

Public sector impact studies

Employment Support: A Single Front Door model in West London





The problem

Despite significant investment in employment support, many regions face a persistent challenge with economic inactivity. In West London, this problem was compounded by a fragmented landscape of services. Residents were often faced with a confusing alphabet soup of local and national programmes, each with different eligibility criteria, varying start dates, and uncoordinated funding streams.

This lack of integration led to profound inefficiencies. For instance, residents often ended up on the wrong programme or became discouraged by the complexity, while public resources were wasted through duplication and missed opportunities for early intervention.

This public sector impact study is based on a talk at Productivity Pitches, a series of events hosted by the Institute for Government and The Productivity Institute, which aims to share and support ways to improve public sector performance levels. The talk is available to watch on the [Institute for Government's website](#).



The innovation

To solve this, the Shaw Trust partnered with the West London Alliance (WLA), a group of seven local authorities, to radically redesign how employment support is commissioned and delivered. Rather than running isolated projects, it created a 'Single Front Door' model. The innovation rests on three key pillars:

1. **Integrated commissioning:** The WLA moved away from narrow, transactional contracts. It pulled together multiple funding streams - including the government's Connect to Work and Work Well initiatives - into a single, flexible commissioning solution.
2. **A one-stop referral point:** Whether a resident engages via a digital portal or walks through a physical door, they enter a single system. A dedicated team performs an early triage to identify the resident's specific needs, be it mental health support, MSK (musculoskeletal) therapy, or career advice, and directs them to the right programme immediately, regardless of which agency funds it.
3. **Deep community integration:** The service is embedded where people already go for help. The programme is currently based in five GP surgeries across West London, allowing doctors to refer patients to employment support as a direct clinical intervention.





The impact

The shift from a fragmented model to an integrated one has delivered immediate, high-impact results:

- *Surge in engagement:* Within the first two months of going live, the programme received 1,600 expressions of interest, which is substantially above the initial estimate of 300.
- *Superior employment outcomes:* 44% of participants moved into sustained employment, exceeding the original target of 40%. On average it takes just three months for a participant to find work, capturing their enthusiasm at the point of first contact.
- *High-quality jobs:* These are not minimum wage stop-gaps. The average salary for participants is approximately £32,000, demonstrating a move into good work that provides long-term stability.
- *Strong return on investment:* A financial analysis of the programme's Primary Care participants showed that for every £1 spent, the system saw a benefit of £2.43 in the first year alone, purely on the benefit-savings side.
- *Improved wellbeing:* 73% of those who found work reported a significant improvement in their mental and physical wellbeing.

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Takeaways

Success in West London shows that simplicity of user experience can be a core driver of public sector productivity. When public services are complex, the burden of navigating them falls on the resident, which creates a significant barrier to entry. This administrative friction leads to wasted resources and missed opportunities to help people before they reach a point of crisis.

By centralising access, the single front door shifts the burden of navigating the state from the resident to the provider. Instead of requiring a person to identify which specific programme fits their circumstances, the model allows a professional to assess an individual's whole life situation and then navigate the internal bureaucracy on their behalf. This ensures that support is assembled around a person's actual needs, rather than being determined by which specific agency door they happened to walk through.

A second lesson concerns effective accountability through the careful timing of performance targets. Short-term contracts often force providers to focus on immediate numbers at the expense of building the deep relationships required for sustainable change. If the window for success is too narrow, the investment and patient effort needed to collaborate with local doctors or community groups is often disregarded as too slow. Conversely, a timeframe that is too long makes it difficult to connect current management decisions to future results. The West London model solved this by creating a ten-year partnership that offers the stability needed to build trust while using annual reviews to keep the service flexible. This structure provides the necessary time for innovations to mature while maintaining a clear link between daily actions and long-term success.



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