

**Oranga Mahi – Here Toitū monitoring data analysis**

November 2019 – December 2021

**October 2022**

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**Disclaimer**

The views and interpretations in this report are those of the Research and Evaluation team and are not the official position of the Ministry of Social Development. Care has been taken to ensure that this data is as accurate as possible and that the findings are correct. However, due to the way the data has been collated, stored, and matched to MSD records, small inaccuracies may exist in the data, and subsequent findings. Therefore, findings may be subject to change.

Data in this report has been aggregated and randomly rounded to protect the privacy of participants. Further information about how we keep data private can be found at: [How we keep data private - Ministry of Social Development (msd.govt.nz)](https://www.msd.govt.nz/about-msd-and-our-work/tools/how-we-keep-data-private.html)

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# Background to Here Toitū

The Ministry of Social Development (MSD) together with agencies from across the social, health and justice sectors jointly developed ‘Oranga Mahi’. Oranga Mahi was designed to be a new and innovative way of government working better together to deliver much needed change to the wellbeing of individuals, their families and communities. Here Toitū forms a part of the wider Oranga Mahi family of services.

Here Toitū is a collaboration between MSD and the following Primary Health Organisations:

* ProCare Network Limited (Auckland)
* Pegasus Health (Canterbury)
* National Hauora Coalition (Auckland)
* THINK Hauora (MidCentral DHB region).

Here Toitū is a Dedicated Support Team service to support working aged whānau on a benefit and living with a health condition or disability. This service seeks to improve whānau wellbeing and help whānau determine their own goals and aspirations and take steps towards engagement in a meaningful and sustainable earning, learning, or volunteering. Stated outcomes of Here Toitū include improving:

* whānau wellbeing and ability to meaningfully participate in society
* equity of outcomes, particularly for Māori and Pacific peoples
* whānau readiness for work, including training and education
* whānau employment outcomes through sustainable work.

This analysis uses monitoring data from the Here Toitū providers (from November 2019 to the end of 2021), supplemented with MSD administrative data, to help answer the following evaluation questions:

* are the intended MSD client groups being referred to, enrolled in, and retained on the programme?
* to what extent have participants been assigned a dedicated support team or person?
* are participants’ Wellbeing Action Plans being implemented?
* are participants experiencing improvements in their health and wellbeing while participating in the programme?
* are participants experiencing improvements in work readiness?
* to what extent are clients entering employment (whether part-time or full-time) on exiting the programme and sustaining that employment over time?

Additionally, findings from the qualitative evaluation of Here Toitū (published alongside this report[**here**](https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/research/evaluation-of-oranga-mahi-trials.html)) may help to provide context to some of the findings covered here.

# Key findings from this report

### Getting people enrolled into the Here Toitū service appears to be challenging.

Provider data showed that of 1,167 referrals, just over half of the people referred (612) did not end up participating in the Here Toitū service. The most common recorded reason for people not participating was because they were unable to be contacted (43.1 percent, or 264 people). The remainder of those who did not participate either declined to do so or were declined by the Here Toitū service provider for various reasons.

### For those who do enrol, almost all participants have their non-MSD dedicated support teams established.

An important feature of the Here Toitū service was the support team that should be placed around every participant. This included a Kaimanaaki (health navigator), a general practice team, and a Dedicated MSD Case Manager.[[1]](#footnote-1) Our data showed that almost all participants had a Kaimanaaki and general practice team in place.

### Many participants also received support through referrals to external services, or Flexi-fund payments for goods and services.

Referrals to external services and Flexi-fund payments were two measurable indicators of whether a participant’s Wellbeing Action Plan was being implemented once in the service.[[2]](#footnote-2) Both were tools that recipients could use to make progress towards agreed wellbeing and employment goals set out in their plans.

Provider data showed that just under 67 percent of participants (306) had accessed external services, while just under 63 percent of participants (288) had accessed goods or services through a Flexi-fund payment. Use of these tools is likely expected to increase as providers become more confident with them.

### However, less than half of the participants who had exited the Here Toitū service had successfully completed the service.

By successfully completing the service, a participant had either achieved their desired outcomes (such as getting into sustainable employment, improving their health and wellbeing, or enrolling in study), or had completed the maximum service duration (regardless of progress made). This is important from an intervention perspective, as the desired outcomes of Here Toitū are linked to the successful completion of the service.

In total, 231 participants had exited the Here Toitū service by the end of 2021. Of those who exited, just over 48 percent (111) had successfully completed the service, while the remainder recorded a non-successful exit for various reasons.

### Participants with a mental health condition were less likely to successfully complete their time in the Here Toitū service.

Just under 37 percent of participants (42) with a recorded mental health condition on their MSD medical certificate as at enrolment completed the service, compared to just under 59 percent of participants that did not have a recorded mental health condition on their MSD medical certificate as at enrolment (69).

### These findings suggest that more research needs to be done on understanding participant exits from Here Toitū.

Having less than half the participants record a successful exit suggests that there are elements of the Here Toitū service that are not working for participants, especially for participants with mental health conditions. Given that over half of enrolled participants had a recorded mental health condition at their time of enrolment, this means that the service may not be working as intended for a significant proportion of enrolled participants.

### Nonetheless, most participants reported improved outcomes in several domains of wellbeing (using self-reported Wellbeing Star data).

One potential outcome of the Here Toitū service was that it would contribute to improved health and wellbeing for participants.

As part of measuring participants’ health and wellbeing, the Wellbeing Star tool was used to measure people’s wellbeing across eight categories, these being: “Your lifestyle”, “Looking after yourself”, “Managing symptoms”, “Work, volunteering, and other activities”, “Money”, “Where you live”, “Family and friends”, and “Feeling positive”. However, there are limitations to this analysis as we can neither construct a comparison group nor account for other life events which may have impact on wellbeing improvements over time.

In the “Your lifestyle”, “Managing symptoms”, “Work, volunteering, and other activities” and “Feeling positive” categories, most participants reported an improvement between first, second, and third (where applicable) Wellbeing Star entries. Additionally, for participants with at least three entries, most participants reported an improvement in the “Money” category as well.

### Additionally, some participants have recorded work readiness and employment outcomes.

The Here Toitū service also aimed to improve participants’ readiness for work and provide employment outcomes for participants through finding and retaining sustainable work. We found that just under 27 percent of participants (123) had a work readiness outcome recorded. We also found that just over 16 percent of participants (75) have had at least one employment outcome recorded. Additionally, analysis of participants who have been exited from Here Toitū for at least 12 months showed that around a quarter of these participants were not receiving a main benefit six to 12 months after their exit.

However, there are limitations to this analysis as we can neither construct a comparison group nor account for other life events which may have impact on work readiness and employment outcomes over time.

### We were unable to look at medium to long-term outcomes such as detailed employment, income, education, or health outcomes as part of this analysis.

Future work using the Integrated Data Infrastructure will explore participants’ outcomes, after a longer follow-up period (preferably two to three years). This analysis will help to provide detailed insight into the impact of the Here Toitū service on detailed employment, income, education, and health outcomes, which will help to determine whether the service is delivering its stated objectives.

# Are the intended MSD client groups being referred to, enrolled in, and retained in Here Toitū?

Main benefit recipients in Canterbury (Pegasus Health), Auckland (ProCare Health and National Hauora Coalition), and the Central (THINK Hauora) MSD regions are eligible for the Here Toitū service if they are receiving a medical work deferral (or about to be), are of working age (18 to 64 years old) and want to improve their wellbeing.

Here Toitū services started at different times in different regions. Referrals to Pegasus Health began in November 2019. This was followed by ProCare Health in May 2020, National Hauora Coalition in August 2020, and THINK Hauora in June 2021.

This analysis focuses on the period November 2019 to the end of 2021.

### Between November 2019 and the end of 2021, there were 1,167 referrals to the Here Toitū service.

Most of these referrals (62.7 percent, or 732) were to Pegasus Health, with ProCare Health also making up a substantial proportion of the remaining referrals (Figure 1).

Figure : Referrals to Here Toitū, by service provider.

### Of the 1,167 referrals, just under 40 percent (459) were successfully enrolled into Here Toitū.

Much like referrals, most enrolments were to Pegasus Health (58.2 percent, 267), followed by ProCare Health (23.5 percent, 108) (Figure 2).

Figure : Enrolments to Here Toitū, by service provider.

The analysis in the rest of this report combines the data from these service providers together. This is to allow us to track the outputs and outcomes of the service as a whole.

### The age distribution of participants was evenly distributed between younger and older age groups.

Figure 3 shows that there was a similar proportion of participants under 34, to the proportion of participants aged 45 and over. In contrast, recipients of both Jobseeker Support – Health Condition and Disability and Supported Living Payment – Health Condition and Disability are typically more concentrated in the older age groups.[[3]](#footnote-3)

Figure : Participants by age group.

### Just under 68 percent of participants (300) identified as European.

Additionally, just under 24 percent (105) of Here Toitū participants identified as Māori (Figure 4). These findings broadly reflect the ethnic grouping of Jobseeker Support – Health Condition and Disability, as well as Supported Living Payment – Health Condition and Disability recipients.[[4]](#footnote-4)

Figure : Participants by total response ethnicity grouping. [[5]](#footnote-5),[[6]](#footnote-6)

Note: There were 444 participants with a recorded ethnicity (on which the calculations above are based), and 15 participants who did not have an ethnicity recorded in MSD source systems.

### There was a similar proportion of female and male participants.

Figure 5 below shows that there was a similar proportion of female and male participants in Here Toitū. In contrast, there are more males than females receiving either Jobseeker Support – Health Condition and Disability or Supported Living Payment – Health Condition and Disability.[[7]](#footnote-7)

Figure : Participants by gender.

### Around 77 percent of participants (354) did not have a partner or dependent children at their time of enrolment.[[8]](#footnote-8)

In contrast, just under 10 percent of participants (45) were sole parents (Figure 6). This trend is reflective of the family types of benefit recipients as a population. [[9]](#footnote-9)

Figure : Participants by family type.[[10]](#footnote-10)

### Just over 62 percent of participants (285) were receiving Jobseeker Support – Health Conditions and Disabilities on the date they were enrolled for Here Toitū.

This finding is to be expected because the eligibility criteria for Here Toitū required those referred to be in receipt of a benefit with a medical work deferral (or about to be).

People receiving Jobseeker Support – Health Conditions and Disabilities, or Supported Living Payment – Health Conditions and Disabilities, almost always have a medical work deferral (rare exceptions usually relate to the partners of people receiving these benefits). People receiving other main benefits can also apply for a medical work deferral depending on their circumstances, though these are usually handled through a different process.

Figure 7 shows that in addition to the participants receiving Jobseeker Support – Health Conditions and Disabilities, a further 18.3 percent of participants (84) were receiving Supported Living Payment – Health Conditions and Disabilities.

Figure : Participants by benefit type.

### Just over 56 percent of Here Toitū participants (258) had a mental health related condition listed on their current medical certificate at their enrolment date for Here Toitū.[[11]](#footnote-11)

Just over 13 percent of participants (60) did not have any health conditions recorded in MSD’s systems, but were on main benefit, while just over 11 percent of participants (51) had a musculoskeletal or connective tissue disease recorded on their current medical certificate (Figure 8).

Figure : Selected health conditions listed on participants current medical certificates as at their referral date.

### Half of the participants were successfully enrolled into the Here Toitū service within 30 days of referral.

Just over half of the participants (231) were enrolled within 30 days after referral to Here Toitū (Figure 9). The median time between referral to enrolment was 29.5 days. Just under eight percent of participants (36) waited 120 days or more between referral and enrolment. Reasons for the delay between referral and enrolment for this group are not provided directly in the data. However, some possible reasons are: COVID-19 impacts, the triage process, and service capacity.

Figure : Distribution of time from referral to enrolment.

### Following a referral, over half of the people referred (612) did not participate in Here Toitū.

Of these, 43 percent (264) were unable to be contacted. The remaining 57 percent (348) did not participate because they either declined to participate or were declined by the service after initial conversations.

Just over 42 percent (147) of the latter group chose not to participate. This was followed by “not suitable for the service” (19.0 percent, or 66 people) and “other reasons for not participating” (12.9 percent, or 45 people) (Table 1).

**Table 1: Reasons for not participating in Here Toitū following a referral.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for not participating in Here Toitū** | **Number** | **Percentage** | **Percentage of “declines”** |
| Unable to be contacted | 264 | 43.1% | n/a |
| *Declined to participate or were declined* | *348* | *56.9%* | *100.0%* |
| Chose not to participate | 147 | 24.0% | 42.2% |
| Not suitable for the service | 66 | 10.8% | 19.0% |
| Other reasons for not participating | 45 | 7.4% | 12.9% |
| Wrong time to participate in the service | 33 | 5.4% | 9.5% |
| Employment goal(s) achieved prior to enrolment | 24 | 3.9% | 6.9% |
| Not suitable for the service due to medical reasons | 15 | 2.5% | 4.3% |
| Settled in education/training | 9 | 1.5% | 2.6% |
| Other services more appropriate | 9 | 1.5% | 2.6% |
| **Total** | **612** | **100%** | **100%** |

Note: Percentages may not add to 100 percent due to rounding.

Reasons may not be mutually exclusive; we recommend that clearer classifications are used in future to correctly capture the range of reasons those referred to the service may not ultimately take part.

Additionally, we are limited by the data collected by providers and are unable to further investigate the specific circumstances which led to people being unable to be contacted, declining to participate, or being declined from the Here Toitū service.

### As at the end of 2021, half of the participants (231) had exited the Here Toitū service.

Most commonly, exits were because the participant had achieved desired outcomes (29.9 percent, or 69 participants) or completed service duration (18.2 percent, or 42 participants) (Table 2). Together, these successful reasons for exit made up just over 48 percent (111) of exits from the Here Toitū service.

By successfully completing the service, a participant had either achieved their desired outcomes (such as getting into sustainable employment, improving their health and wellbeing, or enrolling in study), or had completed the maximum service duration (regardless of progress made). This is important from an intervention perspective, as the desired outcomes of Here Toitū are linked to the successful completion of the service.

The next most common reasons for exit were because the participant had disengaged from the service or had an unknown reason for withdrawal (18.2 percent, or 42 participants).

**Table 2: Exits, by reason.**

|  |  |  |
| --- | --- | --- |
| **Exit reason** | **Number** | **Percentage** |
| Achieved desired outcomes | 69 | 29.9% |
| Completed service duration | 42 | 18.2% |
| Disengaged from the service/Unknown reason for withdrawal[[12]](#footnote-12) | 42 | 18.2% |
| Other reasons for exiting the service | 30 | 13.0% |
| Withdrew from the service | 27 | 11.7% |
| Medical reasons | 21 | 9.1% |
| **Total** | **231** | **100%** |

Note: Percentages may not add to 100 percent due to rounding. Numbers may not add to totals due to random rounding.

Due to data limitations, we are unable to dive further investigate the specific circumstances which led to people exiting the Here Toitū service.

### Fewer participants with a mental health condition than expected completed the service, compared to exited participants that did not have a mental health condition.[[13]](#footnote-13)

Table 3 shows exit rates for those who completed the service, and those that did not complete the service, across age, total response ethnic groups, gender, and selected health conditions. Most of the categories did not show results that were much different from the overall rates. However, we did find that exited participants with a mental health condition upon enrolment were statistically much less likely to have successfully completed the service when compared to exited participants that did not have a mental health condition upon enrolment.

**Table 3: Exits, by exit reason grouping and demographic variables.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Completed** | **Not completed** | **Total** |
| **Age as at enrolment** | | | |
| 34 and under | 51 (50.0%) | 51 (50.0%) | **102 (100%)** |
| 35 and over | 60 (46.5%) | 69 (53.5%) | **129 (100%)** |
| **Selected total response ethnic groups as at enrolment[[14]](#footnote-14)** | | | |
| European | 69 (45.1%) | 84 (54.9%) | **153 (100%)** |
| Māori | 27 (56.3%) | 21 (43.7%) | **48 (100%)** |
| Pacific Peoples | 18 (46.2%) | 21 (53.8%) | **39 (100%)** |
| **Gender as at enrolment** | | | |
| Female | 60 (52.6%) | 54 (48.4%) | **114 (100%)** |
| Male | 51 (43.6%) | 66 (56.4%) | **117 (100%)** |
| **Selected health conditions on medical certificate at enrolment date** | | | |
| Mental health conditions[[15]](#footnote-15) | 42 (36.8%) | 72 (63.2%) | **114 (100%)** |
| **Total** | **111 (48.1%)** | **120 (51.9%)** | **231 (100%)** |

Note: Percentages may not add to 100 percent due to rounding.

### Just over 50 percent of participants spent less than 225 days in the Here Toitū service from enrolment to exit.

From enrolment, participants are normally able to receive the service for 12 months, or around 365 days. However, events such as COVID-19 lockdowns meant that some participants may have received the service for a longer period. Additionally, if a participant achieved their goals in less time, they may have left the service early.

Figure 10 below shows that half of the participants spent less than 225 days in the Here Toitū service from enrolment to exit. The median time between enrolment and exit was 210 days.

Figure : Distribution of time from enrolment to exit.

# To what extent have enrolled clients been assigned a dedicated support team or person?

### Almost all participants had been assigned their non-MSD support people.

As part of the design of the Here Toitū service, participants received a range of supports while in the service. A key part of this was the team that was assigned to working with the participants. This team included:

* a Kaimanaaki (health navigator), who would work with the participant to support their wellbeing needs and facilitating access to health, social and community services and supports as required
* a General Practice team, who would work with the participant to support any clinical health needs
* a Dedicated MSD Case Manager, who would work with the participant and their key worker to support participants to access further support services, as well as helping the participant to prepare and look for work.[[16]](#footnote-16)

Analysis showed that around 97 percent of participants had been assigned to a Kaimanaaki, and had a named General Practitioner or General Practice.[[17]](#footnote-17)

However, the available data does not allow us to establish whether all the participants were assigned to a Dedicated Case Manager. This means we are unable to fully answer the question of whether enrolled participants had been assigned a dedicated support team.

# Are participants Wellbeing Action Plans being implemented?

An important part of the Here Toitū service is the development of a Wellbeing Action Plan. The Wellbeing Action Plan is an individually tailored plan to help participants towards achieving their goals and aspirations. The implementation of these plans is seen as an important component of achieving the stated goals of Here Toitū.

Two measures are used to assess whether participants Wellbeing Action Plans are being implemented. One is the number of Flexi-fund grants that have been accessed, and the other is the number of additional external services accessed by participants. Both are tools that clients can use to make progress towards agreed wellbeing and employment goals set out in their plans. Implementing these plans may also involve actions wider than these measures that are not captured in the data.

### As at the end of 2021, just under 63 percent of participants (288) had accessed goods or services through a Flexi-fund payment.

The Flexi-fund for Here Toitū is a fund that could be used for things that would support the participant to work. While there is general guidance around how the payment can be used, each case is assessed on its own merits before a decision is made. This means the payment can flex to accommodate for specific participant needs. Payments using the Flexi-fund are made from the Here Toitū service provider directly to the provider of the good or service being purchased.

Flexi-fund payments have been made on behalf of just under 63 percent of participants (288), with 504 payments made. The average payment was $118, for a total spend of $59,650.

As no information is available on what the specific payments were for, further analysis is not possible.

As at the end of 2021, just under 67 percent of participants (306) had accessed external services.

Participants’ support teams can put them in touch with external services to provide additional support or assistance where needed. Just under 67 percent of participants (306) accessed a total of 993 services by the end of 2021. The most common type of service accessed was physical health services, making up just under 14 percent (138) of services that were accessed (Table 4 overleaf). This was followed by training and education services (10.9 percent, 108).

**Table 4: Services accessed, by service type.**

|  |  |  |
| --- | --- | --- |
| **Service type** | **Number** | **Percentage** |
| Physical health services | 138 | 13.9% |
| Training and education | 108 | 10.9% |
| Counselling and life coaching services | 99 | 10.0% |
| Other services | 99 | 10.0% |
| Government agencies and other public services | 87 | 8.8% |
| Healthy lifestyle services | 75 | 7.6% |
| Work preparation services | 66 | 6.6% |
| Social support services | 63 | 6.3% |
| Job search services | 63 | 6.3% |
| Career advice and exploration services | 45 | 4.5% |
| Voluntary work opportunities | 33 | 3.3% |
| In-practice General Practitioner services | 33 | 3.3% |
| Non-government organisation mental health services | 24 | 2.4% |
| Alcohol and other drug addiction support services | 21 | 2.1% |
| Primary mental health services | 15 | 1.5% |
| Transportation services | 9 | 0.9% |
| Temp agencies | 9 | 0.9% |
| Navigation services | 6 | 0.6% |
| **Total** | **993** | **100%** |

# Are participants experiencing improvements in their health and wellbeing while in Here Toitū?

There is one ‘before’ and ‘after’ measure that is available to help answer this question. The Wellbeing Star scores that have been provided in the Here Toitū monitoring data. This measure will give us a sense of whether individual components of wellbeing improved during participants’ time in Here Toitū. However, this is an imperfect measure, as it is unable to determine the extent of change in wellbeing, only that a change may have occurred.

This ‘before’ and ‘after’ analysis has a key limitation: a person’s situation at the start of their time in the Here Toitū service may have been related to a crisis event, or another event, that triggered the referral to the Here Toitū service. This means that the ‘after’ result could be a regression towards that person’s usual situation, and not necessarily a reflection of the services impact. Additionally, without a comparison group, it is difficult to determine how much of any change is down to the Here Toitū service, or what would have happened anyway without the service. Therefore, any findings in this section should be treated as indicative, rather than conclusive, findings.

### Most participants (384) had at least one Wellbeing Star score recorded as at the end of 2021.

Wellbeing Star assessments were initially intended to be completed when participants enrol, then every three months after enrolment, and finally at exit. These are calculated using the Wellbeing Star tool.[[18]](#footnote-18) However, these can happen more or less often depending on how the tool is used with each participant.

There were 581 unique Wellbeing Star scores recorded, belonging to just under 84 percent of participants (385). Of those participants, just under 40 percent (123) have had a second entry recorded. These second entries were recorded an average of 127 days after the first entry.[[19]](#footnote-19)

Just over 12 percent of participants (48) had a third entry recorded. These third entries were recorded an average of 242 days after the first entry, and 139 days after the second entry.[[20]](#footnote-20)

Some participants had up to seven Wellbeing Star assessments lodged. In this section, we analyse matched pairs for all participants with at least two or three entries.

### Most participants with at least two entries experienced a positive change in their score between their first and second entries, in four of the eight categories.

These categories were: “Your lifestyle”, “Managing symptoms”, “Work, volunteering, and other activities” and “Feeling positive” (Table 5).

For the most part, these categories reflect areas that that Here Toitū service specifically addresses in its work with clients.

For these participants, Here Toitū did not improve wellbeing in relation to material factors, such as a participant’s income, or their housing situation, except for “Work, volunteering, and other activities”. This is expected at the earlier stage of the service, as the service was not designed to explicitly improve participants’ material wellbeing immediately.

Even though most participants with two Wellbeing Star scores did not report a positive change in the “Looking after yourself”, “Money”, “Family and friends”, and “Where you live” categories, there was still a sizable group of participants that did report a positive change. This suggests that the Here Toitū service has the potential for positive impacts on these domains of wellbeing as assessed by the Wellbeing Star tool.

**Table 5: Change in Wellbeing Star category scores between first and second assessments (n = 123).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Percentage (number) that reported a decrease in category score** | **Percentage (number) that reported no change in category score** | **Percentage (number) that reported a positive change in category score** |
| 1: Your Lifestyle | 9.8% (12) | 36.6% (45) | 53.7% (66) |
| 2: Looking After Yourself | 17.1% (21) | 41.5% (51) | 41.5% (51) |
| 3: Managing Symptoms | 9.8% (12) | 34.1% (42) | 56.1% (69) |
| 4: Work, Volunteering, Other Activities | 12.2% (15) | 34.1% (42) | 53.7% (66) |
| 5: Money | 14.6% (18) | 41.5% (51) | 43.9% (54) |
| 6: Where You Live | 19.5% (24) | 48.8% (60) | 31.7% (39) |
| 7: Family and Friends | 16.7% (18) | 41.5% (51) | 43.9% (54) |
| 8: Feeling Positive | 17.1% (21) | 244% (30) | 58.5% (72) |

Note: Percentages may not add to 100 percent due to rounding.

### Most participants with at least three entries experienced a positive change in their score between their first and third entries, in five of the eight categories.

These categories were: “Your Lifestyle”, “Managing Symptoms”, “Work, Volunteering, Other Activities”, “Money”, and “Feeling Positive” (Table 6).

For the most part, these categories reflect areas that that Here Toitū service specifically addresses in its work with clients. However, as these scores are generally recorded later on in a participant’s time in Here Toitū, this may also be beginning to reflect improvements to a participants material wellbeing.

Even though most participants with at least three Wellbeing Star scores did not report a positive change in the “Looking After Yourself”, “Family and Friends”, and “Where You Live” categories, there was still a sizable group of participants that did report a positive change. This suggests that the Here Toitū service still could have had the potential for positive impacts in these domains of wellbeing as assessed by the Wellbeing Star tool.

More observations over time will help to clarify this set of findings.

**Table 6: Change in Wellbeing Star category scores between first and third assessments (n = 48).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Percentage (number) that reported a decrease in category score** | **Percentage (number) that reported no change in category score** | **Percentage (number) that reported a positive change in category score** |
| 1: Your Lifestyle | 12.5% (6) | 25.0% (12) | 62.5% (30) |
| 2: Looking After Yourself | 18.8% (9) | 37.5% (18) | 43.8% (21) |
| 3: Managing Symptoms | 6.3% (3) | 37.5% (18) | 56.3% (27) |
| 4: Work, Volunteering, Other Activities | 18.8% (9) | 31.3% (15) | 50.0% (24) |
| 5: Money | 18.8% (9) | 31.3% (15) | 50.0% (24) |
| 6: Where You Live | 12.5% (6) | 43.8% (21) | 43.8% (21) |
| 7: Family and Friends | 12.5% (6) | 43.8% (21) | 43.8% (21) |
| 8: Feeling Positive | 0.0% (0) | 50.0% (24) | 50.0% (24) |

Note: Percentages may not add to 100 percent due to rounding.

# Are clients experiencing improvements in work readiness?

One expected outcome of Here Toitū is that participants are able to improve their readiness for work, including undertaking training and education where appropriate. One measure that can be used to measure this is the work readiness outcomes provided in the provider data. However, this is an imperfect measure, as it is unable to determine the extent of change in work readiness (as we don’t have a baseline measurement for each participant), only that a change may have occurred.

### At the end of 2021, just under 27 percent of participants have had a work readiness outcome recorded.

Within the monitoring data, providers can provide up to two work readiness outcomes for participants. The potential work readiness outcomes are: caring, participating in a training programme, part-time or full-time study, volunteer work, paid work for less than 15 hours a week, work experience, and any “other” reasons that are not captured by these categories.

Table 7 below shows that just under 27 percent of participants (123) have at least one work readiness outcome recorded. In addition to this, 6.5 percent of participants (30) had two work readiness outcomes recorded.

The most common outcomes were paid work for less than 15 hours a week (25.2 percent of outcomes, or 39 outcomes) and volunteer work (25.2 percent of outcomes, or 39 outcomes).

**Table 7: Work readiness outcomes for participants as at the end of 2021.**

|  |  |  |
| --- | --- | --- |
| **Outcome** | **Total number** | **Percentage** |
| Paid work (for less than 15 hours a week) | 39 | 25.2% |
| Volunteer work | 39 | 25.2% |
| Other outcomes[[21]](#footnote-21) | 29 | 18.7% |
| Participation in a training programme | 18 | 11.6% |
| Full-time study | 18 | 11.6% |
| Part-time study | 12 | 7.7% |
| **Total outcomes** | **155** | **100.0%** |
| **Total participants with at least one outcome** | **26.8% (123)** | |
| **Total participants with two outcomes** | **6.5% (30)** | |

# To what extent are clients entering employment (whether part-time or full-time) on exiting the programme and sustaining that employment over time?

Another expected outcome of Here Toitū is that participants can improve their employment outcomes through finding sustainable work. One measure that can be used to measure this is the employment outcomes provided in the provider data. Another measure that can be used is checking the main benefit status of participants after their exit date. These measures are both limited by the lack of a comparison group. Without a comparison group, it is difficult to determine how much of any change is down to the Here Toitū service, or what would have happened anyway without the service.

### As at the end of 2021, just over 16 percent of participants have an employment outcome recorded.

Within the provider data, providers can provide up to two employment outcomes for participants, as well as supplying a start and end date. The potential employment outcomes are: part-time work (defined as work between 15 and 29 hours per week), and full-time work (defined as work that is 30 or more hours per week).

Table 8 below shows that just over 16 percent of participants (75) have had at least one employment outcome recorded. Additionally, just over two percent of participants (12) have had two employment outcomes recorded. The most common outcome was full-time work (62.1 percent of all outcomes, or 54 outcomes).

**Table 8: Employment outcomes for participants as at the end of 2021.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Total number** | **Percentage** | **Number ended** |
| Full-time work | 54 | 62.1% | 12 |
| Part-time work | 33 | 37.9% | 9 |
| **Total outcomes** | **87** | **100%** | **21** |
| **Total participants with at least one outcome** | **16.3% (75)** | | |
| **Total participants with two outcomes** | **2.4% (12)** | | |

Of the outcomes displayed in the table above, twelve of the full-time employment outcomes had ended by the end of 2021, while the nine of the part-time work outcomes had ended by the end of 2021.

Long-term analysis using the IDI will likely allow for a better long-term answer to this question, as it will capture work outcomes not recorded in the provider data, as well as provide earnings information.

### Just over 25 percent of former participants were not on a main benefit six months after their exit.

Within MSD data, we can track whether a participant is receiving a main benefit as at their enrolment, exit, and at time intervals after their exit date. While not a direct observation of whether a participant has moved off main benefit and into employment, this can provide a proxy measure in lieu of better indicators.

Figure 11 below shows that the proportion of exited participants that are not on a main benefit increases between enrolment, exit and six months after exit. Specifically, it shows that the proportion of participants that are off main benefit increases from just over six percent as at enrolment to Here Toitū, to just over 19 percent as at exit from Here Toitū, and to just over 25 percent by six months after exit.

Figure : Proportion of participants who have been exited for at least six months that are not on a main benefit, at specific points of time (n = 231)

Expanding these findings to look at participants that have been exited from Here Toitū for at least 12 months, we find similar results (Figure 12).

Figure : Proportion of participants who have been exited for at least 12 months that are not on a main benefit, at specific points of time (n = 129).

Long-term analysis using the IDI will likely allow for a better long-term answer to this question, as it will allow for detailed analysis alongside a comparison group to determine whether these outcomes are different from MSD benefit recipients who did not enrol into Here Toitū.

1. This role is more commonly referred to as a Dedicated Case Coordinator in Canterbury, and functions slightly differently to the other providers and regions involved in Here Toitū. [↑](#footnote-ref-1)
2. Further information about what Flexi-fund grants were spent on is not available for this report. [↑](#footnote-ref-2)
3. See [Jobseeker Support – Health Condition and Disability age profile](https://www.data.msd.govt.nz/?_inputs_&benefits-name=%22Jobseeker%20Support%20Health%20Condition%20%26%20Disability%22&benefits-tabset=%22profile%22) and

   [Supported Living Payment – Health Condition and Disability age profile](https://www.data.msd.govt.nz/?_inputs_&benefits-name=%22Health%20Condition%20and%20Disability%22&benefits-tabset=%22profile%22&benefits-group=%22Main%20benefit%3ASupported%20Living%20Payments%22) [↑](#footnote-ref-3)
4. See [Jobseeker Support – Health Condition and Disability ethnicity profile](https://www.data.msd.govt.nz/?_inputs_&benefits-name=%22Jobseeker%20Support%20Health%20Condition%20%26%20Disability%22&benefits-tabset=%22profile%22&benefits-is_ben_profile.demtypslct=%22Ethnicity%22) and [Supported Living Payment – Health Condition and Disability ethnicity profile](https://www.data.msd.govt.nz/?_inputs_&benefits-name=%22Health%20Condition%20and%20Disability%22&benefits-tabset=%22profile%22&benefits-is_ben_profile.demtypslct=%22Ethnicity%22&benefits-group=%22Main%20benefit%3ASupported%20Living%20Payments%22) [↑](#footnote-ref-4)
5. Total response ethnicity means that if a person identifies with more than one ethnic group, they are counted

   in each applicable group. [↑](#footnote-ref-5)
6. Middle Eastern/Latin American/African (MELAA) is excluded from this plot as there were very few participants in this ethnic group. [↑](#footnote-ref-6)
7. See [Jobseeker Support – Health Condition and Disability gender profile](https://www.data.msd.govt.nz/?_inputs_&benefits-name=%22Jobseeker%20Support%20Health%20Condition%20%26%20Disability%22&benefits-tabset=%22profile%22&benefits-is_ben_profile.demtypslct=%22Gender%22) and [Supported Living Payment – Health Condition and Disability gender profile](https://www.data.msd.govt.nz/?_inputs_&benefits-name=%22Health%20Condition%20and%20Disability%22&benefits-tabset=%22profile%22&benefits-is_ben_profile.demtypslct=%22Gender%22&benefits-group=%22Main%20benefit%3ASupported%20Living%20Payments%22) [↑](#footnote-ref-7)
8. This measure uses MSD relationship data. [↑](#footnote-ref-8)
9. See page 12 of: <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/evaluation/family-packages/2021/monitoring-the-families-package-and-changes-to-income-support-from-2018-to-2021.pdf> [↑](#footnote-ref-9)
10. We are unable to determine the family type when the participant is not on a main benefit as of a given date. [↑](#footnote-ref-10)
11. In this section, the health conditions presented are based on the READ or SNOWMED codes provided to MSD by a General Practitioner on a Work Capacity Medical Certificate and stored in the SINC (SWIFTT Incapacity) dataset in MSD’s Integrated Analysis Platform. These counts are total response, and so therefore the totals and percentages may not add up to the total number of participants and 100 percent respectively. Some participants may have medical conditions recorded in other parts of MSD’s data systems that are not captured here or did not have a current medical certificate loaded into the system. [↑](#footnote-ref-11)
12. Due to how exit reasons are coded, no further information on this exit reason is available [↑](#footnote-ref-12)
13. A “completed” exit in this section includes the exit reasons: “completed service duration” and “achieved desired outcomes”. A “not completed” or “early exit” includes all of the other exit reasons listed in Table 2 on the previous page. [↑](#footnote-ref-13)
14. The “comparison” group for each ethnic group shown here is those who are not that ethnic group. [↑](#footnote-ref-14)
15. *X2* (1, *N* = 231) = 9.5616, *p* = 0.002 – based on non-randomly rounded figures. Comparison group is people who do not have a mental health condition. [↑](#footnote-ref-15)
16. This role is known as a Dedicated Case Coordinator in Canterbury, and functions slightly differently to the other regions involved in Here Toitū. [↑](#footnote-ref-16)
17. Due to the small number of participants that had not been assigned to their support teams, further information about why that might be is unavailable to protect participant confidentiality. [↑](#footnote-ref-17)
18. More information about the Wellbeing Star can be found here: <https://www.outcomesstar.org.uk/using-the-star/see-the-stars/well-being-star/> [↑](#footnote-ref-18)
19. There was a standard deviation of 69.7 days for this measurement. [↑](#footnote-ref-19)
20. There was a standard deviation of 74.7 and 66.7 days for these measurements respectively. [↑](#footnote-ref-20)
21. This category includes work experience and caring outcomes, in addition to “other” reasons. [↑](#footnote-ref-21)