



Building Better Opportunities: Working Progress – Final Report 2019 – 2023 (Phase 2)

Dr Toa Giroletti and Dr Claire Paterson-Young

March 2023

Institute for Social Innovation and Impact (ISII),
University of Northampton

Contents

| | |
|--|-----------|
| 1. Introduction | 7 |
| 2. Literature review | 9 |
| 3. Methodology | 12 |
| 4. BBO Working Progress Questionnaire Analysis | 15 |
| 4.1 BBO Working Progress Programme participants Characteristics..... | 15 |
| 4.2 BBO Working Progress Sample Characteristics | 18 |
| 4.3 BBO Working Progress Questionnaire Results..... | 23 |
| 4.3.1 Self-efficacy..... | 23 |
| 4.3.2 Mental Health and Well-Being | 24 |
| 4.3.3 Employment..... | 25 |
| 5. Covid-19 Questionnaire Analysis | 27 |
| 5.1. Covid-19 Sample Characteristics | 27 |
| 5.2 Covid-19 Questionnaire Results..... | 28 |
| 5.2.1. Impact of Covid-19 on mental health and well-being | 28 |
| 5.2.2. Satisfaction with life | 31 |
| 6. BBO Working Progress - Qualitative Data | 33 |
| 6.1. Participants’ story..... | 34 |
| 6.1.1. Participants’ needs | 34 |
| 6.1.2. New and emerging Participants’ needs during Covid-19 | 37 |
| 6.1.3. Relationship between participants and delivery partner | 41 |
| 6.1.4. Impact(s) on the participants | 43 |
| 6.2. Programme delivery | 47 |
| 6.2.1. Service delivery | 47 |
| 6.2.2. Impact of Covid-19 on service delivery | 51 |
| 6.2.3. Programme benefits and opportunities for improvements..... | 55 |
| 6.3. External Stakeholders’ views | 63 |

| | |
|---|-----------|
| 7. Social Impact of BBO Working Progress | 67 |
| 7.1 July 2019 and July 2020..... | 67 |
| 7.2 August 2020 and July 2021 | 70 |
| 7.3 August 2021 and July 2022 | 74 |
| 7.4 August 2022 and December 2022 | 77 |
| 8. Conclusions..... | 81 |
| References..... | 85 |

List of abbreviations:

M : mean value *N* : sample size *p* : p-value (probability) *t* : t-test results SD: Standard Deviation

Executive Summary

Northamptonshire has a mixture of rural and urban areas, with several issues that need attention, including support for an ageing population, poverty, health, and well-being (Paterson-Young, Hazenberg, and Brylka, 2017). A key problem that affects Northamptonshire is the relatively high level of unemployment among individuals who are categorised as economically active. Unemployment, especially long-term unemployment, significantly impacts on an individual's life (Eden and Aviram, 1993; Meyers and Houssemand, 2010). This report presents the results from the Phase 2 research evaluating BBO Working Progress programme between August 2019 (the beginning of the evaluation) and January 2023 (the end). Phase 1 of the evaluation was carried out between August 2016 and July 2019¹. BBO Working Progress aims to help unemployed and economically inactive adults across Northamptonshire gain training, education, volunteering opportunities, and employment.

The research evaluation outlines the experiences of programme participants and delivery partners, using a mixed method approach complemented by the Social Impact Matrix©. Quantitative data, through online questionnaires, captured the responses of 568 programme participants on the psychological benefits, in particular self-efficacy and well-being, and employment benefits of the programme. Further quantitative data was collected from 47 programme participants, delivery partners and other organisations on the consequences of Covid-19 on BBO Working Progress. Qualitative data consisted of 67 semi-structured interviews² with participants, delivery partners, and external stakeholders focused on the needs of programme participants and the programme performance.

Overall, BBO Working Progress programme produced positive outcomes for the programme participants, enabling them to live a better life, with increased self-efficacy and well-being. It reduced social isolation and increased the programme participants skills and ability to apply for employment opportunities. The Social Impact for BBO Working Progress has been calculated since 2019. The below figure 1.1 display the Social Impact through time³.

¹ It is possible to consult the following reports to have additional information on the BBO Phase 1 evaluation: <https://pure.northampton.ac.uk/en/publications/building-better-opportunities-working-progress-final-report>
<https://pure.northampton.ac.uk/en/publications/building-better-opportunities-working-progress-evaluation-overvie>

² Combined BBO Working Progress and BBO Working Progress Covid-19.

³ Covid-19 has impacted on the total social impact value, with service delivery reduced (for example, volunteering ceases and employment opportunities reduced), moreover, the last year presented (2023) includes only the data for 5 months (from August 2022 to December 2022).

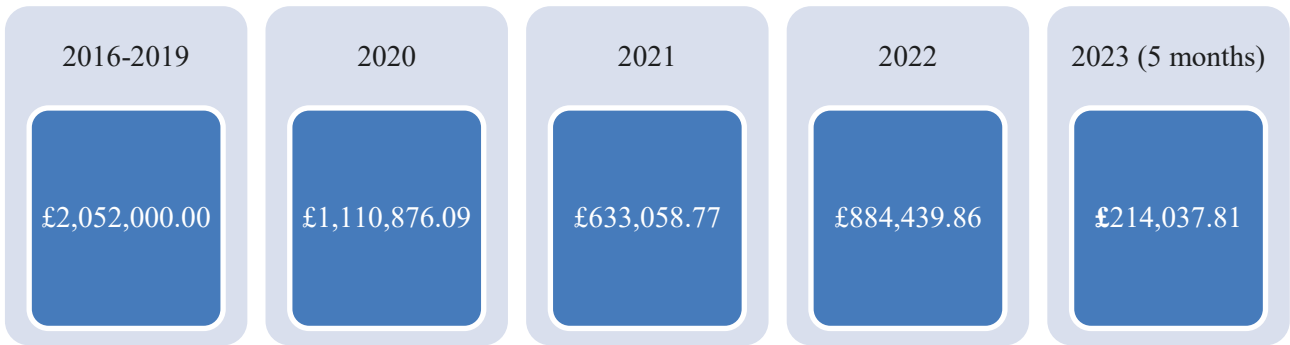


Figure 1.1. Social Impact from 2019 to 2023.

Covid-19 has had significant impact on the total social impact value, with service delivery reduced (for example, volunteering ceased, and employment opportunities reduced) due to the Government restrictions and lockdowns which impacted on the delivery of support and provision of opportunities. Figure 1.2 below summarises the benefits of the programme and the opportunities for improvement captured through the evaluation.



Figure 1.2. BBO Working Progress benefits and opportunities for improvement.

Both the interviews and questionnaires illustrated the value of BBO Working Progress programme in promoting well-being and self-efficacy. Specifically, the outcomes of the programme are:

- Strong relationships:** Strong relationships between delivery partners and programme participants were evident throughout the evaluation, which enabled programme participants to access support during the Covid-19 pandemic. These relationships were key in empowering programme participants and reducing social isolation.

- **Increased health and well-being:** Support and positive relationships, which enable programme participants to feel empowered, led to increased well-being. The provision of well-being workshops, check-in sessions and flexible support during the Covid-19 pandemic was essential for programme delivery. This level of support endured after the Covid-19 pandemic to ensure programme participants were supported with post-pandemic challenges (i.e., cost of living crisis and limited employment opportunities).
- **Increased confidence and self-efficacy:** Self-efficacy improves programme participants confidence and motivation which increases the chance of finding employment. The provisions of virtual support in C.V. writing, job search and interview skills were offered to programme participants throughout the Covid-19 pandemic to improve job readiness.
- **Increased abilities in job searching and general employability skills:** Improved digital and technology skills, English language skills, knowledge of creating a curriculum vitae, and interview management increased programme participants employability.

Conversely, programme participants and delivery partners identified some opportunities for improvement:

- **Paperwork:** The paperwork required for BBO Working Progress was one of the main barriers to efficiency, with delivery partners commenting on the impact of the paperwork process on service delivery and workloads. This was a barrier identified by delivery partners throughout Phase One and Phase Two of BBO Working Progress.
- **The lack of communication:** Communication is essential in multi-partnership working, with delivery partners acknowledging the challenges in identifying those already participating in BBO Working Progress programme through other delivery partners.
- **Need for additional resources/opportunities:** Opportunities for increasing courses, volunteering experiences and placements was mentioned by programme participants. Delivery partners introduced creative techniques for programme delivery during the pandemic which may have been useful to further develop post-pandemic to allow participants to access resources virtually (if required) and ensure resources are available once BBO Working Progress ends – promoting sustainability.

Overall, BBO Working Progress programme was viewed positively with some areas for improvement. Increase pressure was on delivery partners to resume normal service delivery post-pandemic; however, adopting a quasi-normal approach that combined the creative techniques

introduced during the Covid-19 pandemic may have proven beneficial. The research team proposes the following three key recommendations for future iterations of BBO Working Progress:

- **Recommendation One - Reduce Bureaucracy:** There is a significant amount of paperwork for the delivery partners, mentioned in previous phases of BBO Working Progress evaluation. The paperwork requested by the funder including the necessary authorisations for claims, had an impact on the programme performances, especially at the beginning. Reducing this paperwork and/or introducing other methods of completing paperwork would enable staff to focus more on the needs of the programme participants. This could include a streamlined online claim process which allows delivery partners to request and receive funds immediately and the reduction in hardcopies of paperwork.
- **Recommendation Two - Increase development opportunities:** Additional courses, volunteering experiences, and placements would help boost individual skills and the individuals' confidence and self-efficacy. Moreover, this would improve the chances for the programme participants to look for employment. Introducing opportunities across partners (i.e., collaborative opportunities) could improve access for programme participants.
- **Recommendation Three - Workshops and/or networking opportunities:** Increasing opportunities for collaboration by introducing workshops with local employers (virtual and/or in-person workshops) would enable programme participants to network with employers. The program was effective in supporting participants in developing important skills such as IT proficiency and C.V. writing, which are crucial for finding employment. However, as these are emerging skills and the participants' confidence levels are still developing, it may be beneficial to supplement the program with face-to-face workshops and networking experiences. These activities could help participants develop additional skills and become more comfortable with the face-to-face interactions that are typically required in most jobs.
- **Recommendation Four – Data collection and management:** Improving data collection and management would allow BBO Working Progress partners to identify the social impact of support. For example, volunteering has a beneficial impact on health outcomes, with research evidencing the effects of volunteering on mental and physical health (McDougle *et al.*, 2014; Piliavin and Siegel, 2007), life satisfaction (Thoits and Hewitt, 2001), self-esteem (Morrow-Howell *et al.*, 2003) and functional ability (Greenfield *et al.*, 2004). Capturing accurate information on volunteering (i.e., number of staff volunteering based on allocated volunteering hours) would enable BBO Working Progress to demonstrate value within volunteering.

1. Introduction

Northamptonshire is a county originally consisting of seven districts: Corby, Daventry, East Northamptonshire, Kettering, Northampton, South Northamptonshire, and Wellingborough. Since April 2021, Northamptonshire's councils were replaced with two unitary councils. The new West Northamptonshire unitary council serves the areas of Daventry District, Northampton and South Northants, and the new North Northamptonshire unitary council serves Wellingborough, Kettering, Corby and East Northants. The county has a mixture of rural and urban areas, with several issues that need attention including support for an ageing population, poverty, health, and well-being (Paterson-Young, Hazenberg, and Brylka, 2017). A key problem that affects Northamptonshire is the relatively high level of unemployment among individuals who are categorised as economically active. Unemployment, especially long-term unemployment, significantly impacts on an individual's life. The problems affecting Northamptonshire have been exacerbated by Coronavirus (Covid-19), also known as SARS-CoV-2, a virus that affects an individual's lungs and airways (with other affects under investigation). Action taken to limit the spreading of Covid-19 has included national lockdowns, including lockdowns in the United Kingdom. This measure consists mainly of physical isolation and social distancing, but in the long term, has resulted in social isolation and lower levels of well-being (Pierce, *et al.*, 2020; Iob, Steptoe, and Fancourt, 2020). The impact of social isolation and well-being is intensified for individuals already experiencing a high level of deprivation and low levels of health and well-being, including participants engaged on BBO Working Progress. Research (Bell and Blanchflower, 2020) shows that approximately 20% of people had lost at least half of their income due to Covid-19.

This report presents the results from research evaluating BBO Working Progress programme (including the additional Covid-19 research) which aims to help unemployed and economically inactive adults across Northamptonshire gain training, education, volunteering opportunities, and employment. Although the project supports a range of residents across Northamptonshire, it targets support to vulnerable groups including those from Black, Asian and Minority Ethnic (BAME) communities, individuals with caring responsibilities, and those Not in Education Employment or Training (NEET) who experiencing higher levels of disadvantage.

The report presents the results from the Phase 2 evaluation of BBO Working Progress programme from the August 2019 (the beginning of the evaluation) until January 2023 (the end). Phase 1 of the

evaluation was carried out between August 2016 and July 2019⁴. The quantitative data presented were gathered through an online questionnaire that captured the responses of 568 programme participants, focused on the psychological benefits, including self-efficacy and well-being, and employment benefits of the programme. Further quantitative data was collected from 47 programme participants, delivery partners and other organisations on the consequences of Covid-19 on BBO Working Progress. Qualitative data consisted of 67 semi-structured interviews⁵ with participants, delivery partners, and external stakeholders, focused on the needs of programme participants and the programme performance. Lastly, the report presents the social impact delivered by BBO Working Progress (utilising the University's Social Impact Matrix©) for the last complete financial period (August 2022 – December 2022).

⁴ It is possible to consult the following reports to have additional information on the BBO Phase 1 evaluation:
<https://pure.northampton.ac.uk/en/publications/building-better-opportunities-working-progress-final-report>
<https://pure.northampton.ac.uk/en/publications/building-better-opportunities-working-progress-evaluation-overvie>

⁵ Combined BBO Working Progress and BBO Working Progress Covid-19.

2. Literature review

Initially, Northamptonshire was made up of seven districts (Corby, Daventry, East Northamptonshire, Kettering, Northampton, South Northamptonshire, and Wellingborough). Since April 2021, Northamptonshire councils were replaced with two unitary councils. The new West Northamptonshire unitary council serves the areas of Daventry District, Northampton and South Northamptonshire, and the new North Northamptonshire unitary council serves Wellingborough, Kettering, Corby and East Northants. Overall, in West Northamptonshire the unemployed rate was 3.1% and in North Northamptonshire is 2.8%, with 3.0% in Northampton, 3.4% in Wellingborough, 3.8% in Kettering, 3.6% in Corby, 2.2% in Daventry, 2.1% in East Northamptonshire, and 2.0% in South Northamptonshire (October 2021-September 2022)⁶ (NOMIS, 2023). The proportion of individuals claiming out-of-work benefits in North Northamptonshire is 3.1% and in West Northamptonshire is 3.0% which is slightly lower than in the East Midlands (3.2%) (January 2023) (NOMIS, 2023b). In the same period, the individuals claiming out-of-work benefits are 3.6% in Corby, 3.0% in Northampton, 2.9% in Wellingborough, 2.7% in Kettering, 2.2% in Daventry, 1.7% in East Northamptonshire, and 1.0% in South Northamptonshire (NOMIS, 2020)⁷. This data, presented in Table 2.1, illustrated relatively high levels of unemployment in Northamptonshire, resulting in experiences of significant levels of deprivation and low levels of mental and physical well-being (McKee-Ryan *et al.*, 2005).

| | Unemployment (%) (2021-2022) | Out-of-work benefits (%) (2020) |
|-------------------------------|-------------------------------------|--|
| Corby | 3.6% | 3.6% |
| Daventry | 2.2% | 2.2% |
| East Northamptonshire | 2.1% | 1.7% |
| Kettering | 3.8% | 2.7% |
| Northampton | 3.0% | 3.0% |
| South Northamptonshire | 2.0% | 1.0% |

⁶ In Northamptonshire, there are 83.7% of people considered economically active people.

⁷ These are the latest data available on out-of-work benefits in Northamptonshire.

| | | |
|-----------------------|------|------|
| Wellingborough | 3.4% | 2.9% |
|-----------------------|------|------|

Table 2.1. Distribution of the level of unemployment (%) and out-of-work benefits

The availability of jobs in Northamptonshire decreased following the Covid-19 pandemic on the 11th of March 2020 (WHO, 2021). The rate of unemployment has risen by 40% since the beginning of 2020 up to the month of September in Northamptonshire (Northampton Chronicle and Echo, 2021). According to a labour market insight report published by Milton Keynes Council (2021), with reference to the Office of National Statistics (ONS) data, Northampton has the highest rate of unemployment in the county of 7.1% (compared to 3.2% in South Northamptonshire). Supporting individuals on their journey to employment and economic activity is pivotal in a society experiencing austerity and financial insecurity. Research conducted in the UK has demonstrated that current policies involving the reduction of benefits for unemployed individuals have led to an elevated risk of hunger, depression, and homelessness (Stuckler, *et al.*, 2017). Additionally, between August 2021 and August 2022, the cost of living has risen, with domestic gas, domestic electricity prices, and food prices experiencing significant increases (Gorb, A., 2022). The mixture of urban and rural areas in Northamptonshire creates a disparity in terms of need and deprivation, with around a third of the population living in rural areas (Paterson-Young, Hazenberg, and Brylka, 2017). In 2017, Northampton Community Foundation Hidden Needs Report (Paterson-Young, Hazenberg, and Brylka, 2017) showed that Northamptonshire has several areas of need to address including support for an ageing population, poverty, health, and well-being. In 2015-2017, on health and well-being, people living in Northampton, Corby, Kettering, Wellingborough, Daventry, East Northamptonshire, and South Northamptonshire have a lower life expectancy that varies according to the areas compared to people living in more affluent areas of the county (Public Heath Northamptonshire, 2019). There is an even bigger gap in disability-free life expectancy of 15 years for men and 12 years for women between the richest and poorest areas (Northamptonshire Joint Strategic Needs Assessment, 2011). Health inequalities in populations can be linked with a number of social determinants that impact the environment and communities in which individuals live (WHO Commission on Social Determinants of Health and World Health Organization, 2008). Research by Thomsen (2009) showed that the longer an individual was unemployed, the more negative the effect of unemployment on the individual, with the long-term unemployed (longer than one year) being over three times less likely to get a job.

An individual’s motivation, well-being and personal accomplishment are strongly associated with their efficacy beliefs, which influence their choices and resultant actions (Pajares, 1996). In the context of employability, it is critical to address issues of self-efficacy because individuals with higher

levels of self-efficacy are likely to have more confidence in their abilities to succeed in gaining future employment (Lucas and Cooper, 2005). Prior research provides evidence of predictive relationships between increased self-efficacy, job-searching, and job procurement (Eden and Aviram, 1993; Meyers and Houssemand, 2010). When it comes to designing, delivering, evaluating, and revising work-integration schemes, a range of psychological predictors and outcomes may form the underpinning reasons for how interventions deliver outputs (i.e., individuals getting jobs) and impacts (i.e., the benefits to society of this employment). Indeed, the design of such programmes requires evaluation teams to be embedded from the very start, so that the relevant outputs, outcomes and impacts can be measured (Hazenberg *et al.*, 2014).

Research has demonstrated the links between disadvantage and employment, with individuals from Black, Asian and Minority Ethnic (BME) communities, individuals with caring responsibilities, and those NEET experiencing higher levels of disadvantage (Francis-Devine, 2020; Weekes-Bernard, 2017; Yates and Payne, 2006). For the period January-March 2020, unemployment rate for people from a White background was 3.6% while for BAME backgrounds was 6.3% (Francis-Devine, 2020). Moreover, within the different ethnic groups, higher levels of unemployment are experienced by individuals from Gypsy/Irish Traveller descent, Mixed White/Black, and African groups (Weekes-Bernard, 2017). Another individual factor influencing unemployment is whether the individual has been in NEET. In fact, long term unemployment is one of the consequences of being NEET (Yates and Payne, 2006). Another vulnerable group when discussing unemployment is carers, with higher levels of unemployment due to caring responsibility restricting their ability to develop skills (Aldridge, and Hughes, 2016). Conversely, individuals with Special Education Needs and Disabilities (SEND) tend to have lower levels of education and accesses to trainings and higher probability to be unemployed (Ko, 2015).

Last, but not least, the recent Covid-19 pandemic and the current economic crisis have placed an additional burden on the whole population, especially on the vulnerable individuals. The pandemic and various measures implemented to distance the population have had a negative impact on mental health, specifically on anxiety and depression (Brooks, *et al.*, 2020; Wang *et al.*, 2020; Xiao *et al.*, 2020). Certain vulnerable groups have been identified as being particularly impacted, such as individuals with compromised mental health, including the unemployed, who experienced even greater effects (Drosos, *et al.*, 2021). Additionally, individuals with pre-existing mental health issues or from socially disadvantaged backgrounds have experienced worse mental health outcomes during the pandemic (O'Connor *et al.*, 2021). A study from Proto and Quintana-Domeque confirmed

that mental health has decreased during the Covid-19 pandemic, particularly among women regardless of ethnicity and BAME men (Proto and Quintana-Domeque, 2021).

3. Methodology

This report presents the results from the research evaluating BBO Working Progress programme that aims to help unemployed and economically inactive adults across Northamptonshire gain training, education, volunteering opportunities, and employment. The programme was delivered by 19 partner organisations⁸ across all Northamptonshire areas including the towns of Northampton, Corby, Kettering, Wellingborough, and their rural surroundings. Although the project supports a range of residents across Northamptonshire, it targets support to vulnerable groups including those from BME Communities, over the age of 50 years-old, carers, NEET and individuals with SEND. This evaluation seeks to answer the following specific research aims and questions:

Research Aim 1: To explore and understand the beneficiary experience of the scheme.

Including:

Q1: Who were the main beneficiaries of the scheme and what barriers had they experienced in relation to employment?

Q2: What were participants' views/impressions of the scheme?

Q3: How far has Working Progress improved the knowledge and confidence of its participants whilst equipping them with the necessary skills and qualifications to seek employment?

Research Aim 2: To assess the efficacy of Working Progress in working with its partners and participants with complex needs. Including:

Q4: How flexible and responsive have Working Progress' range of support activity's been in meeting the individual needs of its client groups?

Q5: How successfully have Working Progress utilised the expertise and delivery experience of Northamptonshire's VCSE sector who are firmly embedded in the county and have a thorough understanding of the target beneficiaries?

Q6: How have Working Progress reviewed and developed good practice throughout the project?

Q7: How successfully have Working Progress engaged with those who are hard to reach and may have complex needs (as specified in the KPIs)?

⁸ At the beginning of the project all Delivery Partners were engaged in the project with varying levels of contracts depending on their organisational capacity at the time, during the first phase of the project, performance was closely monitored, and some Delivery Partners decided to withdraw from the project. As multiple extensions arose throughout the length of the project, the way in which contract levels were offered then changed, based more so on performance to date as Delivery Partners were a lot more comfortable with project requirements by this point and therefore more realistic targets were able to be set.

Research Aim 3: Evaluate the impact of the project for participant VSCEs, local employers and target beneficiaries. Including:

Q8: What has been the social impact of the Working Progress project?

Q9: What learning can be disseminated amongst the VCSE sector and local employers in the county from this scheme?

Research Aim 4: Evaluate the impact of Covid-19 on the delivery of BBO Working Progress project. Including:

Q10: How has Covid-19 impacted on BBO Working Progress project?

Q11: What have organisations done to adapt services for meet participants needs?

A mixed methods approach, alongside the University's Social Impact Matrix©, was implemented in order to investigate the impact of BBO Working Progress programme. The combination of quantitative and qualitative methods allows for the exploration of complex issues (Malina, Nørreklit, and Selto, 2011). The quantitative data collection focuses on both the psychological benefits (i.e., self-efficacy, well-being, and employability skills), with one questionnaire designed to collect information on participants experience on the programme and a separate questionnaire designed to collect information on the impact of Covid-19 on beneficiaries and delivery partners. The qualitative data collection mainly focuses on the programme performance, by interviewing participants, delivery partners, and external stakeholders. Semi-structured interviews with programme participants sought to investigate the programme participants' background, why they have taken part in the programme, what their life situation was before joining the programme, what changed because of the programmes, what they enjoyed and what could be improved. While semi-structured interviews with delivery partners and external stakeholders focused on exploring their involvement and role in the programme, the support provided, and the benefits experienced by the programme participants, and the disadvantages/forms of improvements of the programme.

The questionnaires investigated individuals' characteristics, length of the service, programmes outcomes through an open question, and three scales (the General Self-Efficacy Scale, the Warwick-Edinburgh Mental Well-being Scale, and an employment scale). Self-efficacy was investigated using the General Self-Efficacy Scale developed by Schwarzer and Jerusalem (1995). This scale consists of ten-items rated on a four-point Likert scale, it has been translated into 28 different languages and it is widely used for its psychometric properties (Scherbaum, Cohen-Charash, and Kern, 2006). Due to its central role in human motivation, self-efficacy has been applied in several areas of studies including unemployment (Scherbaum *et al.*, 2006). Indeed, Scherbaum *et al.* (2006) highlight that self-efficacy is strongly linked to unemployment, with the lack of employment implying a reduced

self-efficacy. Furthermore, individual conditions linked to unemployment (among which financial struggle, difficult living conditions, and loneliness) contribute to a reduction of self-efficacy (Scherbaum *et al.*, 2006). The second scale, the Short Warwick-Edinburgh Mental Well-being Scale, was used to investigate health and well-being. The scale used in this evaluation is the seven-items scale rated on a five-point Likert scale. Reductions in well-being has been associated with unemployment (McKee-Ryan *et al.*, 2005), with transition into employment proven to increase individual well-being fast and continuously (Zhou *et al.*, 2019). The last scale investigates participants' expectations of securing future employment including their ability to apply for jobs. Participants were invited to answer five questions in relation to their expectations of securing future employment on a five-point Likert scale.

Lastly, the evaluation used the Social Impact Social Impact Matrix©, that builds on McLoughlin *et al.* (2009) SIMPLE methodology. It focuses on the measurement of *outputs*, *outcomes*, and *impact*. *Output* can be defined as the direct and easily identifiable outputs of a programme (i.e., visible improvements in beneficiaries' situation or physical health); however these are just short-term benefits. In identifying the medium-term benefits, the Social Impact Matrix© utilises *outcomes* that represent positive changes to participants' states of mind enhancing their lives, their future employability and their psychological well-being (McLoughlin *et al.*, 2009). The wider benefits of the programme are determined by exploring the *impact*, which includes the impact on the society due to the results and the increased employability resulting from the programme (McLoughlin *et al.*, 2009). Within the Social Impact Matrix© the *outputs*, *outcomes*, and *impact* are developed on the 'triple-bottom line' derived from the business models of social enterprise and the delivery of public services. This 'triple-bottom line' consists of economic, social, and environmental impacts that are measured using proxy values and/or programme specific values to identify social impact. Having a robust social impact measurement framework in place allows BBO Working Progress to demonstrate the outputs, outcomes, and impacts achieved.

4. BBO Working Progress Questionnaire Analysis

The results presented in this section were captured through a longitudinal survey implemented from August 2019 until January 2023. The questionnaire captures the changes through time produced by the programme, with participants asked to complete a questionnaire at the start and end of the programme (with a questionnaire at a middle point for those engaged for longer periods). In total, 568 programme participants completed questionnaires, with 357 completing the questionnaire at the start (at Time 1), 120 programme participants Time 2, and 81 at the end (at Time 3) (10 did not identify a completion point)⁹. Section 4.1 presents the demographic characteristics of BBO participants. Section 4.2 presents the demographic characteristics of respondents as well as the information related to the participation in the programme. Section 4.3 presents the performance of the respondents and the changes over time through the results from the General Self-Efficacy Scale, Short Warwick-Edinburgh Mental Well-being Scale, and Employment Scale.

4.1 BBO Working Progress Programme participants Characteristics

This section aims to illustrate a brief picture of BBO programme participants by using some programme participants characteristics¹⁰ and, by comparing this information with the questionnaire's respondents' characteristics, to identify if the respondents to the questionnaire are a representative sample of the overall population. In total, BBO Working Progress programme engaged with 1,095 participants, whilst the questionnaire only captures responses from 357 participants (the respondents sample covers 32.6% of the population). Most of BBO participants accessed BBO through Aim Higher (28.1%), Diversiti UK (19.1%), Teamwork Trust (8.7%), and Voluntary Impact (7.9%) (Figure 4.1) and most of the respondents to the questionnaire are from the same organisations (Figure 4.6). This illustrates that the questionnaire results come from a sample representative of the whole population; however, the organisation that responded to most questionnaires was Diversiti UK rather than Aim Higher. This can be explained by the fact that Aim Higher finished their contract with BBO Working Progress earlier than Diversiti UK.

⁹ In order to include all participants' perceptions, the researchers have applied an initial data cleaning process, ensuring that respondents' definitions of the first, second, and third times doing the questionnaires reflect the completion dates.

¹⁰ The data were provided by Commsortia.

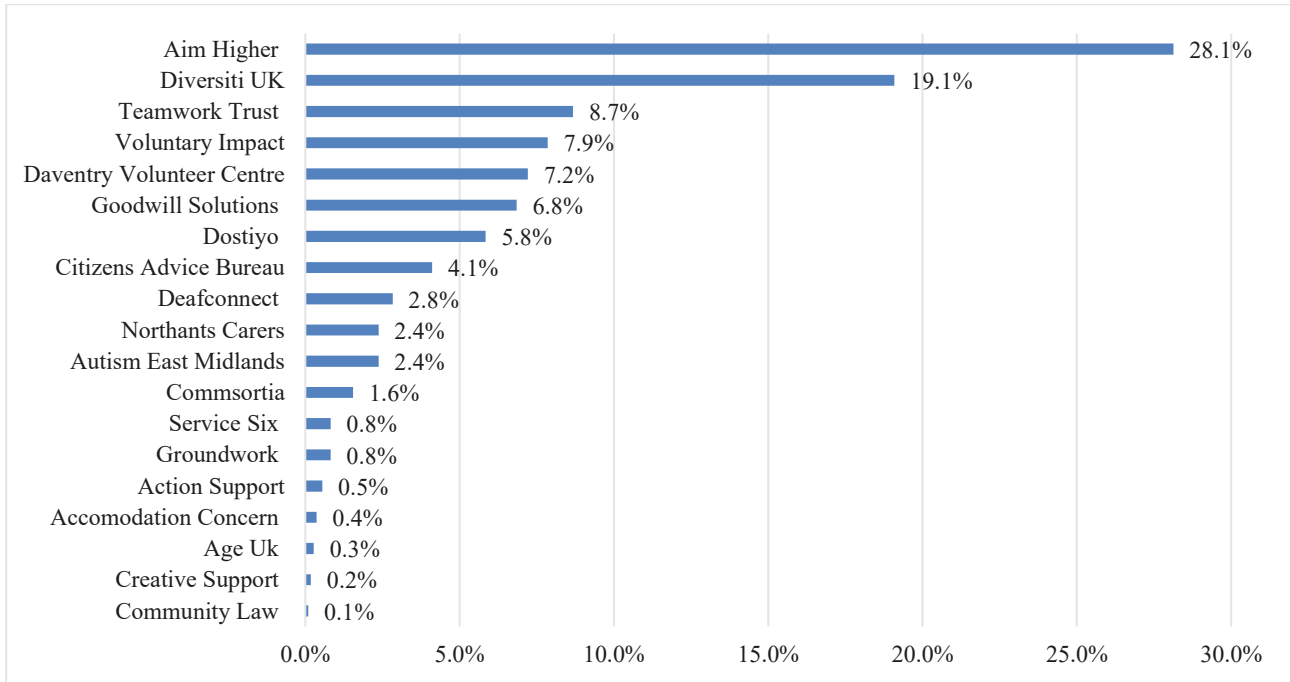


Figure 4.1. Delivered interventions by organisation at programme level (%)

The majority of the programme participants (72.4%) are White – English/Welsh/Scottish/Northern Irish/British (Figure 4.2). By comparing this data to the questionnaire respondents’ ethnicity, we can see that the respondents sample represents the population in regard to the ethnicity, in fact, 76.1% of the questionnaire respondents are White – English/Welsh/Scottish/Northern Irish/British (Figure 4.7).

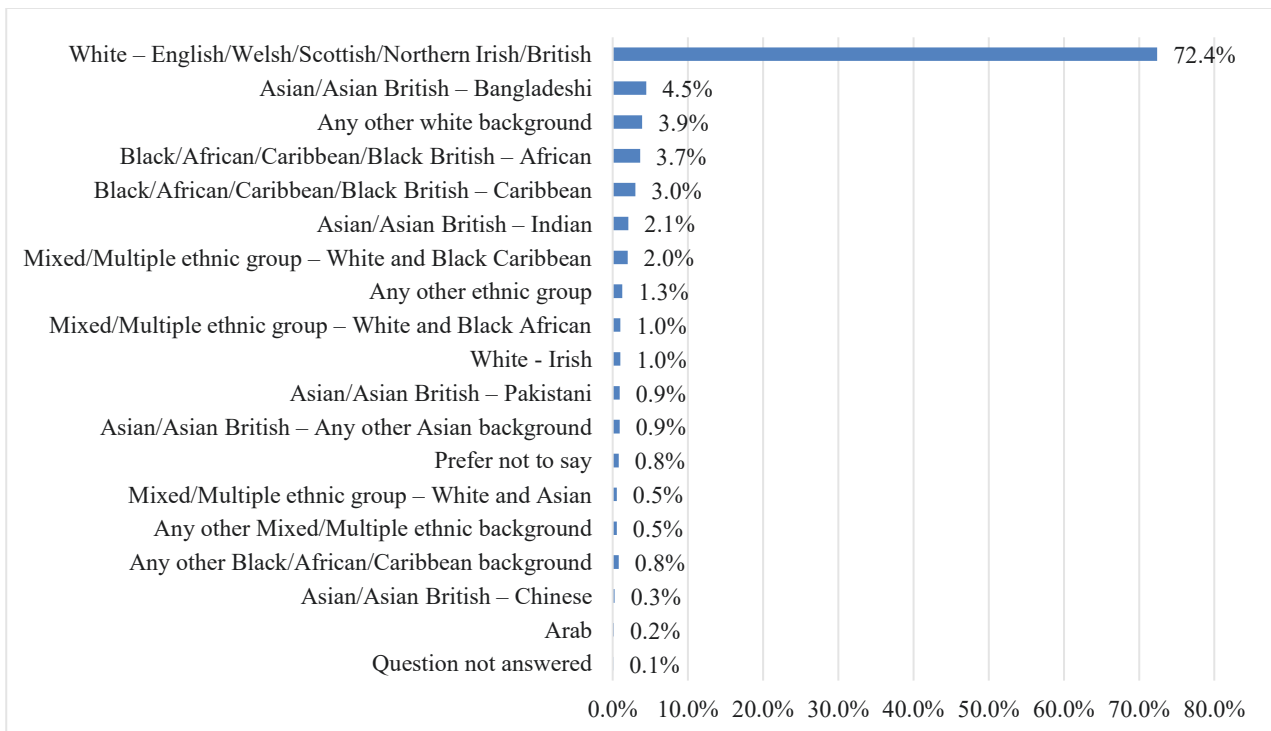


Figure 4.2. Distribution of participants by ethnic group at programme level (%)

Most of the programme participants' educational levels are lower secondary education or equivalent (29.0%) and upper secondary education or equivalent (37.8%) (Figure 4.3). With respect to the questionnaire's respondents, 31.4% are educated up to the GCSE/O-Level grades A-C and 16.0% are qualified at level 1 and below (NVQ Entry Levels 1-3) (Figure 4.8), which can be identified as upper secondary education or equivalent. However, the questionnaire respondents with no qualification are higher than the entire population (respectively 23.5% and 8.6%).

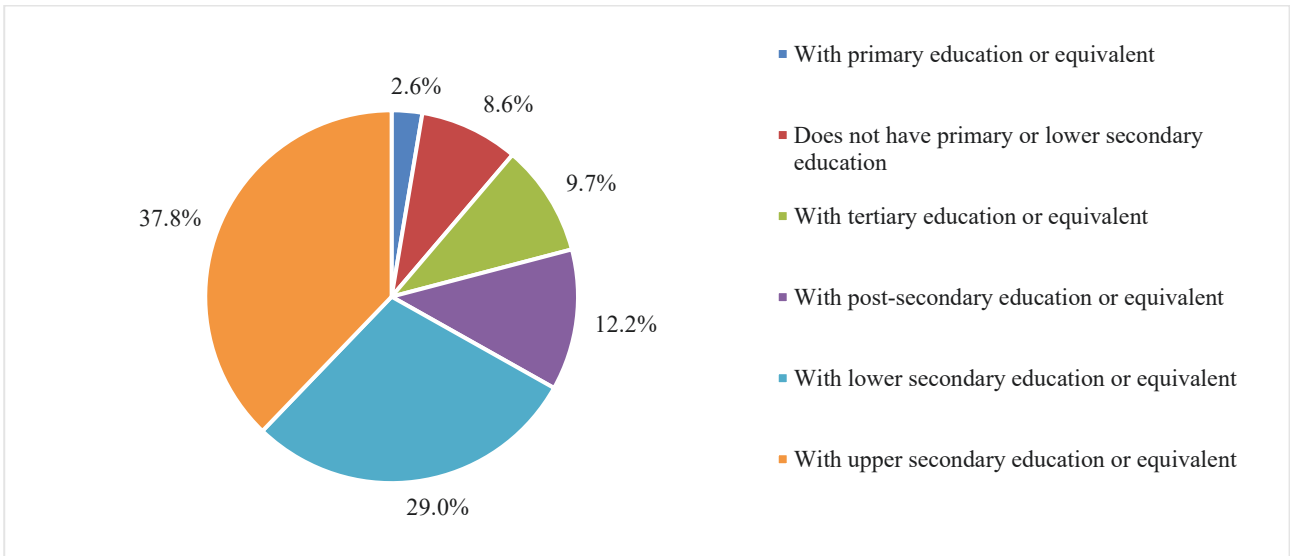


Figure 4.3. Breakdown of participants' qualifications at programme level (%)

The final element of data reviews was programme participants age (Figure 4.4). Even if the categorisation used to interpret the age of BBO questionnaire's respondents differs slightly (Figure 4.5) from the one provided by Commsortia, it is possible to see that the distribution of the respondents' age is similar to the one of the questionnaires.

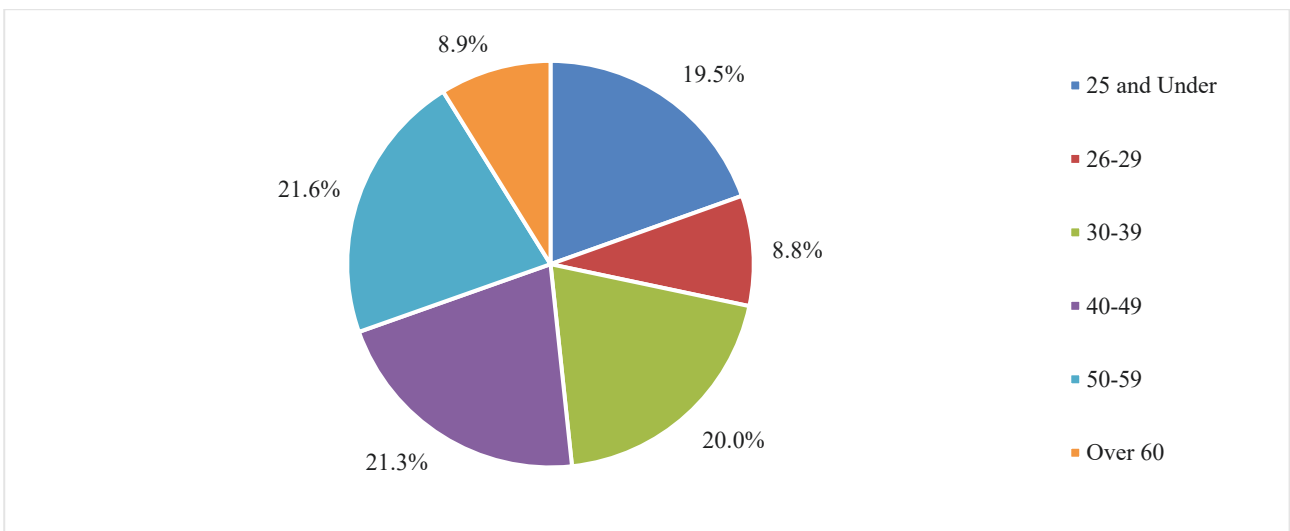


Figure 4.4. Breakdown of participants' age groups at programme level (%)

4.2 BBO Working Progress Sample Characteristics

The respondents' genders are almost equally distributed, with 50.1% female, 49.3% male, and 0.6% prefer not to say¹¹. The average age of the respondents was 40.8 years (SD = 13.8), with a minimum age of 18 years and maximum age 69 years (48 respondents did not specify their age). Male and female participants have similar ages, with females having a mean age of 40.5 years (SD = 13.3) and males having a mean age of 41.2 (SD = 14.4). The minimum age for females was 18 years and the maximum age was 67 years; whilst the minimum age for males was 19 years and the maximum age was 69 years (See Figure 4.5).

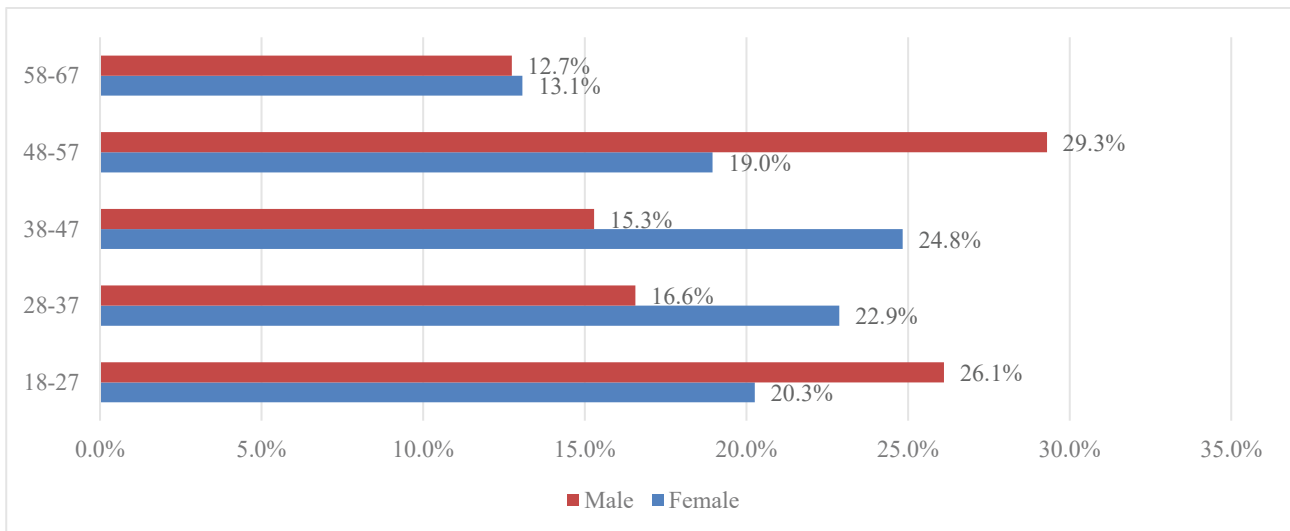


Figure 4.5. Age of participants by gender (%)

The majority of the respondents were supported by Diversiti UK (32.8%), Aim Higher (16.0%), Teamwork Trust (14.8%), and Voluntary Impact Northants (11.2%). Figure 4.6 shows the distribution by percentage.

¹¹ This section includes the information provided only by the 357 participants that answered the survey at Time 1 (unless specified otherwise), this is to avoid duplicate since the respondents at Time 2 and 3 should be the same at Time 1.

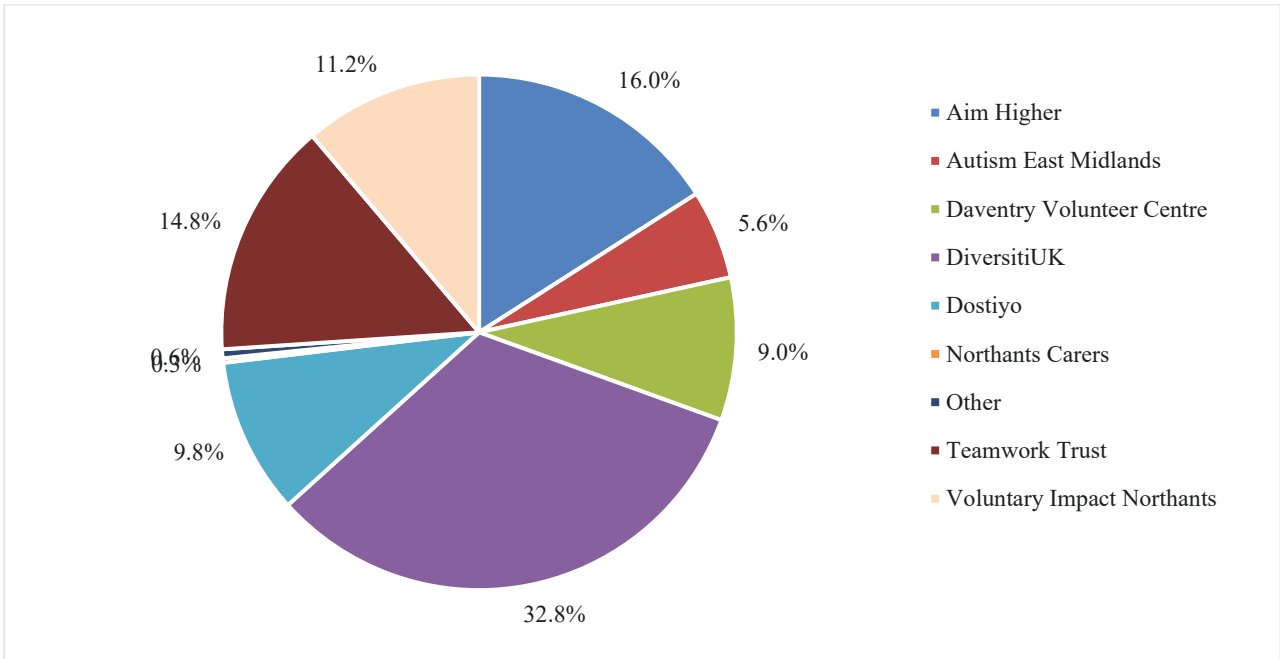


Figure 4.6. Delivered interventions by organisation (%)

Most of the participants were White - British (51.1%), followed by White (16.2%), Asian or Asian British - Bangladeshi (8.5%), Figure 4.7 shows the ethnicity breakdown.

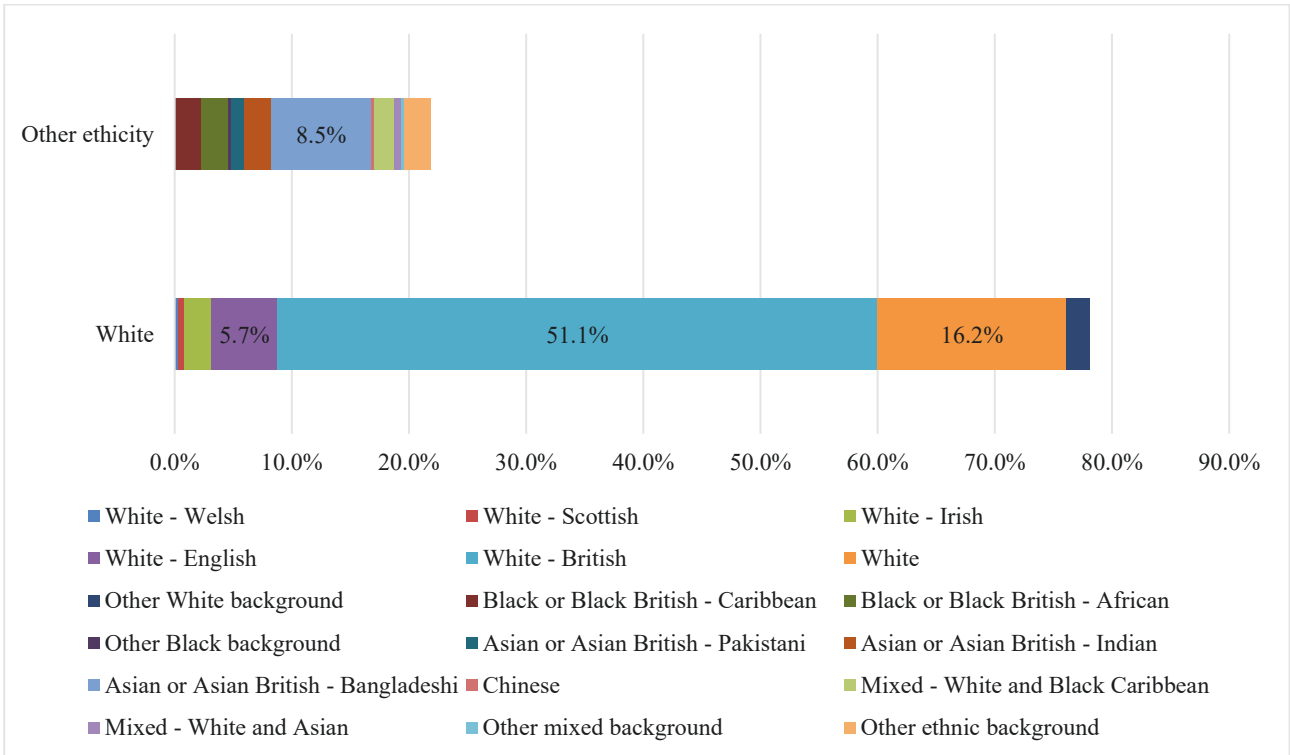


Figure 4.7. Distribution of participants by ethnic group

A third of the participants (31.4%) are educated up to the GCSE/O-Level grades A-C and professional/vocational equivalent (NVQ Level 2) level. This is followed by those with no qualifications (23.5%) and by those with qualifications at level 1 and below (NVQ Entry Levels 1-3)

(16.0%) (see Figure 4.8). These results are in line with the findings on unemployment in UK where low levels of education or not being in education or training result in higher levels of unemployment (Yates and Payne, 2006).

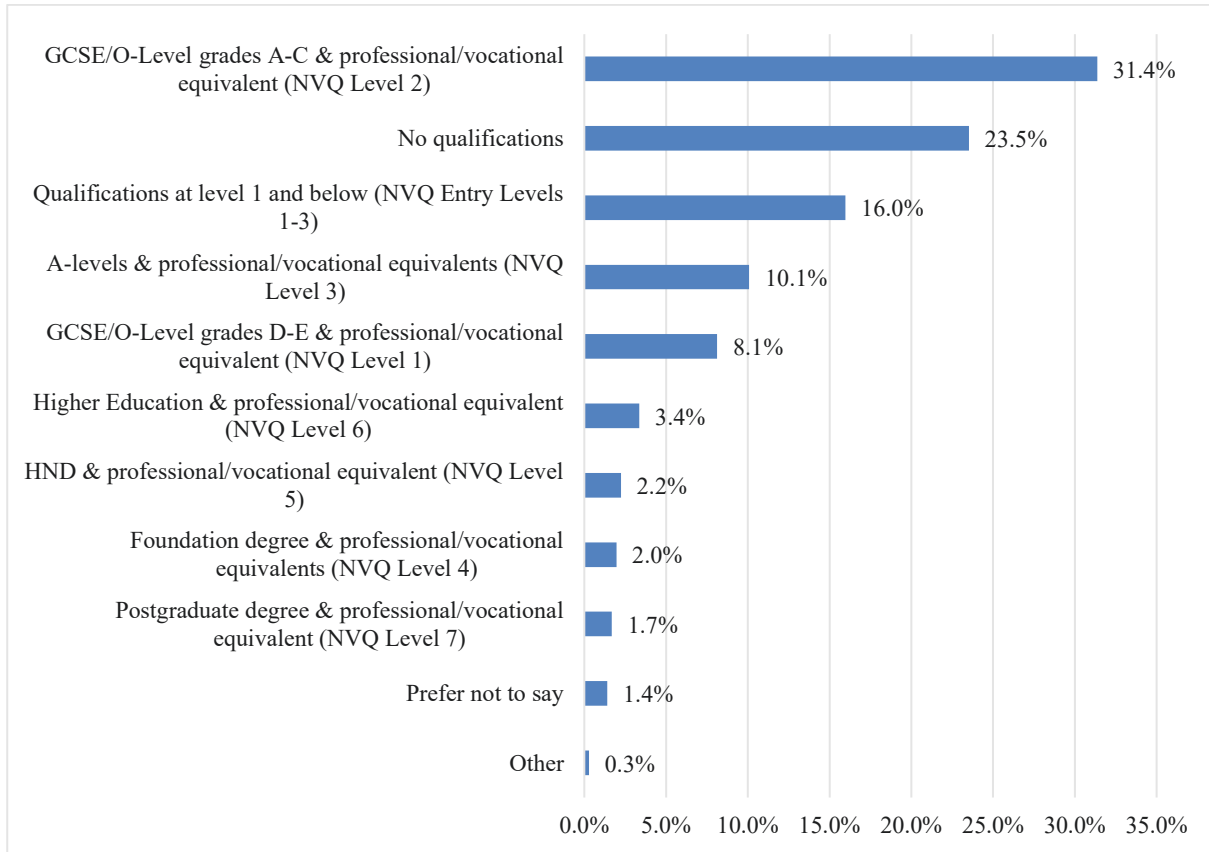


Figure 4.8. Breakdown of participants' qualifications (%)

Participants were asked to identify¹² with one of the target groups for the programme:

- Unemployed (76.0%)
- Mental health challenges (34.7%)
- Physical disabilities (15.2%)
- Carer (13.2%)
- Learning needs (12.7%)
- Ex-offender (9.6%)
- Not working but not claiming benefits (9.8%)
- No residential address (3.3%)
- Prefer not to say (2.5%)
- Student (2.5%)

¹² Identification with multiple groups was allowed.

As previously discussed, higher levels of unemployment can be linked to mental health challenges (Ford *et al.*, 2010) and specific learning needs (Ko, 2015).

The length of the participants' unemployment (reported by 224 respondents) varies between one and 420 months, with the average participant unemployed for 62.3 months (SD = 87.1). A gender difference in the average length of unemployment is present but not so evident, with female participants' unemployment for an average of 64.6 months (SD = 86.2) and male participants' unemployment for an average of 60.4 months (SD = 88.1). For those unemployed, the questionnaire asked whether they are claiming unemployment benefits. In total, 186 respondents replied, with the average length of time respondents claimed unemployment benefits 46.5 months (SD = 75.8) and the (Minimum = zero; Maximum = 420). An important difference between male and female participants was present, with the male participants ($M = 52.6$; $SD = 84.0$) claiming unemployment benefits for longer periods than female participants ($M = 38.7$; $SD = 63.7$).

The questionnaire investigated how long the participants were engaged with the service and how long they expected to stay with the service. According to the time of completion of the questionnaire, the time spent by the participant in the service varied (Figure 4.9), with most of the respondent at Time 1 were in the service for less than a month (70.9%). Whilst, the respondents that did the questionnaire at Time 2 are distributed between 3 to 12 months (cumulatively 75.0%) showing that the participants' attendance length varied. Almost the majority of those that did it at Time 3 were in the service for more than 12 months (64.2%).

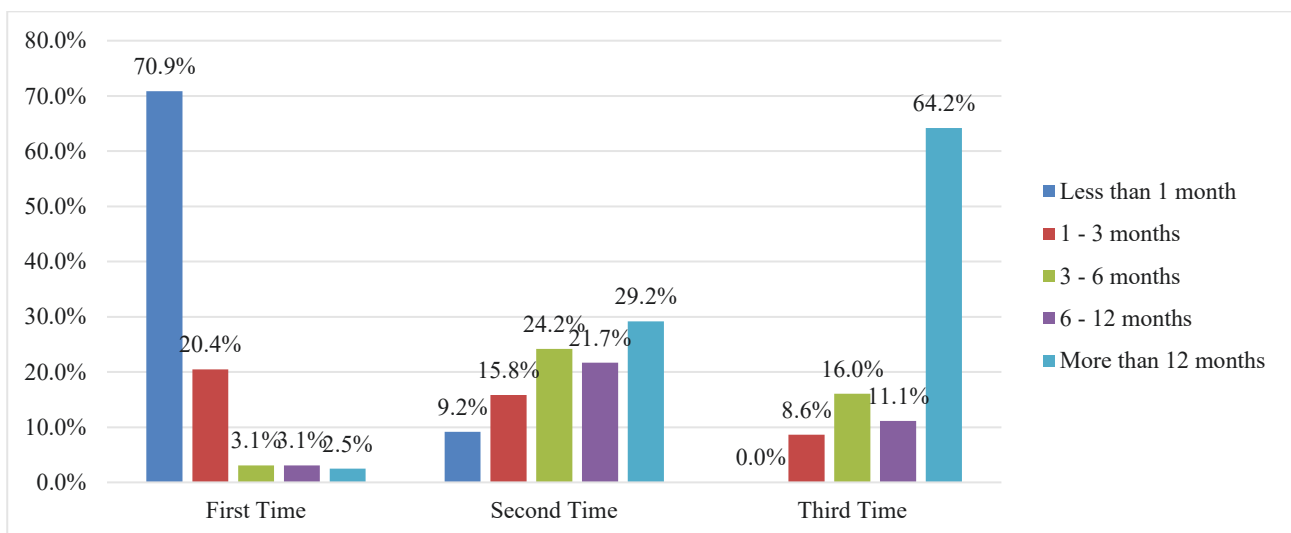


Figure 4.9. Distribution of participants' length of time with service (%)

Approximately 27.7% of all respondents, across all three data collection points, expected to stay in the service for three to six months (25.5%), followed by those that have already left the service (24.5%), and finally those that expect to stay with the service for six to 12 months (20.4%) (Figure 4.10).

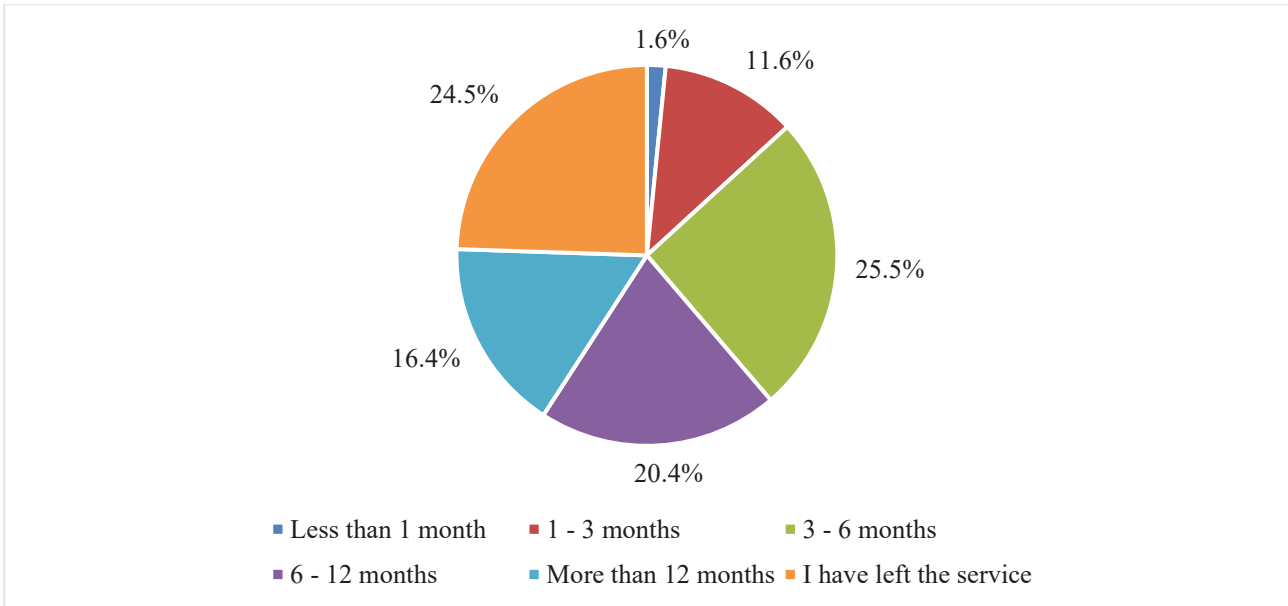


Figure 4.10. Distribution of participants' expected length of time with service (%)

Interestingly, those that had left the service, stayed with the service for less than a month (0.7%), for 1 - 3 months (14.4%), for 3 - 6 months (23.7%), for 6 - 12 months (23.0%), or for more than 12 months (38.1%). Among the 139 participants that left the service, 135 provided information on the support they received (a sample organised according to themes):

- C.V. building, job searches, learnt how to use apps and online applications, help signing on, and attending job clubs, employability course
- Travel training, volunteer opportunities, volunteering with the clean and green project
- Counselling, Music therapy, well-being sessions, confidence building, mentoring and guidance
- Received help with, C.V., ESOL class, Conversation Cafe, mentoring.
- Support with Maths GCSE, IT skills course, interview skill workshop,
- Well-being courses, mentoring, volunteering, job searches, confidence building
- Advocacy support Welfare Benefits ESOL Mentoring CV Volunteer searches Wellbeing activities
- [the delivery partner] helped me become a trustee and volunteer from home, checked and refreshed my CV, helped me get out of the house I was living in my mother and provided a space to chat about life, helped introduce me to local disability services, sent me job opportunities that matched my skills and helped me with PIP and benefit applications.
- Social confidence building, anger management, training, CV prep, interview techniques, how to look for work and volunteering.

Moreover, the 139 programme participants that left the service indicated whether they moved to employment or volunteering, with 48.9% moving to employment, 13.7% moving to volunteering, 20.9% moving from being economically inactive (e.g., student, looking after children, carer, long-term illness etc) to being unemployed and 16.5% moving onto ‘Other’ opportunities including education.

4.3 BBO Working Progress Questionnaire Results

The research aimed to investigate the impact of BBO Working Progress and to explore and understand the programme participants experience on the programme. To understand experiences on the programme, the quantitative data collection considered the psychological benefits (self-efficacy), health and well-being, and employability skills. Specifically, the questionnaire included three scales (described in Section 3) - General Perceived Self-Efficacy Scale, the Warwick-Edinburgh Mental Well-being Scale, and Employment Scale. As previously mentioned, programme participants are invited to complete the questionnaire three times through the duration of the programme, allowing for a comparison of their self-efficacy, well-being, and employment skills. Among the 568 programme participants completed questionnaires, 357 completed the questionnaire at the start, 120 at a middle point, and 81 programme participants at the end) (10 did not identify a completion point)¹³. To understand the changes over time experienced by the programme participants, the following sections contain the results for the three above mentioned scales longitudinally. However, due to the low number of questionnaires completed at the end of the programme, the results need to be interpreted carefully and any statistical tests (t-tests) used to explore changes over time (with a significance level of 0.05¹⁴) need to be interpreted as indicative only.

4.3.1 Self-efficacy

Self-efficacy was investigated using the General Self-Efficacy Scale developed by Schwarzer and Jerusalem (1995). This scale is composed of 10 items on a 4-point Likert Scale (1 = not at all true, 2 = hardly true, 3 = moderately true, 4 = exactly true). The scores range from a minimum of 10 and a

¹³ In order to include all participants’ perceptions, the researchers have applied an initial data cleaning process, ensuring that respondents’ definitions of the first, second, and third times doing the questionnaires reflect the completion dates.

¹⁴ The *p* value refers to the statistical significance of the test result. Statistical significance is reached whenever the observed *p*-value of a test statistic is less than the significance level (*p*) defined for the study. The standard acceptable level of significance in research is set at *p* = .05, which means that there is less than 5 % chance that the result could occur if in fact there was no effect. Moreover, some statistical tests do not include the full 558 participants here that provided the time in which they replied to the questionnaire, as some had missing question responses and so could not be used in the overall analysis.

maximum of 40. Self-efficacy is defined as “an individual’s belief in their ability to complete a task and the strength with which this belief is held” (Hazenbergh, Seddon, and Denny, 2015:278). Research shows that self-efficacy is strongly linked to unemployment, with the lack of employment implying a reduced self-efficacy (Scherbaum *et al.*, 2006). Furthermore, individual experiences linked to unemployment (for example, financial struggle, difficult living conditions, and loneliness) contribute to a reduction of self-efficacy (Scherbaum *et al.*, 2006). Therefore, if an individual reports high levels of self-efficacy it is assumed that they will attempt to complete a task even after repeated failures. Self-efficacy changed over time for participants, with a mean self-efficacy of 24.7 at the start of the programme (Time 1), of 30.8 at Time 2, and a mean self-efficacy of 30.4 at the end of the programme (Time 3). The changes in self-efficacy were statistically significant ($p < 0.05$) between Time 1 and Time 2 and significant with a higher significant level ($p < 0.5$) between Time 2 and Time 3 (Figure 4.11 illustrates these changes over time). These results show that the individual self-efficacy has increased and that the programme participants are now more confident in searching for and securing employment (Meyers and Houssemand, 2010). However, the lack of change between Time 2 and Time 3 shows that the biggest impact is experienced at the beginning of the programme.

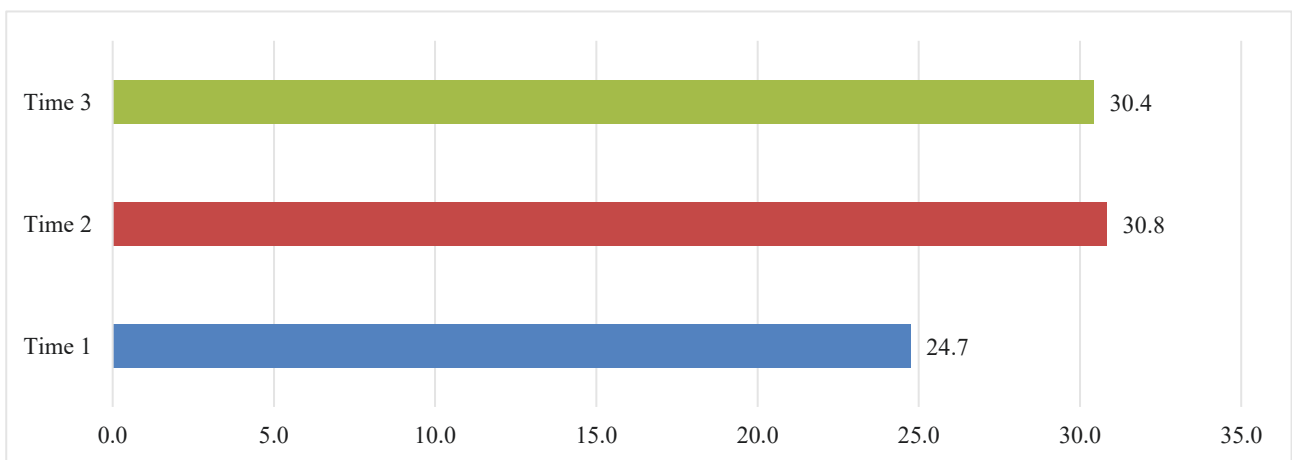


Figure 4.11. Personal Confidence Changes Over Time (%)

4.3.2 Mental Health and Well-Being

The Warwick-Edinburgh Mental Well-being Scale was used to investigate the well-being of participants. Participants were invited to answer seven questions in relation to their well-being on a 5-point Likert scale (1 = none of the time, 2 = rarely, 3 = some of the time, 4 = often, 5 = all of the time). The individuals' final scores are defined by the sum of the single items, thus ranging from 7 to

¹⁵. Low well-being has been associated with unemployment (McKee-Ryan *et al.*, 2005), with transition into employment proven to increase individual well-being (Zhou *et al.*, 2019). Well-being increased between Time 1 and Time 2¹⁶, with a mean well-being of 19.2 at the start of participation (Time 1), of 25.3 at Time 2, while at Time 3 the well-being seems to be similar at Time 2 or slightly lower with a mean of 24.8. This increase in well-being was statistically significant ($p < 0.05$) between Time 1 and Time 2 but statistically insignificant between Time 2 and Time 3 (Figure 4.12 illustrates these changes over time). Therefore, the programme presents an important mitigating effect on the low levels of programme participants' well-being since it increases the individual well-being which in general tends to decrease with lasting unemployment (Paul and Moser, 2009). Nonetheless, this impact seems to be experienced mainly at the beginning of the programme as was seen for self-efficacy.

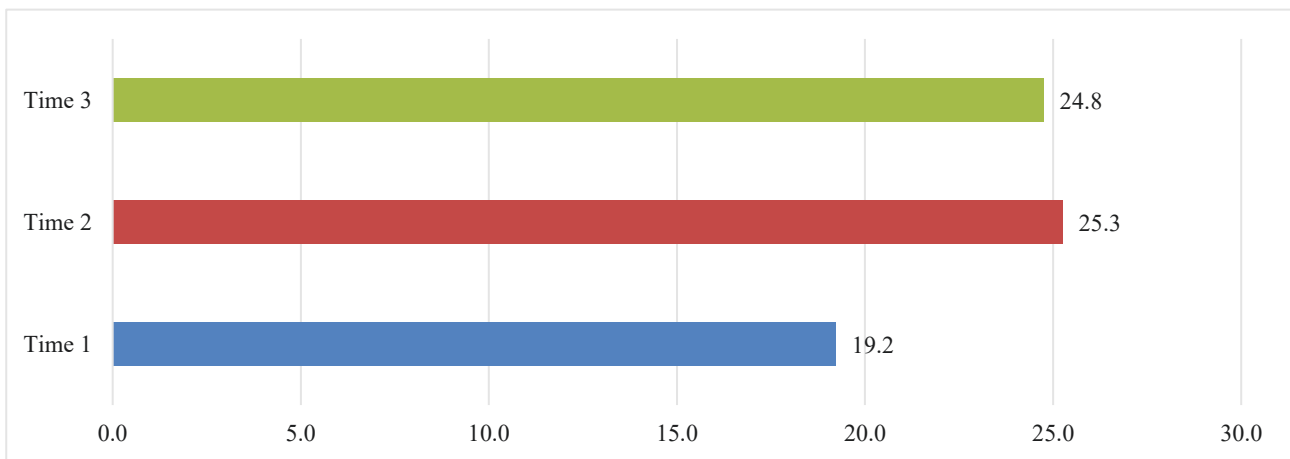


Figure 4.12. Health and Well-being Changes Over Time (%)

4.3.3 Employment

Participants were invited to answer five questions in relation to their expectations of securing future employment on a 5-point Likert scale (1 = not at all well, 2 = somewhat well, 3 = considerably well, 4 = very well, 5 = extremely well). The scores range from a minimum of 5 to a maximum of 25. This scale investigates participants' expectations of securing future employment including their ability to apply for jobs. Confidence in securing future employment increased over time, with a mean participants mean expectation of securing future employment 12.7 at the start of the programme

¹⁵ As indicated in the Warwick Medical School website, the results of the 7-items scale were transformed using the provided conversion table (<https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/> last accessed 15/06/2020).

¹⁶ In the analysis, 15 respondents were not included because they might not have replied to all questions in the scale or to the time in which the questionnaire was completed (Time 1 or Time 2 or Time 3).

(Time 1), of 17.4 at Time 2, and a mean of 18.1 at the end of the programme (Time 3)¹⁷. The increase in expectations of securing future employment was statistically significant ($p < 0.05$) between Time 1 and Time 2 and significant with a higher significant level ($p < 0.5$) between Time 2 and Time 3 (Figure 4.13 illustrates these changes over time). The results demonstrate that participation in the programme increased the individuals' expectations of securing future employment including their ability to apply for jobs.

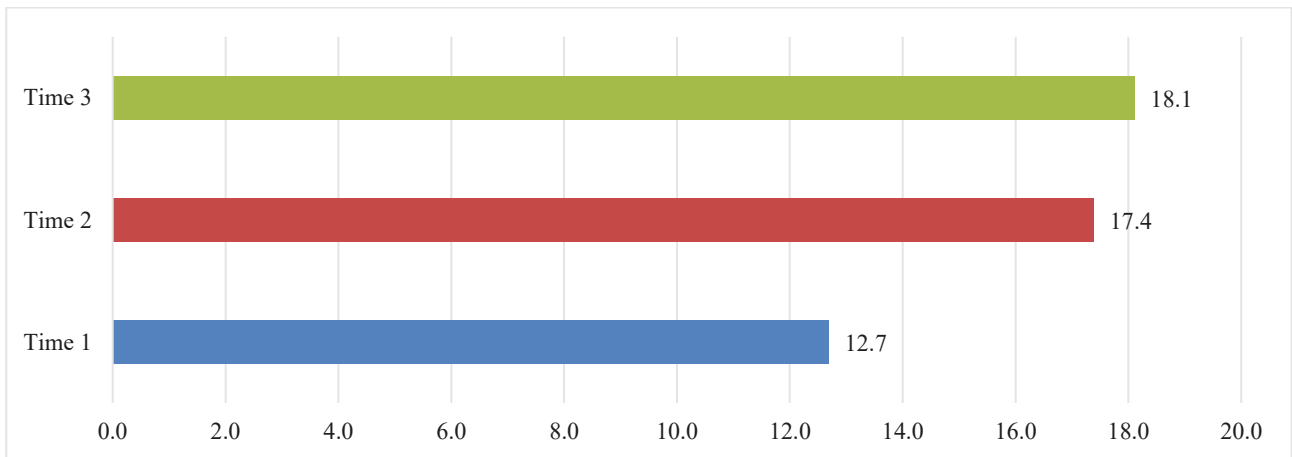


Figure 4.13. Employment Changes Over Time (%)

¹⁷ In the analysis, 16 respondents were not included because they might not have replied to all questions in the scale or the time in which the questionnaire was completed (Time 1 or Time 2 or Time 3).

5. Covid-19 Questionnaire Analysis

Action taken to limit the spreading of Covid-19 included lockdown of entire countries, including the United Kingdom. This measure consists mainly of physical isolation and social distancing, but in the long term, has resulted in social isolation and lower levels of well-being (Pierce, *et al.*, 2020; Job, Steptoe, and Fancourt, 2020). The impact on social isolation and well-being is intensified for individuals already experiencing a high level of deprivation and low levels of health and well-being. Research (Bell and Blanchflower, 2020) shows that approximately 20% of people had lost at least half of their income due to Covid-19. Quantitative data gathered through an online questionnaire that captured the responses from 47 programme participants, delivery partners and other organisations on the consequences of Covid-19 are presented here.

5.1. Covid-19 Sample Characteristics

There were 47 questionnaires completed in relation to the impact of Covid-19, with 59.6% of respondents' participants engaged in the programme and 17.0% of respondents' delivery partners. The age and gender of participants was captured, with participants aged between 18 years old and 75 years-old (Figure 5.1).

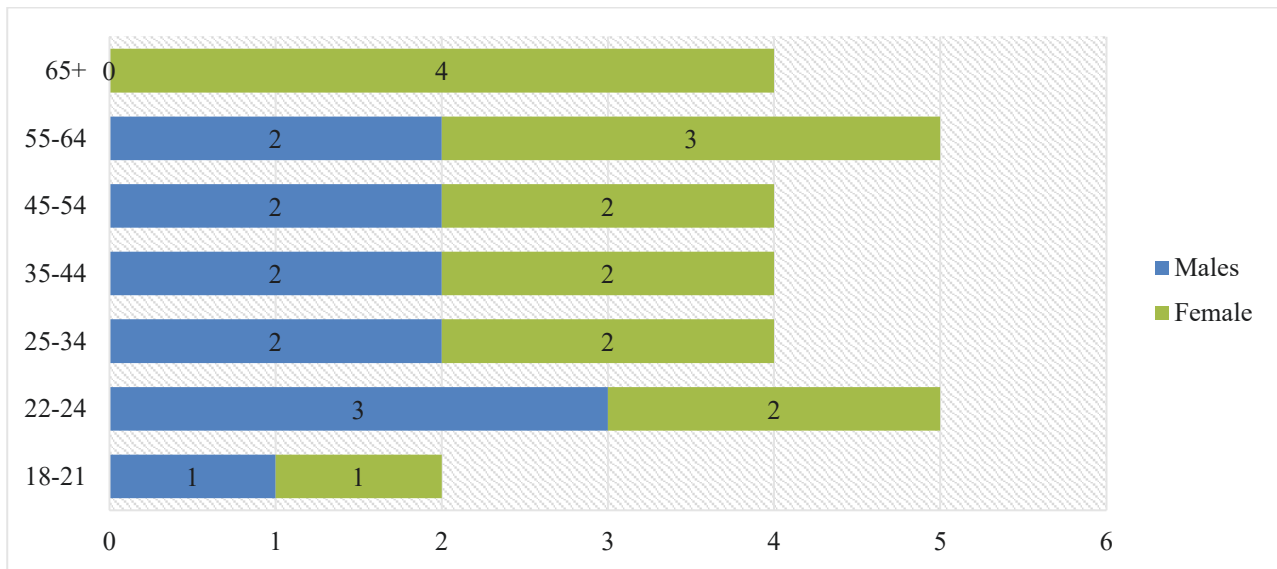


Figure 5.1. Breakdown of participants age and gender.

While participants originate from various ethnic groups, most participants (80.9%) identify as White British. The distribution by ethnicity is illustrated in Figure 5.2.

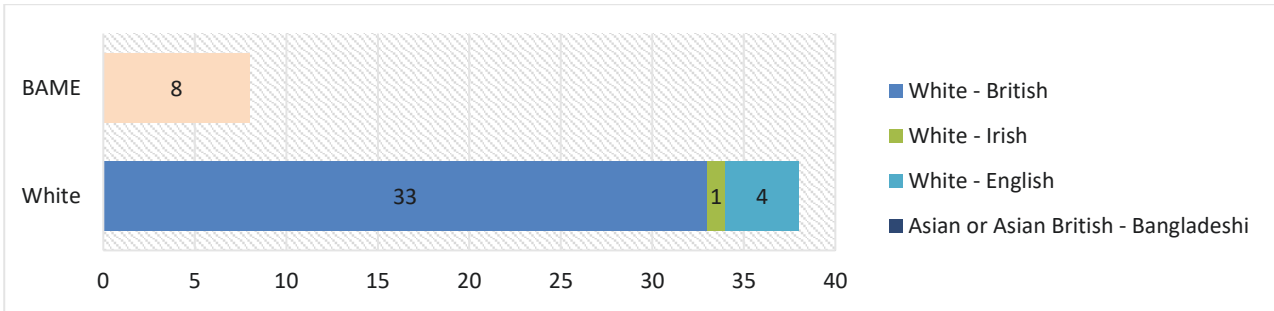


Figure 5.2. Ethnicity of participants.

Participant’s education levels differed from programme participants to delivery partners. Programme participants were primarily educated up to GCSE/O-Level grades A-C & professional/vocational equivalent (NVQ Level 2) level, followed by those with GCSE/O-Level Grades D-E & professional/vocational equivalent (NVQ Level 1) level. A breakdown is available in Figure 5.3 for all participants.

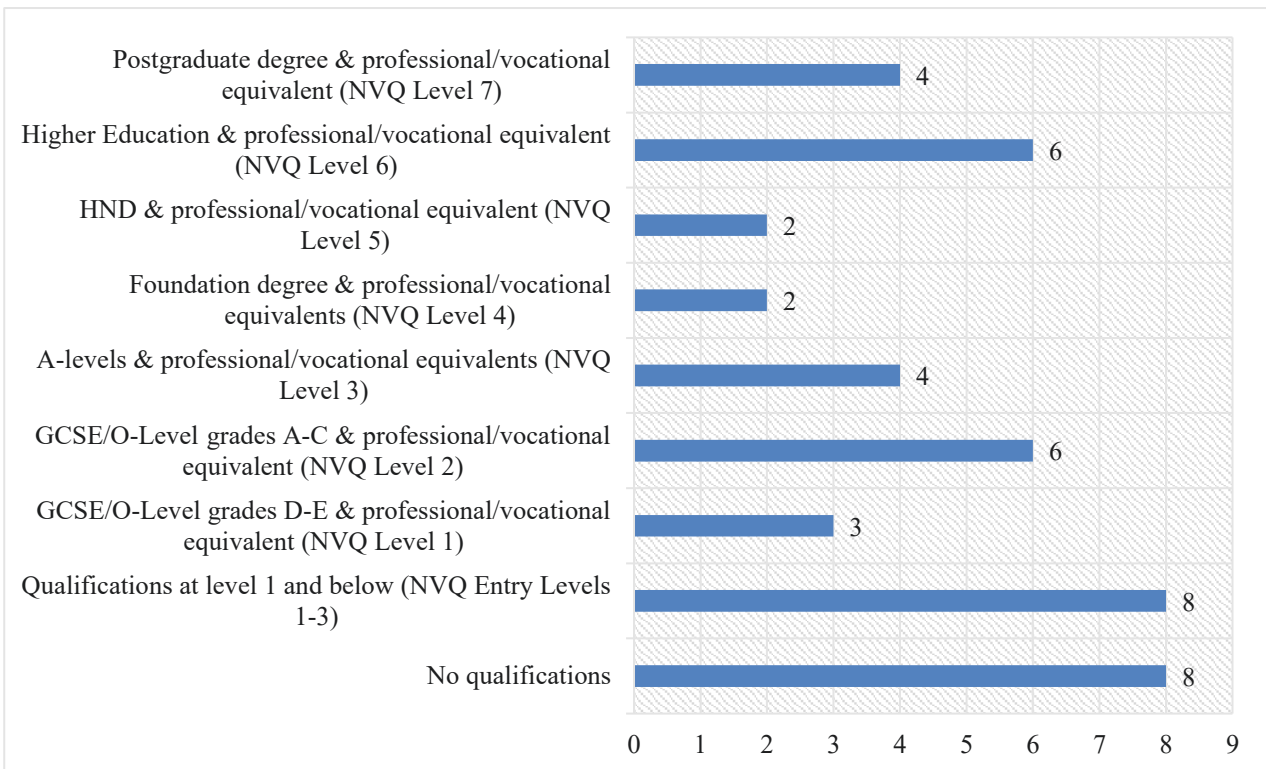


Figure 5.3. Qualification level of participants.

5.2 Covid-19 Questionnaire Results

5.2.1. Impact of Covid-19 on mental health and well-being

The impact of Covid-19 on the mental health and well-being of the individuals has received considerable attention, with the UK government releasing guidance to the public on mental health

and well-being (Public Health England, 2020). However, the true extent of the impact of Covid-19 on people’s lives (including, financial security, well-being and safety) is still unknown, new research are starting to identify some impact and the most affected groups. Proto and Quintana-Domeque (2021) analysed data from the UK Household Longitudinal Study (2017 – 2020) and confirmed that mental health has decreased during the COVID-19 pandemic, particularly among women regardless of ethnicity and BAME men (Proto and Quintana-Domeque, 2021). Further research conducted between March 31, 2020, and May 11, 2020, in the UK revealed that thoughts about suicide increased over time while anxiety decreased. Additionally, more vulnerable individuals such as those with pre-existing mental health issues and those from socially disadvantaged backgrounds experienced worse mental health outcomes during the pandemic (O’Connor *et al.*, 2021). Figure 5.4 outlines the impact of Covid-19 on the well-being of programme participants in comparison to delivery partners and other people in Northamptonshire.

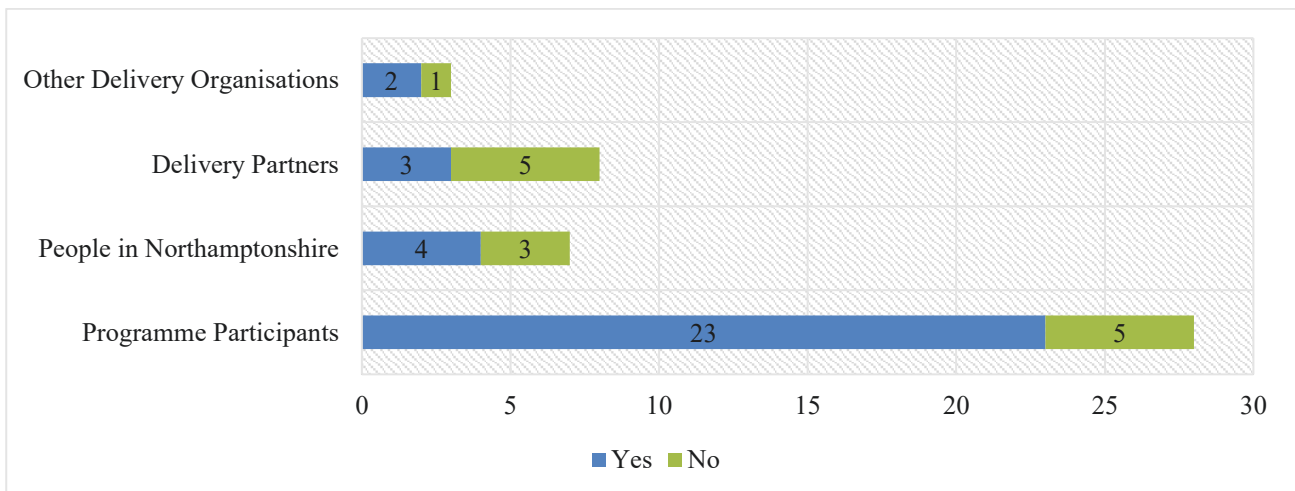


Figure 5.4. Impact of Covid-19 on well-being.

Participants reported the areas of their lives that have been most impacted by Covid-19, with the main areas increased anxiety (75.0%) and loneliness or isolation (53.6%) (Figure 5.5).

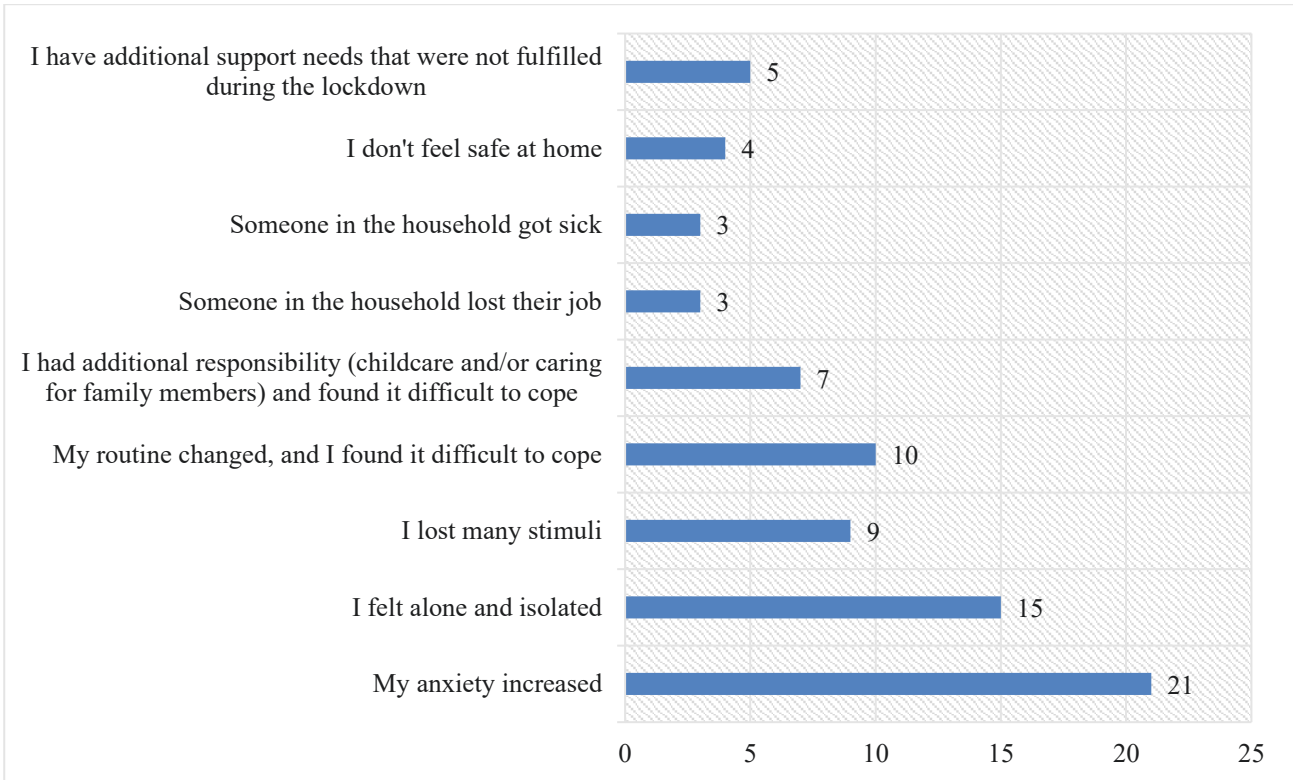


Figure 5.5. Areas of programme participants lives affected by Covid-19

The impact of Covid-19 for programme participants was noted across gender and ethnicity, with *all* participants from Asian or Asian British-Bangladeshi communities reporting that Covid-19 impacted on well-being. Programme participants experienced Covid-19 restrictions differently, with several programme participants (28.6%) in clinically vulnerable groups. All the participants in clinically vulnerable groups reported that Covid-19 has a negative impact on their well-being.

Most programme participants (60.7%) felt that the Covid-19 restrictions did not affect their ability to participate in BBO Working Progress (Figure 5.6). This differed *slightly* from the delivery partner views, with most delivery partners (62.5%) believing that the Covid-19 restrictions affected their ability to deliver the programme (Figure 5.7).

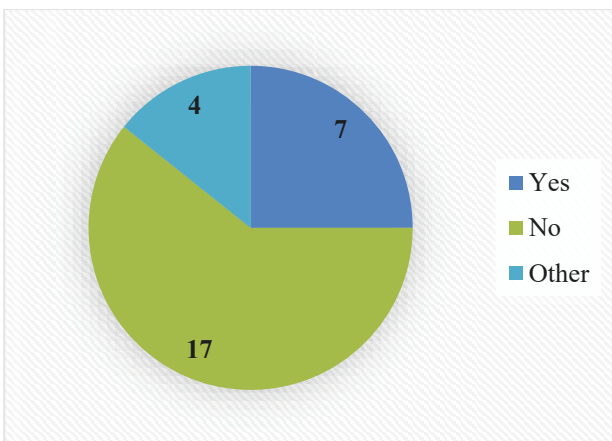


Figure 5.6. Participation on programme.

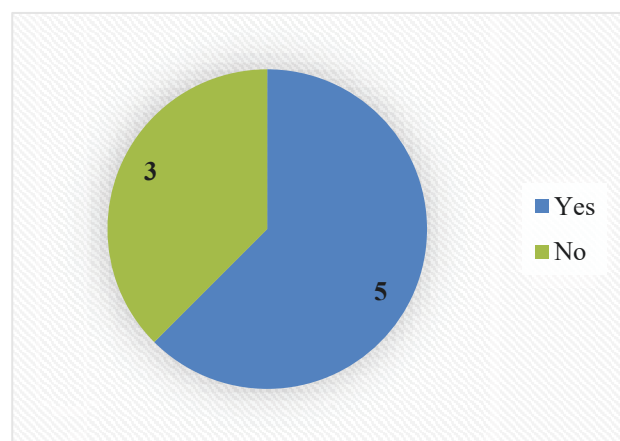


Figure 5.7. Delivery of programme

The main reason Covid-19 had an impact on participation in the programme were related to difficulties in accessing computers or technology (31.6%). Figure 5.8 provides a breakdown of challenges reported by programme participants.

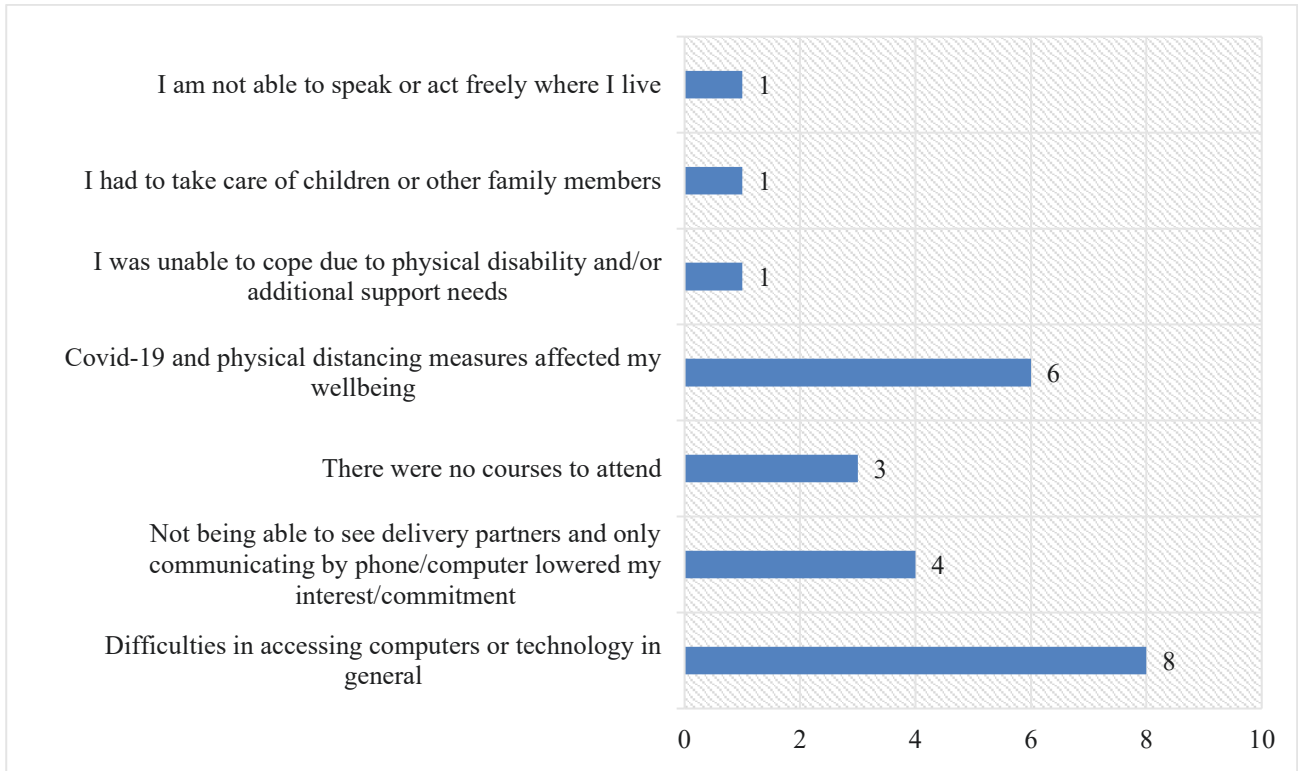


Figure 5.8. Challenges reported by programme participants.

5.2.2. Satisfaction with life

Satisfaction with life assesses participants' attitudes towards life. Findings showed that satisfaction with life was lower for programme participants ($M = 15.5$; $SD = 5.8$) than delivery partners ($M = 24.9$; $SD = 2.2$). However, programme participants' satisfaction with life was slightly higher than other people living in Northamptonshire ($M = 15.3$; $SD = 8.4$) (Figure 5.9).

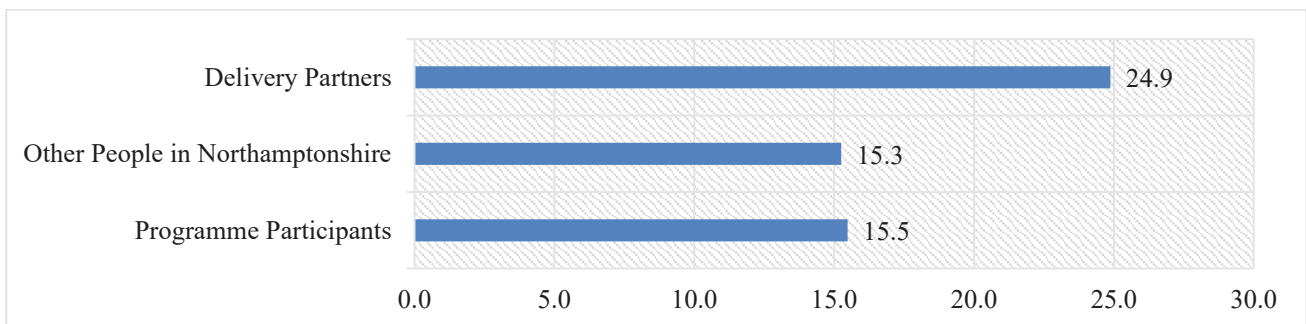


Figure 5.9. Satisfaction with life.

The impact of Covid-19 on programme participants illustrated the need for a dynamic and flexible response to delivering support. Section 6 and in particular Section 6.2.2. (Impact of Covid-19 on service delivery) will discuss the changes to programme delivery, with Covid-19 changing the working environment and participants progression, and the programme participants' feelings and experiences towards Covid-19 and the programme's changes.

6. BBO Working Progress - Qualitative Data

Between September 2020 to January 2023, 67 semi-structured interviews¹⁸ were conducted with both delivery partners, external stakeholders and programme participants (23 programme participants, 40 delivery partners, and four external stakeholders). Programme participants, delivery partners, and external stakeholders volunteered to participate in semi-structured interviews with anonymity and confidentiality assured, therefore, the results presented in this report are anonymous and when names are mentioned these do not correspond to the interviewees real names. Delivery partner and external stakeholder interviews focused on partners' (1) understanding of the support that currently exists for the participants and the differences with existing programmes, (2) perception of participants' needs and whether these needs are so far being met by the project, and (3) issues and spaces for improvement of the programme. Programme participant interviews focused on (1) the participants' needs and how BBO programme met their needs, (2) the positive or negative changes in the participants' life due to the programme, (3) whenever possible the comparison with other programmes, and (4) issues and spaces for improvement of the programme.

The interviews were analysed by identifying themes through a thematic analysis¹⁹ approach. The thematic analysis approach enables researchers to identify, analyse, and report themes that emerge from qualitative data such as interviews and focus groups (Braun, and Clarke, 2006). It consists of six steps that allow the researcher to distil the rich qualitative dataset into themes, which represent the most frequent and representative patterns and are linked with the more board dataset (Braun, and Clarke, 2006). Through the analysis of interviews, five themes were identified that can be grouped into three main categories - the participants' story, the programme delivery, and the external stakeholders' views. The participants' story is composed of four themes: the participants' needs, the new and emerging participants' needs during Covid-19, the relationship between participants and delivery partner, and the impact(s) on the participants. Programme delivery theme is composed of three themes: service delivery, impact of Covid-19 on service delivery, and programme benefits and opportunities for improvements. The external stakeholders' view's theme includes the external stakeholder perception on BBO Working Progress, its impact, and any space for improvement.

¹⁸ Combined BBO Working Progress and BBO Working Progress Covid-19.

¹⁹ Identification, analysis and interpretation of patterns of meaning (or "themes").

6.1. Participants' story

6.1.1. Participants' needs

Programme participants needs are diverse, with participants disclosing needs associated with English as a second language, mental health issues, experiences of abuse, being a single mum or housewife, and having experiences in the criminal justice system:

"I've actually got quite a range of people. A lot of people with autism, particularly the Asperger's side of it [...] There's a lot of abuse from a very, very early age. Some of the things that she's had to go through have been dreadful. Then you grow up, you have bad relationship after bad relationship. You go into the workplace, because you are different then you are bullied. So, she's been in and out of work throughout her entire adult life" (DP1)

"My son's Dad and I split up when he was two weeks old. There was a lot of domestic violence, so I think with what happened with that kind of relationship, the violence side of things, that had knocked all the confidence." (P10)

"As a child I was sexually abused by my sister and then my father. Well, stepfather. As I grew older with my stepfather he totally controlled me. I ran two companies with him, which was hell, really hard work. And then my Mum died, and my Dad's liver failed and so I took care of him every single day for seven years, after he abused me. And that was hell too. I was down really bad, I just didn't think I was going to - I didn't want to be here, to be honest." (P11)

"It's just being a housewife, not had a job before, I was scared. I didn't have the confidence and how to deal with interviews. And BBO Project helped with the interview techniques and stuff like that." (P9)

"You wouldn't think that, but for them to go out together and meet up for a coffee, I think, 'Yes, we never thought that social isolation also affects your confidence, your health, your well-being, everything. And then you are not productive, even how much you want to be.'" (DP5)

"The majority of our clients are from Asian backgrounds. Some of them have very little English, they haven't had any formal education, or if they have it's in their home countries, no education in the UK. Some of them have been housewives for the majority of their lives. Some of them have been through domestic violence so they're single mothers with children... So, we are dealing with quite a wide range of complex needs." (DP9)

"[the programme participants] are not traditional job seekers in that they've recently had a job and it's just a case of tying things up and going somewhere. It's really introducing the world of work to them and how it all works, which is really interesting [...] they tend to be people who've suffered with mental health problems long term or long-term illness or caring

responsibilities that have come to an end. That's what I love about it, its helping people build a new life.” (DP31)

“Most of our clients come with either learning disabilities, mental health, just because that's what [the delivery organisation's] done, because it's always been within the community so that's where we tend to focus on with our guys. So, the typical needs you see are your autism, Asperger's, anxiety, depression. That's your main...[...] but you do just get global learning delay and other minor learning disabilities that people have - dyspraxia, dyslexia.” (DP36)

Programme participants experience low confidence, compounded by unemployment. Research shows that unemployed individuals experience low levels of self-esteem and, consequently, higher levels of depression (Álvaro *et al.*, 2019):

“I think I didn't have enough confidence; I was a bit scared of looking for jobs or going for interviews. I think I had low self-esteem, didn't have basically any confidence at all. But I think while doing the programme I realised my language is quite good so I can go and apply for lots of different jobs, go for interviews.” (P9)

“All the skills that you take for granted whilst you are in work, when something like that happens [domestic violence] it has a real effect on your actual personality in every way, all your life, your dealings with people. [...] Even coming in and speaking to Sofia was really difficult. I ended up being diagnosed with depression and anxiety, so it was quite a traumatic time. For quite a while she just worked with confidence, with speaking with her and then looked at, 'Right, what can we do'” (P10)

“[Talking about the reasons to participate to the programme] Because I want to get back to work and it has been helping to build my confidence and helping find the best sort of job for me.” (P13)

The challenges experienced by programme participants have a significant impact on well-being, with participants discussed problems associated with anxiety, depression and other health problems:

“So, they are multiple barriers, as I was saying earlier on. So, it might not just be unemployment, it might be health purposes, it might be self-esteem, it might be confidence. And it's often multi-faceted.” (DP2)

“A lot of the women that I work with, they have very low self-esteem, low self-confidence. Many are single Mums. Some have been through domestic violence or financial stress. A lot of it is just listening to them because they have emotional needs as well.” (DP4)

“I’m unemployed and I’ve just gone through a rough time over the past couple of years. I’ve been struggling and I’ve been suffering anxiety, a bit of depression, things like that. And I sought some help through GWP, through the work coach and things like that.” (P14)

“I suffer from a lot of physical disorders, and I also have a lot of mental health ones, so I class myself as disabled. I hate to say I’m an ‘ology’, but that’s the word.” (P15)

“It’s quite a varied need base. There are people with mental health issues, so struggling with their mental health. They get referred through somebody who has been helping them with that. Also, people with autism, learning disabilities, learning difficulties, physical disabilities have really been the hardest to reach, a vulnerable adult it’s classed as.” (DP8)

“Although we’re not a solution and we never will be, our profile tends to be younger people, say 30 and under, with mental health challenges or conditions like autism and Asperger’s, and those over 50. [...] What you tend to find is these are people who haven’t engaged with traditional service and are anxious/scared to access it.” (DP35)

Programme participants and delivery partners discussed low levels of education, as supported by the findings from the questionnaire, that shows several respondents had no qualification and/or qualifications at level 1 and below (NVQ Entry Levels 1-3). Furthermore, they discussed the economic issues associated with long-term unemployment and limited education and/or qualifications.

“Some of the barriers they have is maybe they don’t have much English; perhaps any education they’ve had has been abroad and not in the UK, some of them haven’t had any schooling or education here. In Asian women, some of them they are mainly housewives so they’ve been bringing up their family and caring for their children so they’ve not had much time for themselves to explore the world of work, so they lack that work experience.” (DP33)

“Also, people haven’t yet always got the expertise to apply for jobs because of their lack of digital knowledge really. So many applications are all online now and so Peter’s - not the guy you will speak to later on - not very good with IT but he’s quite needy, so he needs a lot of help. [...] A chap I was working with on Friday, we applied for four jobs, and he could have done it but it would have taken him forever and he would have gone off the boil. He would have been demotivated because it was taking so long.” (DP2)

“We try and give them a form of Certificate quite quickly so that’s something they can put on their CV. We also make sure that their CVs are good. They do interview skills, they do lots of practical things which we hope then will instil in them – [...] If you’d been employed for a long time and then suddenly you are not employed, having IT skills, having the ability to do things

online, having the thought of you've got to apply for a job that you have not to apply for one for the last 25 years, is actually quite difficult because things have changed so much. And I think quite a few of the clients that we work with find that incredibly difficult.” (DP3)

“So, the barriers they have would be language, the low confidence that I said, no IT skills, they've had lack of education. Some of them have only been to primary school in Bangladesh or India so they've had no experience of formal education in the UK.” (DP4)

“As well as then practical things of people who might not have been in the workplace for 20 years and developing a CV which might on paper look like a big gap but in those many years of providing care, they've been able to multi-task and deal with Benefits Offices and all these tasks people pick up informally. These are actually really useful skills, but you don't necessarily think about it because it hasn't got a job description attached to it.” (DP7)

“The next biggest barrier that we have is lack of IT skills. People I would say of about the age of 40+ they just cannot cope with the fact that job searching involves having to go online. They just cannot cope with it, they find it really, really overwhelming. They have absolutely no idea how to do and that is where we are being really successful at the moment.” (DP37)

The challenges experienced by programme participants result in lower levels of well-being, which can compound the problems associated with unemployment (Dolan *et al.*, 2008; Green, 2011) and self-esteem. Indeed, research show that unemployment can result in distress and anxiety, thus reducing subjective well-being and self-esteem (Paul and Moser, 2009; Griep *et al.*, 2016). Since self-esteem presents a mediating effect on depression, being unemployed results in lower level of self-esteem and consequently depression (Álvaro *et al.*, 2019). These insights are in line with those presented in Section 4.3, in fact, at the beginning of the programme, the participants presented low levels of self-efficacy, mental health and well-being, which thanks to one to one support, volunteering, and other types of support have been increasing through time.

6.1.2. New and emerging Participants' needs during Covid-19

The problems affecting Northamptonshire have been exacerbated by Coronavirus (Covid-19), also known as SARS-CoV-2, a virus that has been spreading worldwide, affecting an individual's lungs and airways (with other affects under investigation). Action taken to limit the spreading of Covid-19 has included lockdown of entire countries, including the United Kingdom. This measure consists mainly of physical isolation and social distancing, but in the long term, has resulted in social isolation and lower levels of well-being (Pierce, *et al.*, 2020; Iob, Steptoe, and Fancourt, 2020). Covid-19 and

physical distancing measures have significant impact on life, with individuals isolated from social networks and facilities (closing of shops and restaurants):

“I think a lot of them are worried because of the way that things have happened in the fact that we’ve never experienced anything like this before, it’s a complete unknown. They’ve seen everything closed down in front of their eyes... All their safe places, for lots of them, they’ve seen close, and they’ve not been able to access them. They’ve been told to stay at home, which for some people is very hard to do; for others it’s the place that they feel safe and secure. But for some people, they don’t feel safe and secure at home...” (DP5)

“A lot of them are looking after people with very specific and high-level needs, a lot of them are shielding, not just isolating. So, all of the services that had supported the person they looked after just disappeared instantly - no day care, no services for them as carers to go and get breaks or time away from their caring role. So, everything just imploded...” (DP9)

“Yes, any vulnerable adult who has anxiety issues or depression was very adversely affected by Covid. And we’ve seen more than many of our development partners, I guess, because of the nature of what Teamwork does and the people that we work with. [...] This morning I got back at three minutes past two and was putting my laptop on coming up the stairs. I was in Rushden for 9 o’clock this morning to meet a participant but he was late because there was somebody standing on the steps to his flats, and he didn’t want to come out until they’d gone in case they had Covid. He wouldn’t come out and say, ‘Excuse me, can I come past?’ So, it’s produced a lot of fear and an awful lot of social anxiety, some of which seems quite irrational but that’s just how it is. And some of them are, ‘I don’t think I want to look for work just yet because of Covid’”. (DP34)

“Because I’ve been feeling depressed at home and social services have advised to get out of the house, to take part in activities.” (PP18)

“And with my son, obviously he likes to go out so that was difficult. I got Covid twice. The first time it was really difficult, it was quite bad; I was scared that I might actually die. The first time I got Covid I was so scared because if I die then what’s going to happen to my children? But the second time I got it, it was fine. Everybody at home was getting depressed because my husband was at home, he wasn’t working; my oldest son was at home, and he was getting depressed so everybody was feeling very low. It was very hard.” (PP19)

Another significant change/impact, experienced by households with children, was expectations that parents/carer have time to home school. This led parents and children to experience stress and strain

as a result of managing commitments (Spinelli, *et al.*, 2020). Some programme participants ended up with additional caring responsibilities during the Covid-19 pandemic which created challenges:

“And I think with families as well, if you are a mum or a dad and you’ve been at home with the children because they’ve not been at school, I think sometimes that can be quite tough. You’ve got lots of extra responsibilities with trying to home school children. [...] I just think that there are issues on both sides with single people but also with family units and the pressures that are being put on families through home schooling, through all being at home together, through arguments or disagreements with the children and the implications...” (DP5)

“One of my carers dropped out of his course that he was doing at college, even though it is going to continue now, because of his home-schooling responsibilities. I think my parent carers have had the hardest time, a lot of them have really struggled because the children they are looking after have normally got some sort of behavioural issues.” (DP9)

“What I have found, and again I don’t work with huge numbers of people but there are a couple of people who have obtained extra caring responsibilities through Covid with family members, even their parents or daughters, granddaughters, babies moving into their house and that has represented as a challenge now because quite clearly, they are still there. They are happy; it’s just another job challenge now. They’ve fallen into caring responsibilities which they didn’t have and are very reluctant to give them up. And rightly so, it would be lovely to have your daughter and granddaughter in the house, it’s a trade-off, isn’t it? Yes, I think people have got extra responsibilities during Covid, some people.” (DP35)

“Feeling very depressed at home during Covid. All the children were at home so there was extra work, especially for women; lots of extra work.” (PP20)

Interestingly, one of the delivery partners discussed the fact that needs were not changing during the Covid-19 pandemic but, instead, new needs were emerging. This changed the support requirements for participants, placing pressure on delivery partners to adapt:

“Their needs haven’t changed but the process for meeting those needs has changed as a result. [...] Yes, I don’t think their needs have changed. Well, there are additional needs as well which we could perhaps come onto as we come onto other - Basically there are additional needs because of Covid-19 and not being able to meet face to face.” (DP2)

Delivery partners highlighted how during the Covid-19 pandemic programme participants struggled with changes in everyday routine, isolation from social networks, and new responsibilities. Programme participants' well-being, finances, health, employability and access to services have been affected by Covid-19 pandemic. Delivery partners discussed issues that participants experienced in

accessing technology, which is exacerbated by pre-existing conditions (for example Autism or Deafness):

“Increased anxiety... because of concern about getting the virus and not going out, getting exercise, getting medication. Some people who have difficulties with money, feeding their families. Those are additional needs. Just being isolated causes issues. Their ability with technology isn’t always brilliant so if you are asking them to do something online their phone may be a very old phone or not have capacity...” (DP2)

“Whether they’ve come out of it with a lot of positives it’s hard to say at this point because some of them will have become very resilient through it and they’ll have made new connections too. So, doing stuff online and just finding out about services that they wouldn’t necessarily have found out about before, because they get very stuck in a rut - which is one of the issues about supporting carers back into work because they are in a routine.” (DP9)

Covid-19 pandemic had an impact on employment in all countries (Bell and Blanchflower, 2020) which impacted on financial security and individual well-being (Blustein, *et al.*, 2020; Zacher and Rudolph, 2020). This issue was discussed by delivery partners:

“That’s right. And their financial issues - if they’ve been working and they’re furloughed, they are losing 20% of their salary and they can’t work, in theory, unless they get another job. Not many people have done that. That causes increased pressure on themselves.” (DP2)

“I think the only thing to add is how it’s impacted on their finances as well. Some of our clients, the husband is out of work - they’ve lost their job, or they’ve been furloughed. So, the ones that have lost their jobs, it’s how it impacts on the whole family, not just that person. It impacts on the kids’ lives as well and how much income they have coming in. A lot of them were struggling so we had to issue food bank vouchers, direct them where the food bank is so at least they can get their basic needs met.” (DP3)

“I was having those conversations and luckily participants agreed because everyone agreed because it was true. Very few people were hiring, BBO participants generally have extra challenges which means during the height of Covid it wasn’t appropriate to search for jobs anyway.” (DP35)

During the Covid-19 pandemic, social distancing measure were implemented. This impacted on the participants isolation and well-being, with participants being unable to spend time with family and friends:

“I think there’s a lot of people that aren’t used to being indoors for long periods, so there’s lots of problems for them in regard to loneliness, isolation, feeling that people are not there.... That

puts additional stresses on - perhaps not having somebody come around and see you or whatever is quite difficult. One of my people said to me, and he does actually have criminal record, but he said to me it felt like being inside.” (DP5)

“And so yes, I think there’s going to be an impact there, both in terms of things diagnosed, like depression and things like that but also those informal social support networks which can be really beneficial to carers. So, having that network of friends and family and neighbours who can help out when they need a bit of mutual support, I think once those are lost, they’re very difficult to get back. So, I think that’s going to be a long-term issue.” (DP7)

Finally, the loss of the loved ones experienced during Covid-19 pandemic, was exacerbated by the restriction in place (for example, limited numbers attending funerals). These restrictions prevented families from following traditional rituals, which impacted on their ability to deal with grief (Zhai and Du, 2020):

“The other thing is some of the participants have needed bereavement support because they’ve lost family members. One lady... lost her cousin to Covid-19 so that was quite hard for her to deal with... People have died, that’s the scary thing.” (DP3)

“We’ve had people that have been affected by relatives dying and we’ve had to try and be as supportive as we can in regard to that. And I think that’s probably something that’s affected people quite badly as well really, not being able to see their relatives, not be able to attend funerals... I think that will affect people quite badly and quite deeply.” (DP5)

The well-being of the programme participants was negatively affected by the Covid-19 pandemic, in fact, during the pandemic isolation, difficulties in accessing services/facilities, obtaining medication, finding employment and financial issues increased. Challenges in relation to Covid-19 have reduced recently, however securing long-term stable employment remains a significant challenge.

6.1.3. Relationship between participants and delivery partner

The relationship between delivery partners and the programme participants was a key theme emerging from the interviews. These relationships were developed at a personal level, helping the programme participants to boost their confidence and self-esteem:

“They have time for you, that’s what I like about this programme, they have a lot of time for you. It doesn’t matter what time of their day it is, they’re there to support you. (P1)

“He stayed in hospital for three weeks and his left side is paralysed. Then what I need to do now, I have financial problems and then I was very anxious, ‘How can I get my solution?’ And then I came here. And Sam is working here, her language is my language and I asked her. And

she said, 'Don't worry, it will be sorted out'. And she's applied for Universal Credit and helping me to XXXXX. And then I feel it's very comfortable. This place is very special, especially as an Asian woman because [...] Asian culture is different. We have socialising with the women, socialising together, so we are happy to XXXXX exercise, lots of things.' (P9)

"I really wasn't interested in going out to look for jobs and things like that. But when they introduced the volunteering side of it as well, that really helped me because if I didn't like it I could leave, there was no pressure. And I think the biggest thing about the Programme is the people within that. There are some really nice people out there who've understood what I'm going through; they're patient, they listen to me and the encouragement that they give is amazing." (P14)

"Just to say that it's going to seem like I'm blowing a trumpet... but I really rate their way of communicating with lots of different people. They certainly believe that a lot of people have potential and I feel very strongly that when I met with Paula this week, when she asked me to do some feedback with yourself, that she was confident in how I was managing at the moment, all that kind of thing. Equally, it just made me feel really cared about, really believed in and so much more positive and forward thinking." (P15)

"What [we] I do is we listen to participants, and we help them work out what's best for them and help them achieve that. So, we come at it from a person-centred approach, not from a - I don't know how to say this diplomatically really - not from a more box ticking exercise [...]" (DP34)

"Especially when some letters, I didn't understand what they said and then I came here, and I show her and she read it. And if I want any help with any phone calls then she will make the phone call. And if I want to fill any form or anything then she helps me - especially job search, she helped me about that. Everything she's helped me. When I want something, if possible, she helps me." (PP19)

The relationship between delivery partners and programme participants enables the delivery of holistic support. Programme participants revealed that the delivery partners were present and empathetic, dedicating time and energy to create an inclusive environment (including during the Covid-19 pandemic) As discussed by one delivery partner, comprehensive and holistic support was developed by tailoring support to the needs of programme participants which research suggests created positive outcomes. Indeed, research shows that positive experiences are determined through a human connection with service providers (Barker and Thomson, 2015).

6.1.4. *Impact(s) on the participants*

Several aspects of the programme participants everyday life were impacted by BBO Working progress. Alongside boosting employment skills, the programme had a positive impact on individuals' strengths, housing conditions, and sense of community:

"People with low self-esteem. People who are lacking in confidence. Maybe people on the autistic spectrum because there are multiple difficulties. People with mental health problems will benefit more over a longer period of time." (DP2)

"I'm able to go out on my own now. Everything's changed, I've got food on the table; I'm able to manage my finances now. I am still paying off debts but they're going. In about seven months' time they'll all be gone. My whole life's changed. And I've had support. When I've been feeling really down, not being able to cope, I've come here to see Sofia on a Friday because she sits and listens to me about – [...] Sometimes I cry, and she sits and listens. I can't help it, I just couldn't help crying. I was crying and that was it." (P11)

"That's where I am at the moment really. And I've been volunteering at the café as well and working with other women to - working front of house, working in the kitchen preparing food and things like that, and working with them as a team. So the interaction that I have with other people has been really good. It's been an invaluable experience and I've really enjoyed it and it's been a place where I've actually looked forward to going into and doing some work. Well, since joining the Programme I feel happier about meeting people. I feel really happy, as I say, at the Good Loaf. It is just women, and nobody makes huge demands on you. If you struggle with anything they all rally round and help, and I found that really nice. I think for me to be able to help other people, that's helped me a lot in myself and hopefully it's helped the other people as well. It's helped me in that I think yes, I can do something. I can help other people and I can improve their lives a bit better as well and that makes me feel good." (P14)

"I have a gentleman in his 50s who is unable to read. I've been working with him and the national charity Read Easy to help him learn to read. It's starting to have an impact in that he can recognise numbers now so he can write down an appointment time on a calendar; he can write down a phone number on a calendar to call. He can't take messages or write names yet but that has really given him such a confidence boost." (PD34)

"We've got peer support groups and walks and talks and things like that, just more the social side of things has been a massive benefit to them. It's like we said earlier with the isolation of lockdown, a lot of people just need to get out and see people again, to overcome the barriers of their own social anxiety. So, I think that's the most beneficial service that we've been providing is that well-being side of it." (DP36)

“It was very bad. Now when I’m struggling then straight away, I’m thinking if I’m going to [the delivery organisation] then they help me, honestly, they help me so much.” (PP19)

“I used to think that a woman’s place is just in the home, in the kitchen, cooking, cleaning. But now I feel more confident that I can achieve a lot more. I feel more independent, getting out and about more. Coming here has helped me because I’ve learned how to have my own bank account, how to get money out. [...] I am able to go shopping by myself. I used to have to ask my husband for help before but now I’m more independent. I can maybe fill in some simple forms myself. I know how to use the public transport. I feel more confident now by coming here; it’s made me more independent and I’m able to do things by myself.”(PP30)

“I feel like even though the main goal for a lot of people is the work, obviously there are barriers there for some people that maybe take years to break down but it’s that breaking down each barrier. I think that over the whole scheme of things is the main goal, for us and the DPs, to help them breaking down that barrier to get closer. The main goal is to get closer to that employment. Or a lot of them go into education and training, so that may have been something that was quite scary for them to do but they’ve got on a course that could maybe help them further down the line. So I think even though it hasn’t been the goal of them all going into employment, the fact that some of them have even stepped out of their comfort zone to go and do volunteering in a shop or to even just do IT skills or learn how to do all the paperwork and admin stuff. Even just connecting with the DP, going to meetings, to coffee shops, maybe spaces they are not used to if there’s a lot of people, I think that overall is a bit of an outcome itself as well.” (DP38)

Increased self-confidence and self-esteem were a key impact of BBO Working Progress, which was pivotal in improving participants social and employability skills. This insight strengthens the results from the questionnaire, which showed that the programme participants’ well-being increased over time:

“I’ve become more outgoing. I go out more, I’m more confident, talking to people. Maybe if I’m applying for a job I’m confident in going for the interview as well. I think the main part is it’s given me a lot of confidence and helped me with how to go about looking for jobs, going for interviews.” (P8)

“You actually had a conversation. It probably doesn’t seem like much but when you are having that and people are taking the time to interact with you, it makes a difference because it makes you feel like you’ve got something worth – [...] It makes you feel that you are worth something and that helps promote better self-esteem as well.” (P10)

“And I found that working with Lara and Michael helps me to be more confident and that kind of thing. When I’m mentally unwell my confidence disappears. And for me doing voluntary work, because I technically have two voluntary jobs. One was with the library and I felt that although it was a basic thing to be doing, it filled up my time a little and I felt like I was giving something back. And it’s the same with my long term voluntary work which has now finished, that was giving something back by helping at the centre, to do important paperwork that had to be done every year. So that was giving back for the help I’d received.” (P15)

“The biggest change we see is they gain confidence. So when they first come, some of them are very shy, they don’t want to speak up. They are okay one-to-one but in a group they won’t speak.” (DP9)

“I think the difference that we see mainly is their confidence improves and I think that if we can solve some of those little barriers then it makes them feel more confident to solve the bigger ones. And it is things like, ‘I don’t know how to get onto the system that the Job Centre use’, or, ‘I haven’t got anywhere to access my emails’.” (DP30)

“I think here mainly reducing their social isolation, so improving their well-being. We organise quite a lot of courses for the ladies to attend just to get out of the house, develop their social circle so that they can develop new skills.” (DP33)

“I think the biggest thing they benefit from is the one to one coaching and mentoring and the giving them confidence and self-esteem. And helping them pin down exactly what it is they want to do when quite often they don’t know what to do and then helping them work out a path in a very person-centred way to achieve their goals, is the best way I can put it.” (DP34)

“Confidence is the biggest thing you’ll notice. Thinking about one of the lads that I’ve been working with recently, he dropped out of university unfortunately and really struggled to get back on his feet and actually look for the education, the apprenticeships and stuff because being autistic, firstly that’s a big barrier to try and overcome, an overwhelming environment, but not also being taught about what to do and such. So from us being able to step in and support him, he’s gained the confidence to job search on his own; he’s learned about how to manage his own anxiety. He’s learned about what to look out for in the future with mental health and such so that he can self-help himself or refer himself to other services that might help.” (DP36)

“I didn’t have confidence but since I’ve been here, I’ve grown with more confidence.” (P23)

Improvements in participants’ confidence aided job searching and general employability skills, with participants noting improvements in digital and technology skills, English language, curriculum vitae

development, and interview performance. This strengthens the insights captured by the questionnaire, which showed that programme participants' employability skills improved:

"[Talking about the biggest change] It's helped me go out and look for a job and actually get a job. I'm actually working, even if it's part time I'm actually working and not just sitting at home doing nothing." (P8)

"You are looking at the opportunities that they are building on the CV for example; just getting all my skills back up to a current date. I's amazing - out of work for two years and it almost felt like you were unemployable to anybody, because if they heard the words that you had had a mental health breakdown - And so Sonia's worked on how to address that when you are making applications and when you are doing interviews, for example. As soon as they hear it, people don't want to know. [...] Back in the day when I did it, jobs were in the papers, for example. Now everything's on all these different websites; they all want everything uploaded." (P10)

"I'm now learning how to lay out a CV properly, how to word your covering letter, things that you should pick out of the job application to make sure it's more personalised to the job you are applying for. I feel that there is hope for me to get back out into the workplace, it's just finding the right job for me, but I do feel more confident in my abilities and so looking on the brighter side of things now. [...] I think the biggest change is realising that there is still life in me, that I still do have stuff to offer. And that I'm not the only one that has moments where they're struggling." (P13)

"I think the biggest change is it's helping me with my confidence. It's helped me to - for instance, I've put a curriculum vitae together now that I'm happy with. I'm happy that when I apply for jobs, I can look at that and try to amend it myself so it's suitable for the job that I'm applying for. So, it's just given me that confidence that I can do that." (P14)

"I think firstly people that come here, they lack confidence. At first, they believe there are so many hurdles in front of them: How am I going to do this? I can't do this. They come with that kind of mentality. And then towards the end you see the difference where they have much more confidence, they are speaking more in English, getting involved more in things and they feel that they can achieve something. It's seeing that journey; you can see the change in the individual participant." (DP33)

"I think the volunteering experience - I wasn't very social but it got me out of a box, and it forced me to talk to different people, different cultures as well. And I also attend this mental health class, there were so many people in it. I managed to talk to the teacher as well, so it gives me so much encouragement." (PP21)

“One participant that I worked with, she is non-verbal and she felt like she didn’t have any - she wasn’t given the opportunity. She didn’t work through lockdown so obviously that affected her as well. But we just made sure we were looking at the disability competent employers and making sure that they were aware and seeing what they could do to help her as well. So now she’s in an apprenticeship, which I think is the best role for her because she’s training and doing different bits there.” (DP 39)

BBO Working Progress programme has an impact on several aspects of the participants' life. Although the final goal of the programme is employment, the programme participants benefit from relationships with delivery partners, self-esteem and self-confidence. Unemployment can have a negatively impact on an individual’s well-being (Dolan *et al.*, 2008; Green, 2011) and self-esteem (Waters and Moore, 2002; Paul and Moser, 2009; Griep *et al.*, 2016), thus, participation in BBO Working Progress contributes to the likelihood of being re-employed.

6.2. Programme delivery

6.2.1. Service delivery

Delivery partners’ responsibilities were explored in the interviews, with delivery partners’ discussing the initial step in assessing whether the participants were suitable for BBO Working Progress to describing the content of the programme for participants and identifying their needs:

“I am responsible for getting referrals for participants, so signing them onto the project, deciding whether they are suitable to come onto the project, what I can do for them and all of that side of things. But I’m also in charge of the finance side so I do all of the claim work and things like that.” (DP1)

“I’m responsible for supervising, overseeing that all the paperwork has been uploaded, filled up correctly, things like that. I’m also responsible for all the financial claims and ensuring the budgets are spent in the right order. And then we have the quarterly claims and things, I’m responsible for doing all that.” (DP5)

“I’m a support worker on BBO Project. I help - enrol new participants onto the Programme to see if they’re suitable for the Project. Provide one-to-one support, whatever support it is that they need. It could be to compile a CV, job searching, completing job applications; looking for volunteering opportunities; one-to-one mentoring support, emotional and practical support. Maybe to see if they’re eligible for any financial help, any benefits they are entitled to. Helping them to access training courses to improve their confidence, improve English language.” (DP9)

“My job role is to enrol new participants, meet with people and develop an action plan with them. See what help and support they need, identify their suitable role on BBO project and gather all the paperwork and information and evidence like ID and benefits entitlements and things. And then I tailor a plan to suit them, whatever would benefit them. Everybody is an individual and they have different needs, so whether they need help just to improve their English or gain confidence or whether they need actual physical help to look for a job, that’s what we’re here for.” (DP33)

As examined previously, the needs of programme participants vary according to participants individuality and past experiences, therefore delivery partners are required to understand, explore and work with different need groups – providing holistic support:

“Interestingly I would always say it is the non-prescriptive approach that I’m given. I have freedom, obviously there are things, [...] steps and paperwork and all this stuff, but I think the ability for me to work one to one with people. Obviously everyone does it but the way that you talk to the refugee as to you do to a 55 year old guy who’s worked for 30 years, you alter the way [...] And the time and everything with the young man with autism compared to someone who has been bullied at work. All these, there are different approaches and I like that. I think that there wasn’t a mandate that I had to follow, I think that’s really beneficial.” (DP35)

“We take a very person-centred approach to our work here. We believe that it’s the individual’s journey; we’re there to assist them along with that. So, when we first meet an individual we sit down with them, we have a good hour or two meeting to discuss where they want their journey to go. So, they’ll set themselves their targets and we’ll support them to get to their targets.” (DP36)

“So, I just see what the DPs are doing to help them. But from what I can see, each DP has different participants, and every participant is different so it’s really nice to see how the project is helping a participant closer with things that the DP can provide, like CV support, interview prep, just guidance and support really.” (DP39)

As previously discussed, the programme is tailored to the participants’ needs. From an employability perspective, participants receive support in C.V. workshops, interview practices, job search, and volunteering opportunities. While from a personal perspective, participants receive support in the form of counselling, mentoring, and other activities related to improving mental health and well-being. Due to the pandemic some of the activities changed to focus on developing IT skills and managing day to day issues related to the pandemic (see BBO Working Progress Covid-19 Interim Report for 2021):

“So, it could be that they want to compile a C.V., it could be that they need help with job searching job applications. It could be that they need help looking for different types of courses that they want to do... I also support them with mentoring and confidence building. We’ll have one-to-one appointments with the client so I can physically help them as well with the job applications, with the job searches because their English skills, some of them are not that good, they are still learning... Also encouraging them and motivating them. We offer things like volunteering opportunities here...” (DP4)

“For example, one of our clients needed a bit of counselling for her to be able to - because there were certain underlying mental health, confidence issues, things like that. And the Project allowed us - We said, ‘Maybe if we give her this support it will bring her the confidence that we need’, rather than doing a generic, ‘There’s the loss of confidence, send them to a self-confidence course’.” (DP5)

“We’ve run training courses before, things like first aid course, for example, food safety courses. During lockdown we’re doing a lot of online courses and things... Some are engaging, and some aren’t. The ones that are more confident with IT are engaging but the ones who lack IT skills, some of them their children are helping them to get online. The other thing we’ve been doing is, because our Centre’s closed at the moment we’ve been doing outdoor exercise classes once a week in the park. A few participants have been coming along. So, we’ve had to adapt our services, whereas we can’t meet people face to face at the moment” (DP9)

“It’s like the volunteering, they just seem to come to life. They just go from being quiet and withdrawn and speaking when spoken to but nothing vital about them, nothing bright about them, to becoming chatty and personable and positive and feeling like they have a chance.” (DP32)

“Since we reopened some of them have been volunteering now. We’ve had different projects here at our centre, we’ve just recently opened a community fridge. We got some funding and we get surplus food from the Co-Op so we’ve employed two people to get surplus stock that they can’t sell, that would have gone in the bin [...] We run that twice a week here and one of our participants helps us volunteer, just to manage who comes in, how many people can get to the fridge at a time, keeping things clean and tidy. So yes, that’s going quite well.” (DP33)

“Getting additional education and training sorted to help get people nearer the workplace; helping them job search and also doing training on interview techniques and preparing CVs to get them work, or a soft outcome, to get them volunteering.” (DP34)

“What we do instead is because they’ve had so much support through the application process because we don’t fire off blanket applications, we tailor and approach two or three jobs rather than firing off ten in a day, they get to know the organisation. I always do a bit of pre-engagement with an employer. Not personal, so not saying, ‘You are going to get this guy called so-and-so’, but talking generally about things, we try and get some information that way. So the participants feel like they know a bit about not just the position, you can get that online, but a bit about the people that they will be working for. I try and speak to their potential line manager rather than HR departments, that sort of thing.” (DP35)

“I wanted to know how to do the internet and they helped me on the internet and all that sort of stuff, on a computer. I got more positive in myself through [the delivery organisation] and they helped me to work on computers and they gave me more confidence in myself as well. They’ve helped me quite a lot.” (PP18)

“Again, I think it would be the IT skills. And CV writing is a big thing because a lot of people just don’t know where to start with doing a CV. Again, the interview skills, that becomes a real issue because a lot of people have got real anxiety around that, so we try and just make that part of the session quite a lot when they come in and just be like, ‘Let’s just have a couple of practice questions’. We do it very informally, but it gets them thinking about their answers, so that’s quite nice. I would just say it is the general job searching and the applying and making sure that those applications really stand out.” (DP37)

“So yes, I think the main outcome is getting them that bit closer to work, whether it is through work placements or going straight into a role or even just learning new skills such as writing a CV, interview prep, things like that.” (DP38)

Overall, Unemployment has significant consequences on individuals, including welfare problems, psychological difficulties, and even psychiatric disorders (Drosos, *et al.*, 2021). However, a nuanced understanding of specific perspectives and contexts is essential to guide unemployed individuals (Drosos, *et al.*, 2021). In fact, tailored approach that put the person at the centre of the approach is pivotal in order to support unemployed individual (Hiebl and Hempel, 2019), especially for long term unemployed individuals, and therefore providing tailored support leads to more positive results (Eichhorst, *et al.*, 2015). This section presented how BBO and the delivery partner understood, explored and worked with different groups and needs – providing tailored journey for participants.

6.2.2. *Impact of Covid-19 on service delivery*

The delivery partners and programme participants discussed the impact of Covid-19 pandemic on programme delivery, with most delivery partners (62.5%) believing that the Covid-19 restrictions affect their ability to deliver the programme (Section 5.2.1. Impact of Covid-19 on mental health and well-being). Most programme participants (60.7%), on the other hand, felt that the Covid-19 restrictions did not affect their ability to participate in BBO Working Progress – demonstrating the dedication of delivery partners to adapting programme delivery during the pandemic. Despite programme participants felt positive about engagement in the programme changing during the Covid-19 pandemic, the delivery partners discussed the changes to programme delivery, with Covid-19 changing the working environment and participants progression:

“The main difference really was not being face to face, it was being over the telephone. Personally I hate the telephone, I absolutely hate making telephone calls and things like that. But I accept that it is part of the job and so I am pretty much on my phone all day every day. So, I think personally for me, that’s one of the biggest challenges, one of the biggest problems. But then it’s also quite nice with the trade-off that I don’t have to go anywhere.” (DP1)

“I’m still supporting all my clients, I’m in regular contact with them. It’s just a different way of working, we’ve just had to adapt to using different technologies. Obviously, they are not able to come to our Centre, so we’ve been offering more online classes. Contacting participants regularly, helping them with their job searching, CV building. Obviously, it’s a lot of back and forth stuff because one contact isn’t enough with them” (DP3)

“The paperwork side of it has been tricky. I’ve got to the point that because of Covid-19, I was able to ring my participants each week and we would talk through, well - when I was supporting them with well-being. When I’m supporting them to do the other stuff I think not having physical courses to signpost them to has been tricky... a lot of my support at the moment is supporting them with aspirations and not falling back into thinking, ‘I can’t do this’” (DP10)

“So, when I first started they were meeting participants, say, in [a village] and they didn’t have an office so they were actually just meeting in a café to get Wi-Fi because the libraries were closed and that was the only place they could really meet. Then in August 2021 the libraries started reopening so they’ve were having a bit of a base there.” (DP39)

In many cases, during the Covid-19 pandemic, the process for signing-up participants slowed down, with delivery partners discussing challenges in the referral process (for example, obtaining signatures from participants). Even when alternative methods were applied (such as posting documents), the situation still affected their ability to hit quarterly targets, in terms of referrals:

“It is a little slower. For instance, signing people up, I’m now having to use the postal services rather than just, ‘Sign there, sign there’. So, it’s taking a good week, sometimes three weeks, and you are relying on them sticking it back in the post box to get the paperwork. It’s slow but it hasn’t ground to a halt or anything like that.” (DP1)

“... signatures are a difficult one because we’re not with them physically, so they can’t sign, and not everyone can email. So yes, that’s been difficult. Other stuff I’ve posted to them and they have actually sent it back to the office. So, I give them a stamped addressed envelope.... I think that’s a barrier, recruiting new people.” (DP3)

“It’s affected us in the sense of our reporting’s down and we haven’t hit our targets for the last quarter. But in terms of our actual physical day to day job it’s not affected Commsortia’s role. It has obviously affected - we’re hugely down on targets over the last two quarters.... I think there will potentially be a lot more participants that could be signed up because a lot of people will have lost their jobs, but right now we’re not seeing those people just yet.” (DP8)

“So some participants, you could see from the paperwork that their Annex I’s hadn’t been signed because they wouldn’t want to go to the centres once Covid had started to put it’s barriers down a bit more.” (DP39)

During the pandemic and because of the physical distancing measures, the possibility of reaching programme participants through the phone was positive for some delivery partners, but negative for others:

“For instance, yesterday I had two people that had their phones turned off. I tried all day to get them, couldn’t get them and normally they would have to wait another week or two weeks before I’ve got a space to be able to see them again... I’m able to be far more flexible, I suppose, with my timetabling and getting everybody in, providing a spot.” (DP1)

“Yes, to an extent, because we are in contact with BBO office. Alan’s managed to do this more than me... with face to meetings not only with participants but also with the referral agencies as well, like BWP, Job Centres... Everything’s been done by telephone and email. It’s often much more efficient to have a conversation face to face.” (DP2)

“But it’s actually quite nice to be able to carry on to do both, to be in the office and work from home, I like that balance. I don’t know how long that will last because I think the aim is to fully open five days a week but obviously, we need to monitor what happens.” (DP33)

Again, because of the physical distancing measures implemented during Covid-19 pandemic, meeting the programme participants in person was impossible or limited and this affected the depth and the

quality of engagement. Delivery partners explained that phone calls did not allow for interpretation of body language, which impacted on building relationships:

“Since the lockdown. So about two weeks ago I signed up seven people to this project. While I get on quite well with them, I do think that you do miss out a little bit on the face to face. I don’t really feel that I know them quite as well...” (DP1)

“... it is really difficult to do things with autistic people. A lot of them don’t like phone calls and don’t like Zoom so yes, it has been really difficult. I’ve done a lot of trying to make contact with no response or minimal response, and a lot of researching jobs, looking at what’s available, reading up on stuff. I couldn’t practically help so I thought I may as well use it for bit of training and that sort of thing in the meantime until everybody gets back online.” (DP4)

“Yes, so not being able to physically meet participants, getting them to sign paperwork and physically not being able to help them online with job searching. Because doing that remotely is slightly harder especially, again, they haven’t got the digital equipment.” (DP10)

To reduce the negative consequences of the pandemic described before, the delivery partners implemented new activities and new mechanisms of support to respond to the changes in programme participants' expectations and the negative consequence of the pandemic:

“... I’ve had one or two of mine that have had problems because of money and things like that, being very short of food. So, I’ve arranged some food parcels for people, which I’ve been able to do through various things that I belong to... we’ve been able to do that to help them.” (DP4)

“... previously we had two different locations that we would go to and the groups were based on where people lived, regardless of whether or not they were sign language users or oral users. However, since COVID it’s become very clear that we had to separate the groups again and it became very much deaf/sign language user group and then more of a hard of hearing deaf and oral group. And then the third group that I had were participants who were not confident to engage in either group, and they would have one-to-one sessions with me.” (DP6)

“The choir is one of the health funded projects that enables people to improve their mental well-being because it releases serotonin, the happy drug... in fact it’s not about singing at all, it’s an anti-depression service... They had loads of chats, coffee morning chats where people would come with a coffee but do a video link with loads of other carers. There’s loads of mental health stuff, physical fitness, mindfulness, the organisation really pulled out all the stops, all the young carer staff, so many things. There’s a music project for women going on. All the music stuff is amazing for this time because it is about mental health and well-being.” (DP9)

“We could do over the phone to an extent but a lot of the people that we work with don’t have the internet at home so it wasn’t a case that we could do some job searching over the phone together with them sitting on their laptop and looking on Indeed and applying together. That was more about providing well-being and just calls, just to make sure that everybody was okay and to say, ‘We are here, if you do want to come in we are here and we can see you on a more one to one basis if that’s something that is suitable’.” (DP37)

As discussed in the previous themes, during the Covid-19 pandemic, programme participants' well-being decreased. These insights were confirmed by the findings of Section 5 (Covid-19 Questionnaires Analysis), in fact, Covid-19 and physical distancing measures had a negative impact on the well-being of programme participants, in particular, most of the participants reported that anxiety and loneliness or isolation increased (respectively 75.0% and 53.6%). In consequence, delivery partners adapted programmes to focus on well-being. Moreover, some delivery partners took on additional responsibilities with job centres/other organisations while others sent out leaflets on courses, relaxation techniques, mindfulness tips, different recipes, and job sites. As shown by the quantitative data and in particular by the General Perceived Self-Efficacy Scale and the Warwick-Edinburgh Mental Well-being Scale results (Section 4.3 - 4.3 BBO Working Progress Questionnaire Results), the effort put in place by the delivery partners had a positive effect on the participants' well-being and self-efficacy:

“So, while you had a bit of a counselling responsibility before, now I definitely have lots of counselling and listening.... Quite a lot of my clients aren’t very good at dealing with change, so this is a massive change to their life. Some of them are single mums and all of a sudden they’ve got their kids at home 24/7 and they’re trying to do all of the home schooling, things like that and, ‘We don’t know how to do it’. So, I end up teaching them what they’re supposed to be teaching their kids in the following week, and perhaps coming up with ideas with them on how to make this activity a bit more fun or a bit more accessible for their child.” (DP1)

“We’ve been asked by the Job Centres to help out with some of their projects at the moment so we’ve done a virtual Twitter session, a two hour session, a few weeks ago for people and we had some referrals from that. [...] And then the Job Centres also want to do some Zoom things with small groups for CVs, interview skills and things like that so we’re just doing a bit of preparation for that as well.” (DP5)

“Sending out leaflets to participants, letting them know courses there are. All the delivery partners have been doing that because we work together on - I wasn’t part of that, but they’ve created a leaflet with all the links. We fed into all that and everybody got together with the

resources that are available, online and everything. So, things like relaxation techniques, mindfulness tips, different recipes, which job sites to go on and things like that.” (DP3)

“I think being able to change the way I work with people. We did some collaborative work with some of the delivery partners around information going out – COVID information, staying safe online, mental health charities, all those kind of things - in a publication where we put it out. So, everybody had all the information of where these services were, what free services were about. That was disseminated to our participants.” (DP10)

“As I say, it was helping out - particularly there were some participants who needed food bank deliveries. And people who didn’t need food bank deliveries before the lockdown but then things changed so it was about setting them up, making sure they’d got food in the house, they were getting their medication. And importantly that someone’s checking in and chatting with them.” (DP31)

“The other one, we’ve had a lot of people between the ages of 19 and 30 who had been affected by Covid, who felt very isolated, a lot So with [other delivery partners] we designed a specific course for people aged 19-30 and of the six people we had on the course - because you don’t have a big course for people with social anxiety because they are not going to show - two of them have gone into employment. They felt able to apply for a job, they did the interview, got the job and they are both starting work, so that’s been very good.” (DP34)

“Some of the participants, a lot of their thing is they are so used to a routine so it’s taking them out of the routine. No, it’s nice to see that some of them are building themselves back up to the courage to come back out again as we also go back a bit to normal.” (DP38)

This section discussed the changes in programme delivery during the Covid-19 pandemic, with challenges associated with administration, programme delivery and workload management outlined by delivery partners. Despite the challenges, the delivery partners have been pro-active in adapting support to focus on participants needs.

6.2.3. Programme benefits and opportunities for improvements

The delivery partners discussed the benefits of BBO Working Progress programme and the opportunities for improvement. As previously mentioned, the main benefit of the programme is the development of supportive relationships and tailored holistic support:

“Beforehand people could go and find courses and they’d finish with the course and that’s it. But the benefit, as I said earlier, the benefit of BBO Programme is potential ongoing support.

And also, probably getting together as a group and focussing on their employability skills, what they can do and being much more positive about their way forward...” (DP2)

“Firstly, I must say that it’s an amazing programme. I’ve been managing this centre for nearly 14 years, and this is our very first project such as BBO that we have taken on board. And when we did start, before the start of the interview I’d mentioned that even we were not sure whether it would be this successful, whether we would be able to reach out to their needs... Once we started the Project and the support that’s part of this Project I think is excellent and that’s what’s needed in the community. So, I think that it definitely meets the needs. It’s quite a tailored approach, which is another good thing because all the clients have different needs and within this project you have the flexibility to do so. And that has brought good results.” (DP5)

“[...] and one of the advantages of the Programme is we haven’t got to get hundreds of people through it, so it does allow that in-depth work with individuals, it is those higher need people.” (DP7)

“People come in for actions, I think, that’s the thing about BBO. People come in and things happen. I don’t tend to do a lot of generic general catch-ups and stuff. We do that over the phone or over email, we keep the contact that way and that’s another benefit I think. When people come in they know they are not wasting their time. [...] Now, and this is quite small thing, but from our BBO participants that do drive, I think the mileage support for costs for transport to interviews and training, that sort of thing, that is really beneficial at the moment. That’s a massive headache that I hear off everyone at the moment. It’s like, ‘Yes, sure I can apply for a job in Northampton but it’s going to cost me my first to hours’ wage to get there and back’. ‘Well actually we’ll help out with getting you there’.” (DP35)

“It’s been running really well, to be honest. There’s nothing really I could say that has a demand to be changed. From what I’ve seen I would just say, being here it’s fairly robust, especially within our service because we’ve got so many other services we can use. So, it works really well, working co-productively with other teams [...]. We even have some of our members that are on the living and learning side of it that are also on project as well so it’s a very much broad interaction across the us all so I couldn’t say there’s anything that needs to be improved or changed because it seems.” (DP36)

“And I think the pros of it are the fact that you are seeing so many people feel supported. I think that’s the main thing, they feel supported because they tried other ways to solve these issues in their life or to get closer to work and there had been no luck. So to come to a DP and join the project and feel supported, I think that’s a really good pro.” (DP38)

“I think it’s person centred approach. I think some people just need face to face contact, more than maybe the Job Centre can supply participants with, that you can give two hours of your time in a session and maybe even just using email or text messages to contact people rather than just a phone call because that can scare people, a phone call and different things. So, I think the good thing with this project is that you can focus on participants as a person. [...] And again just the person centred approach. [...] I think again because it’s county-wide, with delivery partners they want different things. So, collaborative working I think can be difficult because of the needs of different delivery partners and who they work with as well can be difficult. [...] I think it’s just the different needs. We’d see one delivery partner that works very closely with the Job Centre so they have a lot of unemployed people going onto the project. And then some delivery partners just work with mainly economically inactive participants, so their needs are different.” (DP39)

The delivery partners discussed areas for improvement including communication and partner referrals. Despite challenges in communication and partner referrals noted in earlier phases on the programme, delivery partners noted improvements in communication since the Covid-19 pandemic started:

“Well, some of the problems that I have encountered is that you talk to - somebody comes in, you talk to them, you think you can help them and you start signing them up. One of the first questions you ask is, ‘Is anybody else supporting you?’ They always say no, and then about six months down the line you find out that actually they are on another BBO project with somebody else or they’re going through, say, Olympus Care Services, they’re working Links Project, which is ESF funded and you can’t be on two ESF funded projects at the same time. So that’s one of my biggest problems.” (DP1)

“And also although we don’t refer people very often, we get referrals from other organisations, so it’s having a broader spectrum of organisations participating in BBO Project that you could refer to or take referrals from.” (DP2)

“But I think the main thing is really what would have been a really good thing about this Project is you’ve got lots of different experts working together. So you’ve got [...], Autism East Midlands, you’ve got Teamwork Trust and all the other partners who’ve all got their areas of expertise. Mike did a great piece of work during lockdown period of actually putting together a database of information and working closely together on shared resources, which was great. It should have happened three years ago, to be honest, it shouldn’t be happening towards the end of a Project.” (DP7)

“Because I don’t work solely with them or see so much of that, I’m not 100% sure, but what I know is they get referrals in from - a DP can pass a participant to another DP if they feel they can’t help them. But we have found in the past that the Job Centre, for example, may refer them to this organisation and sometimes I know the DPs have felt a bit lost because they’ve been given a participant who they know they want to try and support but there’s not too much background. And the participant, obviously they have these barriers, some participants are a bit wary of who they are going to speak to at first.” (DP38)

Another problem related to referrals and BBO Working Progress categorisation of participants when signing them up to the programme, specifically linked to the economically inactive/ unemployed classification. According to a delivery partner, initially, several programme participants that should have been considered as economically inactive were actually considered unemployed, increasing unrealistic expectation on the final output:

“Say, if an unemployed participant has come onto the project they can only really exit into training or employment. So, if they were looking for something niche and they were ready to exit the project then we wouldn’t have got an outcome for them as well. [...] And I also think when people were signed on in the first two years that there were a lot of unemployed people rather than economically inactive. But when you look back at their evidence they are on ESA [.....] so they are actually economically inactive participants. So, the only outcome if they were unemployed would-be employment or training rather than job [...]. So, they might have given them all the support to make the job ready, but they haven’t got the outcome.” (DP39)

Another opportunity for improvement, noted by delivery partners, was related to funding. BBO Working Progress clearly states who and what is entitled to receive funding (for example, funding for courses); however, the delivery partners need to complete significant paperwork and wait for authorisation before fully engaging with programme participants. This creates long wait periods, which impacts on engagement with participants:

“It’s not a generic thing. It allows you a bit of flexibility, it allows you participant costs. If the participants incur costs to go to a course or things like that it allows them that. So that sort of support, added support rather than just signposting somebody, ‘Go there’. [Talking about the negative aspect...] I guess there’s just so much bureaucracy and I wish that was a bit less. And then all the financial claims paperwork, I have to do everything twice. So, say it’s for participant costs, I would have already uploaded it on the participant’s file. Then I have to upload everything again in the financial folder. So, it’s a lot of duplication of work.” (DP5)

“Like I said, we use this room for BBO participants coming for [name of activity]. Now, I could use this for my other projects, you’ve got the [name] group and things like that and I’ve could be giving it to them. Yes, whether inside or – [...] it’s a venue hire. So, I just think that we do quite a few in-house courses because it’s easier. We have the clients, they know the place. We have the space so why not? But it’s like, ‘If you use it outside then we’ll reimburse you, but if you use your own then we won’t reimburse you’. And that could be seen as a financial loss for the organisation because I could have used this room to hire out to somebody else, but I’m using it for BBO Project. So, I guess maybe that would be my input around what they could probably look at.” (DP5)

Furthermore, the need for programme participants to use mobile devices and laptops (to communicate, participate in activities, and to look for jobs) raised another issue in relation to funding. This issue has been addressed, in fact, Commsortia provided digital devices, including over 30 iPads, to delivery partners to help with participant activities. Moreover, in occasions where there was a very specific need for digital devices, Commsortia provided digital devices to participants:

“Finding us and understanding what the project is. But also, the fact that during the time I’ve been on it we’ve highlighted that the digital side is going to be a big area and at the moment BBO Project - I’ve been trying to get funding for some of my participants to get funding to have a digital device and get them online. I had to go for funding for the difference and I’ve asked BBO if they would fund it and they won’t fund digital devices. So, I think that is a barrier. I think going forward that is something that the BBO project needs to address because I think with this pandemic, it has highlighted the fact that a lot of things are being delivered online. So, it’s about being able to adapt. I’m adapting but the Project and some of the rules around it haven’t adapted.” (DP8)

Another opportunity for improvement was associated with paperwork and administration, with delivery partners discussing the burden of paperwork and administrative tasks. More specifically, delivery partners explained that excessive paperwork reduces the resources and time dedicated to programme participants:

“I think what we’ve - we’ve said this before, and I think other partner agencies have - the amount of paperwork. It’s too much paperwork and again they’ve introduced the online system which works a lot better. That wasn’t there at the beginning. At the beginning it was all paper. There’s too much paper wasted and you have to keep copies of things otherwise things used to get lost when we used to pass things over to Commsortia, documents would go missing. None

of that happens now because everything's uploaded in one place. But yes, there's too much time spent on admin." (DP4)

"It's just lots and lots of paperwork and the time that could be invested in more productive, working with the client, we end up in paperwork. Now we have the [software name] which sometimes - as technology can be good and bad - it sometimes takes us double the time. [...] So, my staff which does Wellingborough, she wanted to upload the documents and there was some issue with [software name]. So, the whole day got wasted." (DP5)

"I think the main obstacle is just the bureaucracy really. Actually, a couple of different problems for participants, apart from a very selfish level, is it is a lot of work for what is a relatively small piece of work. And actually, seems quite pointless. [...] I think that's where the bureaucracy has got other knock-on effects for the participants. I think one thing that we have had in the past is not formal - I don't think we went down the formal complaint route but we certainly have had informal complaints. We had somebody put a negative Google review on our website because they just felt that this project was just about getting signatures after signatures after signatures and lots and lots of paperwork and Annexe A, you have to Annexe B. And I think they just felt it was a bit of a paper process." (DP7)

"A lot of the admin that we have to do. This has been always predominant from the beginning. It's kind of going over the same thing. You fill in their Progress Form then you have to upload it onto the system and then you have to write it out again. So, it's duplicating stuff, that takes up a lot of time. The admin takes up a lot of time where that time could be spent helping somebody rather than lots of form filling. I know it has to be done. We've all got used to it now. But at the beginning it was difficult." (DP9)

"Just the amount of paperwork that's needed, it's always a barrier, it's just too much. You have to do it online and then you still need hard copies of things; it is a lot. I think it's because of the funding bodies, that's why they need all that information.[...] I don't think there's any way around it, it has to be done but it takes a long time to fill in the forms and the information that they need." (DP33)

"Only the paperwork. My drive this morning was like, 'Really? I've got to sign all this again? Why? You've done that, you've signed it, why do I have to sign it?'" (DP34)

"I have to say one thing it would probably be the administration. There's a lot that goes into signing up the participants, a lot of information you need to collect. It does take up a lot of time, especially when we've been given such high targets because at the end of this quarter, that's the last for sign-ups but then that will change because we won't have as much to do with signing

up people because it will be just working with the individual. So that's going to change anyway.” (DP36)

“I think when you are doing the paperwork side with a participant it can seem quite repetitive. When you are doing, say, the Annex I, where you've done an action plan and then you are copying everything onto the Annex I, I think they can find that a bit difficult sometimes because you are like, 'I'm sorry, we are just going to have to fill this out again'. And I think that has been a frustration with the delivery partners as well because when we come and check and we're like, 'Oh, we've missed that'. Yes, so I think that side of it you can understand why, because it will help projects in the future, hopefully.” (DP39)

The need to complete substantial paperwork can be tough on the participants for two reasons. First, because they might struggle to find the strength to look for the necessary documents (for example, if they have financial difficulties or if they recently experienced a loss). Second, the need for the documents, proving British or European citizenship, the right to work in the UK, and the National Insurance Number, were a barrier for immigrant or people without the citizenship to join BBO Working Progress.

“Getting things like a passport and a birth certificate and a national insurance number is very difficult, usually because if they've had a bereavement, they've got paperwork all over the place and chaos and pulling out their own paperwork takes time. It takes a couple of months sometimes. I have loads of understanding from Commsortia but then I do hit the cold hard face of deadlines and things and sometimes I can't get these things in time. That's a slight frustration on my part but I completely understand it. A national insurance number, if you are 50 years old and have never worked, why would you have ever needed to know your national insurance number?” (DP35)

“To join the project, you have to have a British citizenship, you need to show that you are allowed in the country and for some participants that's not easy to just get a passport or to just get that certificate if they are not originally from the country. So it's things like that that I mean, that's the challenging side of it, because it's a long process. And some participants, it will be frustrating for them because they would have been trying to do this for God knows how many years.” (DP38)

The final issues, discussed by delivery partners and programme participants, were associated with the need for additional activities (courses, volunteering experiences, and placements) and longer-term courses. Additionally, one of the delivery partners suggested having a centralised database to collect all available courses:

“What could be improved? I would like to see us being able to offer more in the way of placements for people because a lot of the people that we work with haven’t worked for a long time. So being able to have a placement somewhere where they can see what it’s like to get back into work, having more opportunities for job shares or things like that that can help them make that transition, that step.” (DP3)

“Computer classes... Cooking classes - we’ve done things in the past. What we normally do is short chunks, so six weeks IT course or a six-week cooking course. One lady’s just suggested sewing classes so we’re going to look at that and arrange... Yes, sewing classes” (P5)

“I think if they do an IT course. [...] Yes, computer course. And a sewing course. Or Child Care course, I think a Child Care course is very important for us. [...] Child Care is - because Asian women, always at home and they have knowledge of children, how to look after children. And it will be easy for them to get a qualification and get a job later. It’s my opinion and ideally really I want a Child Care course.” (P9)

“It also puts a few barriers in there. Say, for example, we are looking to fund a college course. Most things get approved, I don’t mind going through steps to get funding approved that’s fine. But it’s things like then we can only look at a college course which would have ended by the end of our contract with somebody. So it means that we can’t do any long term courses, so you’d normally have relatively short terms.” (DP7)

“I think a central databases would be really helpful for online training. I’m struggling to find online English and maths courses at a reasonable price for two of my participants, the same with IT. More help with online training course availability I personally would find really useful. But I only have to ask A- or A- or anybody and they say, ‘Try this’. I just think having a central database would be quite handy, that all the DPs could log on to.” (DP34)

Overall, BBO Working Progress programme was beneficial for programme participants; however, poor communication and partnership working was thought to impact on the clarity in understanding who is already participating. Another area for improvement was associated with paperwork and administrative burden. Completing paperwork is a requirement for the programme; however, delivery partners felt that the paperwork burden could be reduced to avoid delays. Finally, delivery partners and participants noted the need for more courses and activities including computer classes, volunteering opportunities and cooking classes.

6.3. External Stakeholders' views

The themes 'Participants' story' and 'Programme delivery' embed views from the delivery partner and programme participants, while this theme presents the views of the external stakeholders who collaborated with delivery partners on BBO Working Progress. The external stakeholder discussed the type of support and the collaboration provided to help the programme participants. Some stakeholders collaborated with BBO by providing volunteering opportunities. Another, developed a two-way collaboration, on one hand, they were able to provide refuge and security for the BBO participants experiencing violence and, on the other hand, they referred their own participants to BBO Working Progress to access courses and services:

"[...] we started our Thursday volunteer group [...] So it was quite good to get a big group of people together to go out in the park, enjoying the fresh air. We cut bonfires and stuff with them so had a really good group. I think it was really good to start with. Because they were on their own to start with, they got to know us and we got to know them. With any of our volunteers, whether it's part of a project like BBO or just the public volunteering we start them off on basic tasks and simple tools. As we get to know them we can then increase the sort of knowledge and tools we give them, tasks we give them to do, just to make sure we are not running before we can walk. [...] We did have some initial [...] problems. [...] So once we were able to deal with those sorts of scenarios it made it a lot smoother and it was nice for us to be able to move them from a bespoke session that was just them into the main public sessions and make it more sustainable for them as well as us. (S3&4)

"We have two sides of things. We get our people out to volunteer, so we guarantee all of our employees four hours each year to get out and do some hands-on work. We also do a grant side of things, so we donate money to local causes. [...] We've worked with the [delivery organisation] for the last eight or nine years, doing a lot of work in their community café, just helping build any of the programmes that they are getting going. [...] At the moment we've got one of their students [...] he's doing some work experience" (S1)

"So if they ever get anybody that comes in that may be a victim survivor of domestic abuse or anything like that and they need to refer on, they may refer to our organisation. [...] But then if we get somebody that we're working with they think they could do with having a referral into [the delivery organisation] to help with, say, ESOL classes or advocacy or just as building support networks within the communities, those kinds of things, then we can do a referral into [the delivery organisation]. So that's how it works." (S2)

According to the external stakeholders', BBO Working Progress programme and the collaboration with the external stakeholder had multiple impacts on the programme participants. They were able to

develop confidence, communication skills, and improve understanding of the English language, as well as develop friendships which helped strengthen their confidence and self-esteem. Furthermore, the external stakeholders discussed how this impact is strengthened through the one-to-one and holistic support provided by the delivery partners. These findings are in line with those presented in the quantitative section and the ‘Participant’s story’ theme, with the delivery partners and the participants discussing how the one-to-one support led to increased confidence, self-esteem, communication skills, and English:

We taught them some different skills - landscaping, gardening skills, habitat skills. We went on bird walks and things like that around the park so they picked it all up and were really interested in what we talked about. So yes, I think that would help them in finding jobs. [...] I think another one carries on, she comes every other week still when she can. [...] Then it’s just the collaboration, being able to work with us, understand what we’re asking from them and be able to give them those new tasks. Just have to the confidence to try the new things and not be afraid because it was out of their usual routine. [...] And they were mixing with the public so communication was another thing, they were having to talk to people they didn’t know. And one of the men brought their dog didn’t they? [...] you could see that they were quite shy and quiet when they first arrived and they were a bit more chatty and coming up to us and talking to us and meeting us outside the office [...] No, it was good to see them develop. I was half way through their time here so they’d started to settle in really so yes, it was good to see them developing the communication skills together. So be really happy to have another group again if they want to come along.” (S3&4)

“He’s picked up a lot of training that he wouldn’t have got. The environment that they teach at the [delivery organisation] that I’ve seen first-hand is it’s a very caring environment, they really look after the participants. And I can see that from the way that [the programme participant] was brought to us the first day with [the delivery partner] from the Building Better Opportunities. [...] I think it gets that personal touch quite a lot from the programme, so 100% I think the participants benefit from being part of that.” (S1)

“So they’ve gone along and done ESOL classes which have obviously improved their opportunities for learning the language and being able to go on and perhaps find work, those kinds of things. [...] Or we’ve had some ladies that have been quite lonely and then they’ve attended [the delivery organisation] and they’ve made friendships through that, which then helps with their confidence and their self-esteem. [...] So yes, it’s really good and I think working like that is giving it a holistic approach to the person that you are working with. There

are some things that [the delivery organisation] could do that we can't; there are some things that we can do that [the delivery organisation] can't. So yes, I think it's really well." (S2)

This collaboration appears to have had an impact not only on the programme participants but on others too. One external stakeholder discussed how other participants learned more about autism thanks to one of the programme participants:

"Obviously with the autism side of things they can be very regimented in how they do things so be able to work flexibly with us. It sorts of helped the team a little bit, understanding the autism bit more in the wider team so it was a two way street. As well as the specific environmental skills that [external stakeholder] and his rangers were able to impart, just those soft skills of communication and things were there." (S3&4)

The external stakeholders discussed some areas for improvement, including transportation to and from the external organisation and communication:

"From our side it was more the transport, getting them here and getting them back. I think we had an agreement with a taxi company and that was a bit hit and miss, which would then unsettle them." (S3&4)

"I think initially it was getting the information about the participants so that we could support them well. [The delivery partner] was really good, when we had an issue we could just phone her, we'd have a chat with her and find out more information. We could identify it and work together, so it wasn't necessarily communication problem between us and BBO. It was a very open two-way street and always had been. [...] If we had some slightly more information when they first came, on that first session, we'd be able to just be ready, hit the ground running a little bit faster, I suppose, rather than making it as we went along, that first session." (S3&4)

"Every bit that we've worked with [the delivery partner] on, he's always managed to come through with exactly what we needed. Generally, we'll be going back, asking for information about CVs from the group and he'll tend to work with the participants to write their CV, to get that across to us. [...] So yes, from BBO point of view, I couldn't comment too much on if there are areas that need improvement because everything we've asked so far, they've been great with us. [...] From BBO point of view we've offered to help CV writing, interview skills, but [the programme participants] is our first work experience that we're doing and it's brilliant, really good." (S1)

"I think the only thing is with the type of community that [the delivery organisation] work with, South Asian women, it's they don't always come forward when it comes to domestic abuse, it's a very taboo subject. So even if they are going through that they may not want to disclose that

information so then that becomes a bit difficult in terms of [the delivery organisation] referring in to us (the external organisation) because if they don't know about it then it's a bit difficult to do that. [...] And also if I'm working with a lady but she doesn't particularly want to reconnect with her community, if she's from that community, then she's not going to go in order to get that support." (S1)

The external stakeholders' interviews confirmed the findings from the quantitative section and the discussion presented in the qualitative section. BBO Working Progress was able to develop participants' confidence and self-esteem not only through the courses by also thanks to the volunteering opportunities. Moreover, these opportunities help some participants to get close to employment and allowed the programme participants to develop valuable skills (i.e., CV writing and interview skills). Furthermore, it enabled programme participants to build confidence in socialising with other people.

7. Social Impact of BBO Working Progress

The BBO Working Progress programme, through its work supporting unemployed and economically inactive people from Northamptonshire, has a significant social impact both on the beneficiaries themselves (outcomes), and in financial savings for the state (impact). The purpose of this section is to begin to outline the impact (both real and potential) through BBO Working Progress programme.

7.1 July 2019 and July 2020

The quantitative impact of BBO Working Progress programme, between August 2022 and December 2022 can be summarised through the following ‘inputs’:

- Number of participants who attended the BBO Working Progress = 195
- Re-employment rate for 40 participants in paid jobs (average earnings of £18,000) = 20.5%
- Welfare Payment Reduction Rate for JSA²⁰ = 20.5%
- Number of volunteering hours = 4,840

The value to society of the BBO Working Progress programme between July 2019 and July 2020 can be calculated in relation to income tax and National Insurance contributions, as well as the savings in JSA/ESA/Universal Credits through the employment gained. In addition, the value of the training and volunteering also has an impact value alongside increases in potential future earnings:

- **Tax and NI:** The income tax rate is currently set at 20% at the basic level with a personal allowance of £12,500 per year²¹. The rate for National Insurance is 12% paid on earnings above a primary threshold of £8,632²². The total contribution to the economy as a result of 86 beneficiaries gaining employment is therefore:
 - **Tax:** $[40 \times (£18,000 - £12,500)] \times 0.2 = \mathbf{£44,000}$
 - **NI:** $[40 \times (£18,000 - £8,632)] \times 0.12 = \mathbf{£44,966.40}$
- **Welfare Payments:** Based on the number of BBO Working Progress participants that have entered employment, the reduction in welfare payments is around 20.5%. Given that the annual welfare payments of **£3,584.55** [average from JSA (£3,866.20²³) / ESA (£3,866.20)]

²⁰ Job-seekers allowance is currently £73.10 per week or £3,801.20 per year.

²¹ HM Treasury data obtained from <https://www.gov.uk/income-tax-rates>

²² HMRC data obtained from <https://www.gov.uk/government/publications/rates-and-allowances-national-insurance-contributions/rates-and-allowances-national-insurance-contributions>

²³ Obtained from <https://www.gov.uk/jobseekers-allowance>

and Universal Credits (£3,021.24)], the total value that BBO Working Progress delivers in reducing welfare payments can be estimated to be:

- **Welfare Payments:** [40 x £3,584.55] = **£143,381.87**

- **Training Value²⁴:** Participants are supported to access a range of training courses, with free training courses (for example, I.T. Courses, C.V. Training, Time Management and English Training) and paid courses (for example, Level 2 Fitness and Instructing, FLT Course, Microsoft and Excel Courses):
 - **FLT Training:** In total BBO Working Progress has supported 1 participant to complete an FLT Course. The total additional training value provided by BBO Working Progress here is **£478.80**.

 - **Fitness and Gym Instructor Training:** In total BBO Working Progress has supported several participants with Fitness and Gym Instructor courses, including: Gym Instructor Course and Level 2/3 Fitness Instruction. The total additional training value provided by BBO Working Progress here is **£3,260.00**.

 - **Hospitality Training:** In total BBO Working Progress has supported several beneficiaries with Hospitality Training, including: Food Hygiene Training and Bar Tending). The total additional training value provided by BBO Working Progress here is **£105.00**.

 - **Functional Training:** In total BBO Working Progress has supported several beneficiaries with functional training, including: Microsoft and Excel training; Maths Functional Skills, AAT Book Keeping. The total additional training value provided by BBO Working Progress here is **£1530.00**.

 - **Vocational Training:** In total BBO Working Progress has supported beneficiaries with vocational training, including Hairdressing and Teaching Assistant. The total additional training value provided by BBO Working Progress here is **£812.68**.

 - **Aim Award Employment and Learning:** In total BBO Working Progress (delivered by Aim Higher) has supported several beneficiaries to complete Aim Award Level 1

²⁴ Data supplied by BBO Working Progress have been calculated by adding the total costs across for each training type.

Skills and Employment and Further Learning training. The total additional training value provided by BBO Working Progress here is **£651.00**.

- **Other Training:** In total BBO Working Progress has supported several beneficiaries with other training including Life Coaching Skills, Professional Decluttering and Organising Business and Alcohol and Drug Courses. The total additional training value provided by BBO Working Progress here is **£952.00**.

- **Volunteer Value:**

- In total BBO has supported participants to volunteer for an average of 4,840 hour across seven months (volunteering ceased as a result of Covid-19). The value for volunteering is £8.72²⁵ per hour (Minimum Wage for 25 and over). This gives a total additional volunteer value (4,840 x £8.72) of **£42,204.80**.

In addition to the above, BBO Working Progress has helped participants with a number of other areas including support with obtaining ID.

- **ID:** In total, BBO Working Progress has supported 20 participants with obtaining ID (Birth Certificates, Marriage Certificates, Adoption Certificates) which is essential for participants seeking employment. The total value provided by BBO Working Progress here is **£275.94** [based on actual values from BBO Working Progress).
- **Laptop:** In total, BBO Working Progress has supported 1 participant to purchase an iPad to support with employability with an added value of **£901.20** [1 x £901.20].
- **Travel:** In total, BBO Working Progress has supported several participants to purchase with travel costs with an added value of **£2,773.68**²⁶.

Further to the above outlined savings, some of BBO Working Progress participants are also ex-offenders at risk of reoffending. Therefore, it is also possible to estimate the social impact that BBO Working Progress delivers here in relation to reducing reoffending rates and hence making savings for the Criminal Justice System. This can be calculated using Ministry of Justice data that provides average figures for the cost of both returning an offender to prison. This can be calculated using

²⁵ <https://www.gov.uk/government/publications/the-national-minimum-wage-in-2020>

²⁶ Actual figures provided by Commsortia.

Ministry of Justice data that provides average figures for the cost of both returning an offender to prison and the cost of accommodating said offender in prison. These costs are as follows:

- Cost of a re-offenders return to prison = £54,713.19 (Ministry of Justice, 2016a)²⁷
- Average cost per prisoner²⁸ = £41,136 (Ministry of Justice, 2019a)

Using this MoJ data it is possible to provide the following breakdown of BBO Working Progress impact in relation to reducing recidivism:

- Assuming the **30** ex-offenders did not reoffend of which, theoretically, 8.61 were statistically likely to re-offend as the proven reoffending rates for adults is 28.7% (Ministry of Justice, 2019b). Then, the possible (albeit crude) financial value to society of the BBO Working Progress is **£825,261.53** [8.61 x £54,713.19 (cost of return to prison) + 8.61 x £41,136 (cost of one year in prison)].

Therefore, in summary the *maximum potential* social impact delivered by the BBO Working Progress programme between July 2019 and July 2020 is **£1,110,876.09**²⁹.

7.2 August 2020 and July 2021

The quantitative impact of BBO Working Progress programme, between August 2020 and December 2020 can be summarised through the following ‘inputs’:

- Number of participants who attended the BBO Working Progress = 122
- Re-employment rate for 32 participants in paid jobs (average earnings of £18,000) = 26.20%
- Welfare Payment Reduction Rate for JSA = 26.2%
- Number of volunteering hours = 2,583.50

The value to society of the BBO Working Progress programme between August 2020 and July 2021 can be calculated in relation to income tax and National Insurance contributions, as well as the savings in JSA/ESA/Universal Credits through the employment gained. In addition, the value of the training and volunteering also has an impact value alongside increases in potential future earnings:

²⁷ The original MOJ figure for 2016 (£49,834) has been updated to account for inflation to 2019 levels.

²⁸ Cost per prisoner is the average of holding one prisoner for the year.

²⁹ Covid-19 has impacted on the total social impact value, with service delivery reduced from February 2020 (for example, volunteering ceases and employment opportunities reduced).

- **Tax and NI:** The income tax rate is currently set at 20% at the basic level with a personal allowance of £12,570 per year³⁰. The rate for National Insurance is 12% paid on earnings above a primary threshold of £9,516³¹. The total contribution to the economy as a result of 32 beneficiaries gaining employment is therefore:
 - **Tax:** $[32 \times (£18,000 - £12,570)] \times 0.20 = \mathbf{£34,752.00}$
 - **NI:** $[32 \times (£18,000 - £9,516)] \times 0.12 = \mathbf{£32,578.56}$

- **Welfare Payments:** Based on the number of BBO Working Progress participants that have entered employment, the reduction in welfare payments is around 26.2%. Given that the annual welfare payments of **£4,235.64** [average based on JSA (£3,884.4³²), ESA (£3,884.4³³) and Universal Credits (£4,938.12³⁴)], the total value that BBO Working Progress delivers in reducing welfare payments can be estimated to be:
 - **Welfare Payments:** $[32 \times £4,235.64] = \mathbf{£135,540.48}$

- **Training Value**³⁵: Participants are supported to access a range of training courses, with free training courses (for example, I.T. Courses, C.V. Training, Time Management and English Training) and paid courses (for example, Level 2 Fitness and Instructing, FLT Course, Microsoft and Excel Courses):
 - **Driving Training:** In total BBO Working Progress has supported 4 participants to complete several driving courses, including: Driver CPC training, Large Goods Vehicle training, RTITB Course, MHE Operating course, and FLT Course. The total additional training value provided by BBO Working Progress here is **£1,059.85**³⁶.

³⁰ HM Treasury data obtained from <https://www.gov.uk/income-tax-rates>

³¹ The yearly threshold was calculated by multiplying the weekly primary threshold (£183) for 52 weeks. Calculation based on HMRC data obtained from <https://www.gov.uk/government/publications/rates-and-allowances-national-insurance-contributions/rates-and-allowances-national-insurance-contributions>

³² The yearly threshold was calculated by multiplying the weekly threshold (£74.70) for 52 weeks. Data obtained from <https://www.gov.uk/employment-support-allowance/what-youll-get>

³³ The yearly threshold was calculated by multiplying the weekly threshold (£74.70) for 52 weeks. Data obtained from <https://www.gov.uk/employment-support-allowance/what-youll-get>

³⁴ The yearly threshold was calculated by multiplying the monthly threshold of single and 25 or over (£411.51) for 12 months. Data obtained from <https://www.gov.uk/universal-credit/what-youll-get>

³⁵ Data supplied by BBO Working Progress have been calculated by adding the total costs across for each training type.

³⁶ Some of the driving training costs were claimed in the 2020-2021 period for participants on the programme across multiple years.

- **Fitness and Gym Instructor Training:** In total BBO Working Progress has supported **1** participant to complete a Fitness Instruction L2 course. The total additional training value provided by BBO Working Progress here is **£380.00**.
- **Hospitality Training:** In total BBO Working Progress has supported **1** participant with Food Hygiene Level 2 training. The total additional training value provided by BBO Working Progress here is **£120.00**.
- **Functional Training:** In total BBO Working Progress has supported **6** participants with functional training, including: English Course and Open College Course. The total additional training value provided by BBO Working Progress here is **£1,667.50**.
- **Vocational Training:** In total BBO Working Progress has supported **10** participants with vocational training, including Health & Social Care course, Parental Mental Health & Child Protection course, Coaching Program, and Teaching Assistant. The total additional training value provided by BBO Working Progress here is **£2,853.54**.
- **Aim Award Employment and Learning:** In total BBO Working Progress (delivered by Aim Higher) has supported **202** participants to complete Aim Award Level 1 Skills and Employment and Further Learning training. The total additional training value provided by BBO Working Progress here is **£5,274.50³⁷**.
- **Other Training:** In total BBO Working Progress has supported **2** participants with Property valuation course and IT Training. The total additional training value provided by BBO Working Progress here is **£450.00**.
- **Volunteer Value:**
 - In total BBO has supported participants to volunteer for an average of **2,583.50** hours across twelve months (volunteering ceased as a result of Covid-19). The value for volunteering is £8.91³⁸ per hour (Minimum Wage for 23 and over). This gives a total additional volunteer value (2,583.5 x £8.91) of **£23,018.99**.

³⁷ The Aim Higher Award costs were claimed in the 2020-2021 period for participants on the programme across multiple years.

³⁸ <https://www.gov.uk/national-minimum-wage-rates>

In addition to the above, BBO Working Progress has helped participants with a number of other areas including support with obtaining ID.

- **ID:** In total, BBO Working Progress has supported **20** participants with obtaining ID (Birth Certificates, Marriage Certificates, Adoption Certificates) which is essential for participants seeking employment. The total value provided by BBO Working Progress here is **£690.26**³⁹ [based on actual values from BBO Working Progress].
- **Counselling:** In total, BBO Working Progress has supported several beneficiaries with counselling. The total value provided by BBO Working Progress is **£4,582.99**.
- **Other:** In total, BBO Working Progress has supported **1** participant to purchase phones or making photocopies to support with employability with an added value of **£143.78**.
- **Travel:** In total, BBO Working Progress has supported several participants to purchase with travel costs with an added value of **£1,331.36** ⁴⁰.

Further to the above outlined savings, some of BBO Working Progress participants are also ex-offenders who were at risk of reoffending. Therefore, it is also possible to estimate the social impact that BBO Working Progress delivers here in relation to reducing reoffending rates and hence making savings for the Criminal Justice System. This can be calculated using Ministry of Justice data that provides average figures for the cost of both returning an offender to prison. This can be calculated using Ministry of Justice data that provides average figures for the cost of both returning an offender to prison and the cost of accommodating said offender in prison. These costs are as follows:

- Cost of a re-offenders return to prison = £55,534.39 (Ministry of Justice, 2016a)⁴¹
- Average cost per prisoner⁴² = £41,136 (Ministry of Justice, 2019a)

Using this MoJ data it is possible to provide the following breakdown of BBO Working Progress impact in relation to reducing recidivism:

³⁹ Some of the ID costs were claimed in the 2020-2021 period for participants on the programme across multiple years.

⁴⁰ These figures are provided by Commsortia and some costs were claimed in the 2020-2021 period for participants on the programme across multiple years

⁴¹ The original MOJ figure for 2016 (£49,834) has been updated to account for inflation to 2020 levels.

⁴² Cost per prisoner is the average of holding one prisoner for the year.

- Assuming the **14** ex-offenders did not reoffend of which, theoretically, 4.02 were statistically likely to re-offend as the proven reoffending rates for adults is 28.7% (Ministry of Justice, 2019b). Then, the possible (albeit crude) financial value to society of the BBO Working Progress is **£388,614.97** [4.02 x £55,534.39 (cost of return to prison) + 4.02 x £41,136 (cost of one year in prison)].

Therefore, in summary the *maximum potential* social impact delivered by the BBO Working Progress programme between August 2020 and July 2021 is **£633,058.77**⁴³.

7.3 August 2021 and July 2022

The quantitative impact of BBO Working Progress programme, between August 2022 and December 2022 can be summarised through the following ‘inputs’:

- Number of participants who attended the BBO Working Progress = 179
- Re-employment rate for 59 participants in paid jobs (average earnings of £18,000) = 32.96%
- Welfare Payment Reduction Rate for JSA = 32.96%
- Number of volunteering hours = 3,539.00⁴⁴

The value to society of the BBO Working Progress programme between August 2021 and July 2022 can be calculated in relation to income tax and National Insurance contributions, as well as the savings in JSA/ESA/Universal Credits through the employment gained. In addition, the value of the training and volunteering also has an impact value alongside increases in potential future earnings:

- **Tax and NI:** The income tax rate is currently set at 20% at the basic level with a personal allowance of £12,570 per year⁴⁵. The rate for National Insurance is 12% paid on earnings above a primary threshold of £9,568⁴⁶. The total contribution to the economy as a result of **59** beneficiaries gaining employment is therefore:

- **Tax:** [59 x (£18,000 – £12,570)] x 0.20 = **£64,074.00**

- **NI:** [59 x (£18,000 - £9,568)] x 0.12 = **£59,698.56**

⁴³ Covid-19 has impacted on the total social impact value, with service delivery reduced from February 2020 (for example, volunteering ceases and employment opportunities reduced).

⁴⁴ These volunteering hours were delivered by 4 staff and 29 BBO participants.

⁴⁵ HM Treasury data obtained from [/www.gov.uk/income-tax-rates](http://www.gov.uk/income-tax-rates)

⁴⁶ The yearly threshold was calculated by multiplying the weekly primary threshold (£184) for 52 weeks. Calculation based on HMRC data obtained from <https://www.gov.uk/government/publications/rates-and-allowances-national-insurance-contributions/rates-and-allowances-national-insurance-contributions>

- **Welfare Payments:** Based on the number of BBO Working Progress participants that have entered employment, the reduction in welfare payments is around 32.96%. Given that the annual welfare payments of **£4,008.97** [average based on JSA (£4,004.00⁴⁷), ESA (£4,004.00⁴⁸) and Universal Credits (£4,018.92⁴⁹)], the total value that BBO Working Progress delivers in reducing welfare payments can be estimated to be:
 - **Welfare Payments:** [59 x £4008.97] = **£236,529.23**

- **Training Value⁵⁰:** Participants are supported to access a range of training courses, with free training courses (for example, I.T. Courses, C.V. Training, Time Management and English Training) and paid courses (for example, Level 2 Fitness and Instructing, FLT Course, Microsoft and Excel Courses):
 - **Vocational Training:** In total BBO Working Progress has supported participants with vocational training, including Health & Social Care course, Parental Mental Health & Child Protection course, Coaching Program, and Teaching Assistant. The total additional training value provided by BBO Working Progress here is **£2,888.92**.
 - **Other Training:** In total BBO Working Progress has supported participants with Property valuation course and IT Training. The total additional training value provided by BBO Working Progress here is **£925.00**.
 - **Training Support:** Although the training was free, additional support was provided to participants completing the course was provided by the Project Officer. The total additional training value provided by BBO Working Progress here is **£263.20**.

- **Volunteer Value:**
 - In total BBO has supported participants to volunteer for an average of **3,539.00** hours across twelve months. The value for volunteering is £8.91⁵¹ per hour (Minimum Wage

⁴⁷ The yearly threshold was calculated by multiplying the weekly threshold (£77.00) for 52 weeks. Data obtained from <https://www.gov.uk/employment-support-allowance/what-youll-get>

⁴⁸ The yearly threshold was calculated by multiplying the weekly threshold (£77.00) for 52 weeks. Data obtained from <https://www.gov.uk/employment-support-allowance/what-youll-get>

⁴⁹ The yearly threshold was calculated by multiplying the monthly threshold of single and 25 or over (£334.91) for 12 months. Data obtained from <https://www.gov.uk/universal-credit/what-youll-get>

⁵⁰ Data supplied by BBO Working Progress have been calculated by adding the total costs across for each training type.

⁵¹ <https://www.gov.uk/national-minimum-wage-rates>

for 23 and over). This gives a total additional volunteer value (3,539.0 x £9.50) of **£33,620.50**.

In addition to the above, BBO Working Progress has helped participants with a number of other areas including support with obtaining ID counselling, and others.

- **ID:** In total, BBO Working Progress has supported **20** participants with obtaining ID (Birth Certificates, Marriage Certificates, Adoption Certificates) which is essential for participants seeking employment. The total value provided by BBO Working Progress here is **£327.25** [based on actual values from BBO Working Progress].
- **Counselling:** In total, BBO Working Progress has supported several beneficiaries with counselling. The total value provided by BBO Working Progress is **£1,565.00**.
- **Other:** In total, BBO Working Progress has supported **1** participant to purchase phones or making photocopies to support with employability with an added value of **£171.88**.
- **Travel:** In total, BBO Working Progress has supported several participants to purchase with travel costs with an added value of **£613.96**⁵².
- **Clothes for work and volunteering:** In total, BBO Working Progress has supported several participants to purchase with travel costs with an added value of **£61.95**.
- **Coaching Program:** In total, BBO Working Progress has supported several participants to purchase with travel costs with an added value of **£712.80**.
- **LOLC Annual Membership:** In total, BBO Working Progress has supported several participants to purchase with travel costs with an added value of **£203.50**.

Further to the above outlined savings, some of BBO Working Progress participants are also ex-offenders who were at risk of reoffending. Therefore, it is also possible to estimate the social impact that BBO Working Progress delivers here in relation to reducing reoffending rates and hence making savings for the Criminal Justice System. This can be calculated using Ministry of Justice data that provides average figures for the cost of both returning an offender to prison. This can be calculated

⁵² These figures are provided by Commsortia and some costs were claimed in the 2021-2022 period for participants on the programme across multiple years

using Ministry of Justice data that provides average figures for the cost of both returning an offender to prison and the cost of accommodating said offender in prison. These costs are as follows:

- Cost of a re-offenders return to prison = £60,665.84 (Ministry of Justice, 2016a)⁵³
- Average cost per prisoner⁵⁴ = £32,716 (Ministry of Justice, 2022)

Using this MoJ data it is possible to provide the following breakdown of BBO Working Progress impact in relation to reducing recidivism:

- Assuming the **18** ex-offenders did not reoffend of which, theoretically, 5.17 were statistically likely to re-offend as the proven reoffending rates for adults is 28.7% (Ministry of Justice, 2019b). Then, the possible (albeit crude) financial value to society of the BBO Working Progress is **£482,784.11** [5.17 x £60,665.84 (cost of return to prison) + 5.17 x £32,716 (cost of one year in prison)].

Therefore, in summary the *maximum potential* social impact delivered by the BBO Working Progress programme between August 2021 and July 2022 is **£884,439.86**⁵⁵.

7.4 August 2022 and December 2022

The quantitative impact of BBO Working Progress programme, between August 2022 and December 2022 can be summarised through the following ‘inputs’:

- Number of participants who attended BBO Working Progress = 30
- Re-employment rate for 25 participants in paid jobs (average earnings of £18,000) = 83.33%
- Welfare Payment Reduction Rate for JSA = 32.96%
- Number of volunteering hours = 1,220.50⁵⁶

The value to society of BBO Working Progress programme between August 2022 and December 2022 can be calculated in relation to income tax and National Insurance contributions, as well as the savings in JSA/ESA/Universal Credits through the employment gained. In addition, the value of the training and volunteering also has an impact value alongside increases in potential future earnings:

⁵³ The original MOJ figure for 2016 (£49,834) has been updated to account for inflation to 2022 levels.

⁵⁴ Cost per prisoner is the average of holding one prisoner for the year.

⁵⁵ Covid-19 has impacted on the total social impact value, with service delivery reduced (for example, volunteering ceases and employment opportunities reduced).

⁵⁶ These volunteering hours were delivered by 18 programme participants (1,172.50 hours in total) and 2 staff members (48 hours in total).

- **Tax and NI:** The income tax rate is currently set at 20% at the basic level with a personal allowance of £12,570 per year⁵⁷. The rate for National Insurance is 12% paid on earnings above a primary threshold of £12,584⁵⁸. The total contribution to the economy as a result of 25 beneficiaries gaining employment is therefore:
 - **Tax:** $[25 \times (£18,000 - £12,570)] \times 0.20 = \mathbf{£27,150.00}$
 - **NI:** $[25 \times (£18,000 - £12,584)] \times 0.12 = \mathbf{£16,248.00}$

- **Welfare Payments:** Based on the number of BBO Working Progress participants that have entered employment, the reduction in welfare payments is around 83.33%. Given that the annual welfare payments of **£4,008.97** [average based on JSA (£4,004.00⁵⁹), ESA (£4,004.00⁶⁰) and Universal Credits (£4,018.92⁶¹)], the total value that BBO Working Progress delivers in reducing welfare payments can be estimated to be:
 - **Welfare Payments:** $[25 \times £4,008.97] = \mathbf{£100,224.25}$

- **Training Value**⁶²: Participants are supported to access a range of training courses, with free training courses (for example, I.T. Courses, C.V. Training, Time Management and English Training) and paid courses (for example, Level 2 Fitness and Instructing, FLT Course, Microsoft and Excel Courses):
 - **Vocational Training:** In total, BBO Working Progress has supported participants with vocational training, Assistance Dog Skills training, first aid course, Phlebotomy course, Driving course, Nail Course, Coaching Training Course, Paediatric First Aid Qualification. The total additional training value provided by BBO Working Progress here is **£1,919.32**.

- **Volunteer Value:**

⁵⁷ HM Treasury data obtained from www.gov.uk/income-tax-rates

⁵⁸ The yearly threshold was calculated by multiplying the weekly primary threshold (£242) for 52 weeks. Calculation based on HMRC data obtained from <https://www.gov.uk/government/publications/rates-and-allowances-national-insurance-contributions/rates-and-allowances-national-insurance-contributions>

⁵⁹ The yearly threshold was calculated by multiplying the weekly threshold (£77.00) for 52 weeks. Data obtained from <https://www.gov.uk/employment-support-allowance/what-youll-get>

⁶⁰ The yearly threshold was calculated by multiplying the weekly threshold (£77.00) for 52 weeks. Data obtained from <https://www.gov.uk/employment-support-allowance/what-youll-get>

⁶¹ The yearly threshold was calculated by multiplying the monthly threshold of single and 25 or over (£334.91) for 12 months. Data obtained from <https://www.gov.uk/universal-credit/what-youll-get>

⁶² Data supplied by BBO Working Progress have been calculated by adding the total costs across for each training type.

- In total BBO has supported participants to volunteer for an average of **1,220.5** hours across six months. The value for volunteering is £9.50⁶³ per hour (Minimum Wage for 23 and over). This gives a total additional volunteer value (1,220.5 x £9.50) of **£11,594.75**.

In addition to the above, BBO Working Progress has helped participants with a number of other areas including support with obtaining ID counselling, and others.

- **ID:** In total, BBO Working Progress has supported participants with obtaining ID (Birth Certificates, Birth, Provisional License, Right to work certificates) which is essential for participants seeking employment. The total value provided by BBO Working Progress here is **£135.50** [based on actual values from BBO Working Progress].
- **Counselling:** BBO Working Progress has supported several beneficiaries with counselling. The total value provided by BBO Working Progress through the provision of counselling is **£400.00**.
- **Other:** BBO Working Progress has supported participants to purchase phones or laptops to support with employability with an added value of **£576.99**.
- **Travel:** BBO Working Progress has supported several participants to pay for travel costs with an added value of **£1,097.58**⁶⁴.
- **Clothes and tools for interviews and work:** BBO Working Progress has supported several participants to purchase clothes and/or tools for interviews and work with an added value of **£110.96**.
- **Yoga course:** BBO Working Progress has supported several participants to participate in a yoga course with an added value of **£250.00**.

Further to the above outlined savings, some of BBO Working Progress participants are also ex-offenders who were at risk of reoffending. Therefore, it is also possible to estimate the social impact that BBO Working Progress delivers here in relation to reducing re-offending rates and hence making savings for the Criminal Justice System. This can be calculated using Ministry of Justice data that

⁶³ <https://www.gov.uk/national-minimum-wage-rates>

⁶⁴ These figures are provided by Commsortia and some costs were claimed in the 2022-2023 period for participants on the programme across multiple years

provides average figures for the cost of returning an offender to prison and re-offending. This can be calculated using Ministry of Justice data that provides average figures for the cost of both returning an offender to prison and the cost of accommodating people in prison. These costs are as follows:

- Cost of a re-offenders return to prison = £62,600.59 (Ministry of Justice, 2016a)⁶⁵
- Average cost per prisoner⁶⁶ = £32,716 (Ministry of Justice, 2022)

Using this MoJ data it is possible to provide the following breakdown of BBO Working Progress impact in relation to reducing recidivism:

- Assuming the 2 ex-offenders did not reoffend of which, theoretically, 0.57 were statistically likely to re-offend as the proven reoffending rates for adults is 28.7% (Ministry of Justice, 2019b). Then, the possible (albeit crude) financial value to society of BBO Working Progress is **£54,330.46** [$0.57 \times £62,600.59$ (cost of return to prison) + $0.57 \times £32,716$ (cost of one year in prison)].

Therefore, in summary the *maximum potential* social impact delivered by BBO Working Progress programme between August 2022 and December 2022 is **£214,037.81**.

The Social Impact for BBO Working Progress has been calculated since 2019. The below figure 7.1 display the Social Impact through time. It is worth noting that Covid-19 has impacted on the total social impact value over the years, with service delivery reduced (for example, volunteering ceases and employment opportunities reduced). Moreover, the last year presented (2023) includes only the data for 5 months (from August 2022 to December 2022).

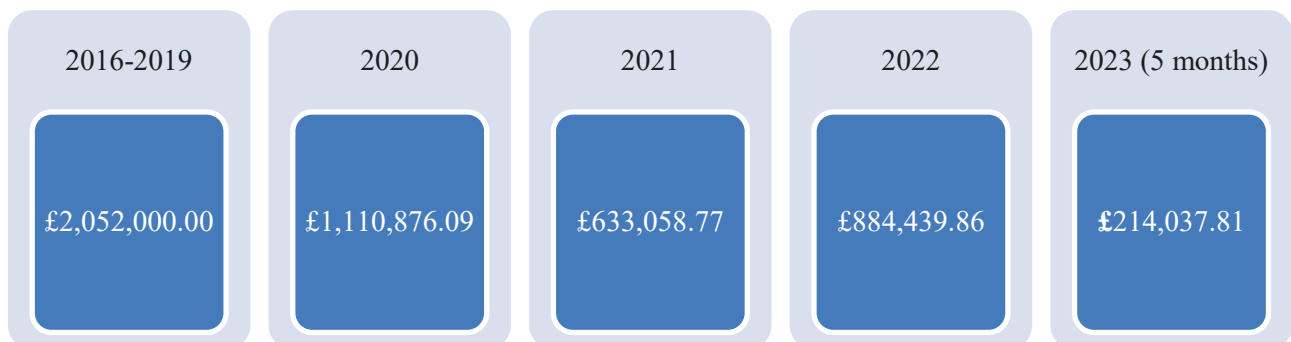


Figure 7.1. Social Impact from 2019 to 2023.

⁶⁵ The original MOJ figure for 2016 (£49,834) has been updated to account for inflation to 2023 levels.

⁶⁶ Cost per prisoner is the average of holding one prisoner for the year.

8. Conclusions

This report presented the results from the research evaluating BBO Working Progress programme that aims to help unemployed and economically inactive adults across Northamptonshire gain training, education, volunteering opportunities, and employment. It explored the experience of programme participants on the programme using a mixed method approach, alongside the Social Impact Matrix©. The quantitative data collection captured the responses of 568 questionnaire collected on the psychological benefits, in particular self-efficacy and health and well-being, and employability skills. Further quantitative data was collected from 47 programme participants, delivery partners and other organisations on the consequences of Covid-19 on BBO Working Progress during the Covid-19 pandemic. Qualitative data consisted of 67 semi-structured interviews⁶⁷ with participants, delivery partners, and external stakeholders focused on the needs of programme participants and the programme performance.

Both the interview and the questionnaire analysis illustrated the value of BBO Working Progress programme especially during the Covid-19 pandemic. One of the benefits of the programme was the development of strong relationships which enabled programme participants to engage in the programme throughout the Covid-19 pandemic. These strong relationships, and the relationships that they built with other programme participants, reduced social isolation and improved well-being. Delivery partners encouraged programme participants to co-define activities, creating a tailored approach which not only met the participants needs but empowered the participants, allowing them to take control of their journey.

A key programme benefits consisted of increased self-confidence and self-esteem, which helped to improve their self-esteem and well-being, as captured as well by the General Self-Efficacy Scale and Warwick and Edinburgh Mental Health and Well-being scale. Alongside this, the interviewees discussed increased abilities in job searching and general employability skills. Programme participants were supported to improve their digital and technology skills, English language skills, and enhanced their capabilities to develop a curriculum vitae, to manage an interview, and to manage a work routine. These positive changes are supported by results from the Employability scale contained in the questionnaire.

The financial elements of BBO Working Progress were discussed by participants in terms of the benefits and areas for improvement. On a positive note, BBO Working Progress programme now clearly defines the funding requirements before it is distributed. However, this requires the delivery

⁶⁷ Combined BBO Working Progress and BBO Working Progress Covid-19

partners to complete a significant amount of paperwork. Indeed, paperwork was one of the main opportunities for improvements in the programme, with delivery partners identifying the impact paperwork has on service delivery and workload.

Another opportunity for improvement identified by delivery partners was, the lack of communication among the delivery partner organisations, which makes it difficult to identify who is already participating in BBO Working Progress programme. Lastly, Covid-19 has had significant impact on the total social impact value, with service delivery reduced (for example, volunteering ceased, and employment opportunities reduced) due to the Government restrictions and lockdowns which impacted on the delivery of support and provision of opportunities. Figure 8.1 below summarises the benefits and opportunities for improvement captured through the evaluation.



Figure 8.1. BBO Working Progress benefits and opportunities for improvement.

BBO Working Progress programme produced positive outcomes for the programme participants, enabling them to live a better life, with increased self-efficacy and well-being. It reduced social isolation and increased the programme participants skills and ability to apply for employment opportunities. In terms of social impact, the maximum potential social impact for BBO Working Progress from August 2022 to December 2022 was **£214,037.81**. Covid-19 has impacted on the total social impact value, with service delivery reduced (for example, volunteering ceases and employment opportunities reduced), moreover, the last year presented (2023) includes only the data for 5 months (from August 2022 to December 2022).

Overall, BBO Working Progress programme was viewed positively with some areas for improvement. Increase pressure was on delivery partners to resume normal service delivery post-pandemic; however, adopting a quasi-normal approach that combined the creative techniques introduced during the Covid-19 pandemic may have proven beneficial. The research team proposes the following three key recommendations for future iterations of BBO Working Progress:

- **Recommendation One - Reduce Bureaucracy:** There is a significant amount of paperwork for the delivery partners, mentioned in previous phases of BBO Working Progress evaluation. The paperwork requested by the founder, including the necessary authorisations for claims, had an impact on the programme performances, especially at the beginning. Reducing this paperwork and/or introducing other methods of completing paperwork would enable staff to focus more on the needs of the programme participants. This could include a streamlined online claim process which allows delivery partners to request and receive funds immediately and the reduction in hardcopies of paperwork.
- **Recommendation Two - Increase development opportunities:** Additional courses, volunteering experiences, and placements would help boost individual skills and the individuals' confidence and self-efficacy. Moreover, this would improve the chances for the programme participants to look for employment. Introducing opportunities across partners (i.e., collaborative opportunities) could improve access for programme participants.
- **Recommendation Three - Workshops and/or networking opportunities:** Increasing opportunities for collaboration by introducing workshops with local employers (virtual and/or in-person workshops) would enable programme participants to network with employers. The program was effective in supporting participants in developing important skills such as IT proficiency and C.V. writing, which are crucial for finding employment. However, as these are emerging skills and the participants' confidence levels are still developing, it may be beneficial to supplement the program with face-to-face workshops and networking experiences. These activities could help participants develop additional skills and become more comfortable with the face-to-face interactions that are typically required in most jobs.
- **Recommendation Four – Data collection and management:** Improving data collection and management would allow BBO Working Progress partners to identify the social impact of support. For example, volunteering has a beneficial impact on health outcomes, with research evidencing the effects of volunteering on mental and physical health (McDougle *et al.*, 2014; Piliavin and Siegel, 2007), life satisfaction (Thoits and Hewitt, 2001), self-esteem (Morrow-Howell *et al.*, 2003) and functional ability (Greenfield *et al.*, 2004). Capturing accurate

information on volunteering (i.e., number of staff volunteering based on allocated volunteering hours) would enable BBO Working Progress to demonstrate value within volunteering.

References

- Álvaro, J.L., Garrido, A., Pereira, C.R., Torres, A.R. and Barros, S.C., 2019. Unemployment, Self-esteem, and Depression: Differences between Men and Women. *The Spanish Journal of Psychology*, 22.
- Barker, J. and Thomson, L., 2015. Helpful relationships with service users: Linking social capital. *Australian Social Work*, 68(1), pp.130-145.
- Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), pp.77-101.
- Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N. and Rubin, G.J., 2020. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The lancet*, 395(10227), pp.912-920.
- Chen, D.J. and Lim, V.K., 2012. Strength in adversity: The influence of psychological capital on job search. *Journal of Organizational Behavior*, 33(6), pp.811-839.
- Dolan, P., Peasgood, T. and White, M. (2008), Do we really know what makes us happy? A review of the economic literature on the factors associated with subjective well-being, *Journal of Economic Psychology*, 29, 1: 94–122.
- Drosos, N., Theodoroulakis, M., Antoniou, A.S. and Rajter, I.C., 2021. Career services in the post-COVID-19 era: A paradigm for career counseling unemployed individuals. *Journal of employment counseling*, 58(1), pp.36-48.
- Eden, D. and Aviram, A., 1993. Self-efficacy training to speed reemployment: Helping people to help themselves. *Journal of applied Psychology*, 78(3), p.352.
- Eichhorst, W., Neder, F., Tobsch, V. and Wozny, F., 2015. A European Perspective on Long-Term Unemployment. IZA Discussion Paper No. 9321.
- Fernstrom, K., Henderson, M., Whitefield, D., Whitefield, T., Ktoridou, D. and Eteokleous-Grigoriou, N., 2011. Developing digital immigrants' computer literacy: the case of unemployed women. *Campus-Wide Information Systems*.
- Ford, E., Clark, C., McManus, S., Harris, J., Jenkins, R., Bebbington, P., Brugha, T., Meltzer, H. and Stansfeld, S.A., 2010. Common mental disorders, unemployment and welfare benefits in England. *Public health*, 124(12), pp.675-681.
- Francis-Devine, B. 2020. Unemployment by ethnic background. House of Commons Library Briefing Paper no. 6385. London: House of Commons Library. chrome-extension://oemmndcbldboiebfnladdacbfdmadadm/https://researchbriefings.files.parliament.uk/documents/SN06385/SN06385.pdf Last accessed on 11/06/2020]

- Gallie, D., Paugam, S. and Jacobs, S., 2003. Unemployment, poverty and social isolation: Is there a vicious circle of social exclusion?. *European Societies*, 5(1), pp.1-32.
- Gorb, A., 2022. Food bank demand the rising cost of living. *London: House of Commons Library*.
- Green, F., 2011. Unpacking the misery multiplier: How employability modifies the impacts of unemployment and job insecurity on life satisfaction and mental health. *Journal of health economics*, 30(2), pp.265-276.
- Green, G., Hayes, C., Dickinson, D., Whittaker, A. and Gilheany, B., 2002. The role and impact of social relationships upon well-being reported by mental health service users: A qualitative study. *Journal of Mental Health*, 11(5), pp.565-579.
- Griep, Y., Kinnunen, U., Nätti, J., De Cuyper, N., Mauno, S., Mäkikangas, A. and De Witte, H., 2016. The effects of unemployment and perceived job insecurity: a comparison of their association with psychological and somatic complaints, self-rated health and life satisfaction. *International archives of occupational and environmental health*, 89(1), pp.147-162.
- Hazenberg, R., Seddon, F. and Denny, S., 2014. Investigating the outcome performance of work-integration social enterprises (WISEs): do WISEs offer ‘added value’ to NEETs?. *Public management review*, 16(6), pp.876-899.
- Hazenberg, R., Seddon, F. and Denny, S., 2015. Programme recruitment and evaluation: The effect of an employability enhancement programme on the general self-efficacy levels of unemployed graduates. *Journal of Education and Work*, 28(3), pp.273-300.
- Healy, K., and Hampshire, A. (2002). Social capital: A useful concept for social work? *Australian Social Work*, 55, 227–238. doi:10.1080/03124070208410978
- Hiebl, J. and Hempel, K., 2019. Integrating the Long-Term Unemployed into the Job Market. World Bank technical Note. Available from <https://openknowledge.worldbank.org/server/api/core/bitstreams/67c5a6b9-1fbc-5230-b7f2-ad6ff8a937ca/content> [Accessed 23 March 2023]
- Ko, B., 2015. Education Health and Care Plans: a new scheme for special educational needs and disability provisions in England from 2014. *Paediatrics and Child Health*, 25(10), pp.443-449.
- Koen, J., Klehe, U.C. and Van Vianen, A.E., 2013. Employability among the long-term unemployed: A futile quest or worth the effort?. *Journal of Vocational Behavior*, 82(1), pp.37-48.
- Lucas, W.A. and Cooper, S.Y., 2005, July. Measuring entrepreneurial self-efficacy. In EDGE conference: “Bridging the gap: Entrepreneurship in theory and practice”.

- Malina, M.A., Nørreklit, H.S. and Selto, F.H., 2011. Lessons learned: advantages and disadvantages of mixed method research. *Qualitative Research in Accounting & Management*, 8(1), pp.59-71.
- McKee-Ryan, F., Song, Z., Wanberg, C. R., and Kinicki, A. J., 2005. Psychological and Physical Well-Being During Unemployment: A Meta-Analytic Study. *Journal of Applied Psychology*, 90(1), 53-76. doi:10.1037/0021-9010.90.1.53
- McLoughlin, J., Kaminski, J., Sodagar, B., Khan, S., Harris, R., Amaudo, G., and McBrearty, S. (2009) A strategic approach to social impact measurement of social enterprises. *Social Enterprise Journal*, 5(2): 154-178.
- Meyers, R. and Houssemand, C., 2010. Socioprofessional and psychological variables that predict job finding. *Revue Européenne de Psychologie Appliquée/European Review of Applied Psychology*, 60(3), pp.201-219.
- Milton Keynes Council, *Labour Market Insight March 2021*, Available from ([Labour Market Insight March 2021 - Milton Keynes Council](https://www.milton-keynes.gov.uk/assets/attach/March_2021_-_Milton_Keynes_Council) [https://www.milton-keynes.gov.uk > assets > attach](https://www.milton-keynes.gov.uk/assets/attach/March_2021_-_Milton_Keynes_Council)) [Accessed 8 July 2021]
- NOMIS, (2020) *Out-Of-Work Benefits – Northamptonshire*. Available online at: <https://www.nomisweb.co.uk/reports/lmp/la/1941962810/report.aspx?town=northamptonshire>. Accessed on: May 2020.
- NOMIS (2023a) *Economically Inactive – Area Comparison*. Available online at: https://www.nomisweb.co.uk/reports/lmp/la/1946157160/subreports/ea_compared/report.aspx?. Accessed on: May 2020.
- NOMIS, (2023b) *Out-Of-Work Benefits – Northamptonshire*. Available online at: <https://www.nomisweb.co.uk/reports/lmp/la/1941962810/report.aspx?town=northamptonshire>. Accessed on: May 2020.
- Northampton Chronicle & Echo (2021), *The rate of unemployment in Northamptonshire as third coronavirus lockdown takes hold*, Available from (<https://www.northamptonchron.co.uk/business/rate-unemployment-northamptonshire-third-coronavirus-lockdown-takes-hold-3115143>) [Accessed 8 July 2021]
- Northamptonshire Joint Strategic Needs Assessment (2011) Northamptonshire County Council, October 2011
- O'Connor, R.C., Wetherall, K., Cleare, S., McClelland, H., Melson, A.J., Niedzwiedz, C.L., O'Carroll, R.E., O'Connor, D.B., Platt, S., Scowcroft, E. and Watson, B., 2021. Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK

- COVID-19 Mental Health & Wellbeing study. *The British journal of psychiatry*, 218(6), pp.326-333.
- Pajares, F., 1996. Self-efficacy beliefs in academic settings. *Review of educational research*, 66(4), pp.543-578.
- Paterson-Young, C., Hazenberg, R., Brylka, A. 2017. Hidden Needs: A Report to Northamptonshire Community Foundation on the needs and deprivation in Northamptonshire. Institute for Social Innovation and Impact, University of Northampton. <http://www.ncf.uk.com/about-us/hiddenneeds> (last accessed 16/06/2020)
- Paul, K.I. and Moser, K., 2009. Unemployment impairs mental health: Meta-analyses. *Journal of Vocational behavior*, 74(3), pp.264-282.
- Plumplot, *Northamptonshire average salary comparison*, Available from (<https://www.plumplot.co.uk/Northamptonshire-salary-and-unemployment.html>) [Accessed 8 July 2021]
- Proto, E. and Quintana-Domeque, C., 2021. COVID-19 and mental health deterioration by ethnicity and gender in the UK. *PloS one*, 16(1), p.e0244419.
- Public Health Northamptonshire, 2019. Inequalities in Life Expectancy – Northamptonshire. Available from <https://www.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/northamptonshire-jsna/Documents/Health%20Inequality%20in%20Northamptonshire.pdf> [Accessed 22 March 2023]
- Scherbaum, C.A., Cohen-Charash, Y. and Kern, M.J., 2006. Measuring general self-efficacy: A comparison of three measures using item response theory. *Educational and psychological measurement*, 66(6), pp.1047-1063.
- Schwarzer, R., and Jerusalem, M. 1995. Generalized Self-Efficacy Scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-Nelson.
- Stuckler, D., Reeves, A., Loopstra, R., Karanikolos, M. and McKee, M., 2017. Austerity and health: the impact in the UK and Europe. *European journal of public health*, 27(suppl_4), pp.18-21.
- Thomsen, S.L., 2009. Explaining the Employability Gap of Short-Term and Long-Term Unemployed Persons. *Kyklos*, 62(3), pp.448-478.
- Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C.S. and Ho, R.C., 2020. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease

- (COVID-19) epidemic among the general population in China. *International journal of environmental research and public health*, 17(5), p.1729.
- Warr, P., 1984. Reported behaviour changes after job loss. *British Journal of Social Psychology*, 23:271–275.
- Waters, L.E. and Moore, K.A., 2002. Self-esteem, appraisal and coping: a comparison of unemployed and re-employed people. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 23(5), pp.593-604.
- Weekes-Bernard, D., 2017. Poverty and ethnicity in the labour market. *Joseph Rowntree Foundation*.
- WHO Commission on Social Determinants of Health and World Health Organization, 2008. Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on Social Determinants of Health final report. World Health Organization.
- World Health Organisation (WHO), *Listings of WHO's response to Covid-19*, Available from (<https://www.who.int/news/item/29-06-2020-covidtimeline>) [Accessed 7 July 2021]
- Xiao, H., Zhang, Y., Kong, D., Li, S. and Yang, N., 2020. The effects of social support on sleep quality of medical staff treating patients with coronavirus disease 2019 (COVID-19) in January and February 2020 in China. *Medical science monitor: international medical journal of experimental and clinical research*, 26, pp.e923549-1.
- Yates, S. and Payne, M., 2006. Not so NEET? A critique of the use of 'NEET' in setting targets for interventions with young people. *Journal of youth studies*, 9(3), pp.329-344.
- Aldridge, H. and Hughes, C., 2016. *Informal carers and poverty in the UK*. London, UK: New Policy Institute.
- Zhou, Y., Zou, M., Woods, S.A. and Wu, C.H., 2019. The restorative effect of work after unemployment: An intraindividual analysis of subjective well-being recovery through reemployment. *Journal of Applied Psychology*, 104(9), p.1195.