly identify the support needs of people on the programme, understand outcomes, identify potential blockers to address, and understand the plausibility of their intended delivery models.
7. Sharing learning. Relevant for: senior decision-makers, policy staff, delivery staff, data and evaluation staff	Policy and delivery teams and commissioners should consider how engagement in evaluation activities can be effectively delivered, communicated, and incentivised. This could enable delivery staff and service users to clearly see a purpose and benefit in taking part in these	A key challenge for some evaluations is a lack of engagement in the collection of MI and evaluation activities from service users as well as wider stakeholders such as employers. This can be due to research fatigue or because the collection of MI and outcomes data is not seen as a priority. Advisers can focus on the needs of the individual and see the data collection process as overly bureaucratic. It is important for	The Durham Works Futures programmes used MI to better understand the impact of support ‘dosage’ (the amount and type of support received) on client outcomes. This meant collected MI data provided insights into how the programme should be delivered as well as its effectiveness. The YES North East programme team reflected on the findings of the interim evaluation report to consider how they could more effectively engage with

	activities. For example: as a tool to enhance discussions and support the service user to identify their skills/ needs/ progress, as a tool to support ongoing programme improvement and understanding of 'what works, for whom, and why?', through an incentivisation process for service users to take part.	those involved to feel and understand the benefit from taking part in these activities to encourage engagement, rather than it being a 'box-ticking' exercise.	referral partners in their ongoing programme delivery.
8. Building evaluation capacity and capability. Relevant for: policy staff, delivery staff, data and evaluation staff	Where possible, policy and delivery teams should take part in training activity relating to monitoring and evaluation requirements. This would ensure high quality data collection and engagement with monitoring and evaluation activities.	When appropriately resourced, the process of evaluation can strengthen evaluation capacity in local areas. However, this requires significant investment in evaluation capacity and suitably skilled evaluation teams.	In the Health-led Employment Trials, the evaluation team provided training for delivery staff to support the collection of baseline data and randomisation. This improved the quality of data being collected, but also upskilled delivery teams in effective use of MI data.

5. Appendix One: Technical annex

Criteria for inclusion and exclusion

The parameters for the evidence review were specified in a PICOS (Population, Intervention, Comparison, Outcome, and Study Design) framework as set out below:

Table 3: Inclusion and exclusion criteria

Population

Programme or intervention targets disabled people or people in England, Scotland, Wales, or Northern Ireland of working age with a health condition that may act as a barrier to entering or progressing in work.

Criteria	Basis for inclusion	Basis for exclusion
Age	People aged 16-state pension age	People aged under 16 or over state retirement age
Health	Disabled people or people who have a health condition that may act as a barrier to entering or progressing in work	No particular focus on people with health conditions or disabled people
Country	Programme or intervention focuses on a region, local authority, mayoral strategic authority, integrated care board area, Connect to Work delivery area (as relevant) in England, Scotland, Wales, or Northern Ireland	Programme or intervention has national focus and no local or regional focus

Programme or intervention

Programme or intervention should be an active labour market programme delivered at a local or regional level that has a health focus in supporting people to find, stay in or progress in work.

Criteria	Basis for inclusion	Basis for exclusion
Work and health focus	Programme or intervention has a focus on both work and health, this might include: programme or intervention focuses on addressing a combination of work and health factors and outcomes (as well as other additional barriers if relevant), target groups for support include disability and/or health-related criteria	Programme or intervention has a health-only focus e.g. interventions and outcomes are exclusively health-focused. Programme or intervention has a work and skills-only focus e.g. interventions and outcomes are exclusively work or skills-focused or is related to work and other non-health areas of support. Programme or intervention has no specific targets for supporting people with health-related barriers or disabled people. Programme or intervention focuses on wider components that may affect employment or health outcomes (for example housing, skills development) but is not primarily focused on achieving employment and health outcomes
Locally-led: Funding and commissioning	Funding can be provided by any funder including as part of national or local initiatives. Local areas are given clear opportunity to differentiate their offer through a bidding process (competitive or non-competitive). Local areas are encouraged to consider their local needs and appropriate programmes and interventions to include in their proposals	All delivery criteria are agreed and set at the national level prior to commissioning. Local areas are not given any scope to differentiate their offer at the proposal stage. Programme is funded by the LA as 'an employer' for their own internal staff development
Locally-led: Scope of funding	The funding allocated to a local area has a clear geographic focus and targets either the local or regional level. Local areas are given flexibility or opportunities for co-design in the following factors: in their chosen target groups, in their chosen delivery models, in their chosen outcomes and impacts	The funding covers a number of areas with no clear allocation or targets for a specific locality or region. Local partners are not involved in programme design or target-setting

Locally-led: Design	The programme will have clear elements of local tailoring and flexibility. Local areas are given opportunity to differentiate their offer through leading or clear co-design involvement in the design process (including in the selection of the models used e.g. IPS models). Design process will involve engagement from local stakeholders including LAs, charities, ICBs, target groups etc	Programmes and interventions are designed centrally with little or no input from local partners
Locally-led: Delivery	Programme delivery is primarily led by local partners and stakeholders. Programme delivery is led by national organisations delivering a locally specific and accountable contract. Subcontractor selection and commissioning is led by local delivery leads	The programme is delivered solely by nationally commissioned organisations with no locally specific contract or flexibilities

Study design

The study will include locally focused or differentiated evaluations from 2017 onwards.

Criteria	**Basis for inclusion**	**Basis for exclusion**
Locally-led: Evaluation	The programme has a locally commissioned or in-house evaluation. The programme is included and 'spotlighted' either as a named case study or differentiated example in a wider or national evaluation	National evaluations where local areas and locally specific findings are anonymised or not discussed
Type of study to include	Process evaluations. Impact evaluations. Studies highlighting specific 'what works' elements from a programme or intervention	Systematic reviews

Comparator group	Studies will be included even if a relevant comparator is not available	Not applicable
Date of delivery	2017 onwards to reflect a focus on developments following local devolution settlements and the commencement of the final round of European Social Fund (ESF) funding	Programmes and interventions delivered before 2017 or where no process, interim, or final evaluation is available by January 2026

Outcomes

The evaluation explores individual outcomes as well as wider elements of system level change, and examples of effective practice.

Criteria	Basis for inclusion	Basis for exclusion
Individual outcomes	Study explores individual outcomes, such as: progress towards work (and distance travelled), employment outcomes (such as job entry and retention), in-work progression increased earnings (job satisfaction etc), reduced benefit dependency, health and wellbeing outcomes	Studies that do not explore one or more of these types of outcomes resulting from the programme or intervention under consideration
System-level outcomes	Study considers wider or system level outcomes, such as: numbers of referrals between partners, shared stakeholder and service user engagement, evidence of a shared vision and purpose between partners, pooled funding, local employment rate, inactivity rate, improved population health indicators	Studies that do not explore one or more of these types of outcomes resulting from the programme or intervention under consideration
Effective practice	Study highlights recommendations and considerations for future implementation, delivery, and evaluators	Studies that do not explore one or more of these types of outcomes resulting from the programme or intervention under consideration

Programmes considered in and out of scope

In-scope

- Working Well: Devolved policy allowing local design and delivery with work and health focus where local evaluations are available.
- Evaluation of the Youth Employment Service North-East (Learning and Work Institute).
- Funded by a national foundation, locally designed and targeted. Local evaluation available.
- European Social Fund employment and disability and/or health programme evaluations post-2017: where local evaluations are available.
- Health-led trials: Work and health focus with some flexibilities given to local areas (with a more flexible IPS-lite model). National evaluations available (with differentiation between areas).
- Evaluation of Working Well in Greater Manchester. Locally designed and targeted with evaluations available at time of review.

Out of scope

- National elements of the Work and Health Programme (where these are not co-designed).
- The Restart Scheme: national programme with limited local flexibility and limited emphasis on health.
- National Jobcentre Plus support e.g. Evaluation of the Personal Support Package: national programme with limited local flexibility. National-level ESF evaluations e.g. Overall ESF evaluation Summary: Impact evaluation of the European Social Fund 2014-2020 programme in England - GOV.UK: National-level focus.
- Skills Bootcamps evaluations (process and impact): Nationally funded model with specific tailoring and flexibilities for local areas to best develop their offers. However, there was no particular emphasis on health.

Example of excluded study

When making decisions regarding reports for inclusion in the REA, overriding factors were considered across the inclusion criteria, even where report content may be pertinent to our research questions. A notable example of this is the Government Outcomes Lab (GO Lab) evaluation of the Life Chances Fund (LCF) Mental Health and Employment Partnership (MHEP) Social Outcomes Partnerships (SOPs).

While the evaluation met several key criteria for inclusion and contained information relevant to our research questions, it was deemed ineligible for inclusion due to its primary delivery function using mandated Individual Placement and Support (IPS) as a prescribed, manualised intervention, supported by a well-defined operating framework (with reported high-fidelity).

Researchers discussed the extent to which there were flexibilities in the model, which had been the basis for the inclusion of the Health-led Employment Trials which also tested an IPS approach. However, the Health-led Employment Trials used an IPS-LITE model which allowed more locally determined flexibility in delivery, while the SOP model did not.

It is important to note that, for future exploration of the effectiveness of different programme governance mechanisms, the report offers key insights into 'what works.' Specifically, that:

- Using IPS, an internationally established evidence-based intervention with a well-defined fidelity scale, enables direct comparison between different programme governance approaches. This differs from programmes that test new or 'black box' interventions, which allow significant discretion in how services are defined and outcomes are achieved.
- Through a memorandum of understanding and a collaboration with Social Finance, individual service user-level data was available for analysis across all sites, and discussions were held with providers about data held and its quality. This allowed the research team to 'construct a comprehensive conceptual model for the evaluation, which increases our confidence in isolating the SOP effect by controlling for confounders and variables that affect IPS performance.'

Evidence standards

Strength of evidence

The intention of the REA was to synthesise and disseminate the best quality and most relevant evidence to meet stakeholder needs, within the programme resources, and to provide an indication of the strength of each element of the evidence for readers. A key challenge for the REA was being able to apply high standards in rating the strength of evidence. This is particularly the case when the focus was on local evaluation which may have limited resources for evaluation. A pragmatic approach was therefore taken to the application of evidence standards.

We used the Youth Endowment Fund Evidence Quality Assessment (YEF-EQA) tool to assess primary research[7]. The tool was used to assess whether the overall quality of the evidence was high, moderate, low or very low.

The evidence assessment process used the following standards to assess each study against the following criteria (where applicable to study types):

- quality of individual studies (including design; clarity of evaluation questions; clarity of the methodology; assessment of potential bias; and effective use of administrative data)

[7] Youth Endowment Fund Technical Guide - access via Youth Endowment Fund toolkit accessed 02.03.26.

- quality of recruitment and sampling (including clear sampling and recruitment strategy; and appropriateness of strategy to evaluation questions)
- positionality, assumptions and biases (including whether the researcher's own position, assumptions and possible biases are outlined)
- clarity of outcomes (whether the outcomes are clearly defined; whether outcomes have been measured, where appropriate, using an existing, validated measurement tool; whether confounding has been adequately controlled; were outcomes reported with equal emphasis; does the study consider extenuating factors e.g. trial was stopped early)
- robustness of the data analysis process (including whether the data analysis approach is adequately described and sufficiently rigorous)
- validity of implications and recommendations (whether the implications or recommendations are clearly based in the evidence from the study)
- consideration of treatment and comparison groups (including whether assignment to treatment and comparison groups is done at the appropriate level e.g. individual, community; and whether the methods used to assign participants to treatment and comparison groups are sufficiently rigorous)

Each item was rated as High (3 points), Medium (2 points) or Low quality (1 point). The final score was then calculated as a percentage of the applicable maximum points[8] (as relevant to the study design). This percentage score was then used to determine the overall quality of the study as High (90 to 100%), Moderate (70 to 89%), Low (50 to 69%), or Very Low (below 50%)[9]. The studies selected for inclusion were scored independently by 2 researchers. Two studies were given different ratings, and this was resolved through further review and discussion.

The ratings for included studies are detailed in Appendix Two. Two studies scored as very low were removed from further consideration. The rating was also used as one measure of the confidence and weighting that could be applied to research findings.

Strength of evidence rating

In addition to an assessment of the quality of the individual studies, the review includes an assessment of the type and strength of evidence for key findings. The standard seeks to represent the realities of the diverse evidence base, making clear the evidence type and methods used. It combines the Maryland Scientific Methods Scale (SMS) and YEF-EQA standards.

[8] The final score is calculated by first calculating the total possible points based on the applicable items, sum the total points awarded across applicable items, and then computing a percentage score: Final Score = (Total Awarded Points/Total Possible Points) × 100.

[9] Youth Endowment Fund Technical Guide - access via Youth Endowment Fund toolkit accessed 02.03.26.

Table 4: Evidence type and strength

Evidence type	Strength of evidence
Strong causal methods, such as Randomised Controlled Trials, or Quasi-Experimental Designs. Causation - this type of evidence demonstrates that the activity directly produced the outcome (e.g. X directly causes Y).	High (SMS Level 3 to 5)
Evaluations/ evidence must detail a programme logic and/or Theory of Change. Evidence body will use quantitative methods, qualitative methods, and mixed methods. Influence on outcome - evidence that shows the intervention helped to achieve the outcome, alongside other factors, and explains how, why and for whom.	High (Quantitative designs will be SMS Level 1 to 2 with YEF-EQA rating of High). Moderate (Quantitative designs will be SMS Level 1 to 2 with YEF-EQA rating of Moderate). Low (YEF-EQA rating Low).
Evidence will be less developed, for example in a test and learn phase, or developing hypotheses. It might use methods such as descriptive analysis and case-studies. Indicative or promising - evidence that suggests or signals potential to influence an outcome.	YEF-EQA ratings High, Moderate, Low

Evidence sources

Searches were conducted across a range of sources:

- submissions from the Call for Evidence
- GOV.UK Evaluation Registry
- DWP Employment Data Lab
- Local Government Association
- The King's Fund
- National Institute for Health and Care Research
- Nuffield Foundation
- Cochrane Library (Cochrane reviews - Cochrane Library)
- Joseph Rowntree Foundation
- What Works Centres – (Local Economic Growth and Youth Futures Foundation)

- Mayoral Strategic Authorities
- Integrated Care Boards
- local authorities
- Google Scholar
- EU sites for ESF material, such as Home - Publications Office of the EU
- Academic journals where relevant e.g. Scopus, PsycINFO, Child Development and Adolescent Studies (CDAS) (via EBSCO), Education Resources Information Center (ERIC), British Education Index (BEI) (via EBSCO)

A key challenge for the REA was the unavailability of evaluations from several key funding opportunities, with some still in the process of evaluation and some opting not to publish their evaluations. Examples of this include:

- Programmes and interventions funded by UK Shared Prosperity Funding
- Programmes and interventions funded by City Deals
- Programmes and interventions funded by Towns Fund
- NHS Accelerators

Search terms

The following table provides a summary of the search terms used to identify relevant evaluation reports. Numbers are used to show priority level.

Please note: All search terms used wildcards to ensure maximum relevant retrieval (for example employ to encompass employment, employer, employee).

Table 5: Search terms

1	2	3	4	5	6	7
Local	Commu-nity-based	Place-based	Regional	Neighbour-hood	Skills pro-gression	Vocational rehabilita-tion
Labour market	Employ-ment	Workforce	Jobs	Job crea-tion	Health ine-qualities	Trial
Health	Wellbeing	Disability	Mental health	Physical health	Partnership	Not applicable
Programme	Initiative	Intervention	Pilot	Delivery	Review	Not applicable
Evaluation	Impact	Process	Effectiveness	Benefits	Not applicable	Not applicable

Sifting process

A 4-stage sifting process using the inclusion and exclusion criteria outlined above was then applied:

- first sift – title and abstract /summary
- second sift – full paper / report
- third sift – the methodology considered in more detail. At this stage, the evidence standards were applied
- review stage

Review extractions were quality assured by regular cross-checking across the research team in review meetings to discuss any outliers or edge cases. A senior team member then reviewed the full extraction framework. Figure 1 summarises this using the Preferred Reporting Items for Systematic reviews and Meta-Analyse (PRISMA) approach:

Figure 1: PRISMA flow diagram
Identification

Studies/programmes identified through searches (number approximately equal to 100).

Studies/programmes not retrieved (number approximately equal to 10 to 15).

Studies/programmes excluded at first sift (number approximately to 40 to 50).

Screening

Studies/programmes screened at second sift (number approximately equal to 40 to 50).

Studies/programmes excluded at second sift (number approximately equal to 20 to 30).

Studies/programmes excluded for ‘very low’ quality (number approximately equal to 2).

Included

Studies/programmes included in review (number approximately equal to 17).

Use of artificial intelligence (AI) tools

AI tools were used in 2 limited ways in this evidence review. Firstly, prompts were used to assist with searching some websites (in particular, local government websites) where the number of individual sites was too numerous to be searched individually. This approach was tested but found to be unsuccessful, although this might be due to a lack of evidence available. In place of this, additional searches were undertaken on the LGA website, using forward and backwards chaining where they included examples of potentially relevant programmes.

Copilot was also used to generate summaries of all papers selected for the second sift. These summaries were used to support the development of a human generated summary and not as a substitute for the researcher reading the paper in full. AI tools were not used for any papers that are not in the public domain (for example, those shared as part of the call for evidence). The AI summaries were a useful additional tool for the human research team to cross-check understanding and particularly inference. However, they were consistently unreliable, for example by hallucinating additional details that were not included in the research studies.

Evidence review

Short-listed studies for full review were included in a grid extraction framework outlining the PICOS information for each, and the research questions they address. The extraction process was also informed by the Updated Consolidated Framework for Implementation Research. The Updated Consolidated Framework for Implementation Research (CFIR) includes 5 domains, each with multiple constructs and subconstructs. It includes:

- Innovation: focuses on the characteristics of the intervention and includes aspects like adaptability, complexity, relative advantage, and cost. Explicitly considers how innovations are perceived by both recipients (those benefiting) and deliverers (those implementing).
- Outer Setting: Captures external influences on implementation, and includes local attitudes and conditions, financing and resource pressures, societal and

market pressures, and performance measurement pressures. It includes the role of national policy, regulations, and external incentives.

- Inner Setting: This focuses on the organisational context where implementation occurs and includes culture, leadership engagement, readiness for implementation, and structural characteristics.
- Individuals: This includes roles (e.g., leaders, team members), and characteristics (mapped to the COM B model (Capability, Opportunity, Motivation). The domain emphasises how individual attributes and roles influence implementation success.
- Implementation Process Domain: this domain includes collaboration, assessing needs and context, tailoring strategies, and engaging recipients.

The original intention was to use the framework as part of the extraction process. However, this created too much complexity for efficient extraction. Instead, it was used to inform the evidence review write up across the key themes.

6. Appendix Two: Details of included studies

Table 6: Included studies and their evidence standards

Title	Funder	Details of programme / intervention	Evidence standard rating
Working Well Evaluation Reports (All 15 published Working Well reports published by GMCA are considered collectively)	DWP, the Ministry of Housing, Communities and Local Government, ESF, and Greater Manchester.	Working Well (from 2014) is an evolving programme delivered across Greater Manchester and drawing on several funding sources. It includes support for longer-term unemployed people with health conditions or disabled people to find and sustain work as well as support for those at risk of falling out of the labour market, alongside support for employers.	High
Health-led Employment Trials Evaluation Reports (All 7 published reports are considered collectively)[10]	DWP	Health-led Employment Trials (2018 to 2022). The programme was a large-scale trial of Individual Placement and Support with people experiencing mild/moderate mental and/or physical health conditions in primary and community care settings. The	High

[10] A decision was made to consider the published evaluations of Working Well and Health-led Employment Trials as collective rather than individual reports. This has a potential impact on evidence standard as the reports are varied in nature, however, the risk of considering them separately is that these 2 programmes would then have an unequal weighting in the development of recommendations.

		trial ran in the West Midlands and South Yorkshire and was delivered by third sector providers.	
Talent Match Evaluation: A Final Assessment	National Lottery Community Fund	Talent Match (2014 to 2018). There were 21 Talent Match partnerships across England, each covering a separate Local Enterprise Partnership area, and each led by a voluntary organisation. Each partnership delivered pre-employment support and wider support to young people.	Moderate
East Sussex Wellbeing and Employment Service Evaluation (ESWE)	East Sussex Council	East Sussex Wellbeing and Employment Service Evaluation (from 2021) was a housing and wellbeing initiative aimed at addressing the complex needs of individuals facing homelessness It was delivered by Local Authority housing teams.	Moderate
Evaluation of In-Work Support Service	Welsh Government and European Social Fund	Healthy Working Wales: In-Work Support Service (2015- 2022). The programme aimed to reduce sickness absenteeism and presenteeism rates in the workplace through support for individuals and employers.	Moderate
Cumbria Youth Alliance: Forging Futures Programme	Youth Futures Foundation	Cumbria Youth Alliance Forging Futures (from 2021) was aimed at young people aged 16 to 24-years-old, living in Cumbria, looking for work and claiming Universal Credit. It delivered tailored interventions, targeting a range of support needs to support movement towards employment.	Moderate

Pilot evaluation report: Drive Forward Foundation Supporting Care Leavers into Employment (SCLiE) intervention	Youth Futures Foundation	Supporting Care Leavers into Employment (from 2021). The programme supported care experienced young people between the ages of 16 and 24 to access employment, education or training. It provided holistic support tailored to individual needs.	Moderate
Evaluation of Youth Employment Service North East – final report	Youth Futures Foundation	YES North East (2021 to 2023). The programme was designed to support neurodivergent people aged between 18 and 24 living in Tyne and Wear who were not in employment, education or training, to move into, or further towards, employment and education.	Moderate
No One Left Behind' Fife – tackling employment issues in Scotland	Fife Council	No One Left Behind (NOLB) Fife (from 2019) is an implementation of the Scottish Government's NOLB policy that aims to meet the specific needs of the local population in Fife. The approach in Fife is underpinned by the Scottish Approach to Service Design to help partners to design services around local labour market needs rather than rigid national programme rules.	Low
Evaluation of the Durham Works Futures programme	Youth Futures Foundation	Durham Works Futures (from 2016) was delivered by Durham County Council in partnership with Groundwork. It worked with young people aged 16 to 24 in County Durham, who were not in education, employment or training and who faced barriers to accessing the labour market. It included individualised support through one-to-one coaching.	Low
Pilot Evaluation Report: Evaluation of the Liverpool Talent Match	Youth Futures Foundation	Liverpool Talent Match (from 2013) worked with young people aged 16 to 24 in Liverpool, who were not in education, employment, or training and faced barriers to accessing the	Low

		labour market. The programme paired participants with intensive mentors to support them through their journey towards employment or education.	
Solent Jobs Programme	ESF and City Deal/local funds	The Solent Jobs Programme (2016to 2018) was part of the Southampton and Portsmouth City Deal agreement. The programme provided employment related support to long term workless adults with health conditions, and disabled adults, living in the region.	Low
Building Better Opportunities Final Evaluation ('National Evaluation – Final Report 2023 PDF')	The National Lottery Community Fund/ ESF	Building Better Opportunities (2016 to 2023) was a programme which invested in 132 delivery partnerships across England focused on tackling poverty, promoting social inclusion and driving local jobs and growth, particularly for groups facing complex barriers to work.	Low
Central London Works: third process evaluation report December 2021	Central London Forward	Central London Works (from 2018) supported individuals who faced barriers to work to find and sustain good quality employment. It was the devolved Work and Health Programme in Central London designed to meet local needs.	Low
Step Forward Tees Valley (link opens directly to a PDF file)	Humankind Charity	Step Forward Tess Valley (2016 to 2023) aimed to engage the hardest to reach, supporting people in the local area with multiple and complex barriers to move closer to employment or training. The voluntary programme provided person centred support with no time limits.	Low

Implementation Evaluation of No One Left Behind & the Young Person's Guarantee	Scottish Government	No One Left Behind (NOLB) and the Young Person's Guarantee (YPG) (from 2020). NOLB was designed to create a flexible, user-centred employability system aimed at helping people to find, stay and progress in sustainable work. The YPG was designed to provide young people with employment and training opportunities.	Low

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