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Quantitative evaluation of Kent NOW programme

Linda Jenkins, CHSS, University of Kent, August 2009

1. Introduction to the quantitative evaluation

KCC's New Opportunities to work (Kent NOW) programme aimed to get long-term (2 years or more) Incapacity Benefit claimants back to work. CHSS was asked to evaluate the programme. This brief report covers the quantitative evaluation and supplements the qualitative evaluation report 'Evaluation of Kent County Council's Kent New Opportunities to Work ('Kent NOW') programme', written by Rachel Black and Susan Kenyon in January 2008.

The quantitative evaluation involved visits to three of the four localities in the NOW programme, and meetings with KCC (Nick Moon).

2. Number of clients engaged and returning to work

There was enormous variation in the styles of working and delivering interventions to people on Incapacity Benefit (IB), leading to different formats and levels of record keeping. The most reliable data was seen as the returns provided to KCC (Nick Moon). These were monthly returns aggregated to give simple counts of clients engaged in the interventions and the number who returned to work for 13 weeks or more. No data was available to this evaluation from the fourth locality (Thanet), and a complementary project being run by KCC Adult Services was considered outside the scope of the NOW evaluation.

The three localities supplying data engaged with 226 clients and by the end of the NOW programme had got 67 long-term claimants back into work for 13 weeks or more (see table below). With a target figure of 200, these three localities had hoped to get three times as many people back into work ($67/200 = 34\%$ of target met).

Locality	Cumulative number of clients engaged (Jan 2008)	Clients in work for 13wks (Jul 2008)	Target figure for clients in work
Folkestone	101	26	100
Maidstone	40	5	50
North Kent	85	36	50
Total (excl Thanet)	226	67	200

Denominators do not seem very reliable at Folkestone and N Kent, given the style of recording and the way clients engaged with the service, whereas for Maidstone they were more easily counted as the number attending a course over eight weeks. Compared to Maidstone, it is possible that Folkestone and N Kent counted clients with less intense levels of engagement as this was the nature of their interventions. The latter two were more successful not only in engaging with more clients but also in getting a higher proportion back into work. Compared to the target figures for getting long-term IB recipients back to work, N Kent was most successful (meeting 72% of the target of 50), Folkestone next (meeting 26% of target of 100), and Maidstone least (meeting 10% of target of 50).

The three NOW interventions providing data showed that each engaged with between 40 and 100 people between Sept 2006 and Mar 2008, and that overall 67 were helped back to work.

3. Savings from NOW

The cost of providing the NOW services can be compared with the saving of IB, for example by multiplying the weekly amount IB pays out times 13 (or longer if an assumption can reasonably be made that the person will stay in work for longer). 67 people not claiming IB of £76 over 13 weeks saved £66,196, and if the 67 stayed in work on average for a year then £264,784 would be saved. With savings from other benefits such as Housing Benefit, then the overall savings from the three localities could well be higher.

4. Supplementary data

Other information was gathered to provide a background to the quantitative NOW evaluation, in the shape of DWP statistics and local health and lifestyle survey data.

DWP data showed claimant rates by small areas (census LSOAs), with figures broken down by gender, age-band, health problem and duration of IB. For example, in August 2006, a small area of Ashford had around 900 claimants in a population of 12,000, a claimant rate of 7.5%. It was not possible to link NOW's successes to these small areas, and also as the numbers helped back to work are small compared to numbers on IB, it is unlikely that NOW's successes would make a detectable reduction in DWP claimant numbers.

The Kent Health and Lifestyle Survey 2005 was used to look at the quality of life for those on IB. The survey found 4% of adults were in receipt of IB, although this varied across the county with higher rates Shepway and Thanet and lower rates in Sevenoaks and Tunbridge Wells. Those on IB or those in a household with someone on IB had poorer health and less healthy lifestyles than the average for Kent, with the exception of the proportions achieving the recommended level of physical activity and speaking to neighbours (a measure of social capital). In addition to the expected indicators of poor health, chronic illness and the limitations these bring, the gradient was particularly steep and disadvantageous for people on IB for symptoms of depression and anxiety, and for smoking. See table below.

Characteristic	Kent adults	Adults living in households with someone on IB	Adults on IB
<i>Health:</i>			
Fair/poor general health	21%	55%	71%
Health got worse in last year	15%	33%	36%
>1 chronic condition	35%	55%	63%
Health limits moderate activity	26%	57%	71%
Symptoms of depression	29%	59%	79%
Anxiety symptoms	14%	29%	45%
Obese	16%	27%	34%
<i>Lifestyle:</i>			
Smoke	13%	23%	32%

Eat healthily	64%	59%	48%
Eat 5 fruit/vegetables a day	55%	48%	41%
Physically active	54%	30%	23%
Meet physical activity target	24%	22%	20%
<i>Sociodemographics:</i>			
No qualifications	24%	32%	41%
Routine/semi routine job (NS-SEC)	13%	18%	20%
Household with access to a car	86%	76%	39%
Home ownership	76%	56%	34%
Enjoy living in the area	87%	75%	57%
Speak to neighbours regularly	34%	38%	32%

Source: Kent Health & Lifestyle Survey 2005, CHSS, funded by KCC

5. Summary and conclusions

Localities in the Kent NOW programme were trying out a wide variety of styles of working and delivering interventions to people who had been on Incapacity Benefit for 2 years or more, making a quantitative evaluation difficult. A comparison of top level data showed that, between Sept 2006 and Mar 2008, each locality engaged with between 40 and 100 people, and that overall 67 were helped back to work.

North Kent seemed most successful in engaging with fairly high numbers of clients, in getting the highest proportion of these back into work, and going furthest towards meeting their target. Folkestone engaged the highest number of clients.

Over the first 13 weeks in work, savings of £66,196 IB being paid out were made, and if returners stayed in work for a year the savings on IB alone would be £264,784.

The numbers returning to work through Kent NOW are very small compared to the total on IB. Survey data in Kent showed the extent to which those on IB, or living in households with someone on IB have poorer self-reported health and quality of life.