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progress2work and progress2work-LinkUP: an exploratory study to assess evaluation possibilities

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Views expressed in this report are not necessarily those of the Department for Work and Pensions or any other Government Department.

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Abbreviations and acronyms

CDT	Community Drug Team
DIP teams	Drug Intervention Programme Teams
DWP	Department for Work and Pensions
JSA	Jobseeker's Allowance
MDE	Minimum Detectable Effect
MIND	National Association for Mental Health
PCT	Primary Care Trust
PSI	Policy Studies Institute
p2w	progress2work, provision for people with a history of drug misuse
p2w-LinkUP	progress2work-LinkUP for people with a history of alcohol misuse, the homeless and current/ ex-offenders
RCT	Randomised Control Trials
WPLS	Work and Pensions Longitudinal Study

Summary

Chapter 1

In autumn 2007, the Department for Work and Pensions (DWP) commissioned the Policy Studies Institute to undertake a small-scale research project to assess the effectiveness of progress2work (p2w) and the pilot progress2work-LinkUP (p2w-LinkUP) in encouraging positive employment and lifestyle outcomes. A central objective of the research was to explore the options for a full-scale evaluation. Largely drawing on qualitative research interviews with a sample of providers and coordinators, the research aimed to:

- examine the operation and perceived effectiveness of p2w and p2w-LinkUP, acknowledging the differing models/elements delivered through different providers;

- advise on more effective use of the Webtool for delivering reliable management information on the programmes;

- make recommendations regarding the full evaluation of the programmes, taking into account the natural variations in provision.

Chapter 2

Chapter 2 considers the district organisation of p2w/p2w-LinkUP provision. Coordinators had a pivotal role in the early stages of provision. While, broadly speaking, their support is now needed to a lesser extent, the coordinator role still has an important contribution to make. p2w/p2w-LinkUP is seen as unique, creating a safe and supportive space in which clients can take small steps towards employment. On the whole the 75/25 split in outcome payments is perceived to be working well. However, providers experience difficulties in obtaining evidence of job sustainability outcomes and the range of outcomes covered is felt to be too narrow. For example, providers would like to see greater recognition of softer signs of progress and housing outcomes. There are concerns about the lack of inflationary increases in provider contracts and uncertainty around contract renewal is having a negative impact on staff retention. Providers and coordinators

support merger of p2w/p2w-LinkUP provision because of the overlapping nature of the client groups.

Chapter 3

Chapter 3 explores the nature of the p2w/p2w-LinkUP client group. p2w/p2w-LinkUP clients have multiple, and overlapping, characteristics and needs. Clients are often, though not exclusively, from deprived backgrounds, have few qualifications and weak family relationships. Core client needs include confidence building, life skill improvement, housing, basic skills, vocational training, mental health issues and employment. The vast majority of clients, in both p2w and p2w-LinkUP, are white British males and most clients fall into the 25-35 age group.

Chapter 4

Chapter 4 draws out key aspects of p2w/p2w-LinkUP service provision. Providers take an holistic approach to meeting individual client needs and a one-to-one support worker model is seen as a cornerstone of service provision. Mentoring is often a key feature of this. Providers typically integrate their non-Jobcentre Plus-funded provision into client support packages and also work closely with external providers to compile those packages. Partnership working with a range of providers is seen as pivotal to service delivery. There are many examples of innovative features of provision across providers. Several are aiming to present a professional, employment services-orientated approach to clients. Average duration of client contact with providers is six months, but this varies according to client needs in keeping with the client-centred approach being adopted across the board.

Chapter 5

Chapter 5 outlines the range of referral agencies that providers are working with and explores the main features of assessment procedures. Providers are working with a wide range of referral agencies and committing resources to building relationships and trust is crucial to achieving, and sustaining, effective processes. There are inappropriate referrals taking place but providers take these as an opportunity to signpost clients onto provision that more closely meets their needs at that point in time. Huge variation takes place in the scale of Jobcentre Plus referrals across providers. Factors complicit in this variation include a lack of Jobcentre Plus staff awareness of provision (which can lead to 'standard' referral to New Deal), staff turnover, Jobcentre Plus office reorganisation, lack of client openness with advisers and reluctance by advisers to raise p2w-relevant questions with clients. Lack of adviser awareness of provision appeared to be a particularly prominent factor.

Eligibility criteria have an inclusive orientation. Clients can access provision as long as they fall under the broad p2w/p2w-LinkUP framework, are stabilised and

sufficiently motivated to turn up to appointments. Assessment procedures are broadly similar across providers and several providers are using the Richter scale assessment tool.

Chapter 6

Chapter 6 reviews programme performance and participant outcomes. Providers perceive the main success of provision to be client progress into paid employment. They reported numerous success stories. Staff commitment to clients is also seen as a main strength of provision. Providers do not turn clients away even if the support given is to signpost some to more appropriate provision with a view to future participation in p2w/p2w-LinkUP provision. Other strengths include the voluntary nature of provision leading to client ownership of their participation and flexibility of provision means that clients can develop at their own pace.

Providers are often working in difficult local contexts. Constraints on provider support for clients are being generated by the reduction in the funding of mainstream Jobcentre Plus services, a perceived under-funding of provision, lack of suitable accommodation to house the homeless and employer hostility to the client group. Growth in clients' confidence is one of the main impacts of provision. Securing employment in the right kind of setting can lead to client self-sufficiency and a virtuous circle of client progress.

Chapter 7

Chapter 7 considers the operation of the Webtool. The vast majority of providers were using the Webtool. The chapter describes how several providers felt very positive about the Webtool. They felt that it both provided accurate information and was easy to use. However, there were also reports of several problems with the Webtool:

- discrepancies in the data arise from job sustainability evidence not equating with the number of job starts;

- the Webtool does not record low outcome figures, which again distorts the statistical representation of performance;

- Webtool limitations are leading providers to duplicate the recording of outcome information.

A recent Webtool improvement has led to greater ease in updating client information, a development much valued by providers. Suggestions for further improvement include:

- more sharing of information so that providers can compare their performance with that of their counterparts in other districts;

- reorganising staff involvement in data entry to make it more accurate;

- long-term investment in data management systems.

Chapter 8

The final chapter considers various approaches to evaluating p2w/p2w-LinkUP. The core of the evaluation problem is that it is impossible to observe what the outcomes of participants in p2w/p2w-LinkUP would have been had they not participated. In principle, the most robust approach to evaluation is to randomly assign some individuals to a control group. Members of the control group do not receive the p2w/p2w-LinkUP treatment but can provide a good estimate of what would have happened to participants had they not participated.

We consider a number of other evaluation approaches and discuss the problems inherent with each of these. In line with the original brief for this project, we concentrate on random assignment, or 'randomised control trials' (RCT). Such an approach is fundamentally dependent on careful implementation of the evaluation design. This in turn is dependent on the cooperation of providers. While providers supported and recognised the need for a robust evaluation, they tended to feel they would be unable, in practice, to randomise people to a no-treatment group.

In view of the fundamental difficulties facing a formal evaluation of p2w and p2w-LinkUP, a more realistic aim may be to use administrative data for increased monitoring and research and to explore further aspects of the programmes using qualitative methods.

1 Introduction

1.1 Research aims and objectives

In autumn 2007, the Department for Work and Pensions (DWP) commissioned the Policy Studies Institute (PSI) to undertake a small-scale research project to assess the effectiveness of progress2work (p2w) and the pilot progress2work-LinkUP (p2w-LinkUP) in encouraging positive employment and lifestyle outcomes. A central objective of the research was to explore the options for a full-scale evaluation. In the course of communication between DWP and PSI, it was agreed that an appropriate way to approach this evaluation was to begin with an exploratory analysis that would identify the key issues and provide an indication of the feasibility of conducting a formal impact analysis. It was agreed that the exploratory analysis would be largely qualitative and would aim to inform the decision of whether, and how, to proceed with the impact analysis.

In summary, the research has the following aims:

1 To examine the operation and perceived effectiveness of p2w and p2w-LinkUP, acknowledging the differing models/elements delivered through different providers.

2 To advise on more effective use of the Webtool for delivering reliable management information on the programmes.

3 To make recommendations regarding the full evaluation of the programmes, taking into account the natural variations in provision.

1.2 Background to the research

The programmes p2w and p2w-LinkUP have been operational since 2002; roll-out took place in three stages between 2002 and 2003. p2w operates nationally across Great Britain and is for those with a history of drug misuse whilst the pilot p2w-LinkUP operates in 21 Jobcentre Plus districts and is for a wider set of disadvantaged groups: those with a history of alcohol misuse, the homeless and ex-offenders.

p2w and p2w-LinkUP provision is delivered by a range of providers, some with a range of contracts to supply provision in different parts of the country. Many have been working with drug and alcohol dependent clients for some years and p2w and p2w-LinkUP provision represents an extension of this work; albeit with a number of distinctive features. Most providers are voluntary sector organisations.

In the early days of p2w provision each district had a full-time p2w co-ordinator, part of whose remit was to ensure that drug treatment and employment services were joined up effectively. A key aspect of the coordinator role was, therefore, to facilitate links between p2w providers and key local partners providing help to drug users. With arrival of p2w-LinkUP provision, the coordinator remit was extended to facilitate joined-up working for these contracts also.

The p2w and p2w-LinkUP programmes have never been evaluated formally and there is only rather limited anecdotal evidence about how they are run locally and how well they work. This research contributes to filling the gap in the evidence base.

1.3 Research design

The qualitative analysis was based on interviews carried out with providers responsible for delivering p2w and p2w-LinkUP and also with p2w coordinators, where appropriate.

1.3.1 Sampling

It was important to the design that we were able to sample providers performing to a range of levels to capture a variety of experience. While p2w has been rolled out nationally, information supplied by the DWP indicated that there were currently in the region of 30 p2w-LinkUP providers across England, Scotland and Wales. We sought to sample providers in districts where both p2w and p2w-LinkUP are present, beginning with a postal survey of all p2w and p2w-LinkUP providers in these districts.

A screening questionnaire was devised asking for information on:

• the main types of participant being targeted;

• programme capacity and take-up (amongst stabilised drug misusers for p2w and the homeless, offenders and ex-offenders and alcohol misusers for p2w-LinkUP);

• the quality of participant outcomes (referrals onto other support, training, Jobcentre Plus, proportion of participants into employment/sustainable employment);

• the appropriateness of referrals and whether potential participants not yet ready to gain from the programme are signposted on to other provision.

To ensure that the experience of a range of providers and districts were included in the research, 14 providers were sampled across eight districts in England, Scotland and Wales. Both urban and rural areas were sampled as the local area context may have a bearing on the issues being encountered by providers. Seven Jobcentre Plus 'coordinators' of p2w and p2w-LinkUP were also sampled to capture their views of provision and also explore the coordinator role.

1.3.2   The depth interviews and topic guides

Topic guides for the depth interviews were designed to facilitate the full exploration of key issues relating to p2w and p2w-LinkUP and the broader local context that may impinge on the effective operation of these programmes. They took a semi-structured format encouraging probing around a range of themes. The use of depth interviews rather than discussion groups was suggested due to the sensitivity of some of the issues to be explored and the need to create an environment in which co-ordinators and providers would feel that they could speak openly about their experiences.

Some of the provider interviews took place with the provision manager alone, while others involved both a manager and one or more members of staff to ensure that the views of those having day-to-day contact with clients was captured. Interviews lasted for one and a half to two hours. Most were conducted face-to-face, but where there was insufficient time to complete all areas of the topic guide, a follow-up interview to address the gaps was conducted by telephone.

The coordinator interviews also sometimes included more than one respondent as was appropriate to the organisation of provision at the district level. This organisation varied from district to district, the role of the co-ordinator often being subsumed within other job roles. This meant that in most areas, interviews took place with someone in Jobcentre Plus with responsibility for p2w and p2w-LinkUP at a district level rather than a co-ordinator. However, for simplicity all respondents interviewed because they have some role in p2w co-ordination, will be referred to as coordinators. Each coordinator interview lasted for approximately 90 minutes and was conducted face to face.

Co-ordinators and providers were probed on a range of similar themes, including:

• the history, structure and range of p2w and p2w-LinkUP provision at a district level;

• what programme content works well and what does not;

• participant outcomes;

• participant access to the programme;

• gaps in provision and suggestions for improvement;

• administration;

- the role of outcome payments in motivating providers;
- overall funding and the targeting of resources;
- implications of programme reform;
- identifying the attitudes of providers to random assignment;
- the feasibility of a screening tool for random assignment.

Given their broader area role, it was hoped that the first interviews would take place with co-ordinators who would contribute an account of overall developments, progress, issues and challenges across the localities for which they are responsible, setting the scene for the provider interviews. In the event there was a delay in access so that most of the provider interviews took place first.

1.3.3   Data preparation and analysis

Interviews were recorded and transcribed verbatim. Analysis was conducted with the assistance of the latest version of QSR N7, a computer software package for qualitative data analysis. Interview transcripts were loaded onto the N7 project manager. A coding framework was devised relating to all sets of interviews in order to maximise our ability to compare and draw out similarities and differences between the experiences and perceptions of different interviewees. N7 operates two simultaneous forms of coding – 'tree' and 'free' nodes – which can be merged together (or split) to reflect analytical concerns as the research progresses. 'Tree' nodes reflect inter-related information and often draw upon the structure of topic guides, while 'free' nodes' reflect more conceptual or exploratory categories. Analysis was carried out to test similarities and differences within groups (e.g. p2w providers or p2w-LinkUP providers) as well as linking interviewees associated with a particular case study, allowing full investigation of the factors underpinning which aspects of programme provision are working well and which not. As a number of providers preferred to contribute on an anonymous basis, providers are not named in the report. Instead we refer to provider 1, provider 2, etc.

In the chapters to follow, Chapter 2 explores the district organisation of p2w/p2w-LinkUP, Chapter 3 describes the nature of the client groups, Chapter 4 sets out the key elements of provision, Chapter 5 discusses referral agencies and assessment procedures, Chapter 6 considers programme performance and participant outcomes and Chapter 7 focuses on the operation of the Webtool. Chapter 8 provides an assessment of the evaluation possibilities.

2   The district organisation of p2w and p2w-LinkUP

> **Key points:**
>
> - Coordinators had a pivotal role in the early stages of progress2work (p2w)/ progress2work-LinkUP (p2w-LinkUP) provision. While, broadly speaking, their support is now needed to a lesser extent, the coordinator role still has an important contribution to make.
>
> - p2w/p2w-LinkUP is seen as unique, creating a safe and supportive space in which clients can take small steps towards employment.
>
> - On the whole the 75/25 spilt in outcome payments is perceived to be working well. However, providers experience difficulties in obtaining evidence of job sustainability outcomes and the range of outcomes covered is felt to be too narrow.
>
> - There are concerns about the lack of inflationary increases in provider contracts and uncertainty around contract renewal is having a negative impact on staff retention.
>
> - Providers and coordinators support merger of p2w/p2w-LinkUP provision because of the overlapping nature of the client groups.

This chapter explores the district organisation of p2w and p2w-LinkUP. It begins with an overview of models of district organisation, Jobcentre Plus coordination of provision and changes over time. The chapter then considers the added value of provision, the appropriateness of outcome payments and issues in contract renewal. The relative merits of merging the p2w and p2w-LinkUP contracts has been the subject of recent discussion and the chapter ends by exploring our respondents' feelings about this issue.

2.1   Models of district organisation

Most of the providers sampled for the research had either separate contracts for p2w and p2w-LinkUP or a contract based on combined provision. As shown in

Table 2.1 there were six providers that fell into the former category and three in the latter. Two providers had a sole p2w contract and two a p2w-LinkUP contract only. All the sampled providers had a background in working with one or more of the p2w/p2w-LinkUP client groups prior to securing a contract for provision.

Table 2.1   p2w/ p2w-LinkUP contractual arrangements over the sampled providers

p2w contract only	p2w-LinkUP only	Separate contracts for p2w and p2w-LinkUP	Combined provision
Provider 9, Area 6	Provider 8, Area 5	Provider 1, Area 1	Provider 4, Area 2
Provider 11, Area 7	Provider 10, Area 6	Provider 2, Area 1	Provider 5, Area 3
		Provider 3, Area 1	Provider 6, Area 3
		Provider 7, Area 4	
		Provider 12, Area 8	
		Provider 13, Area 7	
		Provider 14, Area 8	

Each provider was operating across a tightly defined geographical area, linked to where people lived or signed. However, they might be operating in the same district as other providers (for example the three providers in Area 1) or covering a vast geographical area (for example provider 11). Providers were labelled with numerical identifiers in the order in which interviews took place. The providers were of varying sizes, the smallest working with approximately 60 clients per year and the largest contract case load being 750 per year. Table 2.2 indicates contractor size in terms of annual organisational case load. Small providers had a case load ranging from 60 to120 clients. Medium providers had a case load of between 250 and 400 clients. Large providers were working with between 625 and 750 clients.

Table 2.2   The variability in provider size

Provider ID	Type of contract held	Provider size
Provider 1	Separate contracts	Medium
Provider 2	Separate contracts	Medium
Provider 3	Separate contracts	Large
Provider 4	Combined contract	Medium
Provider 5	Combined contract	Small
Provider 6	Combined contract	Medium
Provider 7	Separate contracts	Medium
Provider 8	p2w-LinkUP only	Medium
Provider 9	p2w contract only	Small
Provider 10	p2w-LinkUP only	Small
Provider 11	p2w contract only	Small
Provider 12	Separate contracts	Medium
Provider 13	Separate contracts	Large
Provider 14	Separate contracts	Large

The sampled providers were from a mix of rural and urban areas. Providers in rural catchment areas tended to describe pockets of drug dependency, while those in urban areas described greater concentration of dependency problems and were more likely to be defined as intensive regions attracting greater resources to tackle drugs misuse. The activities of all providers were concentrated in socially deprived areas with histories of high unemployment.

While most providers were office-based, being in a rural area affected the ways in which providers tended to structure contact with clients. The three provider 11 staff had moved from being office-based to working from their homes, in large part to save money and to make delivery of p2w in the area viable. Between them they are covering a client catchment area of 800 square miles, in which journeys to see clients can take four or five hours.

Two sampled areas had multiple providers in the sense of one provider with a contract for p2w-LinkUP provision and another in p2w provision drawing on a pool of clients in the same geographical area. On occasions there have been accusations of poaching of clients and discussions have taken place to make the issue of which provider should be working with which clients, less of a grey area.

2.2   Jobcentre Plus coordination of p2w and p2w-LinkUP and changes over time

As noted in the previous chapter, when p2w was launched each district had a full-time coordinator of p2w who later also had responsibility for p2w-LinkUP provision as it came on stream. Coordinators had a pivotal role in the early stages of provision. This included both the monitoring of provider performance, networking with referral agencies and potential referral agencies and partner organisations to raise awareness of provision and eligibility criteria. They also provided an interface between the providers and Jobcentre Plus advisers when there were administrative problems to be resolved. Over time there has been staff turnover within the coordinator role, though in two areas the original coordinators remain. There has also been a reduction in the role of coordinators in most of the sampled areas. As was briefly noted in Chapter 1, their role has been subsumed within others within the Jobcentre Plus system. With the shrinkage of this role, coordinators are offering less support to providers. Some providers felt that while a coordinator was important during the early days of set-up of p2w, provision had bedded down sufficiently so that there was less need for coordinator support. There was, however, a general feeling amongst providers that coordinators still had a supporting role to play. Some providers have found the lack of coordination problematic. For example, provider 4 expressed the concern that the reduced coordination role had resulted in a lack of Jobcentre Plus contact with providers.

However, longstanding coordinators remain particularly active. For example, a co-ordinator in Area 6 reported developing links with local prisons to facilitate moving young offenders into work after release. This was achieved by using the

discretionary fund to part-fund a programme helping young offenders gain a Construction Scheme Certification Skills card which is required when working in the Construction sector. This co-ordinator also promoted the fast-tracking of the more job-ready clients into mainstream jobs in order to release resources for those further away from the labour market who had multiple barriers.

2.3   The added value of provision

All providers emphasised the uniqueness of provision and, for the most part, the absence of other similar provision in their local areas.

Providers often explained the uniqueness of provision in terms of client feelings of alienation towards Jobcentre Plus. Reasons for dislike of Jobcentre Plus include its public nature making it difficult for clients to relax and be open about potentially very sensitive issues. Provider 13 described itself as delivering its provision as an alternative to the Jobcentre Plus model which is characterised as 'non personal, large through-put'. p2w/p2w-LinkUP provision is seen as the antithesis of the Jobcentre Plus approach. Clients drawing on the services of provider 13, for example, have 24 hour telephone access to either a personal consultant or a team of workers who can address an array of needs. Often, clients can see their p2w/ p2w-LinkUP support worker on a daily basis if they need to.

Coordinators too emphasised the added value of p2w/p2w-LinkUP in terms of its emphasis on clients taking 'small steps' towards employment and eventually helped them 'turn their lives around'. These steps were a huge achievement in terms of where clients were coming from even though they might not necessarily generate significant outcomes in conventional terms. This quotation from coordinator 1 is illustrative:

> *'I would be very, very concerned for these people if they got rolled into New Deal or kind of mainstream services, because I think they need so much more. And I think…having this provision has…made a difference to a lot of people. Not massive numbers, and I think that's why sometimes…other… managers say…"Oh, we got 300 job entries this month". And I* [say]*, "oh… I got two."…and they think… you know, "it's a lot of resource", but a lot of these people have been very, very difficult, and it's taken months and months of work…to get to that…stage. And these people might never have worked! So…I think that…you can't compare this, they're not* [comparing] *like for like.'*

(Coordinator 1, Area 6)

While providers and coordinators discussed the uniqueness of provision there were occasionally references to similar provision in neighbouring geographical areas run by other organisations. For example, a programme for women offenders in Area 8 funded by the National Offender Management Service.

2.4   The appropriateness of the structure of outcome payments and issues in contract renewal

On the whole providers and coordinators felt that the 75/25 split between upfront payment and outcome-related payment worked well. It gave providers the resources to establish the service and do ground work with clients before the outcomes became available. Coordinator 2, for example, felt that this split gave providers sufficient stability to recruit staff.

There were many references, by both coordinators and providers, to the difficulties in getting evidence of sustainable job outcomes. Several providers make the point that they need to have good relationships with employers in order to get the evidence for their outcome payments. Some providers have become so well known in an area that it is becoming increasingly difficult for them to engage anonymously with local employers. Clients do not want disclosure so getting signed proof from employers in order to claim the outcome payment can be a problem.

One provider mentioned an administrative problem with the 13 weeks sustainability period. Several clients complete eight-nine weeks in a job and then finish and sign up again and a new job has to be found for them. These breaks in work affect the provider's outcome payments even though they are working with the client and keeping them in work. Their suggestion is that the 13-week qualifying period should be for work not just work in one job.

There were also some concerns about the range of outcomes covered. It was felt that given the characteristics of the client group it would be appropriate to have greater recognition of soft outcomes and recognition of housing outcomes; and there was also an appeal for greater attention to the sustainability of employment outcomes:

> *'They're not sustainable for me, you know because you're not seeing how far the clients actually stayed in one job you only get to see whether they've either made the 13 weeks or not.'*

> (Provider 12, Area 8)

Provider 12, and others, expressed concern at the lack of inflationary increase in p2w contracts:

> *'There's been no inflationary increase in the contract since it was first set, it's just the same amount every year, you know we're talking about four or five years now so it's a bit ridiculous really.'*

> (Provider 12, Area 8)

Several providers (for example provider 13) tended to work beyond their contracted caseload, drawing on non p2w/p2w-LinkUP resources at their disposal. They felt that p2w/p2w-LinkUP had the potential to be developed to provide these additional resources.

A recurring theme is how providers have been struggling to obtain decisions from Jobcentre Plus on the renewal of their contracts. Providers find the uncertainty this generates can have a negative impact on staff retention as explained by provider 7:

> *'The year on year contract, the six month extensions is very difficult when it comes to recruitment and I've just lost a Team Leader because she's got a promotion elsewhere. She's been with us for two years and the contracts over in* [Area 4] *are only for another seven months. No one's gonna wanna take a job for seven months if it's not secure after* [that]*. So again there needs to be more security around the contracts in order for us to maintain our staffing levels.'*
>
> *(Provider 7, Area 4)*

One or two coordinators also expressed concerns about inconsistencies in the terms of contracts that have developed over time, sometimes amongst providers operating in the same district. For example one coordinator felt that it was unfair that providers with contracts of similar value in her district had starkly contrasting outcome requirements. She could see the potential for providers to become upset if they became aware of the discrepancies, opening *'a right can of worms'*.

2.5 Feelings about programme reform

Respondents, both providers and coordinators, were asked about how they would feel about the two programmes, p2w and p2w-LinkUP being merged. The vast majority felt that merger was a good idea because of the overlapping nature of the two client groups and their needs and issues. Rather than try to pigeon-hole the client groups', provision would benefit from greater flexibility and formalising the realities of 'merged' provision on the ground:

> *'I think that pretty much any specialist provision we have is available and is equally used by both contracts. That's the problem, it's actually everything other than just the name of the contract we do for both, we just call it, in our own heads, when we talk about it in here, we just call it p2w...'*
>
> (Provider 13)

> *'...if you're talking from an adviser point of view, it's easier to sell…LinkUP than it is to sell… progress2work. From a provider point of view, I think they would prefer to have a more flexible approach…than have to fit them into two categories or one of two categories.'*
>
> (Coordinator 3)

> *'They're virtually run identical, now, it's just different batches of paperwork. Just remembering to use blue for one and purple for the other.'*
>
> (Provider 2)

This majority view was conveyed by providers with combined contracts, separate contracts for p2w/p2w-LinkUP and sole p2w and p2w-LinkUP contracts.

It was felt that the local partnership approaches being taken to meet client needs would mitigate against specialist provision suffering as a result of merger. There was a feeling that to a certain extent people thought of p2w/p2w-LinkUP as one programme already. Moreover, sometimes provider and Jobcentre Plus staff, and other referral agencies, were confused about which provision to refer clients to and merger of the two provisions would make it easier to convey the nature and aims of provision to potential stakeholders:

> *'...it'll make it easier for them outside because everybody just calls it the progress2work anyway.'*

(Coordinator 2)

Some provider leaflets, for example those used by provider 7, already present p2w/p2w-LinkUP as one, thereby creating the impression of unified provision.

One or two respondents felt that the eligibility criteria for provision might be widened on merger to give explicit recognition to mental health needs, an issue highlighted as a core client need in the next chapter. They also felt that there were lessons that other Jobcentre Plus provision might learn from the client-centred approach of p2w/p2w-LinkUP, as was the case with provider 12:

> *'I think they should look at other groups as well who they are able to hit normally through the normal kind of Jobcentre Plus provision, because I mean we are specialists and that's why we've got the contracts…people with mental health problems, there'd be something for lone parents, those other kind of harder to reach groups, it might not be us who delivered it but I think as a model it's very successful and worth looking at extending'.*

(Provider 12)

Respondents in those areas without p2w-LinkUP felt an aim of the provision reform process should be to roll out p2w-LinkUP nationally.

A minority of respondents voiced concerns about a formal merger in terms of the impact on specialist provision. These included a perception of greater stigma attached to drug use increasing the likelihood of more attention being paid to erstwhile p2w-LinkUP clients and also a perception of the greater instability of p2w clients as conveyed in the following quotation from coordinator 1:

> *'...we would definitely need to monitor the progress2work side. 'Cos even when you look at the performance…, it's the progress2work clients are more difficult to move…more erratic, disappear, you know.'*

(Coordinator 1)

An additional concern was that staff trained to work with drug users might need additional training to effectively work with clients with alcohol dependency. It should not be assumed that skills are seamlessly transferable between providing support services for these groups.

3 The nature of the client groups

Key points:

- progress2work (p2w)/progress2work-LinkUP (p2w-LinkUP) clients have multiple, and overlapping, characteristics and needs.

- Clients are often, though not exclusively, from deprived backgrounds, have few qualifications and weak family relationships.

- Core client needs include confidence building, life skill improvement, housing, basic skills, vocational training, mental health issues and employment.

- The vast majority of clients, in both p2w and p2w-LinkUP are white British males and most clients fall into the 25-35 age group.

In this chapter we take a look at the characteristics of the p2w/p2w-LinkUP providers' client groups. The review includes consideration of the multiple nature of their barriers and their current status, background and multiple needs. It then outlines patterns of gender and ethnicity, core needs and work orientations.

3.1 Characteristics of the client groups

3.1.1 Multiple client characteristics

As noted in Chapter 1, clients accessing p2w provision have a history of drugs misuse, while under p2w-LinkUP provision clients are eligible if they have a history of alcohol misuse, homelessness or have a criminal background. In Chapter 2 it was seen that the vast majority of sampled providers were in favour of merging the two programmes because of the commonalities across the client groups. When asked about the nature of their clients many providers said that, in reality, p2w/p2w-LinkUP clients had multiple, overlapping barriers. The following quotations illustrate the recurring theme of multiple characteristics:

'...you know people with multiple needs…one of the big problems is identifying the correct programmes for people to be on, somebody that's homeless they might also be an offender, they might also be using drugs… They might be drinking at the same time, and anybody who's using a variety of things who's in a chaotic time of their life may also be suffering depression or other mental health issues, there can be short term mental health problems, it might be long term mental health problems, you know and again this is where the multi-agency work [comes in]. *Unless you work with the other professionals you'd lose the support that the client may need to move on.'*

(Provider 12)

'Yeah, it's overlapping because you usually find if somebody's homeless… either they've got criminal convictions as long as your arm, they're either alcohol or drugs or both. I mean you do get like drug abusers that come in you can find that with p2w is usually a drugs issue. But with LinkUP the offenders and alcohol and homeless you usually find that it overlaps anyway. One goes into another.'

(Provider 3)

Most of the p2w clients have an offending background which fed their drug dependency and also have accommodation problems. Amongst those providers with combined or separate contracts there were numerous reports of dual diagnosis and overlapping provision across the groups (drugs and alcohol). There were also reports of new clients being registered onto whichever programme needed referrals at the time of registration.

3.1.2   Current status, background of the client groups and multiple needs

The majority of clients were long-term unemployed or had never been employed. They were living on benefits, Jobseeker's Allowance, Incapacity Benefit or Income Support. Several providers mentioned that their younger clients come from third generation unemployed families and communities with longstanding high rates of unemployment. While clients came from a wide variety of backgrounds, in the main these were characterised by deprivation, poor education and weak family relationships. Homelessness, debt, criminal record, chaotic lifestyle, irregular work history, lack of references and no qualifications were all recurring themes.

Several providers made reference to their clients leading very chaotic lifestyles and being vulnerable to setbacks, and less able to respond well to any upset in their daily lives. Large numbers of clients have low level personality disorders and depression. These clients need basic training, help with life/social skills and personal coaching before they are considered 'job-ready'.

However, several providers stressed that it was difficult to stereotype clients into one category and pointed out that they had some well-educated clients on their

books. Some clients released from longer prison sentences and referred to provision by probation services have had access to education and emerge with good degrees and are job-ready on arriving for their initial meeting with the provider. Drug treatment received during their sentence and accommodation services accessed on release, all contribute to them arriving at the providers' door sufficiently stable to engage with provision.

3.1.3 Core client needs

All the providers recorded a wide range of client needs. Although most providers were keen to stress that provision was client-centred and individually tailored it was clear that there were a set of common core needs. These were:

- **building confidence and improving life skills:** this was one of the most frequently mentioned core needs. Clients need to be re-motivated and given respect to reacquire their self-esteem. They need to be helped to get into a routine and reorganise their lives. Clients also need help with ID (passports, driving licences, etc.) and help with bank accounts and debt/money management. Provider 8 expressed what he perceived clients often tried to convey, thus:

  'I need to grow up I'm 27, in and out of prison, you know I've got a little baby and I need to grow up, I need you to help me to grow up'.

  (Provider 8, Area 5);

- **housing:** this was the other main core need reported by providers. As already mentioned, the client group is populated by 'young males' and they are at the bottom of any housing list. Homelessness is a major barrier to moving into work; without stable accommodation these young men are unlikely to settle into a lifestyle from where they can move into employment. They are unable to keep clean and make themselves presentable for interviews or work placements. They may also require help with transition into unsupported housing if they have been on drug treatment programmes;

- **basic/vocational training:** although the client group requires basic training in order to move into work, they are often hard to engage with formal training programmes. They have left school with few/no qualifications and would prefer to go straight into work rather than training. Providers report that p2w clients require slightly more training than p2w-LinkUP clients;

- **help with mental health issues:** this was a particular need in Area 6 where a high percentage of clients were presenting with quite severe mental illness (schizophrenia, bi-polar conditions, etc.). Providers in other areas mentioned lower level issues such as a history of physical or psychological abuse, personality disorders or problems with anger management;

- **employment:** Providers emphasised that it is important to move clients into work once the cycle of misuse has been broken. Keeping clients in employment reinforces self-sufficiency and helps prevent relapse into misuse.

3.1.4 Gender and ethnicity

All providers reported that their client groups are predominantly white British males, giving a figure of 80-90 per cent. Providers reported very little ethnic minority representation, even in areas with substantial Asian populations. Several providers commented that ethnic groups are not engaging with the provision even though some specialist outreach work had been undertaken. Ethnic minorities were seen as more likely to find help within their own communities. A few providers reported small, but growing, ethnic group representation through active engagement. For example, Eastern Europeans were mentioned by four providers as a growing population who are accessing provision. One provider reported being approached by European migrant workers who had work but were in need of support and felt that their eligibility for provision was in need of further clarification.

Very few women were engaging in provision and where women clients were presenting they were described as a very 'hard-to-help' group. Women were viewed as less likely to be referred to provision. Providers found it difficult to explain why this might be the case but suggestions, based on anecdotal observations, were wide-ranging. They included the nature of their social networks and gendered nature of coping mechanisms, since they are often less connected in a statutory way to probation services but are more likely to ask family and friends for help. Several providers referred to the lack of women's prisons in the local area impacting on the client profile and their reluctance to access drug services in case it led to their children being taken into care. In addition, on release from prison women are more likely to prioritise sorting out childcare and housing before thinking about training and getting a job. Women were generally seen as more independent and when they do start to think about work, will tend to sort it out for themselves and get low-skilled, low-wage jobs, which men don't want to do, such as waitressing or bar work. All these factors translate into low referrals into programmes such as p2w.

Nevertheless, several providers were trying to increase their engagement with women, sometimes developing partnerships to facilitate this.

Providers were also trying to engage with ethnic minority women, but finding it challenging:

> '…we tend to find that the ethnic groups, they don't engage. And we've tried and tried. I've got a project now that just deals with ethnic minority women, but trying to get them to engage and comply to the hours is just really hard work. And obviously because it's women they have got this culture background and issues like family life and things like that. But we've really struggled; we have tried loads of times to get involved in the ethnic community, but it's really hard. Really we do struggle.'

(Provider 3)

3.1.5 Age

Provider client groups are generally young with the p2w clients tending to be slightly younger than the p2w-LinkUP clients. Most providers reported that while there is a wide range of ages that are presenting, the majority of clients fall into the 25-35 age group. One provider (provider 8) was working with an extremely young profile of 21-23 year olds which was explained as being possibly due to a lack of apprenticeships in the area. Several providers referred to the problem of age discrimination against the over 50s.

4 Key elements of service provision

Key points:

- progress2work (p2w)/progress2work-LinkUP (p2w-LinkUP) providers take an holistic approach to meeting individual client needs. A one-to-one support worker model is seen as a cornerstone of service provision and mentoring is often a key feature of this.

- Providers typically integrate their non-Jobcentre Plus-funded provision into client support packages and also work closely with external providers to compile those packages.

- There are many examples of innovative features of provision across providers. Several are aiming to present a professional, employment services-orientated approach to clients.

- Average duration of client contact with providers is six months, but this varies according to client needs.

- Partnership working with a range of providers is pivotal to service delivery.

The previous chapter explored the multiple needs that p2w/p2w-LinkUP clients have. This chapter provides an overview of the key elements of provider provision beginning with an exploration of the dominant model of one-to-one support before considering the innovative and specialist features of provision, the degree and duration of client contact and the importance of partnership working.

4.1 One-to-one models of support and tailoring of provision

All providers take an holistic approach to meeting clients' needs which, as seen in the previous chapter, are multiple and wide-ranging. The focus is on a client-centred, rather than general, treatment and services that can be drawn on to meet individual needs include:

- mentoring;

- behavioural issues support;

- help to find stable housing;

- providing advice on debt issues and money management;

- advice on the declaration of convictions;

- basic skills and vocational training;

- work experience;

- job search support; and

- in-work support.

Table 4.1 is indicative of the breadth of services being provided and is not intended to be an exhaustive list. Job search activities mentioned included job clubs for the job-ready, help with communication skills and financial help from Jobcentre Plus with the costs of attending interviews and work clothes. Personal hygiene, assertiveness and social skills were referred to as elements of behavioural issues support. Money management could include help with setting up bank accounts and helping clients manage the transition from benefits to wages as was the case for provider 4.

Providers with a range of provision extending beyond p2w and p2w-LinkUP often integrated this into support packages if it met a client need. To take a few examples of the variety of support being tapped into:

- Provider 2 is an adult training centre providing drop-in facilities for art, design, basic skills and IT. It has two additional contracts to p2w and p2w-LinkUP, one for people on Incapacity Benefit and one for lone parents and the provision is integrated across all four client groups.

- Provider 3 has a detox programme and holistic therapies amongst its wider range of services and again its p2w clients can tap into this.

- Provider 6 ran several job placement programmes to which it referred its p2w/p2w-LinkUP clients. These had a bank of around 300 employers, one linked to the voluntary sector and one for the long-term unemployed. Provider 6 also has a women's group which p2w clients can attend, which is also a source of referrals onto provision.

Most providers also tend to draw on external services in order to put together packages of provision that meet client needs, signposting clients to other provision. A typical approach is for providers to deliver internal training on 'soft skills', for example, interview techniques and preparing a CV, but to make connections with local education establishments and training providers in order to meet other training needs.

Complementing the client-centred approach, the vast majority of providers assign every client a dedicated support worker (sometimes referred to as key workers, consultants or counsellors) for the life of their engagement with provision. Mentoring and coaching are key elements of the client-centred approaches described by providers, with the support worker helping to build clients' confidence, motivation and self-esteem. Mentoring was a longstanding feature of several organisations' approaches, pre-dating involvement in p2w/p2w-LinkUP. For example, provider 6 has provided a mentoring programme for many years using staff who were originally recruited as volunteer mentors from New Deal who were then trained up by the provider. Provider 5 accompanies clients to the jobcentre or to training courses. Providers described a client group coming from difficult backgrounds and lacking anyone in their lives to give them support in taking a different path. Clients have often been passed around several treatment agencies and have lost confidence in the system. p2w/p2w-LinkUP staff become both friend and advocate. Clients require a great deal of 'hand holding' and 'mothering' as described by provider 2:

> *'I mother them. I remove all the problems and get them back to a normal life.'*

> (Provider 2, Area 1)

Other factors also explain the emphasis on one-to-one provision. As discussed in Chapter 3, one of the key needs of clients is to break away from social networks associated with their substance misuse or offending past. Provider 9 had tried group work in the past but had found it unsuccessful with this client group. Provider 4 described how p2w clients are more likely to be worked with on a one-to-one basis to avoid the high chance that they will end up with someone they know in their group. The drug community is very small and well-connected. In addition, operating in a rural area also makes a one-to-one model of operation a more viable approach (as is the case for provider 4). Nevertheless, some providers, for example provider 2, complement the one-to-one approach with in-house small group working, for example for job search activity, personal hygiene and support with money management. Provider 4 also uses a small amount of group work when it is felt to be beneficial to the client. Sometimes small group working is linked to referral to external, rather than in-house, provision.

An exception to the dedicated support worker approach was provided by Provider 3. This provider was interviewed in two parts. At the first interview it described a 'linear model' of provision explaining how, over time, each client worked with three different members of staff. Initially, clients are assigned to a support worker who works on removal of their barriers. Clients then progress to a guidance worker for in-depth guidance work and, when they are considered to be job ready, clients are referred to a job placement officer. However, by the time of the second interview this provider was moving to the dedicated support worker approach which appears more typical of p2w/p2w-LinkUP provision. The change in approach arose in part from staff feeling that their role would be more satisfying if they could see a client from beginning to end.

Table 4.1   Summary of provider services

	Mentoring/ coaching support	Behavioural issues	Accommodation issues	Debt issues/ Money management	Advice on declaration of convictions	Basic skills training	Education and vocational training	Work experience job placement	Job search	In work support
Provider 1	X	X					X		X	
Provider 2	X	X	X						X	
Provider 3	X		X			X	X		X	
Provider 4		X	X	X	X		X	X	X	X
Provider 5	X	X	X	X	X	X	X		X	X
Provider 6	X		X	X		X	X	X	X	
Provider 7	X		X	X		X	X		X	X
Provider 8	X	X								X
Provider 9	X				X				X	X
Provider 10	X	X			X		X		X	
Provider 11	X		X	X			X	X	X	
Provider 12	X	X	X			X	X	X		
Provider 13	X	X				X	X		X	
Provider 14	X		X			X			X	X

In supporting clients into employment, providers again stressed the importance of a client-centred approach to moving them into work when they were ready to make that transition:

> *'…I think the way we approach it is better for the clients because it's looking at their needs first and then being realistic with them about what they can and can't do. Then within that realism finding them the job that they want rather than having a set number of jobs and then kind of shoe horning people into them.'*

(Provider 12).

Different strategies are used to engage employers amongst the client groups; the p2w strategy is often one of fostering links with friendly employers and providing both client and employer in-work support. For p2w-LinkUP, the strategy seems more formal and in one example a dedicated member of staff acts as a link with employers willing to give ex-offenders jobs.

Several providers mentioned the importance of providing in-work support. It was seen as important for both the client and the employer. It was regarded as essential to make clients feel safe and help them cope with the realities of the workplace. It was also seen as important if a client was unhappy in a job since they could be moved onto another job without simply dropping out of the current one and going back to square one. In other words, it was easier to move to a new job from employment, with the support of the provider if needed. For the employer, in-work support provided a port of call if there were any issues surrounding the day-to-day performance of clients and their integration into the workplace.

4.2   Innovative and specialist features of provision

Table 4.2 provides a summary of innovative and specialist features of provision across the provider sample. All providers emphasised an aim of moving clients into paid employment, though some providers are particularly focused on employability. Both providers 13 and 14 are good examples of this. They, like several other providers, emphasised the importance of presenting their services as very distinct from the treatment service experience. Both were trying to develop the layout of their office space to present a professional, employment services-orientated atmosphere for the clients, hoping to reinforce the feeling that clients were in a transition away from treatment, or other life barriers, to the next stage. In provider 13's work space, the first floor is an open marketplace with drop-in access and a relaxed space to meet with their consultant. The second floor is by invitation only and for training or job interviews (client must wear a suit) and has a more professional atmosphere. The third floor is where one-to one private counselling takes place. Smaller scale operators also try to make the most of the space available to them. For example, provider 5 had obtained supplementary sources of funding for an on-site resource room with internet facilities and job search literature that clients could drop-in and use at their leisure.

Table 4.2 **Innovative/specialist features of provision**

	Innovative/specialist feature of provision
Provider 1	Clients referred from treatment services are required to commit to a 20 hour programme of group work, anger management, exercise and cognitive therapy.
Provider 2	Financial incentives to find and stay in work. Clients receive £50 when they find a job and receive another £50 if they help sustain that job for 13 weeks.
Provider 3	Clients can also draw on other funded programmes run by this provider. For example the Spring board project which is a two-week gateway project leading to an 11 month job placement and Drug Intervention Programme (DIP) detox provision
Provider 4	In-work support is delivered by a Retention Facilitator who supports the clients in work until they sustain employment. This is an essential part of the provider's success in achieving sustainable outcomes. The retention facilitator works with the client to draw up an in-work support action plan and is accessible by telephone for whatever the client wishes to talk about, providing encouragement to stay with the job through any difficult times.
Provider 5	Basic skills and IT training for those not quite job ready enough to be eligible for p2w registration – available on a drop-in basis. Have also implemented an induction group developed to specifically suit the clients who use their project. Clients have access to housing support through its own supported housing schemes. As well as providing help finding accommodation, this provider gives help with bills for clients struggling in their own properties.
Provider 6	Provider has set up a modular education programme leading to Open College Network qualification which clients can mix and match according to their needs. Women's group which those on p2w can attend, which is also a source of referrals onto provision. Good links with DIP activities programme held at local university sports ground in Area 3. Football coaching scheme which has been extended to include women-focused sports in an attempt to increase female participation. Dedicated training worker promoting available training for clients to all staff across this provision. Fills gap of cuts in mainstream Jobcentre Plus training. With funding from local Primary Care Trust (PCT) provider is setting up multi-agency alcohol programmes with the PCT, Jobcentre Plus and the Police.
Provider 7	This provider is currently expanding provision to deliver employment workshops to bail hostels and drug services. Working with employers to develop their drug and alcohol policies. To support client assessment upon referral, this provider had developed an overlay for the Richter scale which they have piloted in Area 4 and hope to roll out nationally within the organisation.

Table 4.2 Continued

	Innovative/specialist feature of provision
Provider 8	Development of a women's group.
Provider 9	Creative use of the discretionary fund to help subsidise clients' training packages.
Provider 10	Though still early days in this provider's operation has built links with a Street Sport project to help clients build opportunities for social interaction, increase motivation and self esteem, praise from peers and trainers helping to foster more positive self perception.
Provider 11	Counsellors 'sub' clients out of own pocket if they see the need. This is a very close-knit provision driven by committed individuals with a very realistic view of their client base. Delivery model of provision may be a result of this provider's rural location.
Provider 12	This provider has its own internal commercial enterprise which manufactures metal security gates. Apart from being an income generator this provides an opportunity for p2w/p2w-LinkUP clients to obtain good internal training provision.
Provider 13	The building environment of this provider has been specifically designed to offer flexible, professional working styles in provision delivery. All consultants are provided with mobile phones giving clients access to their consultants in the evenings and at weekends. In addition to this there is a 24 hour telephone service to the Constant Care Team in case the client is unable to get hold of their own consultant. Trying to set up an initiative to run pilots to work with offenders before they come out of prison with a view to preventing the cycle of re-offending. The vision is that client comes out of prison re-skilled, job-ready and with interviews lined up.
Provider 14	This provider has a well developed system of in-work support through Retention Facilitators.

4.3 Degree of client contact with the provider

The average duration of contact with provision across the providers as a whole is around six months. Table 4.3 is indicative of the variations of duration by provider. There is a lot of variety in the types of clients being seen by providers. Some will move into paid work quickly while others will require a longer period of support. Providers are looking for the potential to move into work and providers explained that it may take time to fulfil that potential. Frequency of contact depends on the needs of clients, so while some clients are seen every day others are seen once per week. Care has to be taken not to pressurise clients' progress in case of relapse. Provider 8's comments were typical:

> *'There's no hard sell, it is about planting a seed'.*

(Provider 8, Area 5)

Several providers encourage continuing contact with clients even if they drop out of provision due to relapse or arrest. Provider 9 visits clients in prison. This kind of ongoing contact encourages clients to return to provision when they are ready. Some providers also maintain contact with clients after they have entered employment, beyond any formal period of in-work support. As implied in table 4.3, one or two providers found it difficult to estimate the average duration of contact that clients have with provision due to the flexibility of contact.

The flexibility of contact conveys a valued freedom to clients, though it does not denote the absence of structure as is well summed up by this quotation from provider 14 which was providing a completely one-to-one client-centred approach:

> *'I think the freedom of them knowing that they haven't got to attend for so many hours per week, that we're not putting them on to a programme as such saying well you have to be here at nine o'clock and stay until four o'clock everyday, it works so much better because it's giving them the freedom and the trust that they need. We give them structure where we say well come to see us or we'll come to see you at ten o'clock next Tuesday, and we expect them to be there…it's not sort of a traditional Jobcentre Plus time constrained, prescriptive, programme….And that's why it's successful.'*

(Provider 14, Area 8)

This provider worked with clients more intensively in the initial stages of provision, as part of the process of addressing priority needs and 'easing them back into society'. However, they were also careful not to create another dependency and expected to see them less as they progressed. Developing an action plan, an instrument also used by other providers, with activities to undertake outside of support worker meetings helped to stop this happening.

Table 4.3   Client duration of contact with provider

Provider	Average duration – p2w	Average duration – p2w-LinkUP	Average duration – combined
Provider 1 (Area 1)		5 months	
Provider 2 (Area 1)	Missing*	Missing*	
Provider 3 (Area 1)	9 months	9 months	9 months
Provider 4 (Area 2)	4 months		3 months
Provider 5 (Area 3)	9 months	6 months	
Provider 6 (Area 3)	6 months	p2w-LinkUP contract started in September 2006 – so no data available.	
Provider 7 (Area 4)	Missing*	Missing*	
Provider 8 (Area 5)		7 months	
Provider 9 (Area 6)	4 months		
Provider 10 (Area 6)		6 months	
Provider 11 (Area 7)	6 months		
Provider 12 (Area 8)	7 months	6 months	
Provider 13 (Area 7)	6 months	6 months	
Provider 14 (Area 8)	Missing*	Missing*	Missing*

*information not provided in screening questionnaire/respondent not able to suggest average duration at interview.

4.4   Partnership working

All providers emphasised the pivotal role of partnership working in addressing their clients' barriers, describing it as 'invaluable' or 'the linchpin of everything'. Provider 7 expressed the views of many:

> *'...that's where p2w is key in moving them forward and being that partnership link to get them off the streets and engaging them with the correct services, so they can start addressing education, training, employment'.*

(Provider 7, Area 4)

Providers did not aspire to be experts on everything, but rather to draw on expertise in the local area whilst maintaining the overall aim of moving clients into employment:

> *'…we have to always remember that they're working towards getting a job – that's why they're on this project, that's what they want to do. And we have to keep a balance between unpicking some of the issues but also we signpost. We don't pretend we're experts in everything'.*

(Provider 14, Area 8)

Indeed, several innovative features of provision outlined above are dependent upon partnership working. The range of partners is linked to the array of agencies that are present in the local setting and the capacity that the provider has had to network with them, or be supported by a coordinator in that endeavour. There

were frequent references to drugs teams and treatment services, prisons and probation and Jobcentre Plus offices.

Jobcentre Plus is also an important partner for the providers. Some providers appeared to have better relationships with Jobcentre Plus than others, which will be explored in the context of referrals in the next chapter (Section 5.2.2). The advantages of a good relationship with a local jobcentre were captured by provider 5's description of how, as a result, it could fast track clients to New Deal provision in order to access specific courses such as New Deal construction training.

Many respondents gave examples of the benefits of partnership working which, once the clients' agreement had been secured, included greater sharing of information about them, reduction in the ability of clients to mislead staff and the opportunity to refer on and signpost inappropriate clients. For example, provider 3 can refer to a DIP team as well as receive referrals from them, and if a client presents to the provider who is too chaotic to start p2w, they can be referred to the DIP and start their treatment early. The cooperation can work both ways.

5 Referral agencies and assessment procedures

> **Key points**
>
> - Providers perceive the main success of provision to be client progress into paid employment. They reported numerous success stories.
>
> - Other provision strengths include staff commitment to clients, the voluntary nature of provision leading to client ownership of their participation and flexibility of provision meaning that clients can develop at their own pace.
>
> - Providers are often working in difficult local contexts. Constraints on client support are being generated by the reduction in the funding of mainstream Jobcentre Plus services, the under funding of provision, lack of suitable accommodation to house the homeless and employer hostility to the client group.
>
> - Growth in clients' confidence is one of the main impacts of provision.
>
> - Securing employment in the right kind of setting can lead to client self-sufficiency and a virtuous circle of client progress.

This chapter explores respondents' accounts of referral agencies and assessment procedures. It begins with a description of the breadth of referral agencies being engaged with by providers. It then moves on to consider the effectiveness of referral processes, including the resource intensive nature of building relationships with referral agencies and the importance of building trust, the suitability of referrals, variations in Jobcentre referrals to p2w/p2w-LinkUP provision and issues in the signing of clients to provision. The final sections of the chapter explore eligibility for provision and assessment procedures and the importance of managing client expectations.

5.1 The breadth of referral agencies

Providers were asked to describe their referral agencies and the responses they gave are summarised in Table 5.1. The first point to note is the breadth of referral

agencies that providers had links with, broadly reinforcing the picture of extensive partnership working presented in the previous chapter. Probation and prisons feature amongst the referral agencies of all those providers working with ex-offenders, though the absence of a prison in an area moderated the number of referrals from this source. There were also frequent references to drug agencies, including Drug Intervention Programme Teams and Drug Action Teams. Several providers noted the contribution of self-referrals to the number of clients they were seeing, particularly provider 8 for whom self-referrals formed two-fifths of total referrals and provider 13 whose 60-70 per cent self-referral rate was generated from multiple outreach work carried out by several case workers. Provider 2 described the process of self-referral thus:

> *'Salvation Army will send somebody down and he tells his friend, and he'll tell his friend, and you know, we'll sometimes get ten of them walk down together'.*

(Provider 2, Area 1)

All providers had made links with, and were receiving referrals from smaller agencies. Development and maintenance of links with referral agencies was seen as an ongoing process.

5.2   The effectiveness of referral processes

5.2.1   The resource intensive nature of building relationships and the importance of building trust

Providers and coordinators commented on the time that it takes to make connections with referral agencies and embed provision in the area so that awareness of, and eligibility for, provision grows and referrals take place smoothly. Providers emphasised the importance of building trust with local agencies as illustrated by provider 12:

> *'… there's lots of agencies that want to go into different organisations but again Probation's a very specific agency where unless you're a partner agency that's going to work with them properly; there's agencies that have gone in and you know said that they're going to produce outcomes but then don't deliver the service. So in a way you've got to build a service and build a trust with the agencies before they allow you use their facilities'.*

(Provider12, Area 8)

Providers place members of their staff in referral agency offices to make it easier to signpost clients to p2w/p2w-LinkUP. There was a perception of how provider resources could strain this kind of activity, partly expressed in accounts of how an erosion of the coordinator role had impacted on some networking activity with referral agencies and partly conveyed by direct references to limited provider resources. In Area 7, provider 13 had more resources to draw on to embed provision in the area compared with provider 11. The coordinator explained:

'I think that [provider 13] *are well established and well known with the right agencies. I… liked to think that* [provider 11] *is in a similar situation, but I think not so…comprehensively, if you like. And that's probably not their fault; it's probably the limitation on…what resource they've got to deliver the contract. For instance, provider 13 will have, have got a dedicated market team…You know, so whenever they're involved and…they're big on partnerships and forums…they've got their finger in lots of pies. So whenever they're talking to a group of people…when they're on a partnership or a forum, they will sell…in the nicest possible way, what they got to offer. And that's a range of things including these contracts. With* [provider 11]*, they're isolated in as much as that they got nothing else'.*

(Coordinator 3, Area 7)

Some areas, for example parts of Area 4, have one-stop-shop type operations which may house a prescribing agency, drugs intervention programme worker, the local Drug Action Team, the local council as well as p2w/p2w-LinkUP, all in the same building. This encourages close relationships. In this context, the referral process can become 'a paper exercise' as explained by provider 7:

'...because most of the time someone will just pop next door and say "Have you got time to see a client? These are his background issues'.

(Provider 7, Area 4)

5.2.2 The suitability of referrals

Some referral agencies are better than others at ensuring that suitable clients are referred on, a theme emerging from all providers. There was scope for improvement in all types of referral agency across the sampled areas. For example, in Area 5 there were particular problems with Community Drug Teams (CDT):

'I think the worst culprits are the CDT…at referring. Those that did refer or do refer…the clients that aren't sort of job-ready. They refer…too chaotic or they don't refer at all. It's seems to be no middle ground'.

(Coordinator 4, Area 5).

Several references were made to Jobcentre Plus Advisers taking insufficient care over referrals and sending inappropriate clients. However, on a more positive note it was felt that the referral would lead to the client seeing a provider who will assess them and signpost them to other support if they are not yet ready to access provision. As discussed in Chapter 2, many of the providers run a variety of programmes in addition to p2w/p2w-LinkUP and all will refer clients onto this alternative provision until their confidence grows sufficiently for them to engage in provision. The following quotation from Provider 2 illustrates this emphasis on doing something for the referred client, even if they are not signed up for provision:

> *'I've turned no one away in 4½ years…I might have signposted them to a different organisation, but turning round and saying "No, I'm not gonna help you," that's never happened'.*

(Provider 2, Area 1)

As seen in our discussion of partnership working in the previous chapter, many providers and coordinators have been proactively working to raise awareness of the aims and content of provision with a range of referral agencies. This exercise sometimes needs to be repeated particularly when there is turnover of staff in referral agencies.

While there were criticisms of the appropriateness of referrals, there was also some feeling that the providers might be better placed to decide who was appropriate for provision as illustrated by the following quotation from provider 14:

> *'Well…, I'll tell you…when we first got these contracts we used to have everybody. Everybody, the world and his wife would be referred to us. And then we tried to streamline it and get very clever and start saying to referral agencies only send us this, this, this and this. And then I did some number crunching a while ago and I noticed that the referrals were drying up and it was because we were leaving it to the referral agencies to decide who they sent us. We're the experts in that area, so basically I would rather our advisors be busy and separate the wheat from the chaff than the referral agencies do it for us because they're not as experienced at what a p2w or p2w-LinkUP client looks like as us. Although it keeps us more busy it's actually more successful for us'.*

(Provider 14).

5.2.3   Variations in jobcentre referrals to p2w/p2w-LinkUP provision

Table 5.2 is indicative of the huge variation in the extent to which providers received referrals from Jobcentre Plus. Both coordinators and providers gave insights into the reasons for this (interviews were not undertaken with Jobcentre Plus advisers themselves). While in some areas, coordinators emphasised that p2w/p2w-LinkUP were well used and appreciated by Jobcentre Plus advisers, other coordinators felt that advisers were in need of updates on p2w, with a particular need for awareness raising amongst newer members of staff.

For those providers with a low rate of referral from Jobcentre Plus there were several references to this possibly being caused by lack of awareness of what provision is about and advisers not appearing to think of p2w provision when considering client options. This was something that providers, or Jobcentre Plus staff in a coordinator's role, were trying to proactively address. One innovative approach taken by provider 6, which had a steady but small referral rate from Jobcentre Plus ,was to develop and pilot a short questionnaire with MIND to facilitate advisers identifying this client group and to estimate numbers of customers with mental health issues going through the Jobcentre. However, it was unpopular with staff who felt that it required too much paperwork so this was not taken forward.

Provider narratives often signalled that the reasons for low referral rates were complex with provider awareness of 'good' and 'bad' advisers within a locality. For example provider 11 described this mixed adviser performance thus:

> *'...certain advisers just go through the motions of…the 45 minute interview... there are advisers that do take time out. You know, I've worked with them… some of the advisers I've got to know them and say, you know, "If you're not too sure about somebody just sort of* [tell the client about our provision]*…'*

(Provider 11, Area 7)

Changes within referral agencies mean that providers have to re-market themselves. Provider 9 in Area 6 was amongst several providers that blamed their low referral rate from Jobcentre Plus on recent staff changes. They explained that it was hard to consolidate awareness due to staff moving around a lot, an implication being that 'standard' referrals were being made to New Deal rather than p2w provision. However, there were also signs that specialist agencies were trying to move clients onto Income Support so that they were not under pressure to engage in New Deal.

In some areas it was clear that the issue was not one of adviser awareness of provision alone, with reports of advisers being unwilling to probe clients on their circumstances. In Area 6 not only are Jobcentre Plus staff reportedly reluctant to ask the questions often necessary to identify the client groups for p2w and p2w-LinkUP provision, closures and mergers of Jobcentre Plus offices have impacted on available office space for p2w/p2w-LinkUP client meetings.

There were signs of inconsistency of experience of relationships with Jobcentre Plus around the country. Where providers had named Jobcentre Plus adviser contacts this seemed to help relationships. With a view to increasing the referral rate from Jobcentre Plus, provider 13 was training Jobcentre Plus advisers to deal with the p2w/p2w-LinkUP client group and had members of staff in Jobcentre Plus offices to signpost clients onto provision. Although a provider might find that Jobcentre Plus was the single greatest source of referrals, as was the case for provider 13, this did not mean that there was not potential for improvement.

While providers might find referrals from Jobcentre Plus to be low this was not necessarily an obstacle to working with Jobcentre Plus clients. Provider 7 was not receiving as many referrals from Jobcentre Plus as it had anticipated and noted:

> *'...all clients we engage with are jobcentre clients, we've just picked them up prior to them being flagged up at the jobcentre'.*

(Provider 7, Area 4)

Provider 11, delivering p2w provision only, noted that at the start of the contract there were no referrals from Jobcentre Plus, that it was dealing with seven Jobcentre Plus offices and some are still not referring any clients. However, the providers' personal contacts at Jobcentre Plus have helped to kick-start the current improving referral rate from Jobcentre Plus. Provider 8 suggested that the introduction of Pathways to Work in Area 5 could stimulate greater Jobcentre Plus connection with p2w provision and be a source of referrals in the future.

Table 5.1 Referral agencies across the sampled providers

	Main referral agencies	Other sources of referrals	Self referrals
Provider 1 **Separate contracts** **Area 1**	In-house treatment agencies, prison/probation, Drug Intervention Programme teams.	A smaller percentage come from Jobcentre Plus, housing and self referrals.	Yes
Provider 2 **Separate contracts** **Area 1**	Probation/prisons, self referrals.	Day shelter, hostels and the Salvation Army, Drug Treatment Teams.	Yes
Provider 3 **Separate contracts** **Area 1**	Jobcentre Plus (60%), Probation hostels – established links since 2002, Prisons – good links with four prisons. Drop-in surgeries every fortnight.		
Provider 4 **Combined Area 2**	Two drug agencies and a prison.		Yes
Provider 5 **Combined Area 3**	From own organisation, Drug Intervention Programme/ other drug treatment providers. Turning Point initial assessment team (estimated to carry out 90% of all assessments in the area).	Some referrals from prisons which are not picked up by the Drug Intervention Programme.	
Provider 6 **Combined Area 3**	Drug treatment agencies (around 50%), Probation/prisons – 30%, Jobcentre Plus – ten per cent. [p2w-LinkUP started only recently so no figures and cover whole of period from start of contract].	Smaller agencies, drug treatment teams, drop-in team, police, NACRO and Liberty from Addiction.	Yes – less than ten per cent
Provider 7 **Separate contracts** **Area 4**	Treatment system (drug action supported organisations – structured day programmes, residential rehabilitation centres) – 70%. Homeless shelters/ bail hostels. Prisons/probation service – under development. Jobcentre Plus – about ten per cent.	Different organisations in different areas. Referral rates vary due to suitability of clients. Some considered too chaotic for entry onto provision.	

Continued

Table 5.1   Continued

	Main referral agencies	Other sources of referrals	Self referrals
Provider 8 P2w-LinkUP only Area 5	Self-referrals – 40% , Probation – 25%, Jobcentre Plus – 15%, Prisons and others – 20%.	Partner organisations, DIP team and a local police referral team. Potential increase in referrals from prisons some development work currently going on.	Yes – main source of referrals
Provider 9 P2W only Area 6	Drug agencies – 40%, Social workers – 30%, Self-referrals – 20%, Jobcentre Plus and rest – 10%		Yes
Provider 10 Area 6	Jobcentre Plus – approximately 50%. Prison service – 30%,.	Homeless organisation – 10%. A few from a New Deal provider	Yes
Provider 11 P2W only Area 7	Drug Action Teams (50%+)	Wide range of other sources of referral, Alcohol and Drugs Unit. Windmill (St Peter's hospital), Probation, St Catherine's Priory, Pit Stop – drop-in centre for drugs users.	Yes
Provider 12 Separate contracts Area 8	Probation. Jobcentre Plus (increasing number after weak initial start). P2w-LinkUP – 70-80% from Probation and 20% from Jobcentre Plus. P2w – 50% Probation and 50% from Jobcentre Plus. Some variation in these proportions across the area.		
Provider 13 Separate contracts Area 7	Self-referrals 60-70%. Jobcentre Plus remaining 30%. Jobcentre Plus is main single source of referrals.	Self referrals from multiple outreach work at DAT offices and the YMCA. Also new initiative of engagement teams working in the neighbourhoods visiting community centres, youth centres and jails etc. actively engaging with prospective clients.	Yes – main source of referrals
Provider 14 Separate contracts Area 8	Jobcentre Plus. Prison service/probation. Treatment agencies (drugs and alcohol). Differing rates in the two different areas covered by this provision. **Area A:** Criminal justice system – 50%, Treatment agencies – 30% , Jobcentre Plus – 10%. **Area B:** Highest percentage are referred from Jobcentre Plus, due to initiatives such as Action Teams and Employment Zones	Several voluntary sector agencies in the area. About 18 different organisations such as NACRO, Shaw Trust and very small projects with limited funding such as Tomorrows People.	

Table 5.2   Referrals from Jobcentre Plus

	Referrals from Jobcentre Plus
Provider 1 **Area 1**	Small percentage, not a main source of referrals.
Provider 2 **Area 1**	Very low (less than 10%) proportion coming from Jobcentre Plus.
Provider 3 **Area 1**	Jobcentre Plus is main referral agency for this provider and many clients are on JSA.
Provider 4 **Area 2**	Less than 10% of referrals
Provider 5 **Area 3**	Initially bombarded with inappropriate referrals from Jobcentre Plus. Currently referrals from Jobcentre Plus are rare (one a month is current estimation).
Provider 6 **Area 3**	Steady but small referral rate from Jobcentre Plus (10%).
Provider 7 **Area 4**	Not as many as they thought they would get – around 10%.
Provider 8 **Area 5**	Currently 15%.
Provider 9 **Area 6**	Very small – less than 10%.
Provider 10 **Area 6**	Approximately 50% of referrals from Jobcentre Plus
Provider 11 **Area 7**	Currently 10% but getting better.
Provider 12 **Area 8**	Some referrals from New Deal programmes – already working with Jobcentre Plus and receiving help. Provider oversees their provision and entry into work. Significantly more referrals from Jobcentre Plus to p2w provision than to p2w-LinkUP.
Provider 13 **Area 7**	Jobcentre Plus is main single source of referrals.
Provider 14 **Area 8**	Jobcentre Plus is the main referral agency in Area B but only 10% referrals from Jobcentre Plus in Area A.

5.2.4 Signing clients up for provision – the SL2 forms

To formally start a customer in the programme, an SL2 form needs to be completed, approved by a Jobcentre Plus adviser (who formally refers the customer to p2w) and passed to the district office. Several providers referred to the cumbersome nature of this process. Provider 13, for example, described how on referral of a client from another organisation, and following assessment, he had to phone the local Jobcentre Plus office to make an appointment. He then had to take the client into the office or send them in on their own, depending on support needs, so that the client could undertake the necessary paperwork and have their eligibility checked. At times, adviser knowledge of the process has been found to be wanting, but at least for this provider it has improved over time, although issues still arise:

> 'Now…at one time…because…of the priorities and the workloads,…they weren't doing it quick enough, and they didn't understand what they were expected to do. So we had to really make sure that they were aware, and we had to really drive home to each individual office, almost, 'you must have a vacant availability for appointments. You must know what all the eligibility checks are. You must know what paperwork to raise.' And I'm going back some time, but…you get pockets, occasionally, that slip a little bit. But normally they're pretty good now, pretty good'.

> (Provider 13, Area 7).

It was suggested that a more effective approach, avoiding these difficulties, would be to have a centralised team for the signing up of clients to provision, removing the need for clients to go into the Jobcentre Plus office. Clients could be requested to provide proof of identity.

There appeared to be more flexibility in some areas than others. In Area 1, provider 2 described how the Jobcentre Plus adviser completed most of the paperwork and allowed project staff to take the forms away to get them signed, then sent them into the office. They were also about to have named advisers at the Jobcentre who would be dealing with p2w/p2w-LinkUP clients and it was anticipated that this would be an improvement on the current position.

5.3 Eligibility criteria and assessment

On referral, and prior to being signed up for provision, clients have an initial meeting with a project worker, though providers cannot proceed to work with clients until they have signed up for provision. Several providers discussed the importance of clients having a seamless transition from the point of referral to this initial meeting. Part of the reason for this lies in the need to disconnect clients from social networks connected with their offending or drug use backgrounds.

Key criteria for eligibility to provision are for clients to fall under the broad p2w/p2w-LinkUP framework of having a drug or alcohol dependency, being homeless or a current or ex-offender. If a drug or alcohol misuser, they must be stabilised so that they are able to commit to provision. All clients must be sufficiently motivated to turn up for appointments.

Client appropriateness for access to provision is not always easy to judge. Clients who look like they are going to do well, sometimes do not and clients who look like they are going to struggle, sometimes go from strength to strength:

> *'Do you know what? It's very difficult because you get them clients on your caseload and you think oh my god what am I going to do but the next minute they're in a job, you get them clients who think oh great brilliant and they're the ones that* [do not attend] *or mess you about or pay you lip service or…so there's never, you can't cherry pick let's say because you never know who's going to surprise you, you really don't'.*

(Provider 11, Area 7)

One or two providers spoke of some relaxation of eligibility criteria being signalled by the Jobcentre Plus district office, as was the case for p2w provider 11 who seemed to be, at least in part, addressing the needs of clients who might have been more appropriate for Pathways to Work, as roll out of that provision was awaited:

> *'...they have lowered the criteria down somewhat…we have people that have had issues with say, mainly alcohol…and the Pathways was supposed to be coming...and p2w was to be able to take on those. But until that comes in we can't…they have to have had some kind of drug use and it could be their medication, and the woman across the road, as I said, it's the epilepsy medication. She's never done cannabis or anything like that, but it's her medication of epilepsy that will...that brings her into the criteria...'*

(Provider 11, Area 7)

All providers use some type of initial assessment form. Some parts of this form, for example detailing information on drug use and criminal records, are pertinent to a range of partners who might be integrated into client support packages. Clients are asked to sign a declaration signalling their agreement to share assessment information with other agencies. Much of the information requires a tick-box approach. However, assessment can take up to an hour with deeper exploration taking place depending on the issues that the client raises. Several providers emphasised that clients were more often than not quite open about provision:

> *'...most of them have been through many systems, so they're quite used to telling people what their problems are and their barriers are and what they need assistance with., Particularly clients who've been in the prison system will just quite openly tell you anything that they feel you need to know is going to help. There are very few that are not like that'.*

(Provider 9, Area 6).

It's important that clients feel relaxed enough to share information about themselves and some providers described how they tried to keep the assessment process informal for this reason. Sometimes referral agencies are not able to share as much information as they might. In particular there were reports that Jobcentre Plus staff sometimes do not consider it appropriate to ask clients if they have a

substance misuse issue or are reluctant to probe on criminal records because they feel that there is an issue of privacy. There was some concern that information withheld might put the safety of provider staff and the public at risk.

The assessments tend to gather information on the following items:

• individual's aspirations for the short and long term;

• their needs and barriers;

• health issues including drugs used;

• alcoholism and mental health needs, details of homelessness;

• convictions;

• friends and support networks;

• basic skills and other training requirements.

This information then forms the basis for the packages of individual support that are put together and helps shape the range of in-house and external provision that is tied into the package. The following approach is typical:

> *'the various…different markers within the contract dictate* [what] *you can turn round and say to somebody, "Right, you're still a bit…'cos you're not quite ready for work yet; what you need to do is to go on some form of further education. What you need to do is to go onto some sort of provision." So we take into account an individual, we'll look at their individual barriers where they're at and it could be whether they're ready to work, their attitude, their health, anything, all of those things and we'll address, signpost some of the bits that we can't deal with and deal with the bits that we can'.*

> (Provider 13, Area 7)

Several providers use the Richter Scale assessment tool, a neuro-linguistic assessment tool, responses to which help to prioritise clients needs and build an action plan. It is seen as 'solution focused' and has a scoring system based on soft outcomes. Areas covered by the Richter Scale include money management, relationships, health, happiness and housing and the client decides where they are on a scale of one to ten to give an indication of the extent to which a particular area is a barrier. Providers conveyed mixed views about the Richter Scale. One provider was planning to move to a new tool, the Sun Assessment System, as the Richter Scale was seen as expensive. The company that developed the scale will only allow it to be used by people it has trained and this is proving quite costly. Like Richter, the Sun Assessment System has an emphasis on soft outcomes which is felt to be essential in undertaking assessments with vulnerable groups, as explained by provider 6:

> *'Because that's very important for* [provider 6] *because we work with the very hardest to help groups we don't cream off the top at all – quite the opposite you know – we go where other agencies tend to fear to tread. It is very important for us to have an assessment tool that measures very small steps so that's our main criteria for our assessment tool'.*

(Provider 6)

Another provider had recently begun using the Richter Scale adapting it to their needs, implying that it provided a tighter framework for assessment compared with hitherto greater reliance on provider discretion:

> *'So that's a tool which hopefully will focus in specifically more on the barriers and not rely so much on the Project Worker's experience and skills in the area of dealing with the client group'.*

(Provider 7)

Clients that are on substitute prescriptions, such as methadone, are considered to be stabilised and eligible for provision, but not those who are using street drugs, even if in conjunction with substitute prescriptions.

One or two providers were screening out referrals with convictions for arson and sex offenders because of the difficulties that their inclusion might create for work with some local partner organisations. However, others screened them into provision emphasising that they were challenging groups to work with, as in this description by provider 3 who worked with clients who had committed (schedule one) offences against children:

> *'But the schedule ones it's like, the sex offenders and things like that so, there are, I mean we have got schedule ones into work. There are quite a few people that we work closely with the employers, probation, there do you know, and we always make sure probation know, and see if they agree with it. They're quite hard to help clients are them, and that's you really need the partnership working, with everybody. You have to be up front with the employer and everything…but there really ain't anybody that we turn away'.*

(Provider 3, Area 1)

5.3.1   Managing client expectations

All providers noted the importance of managing client expectations and felt able to do so, some indicating the ways of working that facilitated this. These included treating clients with respect, tailoring provision towards their individual aspirations so that they wanted to engage. However, they were careful to acknowledge the potential boundaries to those aspirations:

'It's important that we do something that is tailored towards them, because it's important that it's something they want to do. But it's equally as important that we help them get into something that they're allowed to do. Depending on their convictions it might not be. And if they're on a Methadone programme they might not be allowed to do things that mean they're on a level'.

(Provider 9)

Provider 9 also acknowledged that it can be challenging to manage expectations in this way:

'...we can assist them in any way we can, but we cannot make them employable, and we cannot get them up in the morning to get them to go to work. We cannot give them that structure, they've got to want to be part of it. And some clients don't have realistic expectations of what any programme can do for them…And some clients have no understanding at all of what a criminal conviction will mean in the future to their employability'

(Provider 9)

6 Programme performance and participant outcomes

> Key points:
>
> • Providers perceive the main success of provision to be client progress into paid employment. They reported numerous success stories.
>
> • Other provision strengths include staff commitment to clients, the voluntary nature of provision leading to client ownership of their participation and flexibility of provision, meaning that clients can develop at their own pace.
>
> • Providers are often working in difficult local contexts. Constraints on client support are being generated by the reduction in the funding of mainstream Jobcentre Plus services, the underfunding of provision, lack of suitable accommodation to house the homeless and employer hostility to the client group.
>
> • Growth in clients' confidence is one of the main impacts of provision.
>
> • Securing employment in the right kind of setting can lead to client self-sufficiency and a virtuous circle of client progress.

Providers and coordinators were asked a range of questions about the performance of provision, and this chapter draws out the themes from their responses. The chapter begins with an exploration of what providers and coordinators had to say about the strengths of provision and what was working well, but also the gaps and weaknesses in what was on offer to clients. It then moves on to a review of providers' accounts of the impact of provision on participants' lifestyle, health, job entries and employment sustainability.

6.1 Perceptions of the strengths and weaknesses of provision

6.1.1 Strengths of provision

An overall strength of the provision stressed by many of the providers throughout their interviews was that they didn't turn people away. Relapse did not disqualify clients from future access to provision. There were reports of providers working with clients even after several cycles of provision:

> *'But we could be cynical and say oh here we go again, you know and think oh should we sign him but third time lucky, so just think no and that's why you can't really turn anyone away because if it's the right time for them and it's the right opportunity and the right door to walk through there you go, and with any luck he'll stay on the straight and narrow but who knows.'*

(Provider 12)

Most providers reported the main success of provision was the progression of clients through treatment, education or training and into paid employment. They reported successful outcomes in the following areas:

- job entries;
- education and training;
- general progression and overall improvement in clients (for the more chaotic clients, the progression to greater stability, training activity and into work, transitions);
- good assessments, of and engagement with, clients – preventing clients dropping out of provision;
- effective referral partnerships – to move clients not ready for provision to be signposted to the right people, for example drug treatment programmes.

When probed on reasons for success, providers also discussed the pivotal role of committed and experienced staff in delivering a client-centred approach. A good illustration of this has already been provided in Chapter 4 (Table 4.1); counsellors in provider 11 'sub' clients out of their own pocket if they see the need. This is at least in part indicative of a very close-knit provision driven by committed individuals. One provider offers four years voluntary support after sign off from p2w/p2w-LinkUP (provider 5).

The voluntary nature of the programme was seen as very positive to outcomes; clients could take 'ownership' of their progress and there was more scope for their input, for example through use of action plans:

'And I think you need different systems tailored for individuals; different packages for different people. I mean, sometimes the Jobcentre, they have, you know, it's enforced. Now that could be appropriate under some circumstances. It's not client led. It's very directed, you know. But then you need, it's like the yin and yang, you need the two, you need the two to back, you need another to balance it out. And I think we're that balance because we're not, we're client led. People are here by choice, and we give people the time.'

(Provider 5)

The flexibility, lack of set goals and relaxed timescales of provision were also mentioned by several providers as an important reason for provision success. Clients can move through provision at their own pace – this also helps to prevent relapse among the less stable clients.

The success of the programme was also promoted by reputation spread by word-of-mouth endorsement within the client group communities.

6.1.2 Gaps and weaknesses in provision

Several of the points that providers had to make about gaps in provision were not so much about weaknesses in their services per se, but rather about the local context they were trying to interact with in order to do the best for their clients.

Reductions in the funding of mainstream Jobcentre Plus services appear to be generating a difficult local context for providers to work in. Several providers lamented the passing of Work Based Learning for Adults. While providers can access the Jobcentre Plus discretionary funds – and there were some reports of problems accessing this – difficulties in putting together funding packages to meet clients' needs were identified by providers across the country. Many clients want to work in the construction sector and the specialist courses in, for example, bricklaying or forklift truck driving are very expensive. Providers have to pay for these specialist training courses out of their own funds so it restricts who and how many clients they can help:

'Just because they've had a history of substance misuse, they still got the capabilities of, you know, gaining a higher education, and certainly succeed in that, whether it be to do with construction, demolition, or whether it's to do with computers, or any other type of course. We feel funding is a, has always been a major factor for us, for any form of training and education. It's either that or you go, you can go and do a free course through New Deal, through Jobcentre Plus, but it's very intermediate level stuff, you know.'

(Provider 5)

Other providers such as the one quoted below think that provision as a whole is underfunded, given what it is trying to achieve:

> '...you've got contracts down here dealing with very difficult client groups with extremely limited funding and resource to be able to do it. If you think about it you have £40 on an individual who's got a history of substance misuse to try and retrain, re-clothe, re-house and get them back into work.'

(Provider 13)

There was some dissatisfaction recorded with New Deal provision. Provider 6 tends to refer clients onto job placement and mentoring programmes after provision both because of cuts in mainstream Jobcentre Plus training provision and client dissatisfaction with New Deal. Provider 2 reported that they were reluctant to refer clients to New Deal training although they had to keep their targets up.

A recurring theme was the challenges providers encountered with the homeless. Providers described how many of their client group are considered a low priority for many local councils who are trying to cope with waiting lists in a housing market characterised by a lack of affordable housing:

> '...so we are well known to the housing, the homelessness teams and the housing advice teams but again with stock transfer they've got less and less accommodation and the housing associations are becoming a lot more particular about who they take.'

(Provider 12)

While provider 5 had some of its own housing resources that it could commit to clients, this was insufficient to meet need. In addition, concern was expressed about the need to keep clients away from old contacts and bad influences, while sometimes being forced to temporarily house clients in hostels in which these influences were endemic. Provider 5 expressed their concern thus:

> '...if you walked in there with issues, you're gonna walk out possibly with a lot more than what you came in with. It's that bad.'

(Provider 5, Area 3)

Although many providers reported building good relationships with employers, they also encountered a number of challenges. Rather than this being a weakness in provision, it was a reflection of employer reactions to clients on the demand side of the labour market. Several providers discussed the stigma employers attached to taking on their client group and providers as a whole were actively engaging with employers to try to remove these barriers. In some areas the high profile of the provider compounds this issue.

Clients were also hampered by a lack of up-to-date references. One or two providers reported that they used voluntary work as a means of building clients' CVs and providing potential job referees. Most areas described changes in the industrial structure that further restricted the range of employers who might be

engaged with and job opportunities. It was common for those operating in rural areas to discuss the closure of the industries that had been operating, the decline of agriculture and erosion of entry-level jobs. In the development of client action plans, project workers sometimes had to engage with clients on how this context might affect aims. One provider reports clients as good candidates for voluntary jobs within the social care sector due to the personal experiences that have led them to p2w/p2w-LinkUP provision. Providers tend not to use employment agencies as they are too short term and clients are in need of stability.

Providers reported that it was hard to break the cycle for their p2w clients. Relapse contributes to drop-out rates. p2w clients are also more likely to require training (basic, personal and vocational) before they can be placed in jobs. As a result, providers report that they are over-achieving on training targets but under-achieving on job-entry targets for this client group.

6.2 Impacts of provision on participants' lifestyle, health and employment

6.2.1 Health

Of those providers sampled for interview only one provider reported monitoring participants' health formally. The majority of providers talked about informally observing changes and improvements in the health and lifestyles of their clients during provision. A dominant theme in provider responses was the improvements in client confidence, one of the core needs identified in Chapter 3, and hope for the future.

Provider support was helping clients to access health services, for example visiting the dentist, registering with a General Practitioner, making hospital appointments. Respondents had observed improvements in clients' personal hygiene and self-presentation, weight gain and an overall improvement in their physical appearance. Clients were making use of the better access to sporting facilities that promoted healthier lifestyles. The resultant lifestyle improvements were also described as providing a more beneficial environment for clients' children.

6.2.2 Homeless and offender outcomes

Despite the inhospitable climate for helping the homeless outlined above, providers felt that their role in facilitating accommodation for clients, and stability of accommodation, was making a difference. For example provider 14 enthused about how they had helped to secure tenancies for homeless clients:

> *'I think we've, we've certainly made an impact in the area, and really helped an awful lot of people who were classed as homeless progress and move forward, gain tenancies, maintain tenancies, and gain employment'.*

(Provider 14)

For the ex-offenders, providers found it hard to comment on the level of re-offending because of lack of monitoring. One provider described the inflexibility experienced by clients coming out of prison. While on probation there are strict limits on what they can do.

6.2.3 Job entries

The general view was that entry into employment had a significant impact on the lives of all the p2w/p2w-LinkUP client groups, having the potential to make their sometimes modest dreams come true. This is conveyed in the following quotation from provider 9, running a p2w contract:

> *'Our clients would say "I would like a job" or "perhaps like a little car" and "I would like one day to buy a house if I could afford it" and they see the huge dreams as our realities. Um, so them actually moving into employment and training has a massive impact on everything about their lives.'*

> (Provider 9)

Clients were entering into a very varied range of job-types, a mixture of advertised jobs, mainstream Jobcentre Plus jobs and banks of specially sourced jobs with engaged employers. Reflecting the characteristics of the client group, many were aspiring to move into entry level positions, semi-skilled and unskilled in construction, warehouses and forklift truck driving and they were finding jobs in these areas. Provider 6 noted:

> *'As you would probably expect there's a lot of factory work, building, I mean they all want to be bloody plumbers, electricians, builders, joiners. Painting and decorating, those tend to be the biggest. Call centres, a lot of call centres because we have a lot of call centres in Area 3'.*

> (Provider 6)

Some providers reported access to training with direct links into employment such as provider 13 whose provision, as seen in Chapter 2, also has a marketing team that works with employers sourcing a bank of vacancies clients can apply for.

Table 6.1 presents a summary of broad job outcomes, both job entries and their sustainability over 13 weeks.

Table 6.1   Summary of broad job outcomes

Provider	*Job entries (N, %)		**Job entries sustained for at least 13 weeks (%)	
Provider 1 (Area 1)	41 19%		21-40%	
Provider 2 (Area 1)	Missing***		81-100%	
Provider 3 (Area 1)	129		21-40%	
Provider 4 (Area 2)	**P2W** 132 15%	**Combined** 7 5%	**P2W** 41-60%	**Combined** 0-20%
Provider 5 (Area 3)	12 15%		81-100%	
Provider 6 (Area 3)	8 10%		41-60%	
Provider 7 (Area 4)	Missing***		Not sure/DK****	
Provider 8 (Area 5)	150 60%		41-60%	
Provider 9 (Area 6)	12 10%		61-80%	
Provider 10 (Area 6)	18 24%		Missing****	
Provider 11 (Area 7)	10 10%		21-40%	
Provider 12 (Area 8)	102 32%		61-80%	
Provider 13 (Area 7)	247 26%		61-80%	
Provider 14 (Area 8)	Missing***		Missing****	

*   Proportion of caseload entering employment.
**   Proportion of caseload entering employment and sustaining it for 13 weeks.
***   Providers did not complete this information in the screening questionnaire used to build the provider sample and no clarification of job entry figures was achieved at interview.
****   Provider 10 had recently started operating so it was too early to record sustainable outcomes. Provider 7's clients were said to often disengage from the provider on employment, making it difficult to record sustainable employment outcomes.

6.2.4   The sustainability of employment outcomes

It was seen in Chapter 3 that providers emphasised the importance of moving clients into work once the cycle of misuse has been broken. Keeping clients in employment reinforces self-sufficiency and helps prevents relapse into misuse. Table 6.1 indicates that over a third of the interviewed providers reported sustained employment for at least 13 weeks for over 60 per cent of their caseload. Three providers had missing information and the remaining six providers were equally split between 41-60 per cent and 40 per cent or less of their caseload achieving 13 weeks sustained employment. One or two providers, for example provider 7, found it particularly difficult to identify a figure for employment sustainability because clients often do not want their employers to know that they have been receiving the services of a p2w/p2w-LinkUP provider.

Provider influence on the quality of job outcomes can be tempered by some clients not wanting employers to know that they have a history of drug misuse. This was a common theme from p2w providers, who implied that it was a recurring issue for their clients. Ex-offenders have similar confidentiality problems with employers but are less likely to be able to withhold their prison record; especially schedule one (child sex) offenders, who are the most hard-to-help group. The impact of disclosure orientation on outcome payments will be explored further in the next chapter when issues around the webtool and outcome payments are discussed.

Overall providers felt that 13 weeks of in-work support was sufficient but this varied by client needs and degree of job readiness. For the more job-ready, 13 weeks was viewed as more than adequate, as summed up by provider 14:

> *'Most of our clients once the three months is up, really are fine…I wouldn't wish that the tracking period was any longer, and I'm not sort of desperate for it to be any shorter either. I think they've got it just about right actually'.*

(Provider 14)

However, there was some discussion around the need to look at providing in-work support over the longer term and this comment from provider 13 is worth quoting at length:

> *'So, I think really rather than saying it's a wrong indicator I think it's a right indicator but there should be another one. I think you should look at 13 weeks and six months – 26 weeks. Because by 6 months somebody should pretty much be bedded in, and if you're supporting somebody right along... so they feel as though they can ring you, because that's the guidelines of your programme, because – remember what I said to you before is a lot of people do continue to ring us afterwards. If it was built into their programme that there was some contact for that period of time I think you would get a greater success rate. You know, all you need is that guardian angel appearing over your shoulder when the bills hit the door mat in the morning, to say "Don't panic! You know, we can sort this out.'*

(Provider 13)

The qualitative interviews highlighted some of the reasons for the variation amongst providers in the level of sustained employment. Reasons for not sustaining employment included:

- relapse: alcohol misusing clients 'fall off the wagon' or people returning to drug use. This was often linked to issues in clients' personal lives, areas that providers had limited influence over;

- difficulties with the routine of working: after long-term unemployment clients find it difficult to complete a 9-5 day;

- a lack of client self-motivation: this inhibited effective client engagement with provision;

- the impact of the financial responsibility that employment can bring: clients can feel anxious about the change in their financial circumstances and so overwhelmed that they exit employment. As one provider noted, the quarterly bills start to come in near the end of the 13-week period and this can cause clients to 'wobble'.

Reasons for successfully sustaining employment included providers having had the opportunity to provide effective two-sided in-work support, putting clients in the 'right' jobs where prospects are good for support, stability and sustainability. The following quotation, also from provider 14, is insightful:

'We have a 65 per cent sustainability rate which, I think, favourably compares…nationally with all the Jobcentre Plus programmes. And given that our clients come from the very, very hardest to help area I think that's really, really good. And what that proves to us as managers is that we're putting the clients in the right jobs. It's pointless us looking for a job for somebody, a very low paid job, where they're going to leave as soon as possible, where they're going to get fed up, where they're not going to cope with it, and all we do really is set them up to fail.'

(Provider 14)

7 The operation of the Webtool

Key points:

- The vast majority of providers were using the Webtool.

- Several providers felt very positive about the Webtool, noting that it both provided accurate information and was easy to use.

- There are reports of several problems with the Webtool:

  - Discrepancies in the data arise from job sustainability evidence not equating with the number of job starts.

  - The Webtool does not record low outcome figures, which again distorts the statistical representation of performance.

  - Such limitations of the Webtool are leading providers to duplicate the recording of outcome information.

- A recent Webtool improvement, valued by providers, has led to greater ease in updating client information.

- Suggestions for further improvement include:

  - More sharing of information so that providers can compare their performance with that of their counterparts in other districts.

  - Reorganising staff involvement in data entry to make it more accurate.

  - Long-term investment in data management systems.

In commissioning this exploratory study, the Department for Work and Pensions and Jobcentre Plus were concerned about the operation of the Webtool, and one of the aims of the research has been to explore provider perceptions of its effectiveness. This chapter focuses on their accounts of experience using the Webtool, data from which is used by Jobcentre Plus to verify the performance of the programme. For the providers it's a case of inputting information at the

end of each month, focusing on starts and outcomes. Some providers do this on site, with responsibility often given to an administrative member of staff. Larger providers pass information on to a central administrative team at their head office. One or two providers reported that they did not use the Webtool at all, instead relying on-non Jobcentre Plus systems to track client progress and performance.

7.1 Effectiveness of the Webtool and suggestions for improvements

One or two providers were philosophical about the Webtool feeling that all new initiatives will have their teething problems or said that it was better than the old tool, while several providers indicated that they had no difficulties with the Webtool. They found it reliable and felt that it delivered useful information. The following quotations are illustrative of these more positive experiences:

> *'Excellent. The original Webtool that we're, well it wasn't even a Webtool. It was the original MI database was…just a spreadsheet that we use to… put on the disc and send out, once a month to Jobcentre Plus. Now because we're on the Internet we don't have to do that. And designed very well, it's clear, concise. It's principally the same as it was originally, but it's, it's easy to update. We can also pull statistics from it. So yeah, no problem at all'.*

(Provider 5, Area 3)

> *'No for* [Area 5] *it's done centrally…some data-minding company. We check it before it goes to them. Apparently one person in the company checks it, that data-minding company feeds it into the Webtool…As I say, I physically myself line by line checked the information I've got on the claim against the Webtool and it was right, so I have confidence in the Webtool and it was easy to navigate'.*

(Provider 8, area 5)

There were no particular criticisms of the guidance made available to support the Webtool. For example provider 5 commented that their head office filters down information that they feel it's important to know. Provider 6 also reported that their administrative staff will tend to phone up Jobcentre Plus if they have a query. However, providers and coordinators conveyed a number of concerns about the Webtool itself.

7.1.1 The need to address discrepancies in the data

Providers and coordinators gave several illustrations of discrepancies in the data provided by the webtool, sometimes linked to related administrative processes. Their experiences often led to them not having a great deal of faith in the data. For example, as noted in Chapter 5, to formally start a customer in the programme an SL2 form needs to be completed, approved by a Jobcentre Plus adviser (who formally refers the customer to p2w) and passed to the district office.

The number of SL2 forms should tally with starts on the Webtool. In at least one area coordinator experience of Webtool starts have been greater than SL2 starts because the paper work has not come through (reported by Coordinator 2, Area 7). The Area 5 coordinator reported that there were issues of getting hold of the right paperwork and the right adviser at the right time, but there are reports that centralisation has helped the monitoring and tracking of starts.

There have also been issues around job sustainability evidence. Providers can only claim an outcome if they have the necessary evidence, which for job outcomes is a letter from the employer. However, in at least one area, coordinator experience of trying to validate job entries, as summarised on J2 forms, has led to the discovery that some customers for whom a letter has been provided to confirm working with an employer, have not had their participation in provision officially ended. When job entry points were explored this reinforced that they were not signed off from provision. The reason for this discrepancy is that customers may start a job, the provider submits the evidence and the outcome is registered, but the customer leaves the job after a few days, before they are even paid. Some clients do not formally end their engagement in provision or stop their out-of-work benefits claim because their job has not worked out very early on. Other clients continue to be recorded as formally engaging in provision whilst participating in paid employment. For this reason the coordinator tends *'not to look at the Webtool'*. Coordinator 3 noted *'It's not a tool for us. It's a tool for head office,' 'its meaningless'*. Coordinator 3 explained his concerns at length:

> *'Some of these people have not got jobs because what was happening, they go to the job on a Monday, and start. If they went on a Monday, that is, OK. And the employer would then fill in the certificate to say he got the job. Provider came with the money. They do two or three days…they haven't told us officially they've got a job. Didn't like the job, leave it on the Wednesday, probably didn't even get paid, they didn't even get…Signed on the following week and carried on signing...We had two sets of figures. We had a figure that said…this is what you've claimed on the Webtool and you've gotta pay for it or you will get paid for it; and this is actually what you've achieved.'*

(Coordinator 3, Area7)

7.1.2   The need to be able to report small number outcomes

Concerns were also expressed that if the outcome figures being reported were small, that is under ten, this does not show up in the Webtool data. However, provision is often dealing with small figures because of the nature of the programme and it was felt by several providers and coordinators that these outcomes should be recognised. There is understanding that data needs to be anonymised but a feeling that the Department is carrying this to extremes:

'I mean way back in the dark ages, we used to have this…Excel spreadsheet. And we, they used to have to download it onto a floppy, and then give it to me. I used to go out and pick it, pick it up and then put it through the Internet, you know. And it was, it was hilarious, but at least the stuff that you got back from that told you things like ethnicity, it told you the length of time people had been unemployed, it told you what their main benefit that they were on, you know. And it was a lot more user friendly in that you could actually use that management information for other things, you know. Whereas this stuff that we're getting now, you can't use it for anything'.

(Coordinator 2, Area 8)

'All the programmes are gonna be under ten. You know, like outcomes, it's all penny numbers. If you take…say job entries…there's maybe 30 job entries in a 12-month period. You know, it's very small numbers. Yet it's important…that we look at that numerical figures for each month, so…as far as I'm concerned the Webtools doesn't do the job there'.

(Coordinator 1, Area 6)

7.1.3 The need to avoid duplication of information and the running of supplementary systems

Several providers (6, 7, 13) felt that inadequacies of the Webtool required them to duplicate the input of outcome information. Duplication of input to the Webtool is generated by it having various pages on which providers need to enter information, but the system does not draw information in from one page to the next. Some coordinators too were very critical of the Webtool and were using their own simple spreadsheets (for example coordinator 1) or encouraging providers to use parallel reporting mechanisms, for example coordinator 5, in response to his concerns about the Webtool not acknowledging single figure outcomes. Coordinator 5 regards one of the biggest problems with the Webtool is it not counting numbers indicative of outcomes unless they get into double figures and has therefore asked providers to complete an outcome profile showing performance in localities. This is in part responding to the information needs of a Drug Action Team. The profile shows starts, job entries, jobs sustained for 13 weeks and the provider has been asked to enter information about leavers too, so providing information on who have failed to engage, relapsed or died. That some providers are having to input information into their own internal systems means that they feel that they are doing everything twice, which they interpret as a waste of resources.

Provider frustration about duplication of information was compounded by a feeling that even after inputting information into the Webtool it did not provide Jobcentre Plus with the statistics and management information it required:

'...no one seems to be able to get any information out of it.'

(Provider 7, Area 4)

'...it's very difficult for them to get information off it.'

(Provider 13, Area 7)

Providers were also using their own internal systems so that they could generate their own reports for planning purposes or, as in the case of provider 13, because parallel systems provided scope for them to create action plans and client histories, the kind of information that they found useful in working with clients.

7.1.4   Recent improvements to the Webtool

There were several references, by providers in Areas 1 and 3, to confusion over when to close clients down on the Webtool, which seemed to have been addressed as the fieldwork for this study got underway. When clients leave the project, providers can claim any outcomes that they access in a 26-week period of time and these outcomes will be visible in Jobcentre Plus statistics. Until recently, when a client left the project the provider would close them down on their internal database but leave them open on the Webtool until the 26-week period had ended. If a provider wanted to re-open that record after the 26-week period they could not open the original record. Now providers can add-in subsequent outcomes, so improving the accuracy of the statistics. One provider enthused:

'Now, it's a lot easier than it was originally because they have updated the system a lot, so there's more options and you can do a lot more which you couldn't do…When, for example, you finish someone off the system and then you've got more information about them, you couldn't go back in and put the information back into the tool. But now they've updated so you can unlock the record again and you can update the previous information. But you couldn't do that previously. So, now it's a lot easier.'

(Provider 2, Area 1)

7.1.5   Suggestions for further improvements

Several suggestions were made for further improvements. There were several suggestions around the presentation and sharing of information. One provider made a plea for more visual presentation of performance data so that provider performance could be gauged 'at a glance'. This was something that provider 7 explained was possible with the organisation's own internal systems, but was leading to duplication of effort. This same provider made a plea for more information sharing so that it is possible to see how provision is doing compared with other areas, so facilitating the process of learning and adapting potentially better practices. He explained:

> *'I know that there's data protection issues, but again just information sharing, comparing how well you're doing with other areas. So then you can go to that area, if the Jobcentre's not gonna do it, you can go to them independently and say "Look, you're performing really well on your job outcomes, what are you doing that we're not?". But because that information is so cloak and dagger, that information isn't in the public domain we...don't have access to that information as providers. We're left up to just kind of wandering round seeing if anyone's doing better than you're doing, and I think it needs to be...the tool needs to be more useful, it needs to be utilised more effectively in order for it to be more beneficial.'*

(Provider 7, Area 4)

There was support from coordinator 2 for a filter in the Webtool that would allow you to readily identify participants' neighbourhoods by postcodes. This would help in identification of participants clustered in deprived and disadvantaged areas which would allow discussion of links between client groups, provision and other initiatives such as City Strategies and Local Area Agreements. This coordinator also thought that it would be simpler to use an Access database.

Several providers also reported that Webtool performance had been improved by fewer people entering data, making data entry more accurate and manageable, for example provider 2 whose administrative officer was inputting information on an almost daily basis in order to keep on top of it. The Area 8 coordinator felt that there was a need for changes in staff practice to improve accuracy noting: *'The Webtool's only as good as the people, I think, who are inputting the information into it'*.

Another provider discussed the inherent short-termism in p2w organisation that he felt was rooted in uncertainty over the future of provider contracts and provision that mitigated against long-term investment:

> *'I think because p2w is a year-by-year contract it was set up, you know, the Webtool for a contract that was running for a year would be an acceptable and effective way of managing it. But for a contract that's now five or six years on, but they still keep redoing it for a year at a time, rather than anything more significant there's no call to put the investment in to produce a tool or produce a system that works better and I get that.'*

(Provider 13, Area 7)

This provider used a system called Adept for its other provision but, because its p2w/p2w-LinkUP contracts are renewed on an annual basis, the wider business is not going to invest the money that's required to transfer p2w over onto Adept.

8 An assessment of the evaluation possibilities

> **Key points:**
>
> - The core of the evaluation problem is that it is impossible to observe what the outcomes of participants in p2w/p2wLinkUP would have been had they not participated.
>
> - In principle, the most robust approach to evaluation is to randomly assign some individuals to a control group.
>
> - There are a number of other evaluation approaches, but problems are inherent with each of these.
>
> - Random assignment (or 'randomised control trials' – RCT) were part of the original brief for this research. Such an approach is fundamentally dependent on careful implementation of the evaluation design. This in turn is dependent on the cooperation of providers.
>
> - While providers supported and recognised the need for a robust evaluation, they tended to feel they would be unable in practice to randomise people to a no-treatment group.
>
> - In view of the fundamental difficulties facing a formal evaluation of p2w and p2w-LinkUP, a more realistic aim may be to use administrative data for increased monitoring and research, and to explore further aspects of the programmes using qualitative methods.

8.1 Introduction

The preceding chapters have provided a detailed account of various aspects of p2w and p2w-LinkUP. In this chapter, attention turns to the question of how one might approach the evaluation of p2w[1]. The aim of any such evaluation is to

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[1] For simplicity, we refer just to p2w rather than both p2w and p2w-LinkUP. Mostly, the comments are relevant to both programmes. Where this is not the case, this is made explicit.

understand what effect p2w has on a range of possible outcomes – employment, benefit receipt, health, offending etc. The motivation for this is clear; there is currently no evidence regarding the effectiveness of p2w and consequently there is no basis to argue for or against the continued existence of the programme. A detailed evaluation should fill this information gap.

This chapter draws on the evaluation literature and takes into account the particular characteristics of p2w in order to identify a possible evaluation approach. There is no doubt that an evaluation of p2w constitutes a formidable challenge (for reasons that are set out below). We consider a range of approaches and show that all face particular difficulties. Our key conclusions are:

- of the available approaches, random assignment (RA) is most likely to yield a robust estimate of the effects of p2w. This is true from both a theoretical and practical viewpoint. However, it remains likely that even this approach would be unsuccessful;

- the success of RA is entirely dependent on the support of providers; something that it is not possible to guarantee;

- to be informative, any evaluation should involve qualitative analysis to draw out the factors driving any observed effects.

8.2   The evaluation problem

While we can, at least in principle, observe what happens to those who receive the p2w treatment (the 'participants'), it is impossible to observe the counterfactual outcomes; that is, what their outcomes would have been had they not participated. The comparison of what actually happened with what would have happened without p2w gives us our estimate of the effect of p2w. The evaluation problem is to estimate the counterfactual.

There is a number of possible ways to tackle this problem. All of them involve using the observed outcomes of a particular group of non-participants to construct an estimate of the counterfactual outcomes. A simple approach would be to estimate the counterfactual as the average among all non-participants. The difficulty with this approach is that there may be important differences between participants and non-participants so that we would expect their outcomes to differ regardless of whether they participated in p2w. In order to be able to make statements about the effect of p2w, we need to identify a particular group of non-participants who are similar to participants with regard to all characteristics that may affect outcomes.

In this chapter, we consider a number of approaches commonly used to estimate counterfactual outcomes. These are described intuitively rather than formally; for a rigorous treatment, see, for example, Heckman *et al.* (1999). The discussion focuses more on the question of how likely these methods are to be successful in the evaluation of p2w.

8.3   Specific characteristics of p2w

In considering potential evaluation approaches, there are a number of practical issues that are important to highlight. Some of these are mentioned by way of caveat and would need to be borne in mind when considering the eventual results. Others have more immediate practical implications for the evaluation itself.

First, there is the nature of the p2w treatment itself. This has been set out in considerable detail in the preceding chapters. p2w is tailored to individual needs and consequently there is considerable variation in the type and level of provision. A quantitative evaluation may be able to provide an assessment of the overall effect of p2w but it is useful to consider whether that is meaningful. For example, it may be that there are certain elements within p2w that are beneficial and certain others that are not. To hone in on particular elements of treatment (in addition to the p2w treatment as a whole) is likely to require larger sample sizes. Qualitative investigation may be an important complement to the quantitative analysis.

Second, there is the issue of how clients end up on p2w. Clients are referred from a number of sources and can also self-refer. Providers then assess whether p2w is right for the individuals concerned. As discussed above, to estimate counterfactual outcomes for participants requires identifying a 'similar' group of non-participants. This poses a major obstacle in that no available data sources will provide sufficiently detailed information to capture this process of double-selection (first by the referring agency, then by the provider). This practical difficulty effectively rules out some possible approaches to evaluation. On the other hand, knowledge of p2w admission can help identify alternative evaluation approaches.

Third, there is the issue of what effect can actually be captured through the evaluation. This is perhaps especially relevant with this customer group. For example, a proportion of those enrolled by providers to p2w may never participate. Some may drop out. This must be borne in mind when interpreting eventual results. We can sidestep these difficulties to some extent by considering the effect of p2w eligibility rather than participation. However, this may be of less interest to policymakers. Statistical techniques exist to deal with the problem of 'no-shows'. However, drop-outs are more difficult to deal with; it is unlikely that the estimated effect will be able to distinguish between the effect of partial p2w treatment and full p2w treatment. As seen in Chapter 4, duration of treatment varies according to individual need in the context of a client-centred approach to provision.

Fourth, an essential consideration for some approaches is the degree of support and engagement among providers. As discussed below, two evaluation approaches – random assignment and regression discontinuity design – require that providers enrol individuals onto p2w in a particular way. Failure to adhere to this will undermine the overall evaluation. Other approaches do not require the same level of provider involvement but tend to be less robust.

Fifth, the availability of alternative treatments. Should p2w non-participants take part instead in other types of treatment, comparing the outcomes of p2w

participants and p2w non-participants can no longer provide an estimate of the effect of p2w compared to no treatment. Rather, it can provide an estimate of the effect of p2w compared to a different treatment. Failure to acknowledge the possibility of substitute treatments risks underestimating the true effect of p2w. It is reassuring in this evaluation that most providers view p2w as being unique (see Chapter 2, Section 2.3). This reduces the chances that there may be substitute treatments that could bias the impact estimates. However, there is also evidence that providers may try and find alternative treatments for those individuals not suited to p2w. The natural desire to help those referred to p2w which was voiced by a number of providers may be detrimental to the evaluation aims. The following quote illustrates:

> *'...if I was a case worker and I knew that every second person would be denied a service I'd tell them to reapply three times and hope that they'd get into the service at least once.'*

> (Provider 12, Area 8)

Sixth, all approaches to quantifying the effect of p2w rely on the availability of suitable data. In addition to the point already noted about the need with some approaches to identify a comparison sample, data are also required to observe the characteristics of participants, the extent of their involvement with p2w and, ultimately, their outcomes. Some of this may be observable using administrative data. The Webtool has the potential to provide detailed information on the nature and extent of p2w involvement but, as seen in the previous chapter, there are concerns about the quality and depth of information provided. With regard to outcomes, receipt of benefit and participation in New Deal (and other programmes) is captured by databases held within Department for Work and Pensions (DWP). Employment spells are also observable. However, other outcomes – health, qualifications, employability, substance use, offending etc – will require bespoke surveys to be carried out. With a population such as those eligible for p2w, achieving an acceptable survey response rate may prove a particular challenge.

8.4 Some approaches that are unlikely to work

In this section, we consider a range of common evaluation approaches. We argue that none is likely to be viable in this particular application. The remaining approach – RA – is considered in detail in the next section. A general comment on the approaches considered in this section is that they are all based on stronger assumptions than estimators based on RA and therefore have to be judged accordingly.

8.4.1 The regression discontinuity design estimator

This type of estimator may be appropriate when individuals have a 'score' based on a number of characteristics and a threshold (or 'discontinuity') exists such that all those above the threshold receive treatment and all those below the threshold do not receive treatment (or the other way around). The basic idea behind the RD

estimator is to use the outcomes of those with a score below the threshold (the non-participants) to estimate the counterfactual outcomes of those above the threshold (the participants).

A common approach is to do this in a regression framework, controlling for those variables that are likely to influence outcomes. The variable of key interest is the indicator of eligibility (that is, whether or not the score is above the threshold) and the resulting coefficient provides an estimate of the average effect on those receiving treatment. The strength of this approach is its simplicity and the fact that it identifies a familiar evaluation parameter. The drawback is that the results rely heavily on correctly specifying the regression equation. Essentially, the relationship between outcomes and characteristics among those not receiving treatment is used to predict what the no-treatment outcome of those receiving the treatment would have been.

To avoid this problem, more recent approaches have focused on using non-parametric methods to estimate the effect of treatment. This rests on the assumption that, in the absence of the treatment, the outcomes of those scoring just under the threshold would be similar to those scoring just above the threshold. The non-parametric approach compares outcomes of those close to, but on opposite sides of, the threshold. The relevant concept here is what it means to be 'close' to the threshold. The more exact this closeness, the less will be the bias of the resulting estimates and, since the estimates will be based on a smaller number of claims, the greater will be their variance.

The strength of this approach is that it avoids assumptions relating to functional form (and so does not require extrapolation). A possible consideration is that the evaluation parameter identified is specific to those individuals located close to the threshold. Before proceeding with this approach, consideration needs to be given to the question of whether this is a useful parameter to estimate. Specifically, are those individuals located close to the threshold of interest? The answer to this question depends on how the score is constructed.

The qualitative analysis in the preceding chapters has shown that some providers use a so-called Richter scale to generate a score for individuals referred to them. This score is used as the basis for assessing whether p2w is appropriate for that individual. In principle, the threshold dividing those for whom p2w is appropriate and those for whom it is not appropriate could be incorporated into an RD evaluation. However, the interviews with providers revealed that the key function of the Richter scale (and indeed other approaches to deciding on p2w suitability) is to divide referrals into those with chaotic lifestyles and those with more stable lifestyles. The first group – considered unsuitable for p2w – makes up the non-participants, while the second group makes up the participants.

This means that, around the threshold of the Richter scale score, there is a systematic difference between participants and non-participants such that one might expect their subsequent outcomes to differ regardless of whether they participated in

p2w. Consequently, the key assumption underlying RD – that individuals close to the threshold are similar – is undermined. For this reason, RD is unlikely to be a suitable approach for this evaluation.

8.4.2 The instrumental variable (IV) estimator

An IV approach is possible when a variable exists which influences participation in p2w but not outcomes. Such a variable is called an instrument. A possible instrument could be, for example, whether an individual lives close to a provider. The basic idea is as follows. Imagine the instrument can take the value 0 or 1. In the absence of the treatment, there is no reason to expect the outcomes of the group of people for whom the instrument takes a value of 0 to differ from the outcomes for the group of people for whom the instrument takes a value of 1 (since the instrument, by definition, does not affect outcomes). However, when the treatment is available, having a value of 1 for the instrument increases the probability of receiving treatment relative to having a value of 0 for the instrument. The difference in outcomes between the group of people for whom the instrument takes a value of 0 and the group of people for whom the instrument takes a value of 1 therefore reflects how the increased probability of treatment affects outcomes. Dividing this difference by the increase in the probability of treatment gives an estimate of the effect of treatment on outcomes.

RA – whereby individuals are assigned to treatment or control groups on a purely random basis – can be viewed as an extreme form of an IV estimator. To see this, consider the case where assignment depends on a random number distributed between 0 and 1 such that all those individuals for whom the random number is less than 0.5 do not receive the treatment while all those for whom the random number is 0.5 or higher receive the treatment. From this, we can construct a variable taking the value 0 where the random number is less than 0.5 and 1 otherwise. This is an instrument since it determines participation (all those with a value of 1 receive treatment) but not outcomes (it is a random number and so is uncorrelated with any outcome). Taking the difference in outcomes between the group of people for whom the instrument takes a value of 0 and the group of people for whom the instrument takes a value of 1 and then dividing this by the increase in the probability of treatment is equivalent to just taking the difference in outcomes between the two groups (the increase in probability of treatment equals 1; that is, treatment is certain).

The key difference with IV estimators in a non-experimental setting is that the instrument does not *determine* treatment, it only influences it. IV estimators account for this weaker relationship in constructing a counterfactual outcome for those induced to participate due to the instrument. That is, the effect is not common to all participants, only those with a value of 1 for the instrument and who would not participate if they had a value of 0 for the instrument. Before proceeding with an IV approach, it is important to be clear whether this is an interesting parameter to investigate from a policy perspective. Where the instrument is something that is directly manipulable by policy makers, the relevance of the parameter is obvious.

The key difficulty with this approach is finding a suitable instrument. This usually has to be argued on theoretical grounds. To help in the search for an instrument, it is important to understand the selection process. However, while the qualitative research described earlier means that there is a reasonable understanding of the selection process, no obvious instruments present themselves. Without such an instrument, IV is unlikely to be a suitable approach for this evaluation.

8.4.3 The method of matching

Matching estimators use a specially chosen group of non-participants to provide an estimate of the counterfactual for participants. The resulting group of non-participants – the comparison group – is chosen to be similar to the group of participants with regard to all those characteristics and factors that affect outcomes. If this can be achieved, the difference between participants and the comparison group provides an estimate of the average effect of treatment in much the same way as with an RA experiment.

As with the IV approach, matching methods require that the process of selection into treatment must be understood. While it is important to control for characteristics that affect outcomes, this is only required for those characteristics that differ between the two groups. Understanding the selection process allows an insight into what these characteristics are likely to be. In practice, credible implementations require data rich enough to capture all the relevant factors and characteristics.

In the case of this evaluation, there are likely to be difficulties in identifying a suitable comparison group. Since p2w is available nationally, it is not possible to select individuals for the comparison group from other areas. This means that individuals for the comparison group must be chosen either from those (self-) referred to providers but who were assessed as not suitable for p2w or from those not referred to providers but similar to those who were referred. The first of these options may be flawed since there is likely to be a systematic difference between those referred to providers who go on to receive treatment and those referred to providers who do not go on to receive treatment. We have already discussed the Richter scale that is used by some providers as an assessment tool. This aims to divide those with a chaotic lifestyle from those with a non-chaotic lifestyle. Consequently, those who go on to p2w will differ in a fundamental way from those who do not (i.e. they have more stable lifestyles) such that the comparison group cannot be viewed as providing an acceptable control group. The second of these options faces a similar problem in that those referred to providers are likely to differ systematically from those not referred to providers. However, there is also a fundamental difficulty of identifying among the non-p2w population, a group of individuals with characteristics similar to those of the p2w participants. We are not aware of any available data source that could be used for a sampling frame. This problem also applies to p2w-LinkUP. While this may seem to offer more evaluation possibilities than p2w due to the fact that it only exists in 21 Jobcentre Plus districts, it is difficult to see how to exploit this geographical variation since the problem of

identifying a suitable sampling frame remains. Consequently, matching is unlikely to be a suitable approach for this evaluation.

8.4.4   Difference-in-differences

In some regards, difference-in-differences (DiD) is less exacting in its requirements for the comparison group. The comparison group does not need to be statistically equivalent to the participants with regard to the characteristics affecting outcomes; all that is required is that trends over time in outcomes can be viewed as similar to those we would expect among the participant group if p2w did not exist. However, it does require that a population of participants can be identified prior to the introduction of the treatment. This is problematic since the p2w population is identified through providers and these did not deliver p2w before 2002. It is difficult to see how an analogous population can be identified from available data sources. This means that DiD is unlikely to be a suitable approach for this evaluation.

8.4.5   Timing of events

This approach is a relatively recent addition to the evaluation toolbox. To see the basic idea, consider a particular outcome that may be of interest: job entry. Duration models are routinely used to estimate the time taken for an event to occur. In this case, we might begin with a group of individuals who are out of work and we are interested in how long it takes for (some of) them to enter employment. Estimating this in a regression framework allows for the influence of observed factors and characteristics on this entry rate to be observed. In this evaluation, the influence of interest is enrolment onto p2w – a duration model allows the rate of employment entry to change following enrolment onto p2w.

The complication with this arises from the possibility that there are unobserved factors influencing both p2w entry and employment entry. For example, it may be that an individual's improved morale prompts them to enter p2w in order to help them find work. In this case, the regression will conflate the effect of p2w with the effect of improved morale. We can control for this by separately modelling the time taken until p2w enrolment and allowing the unobserved influences affecting time to enrolment to also influence time to employment entry. This is the essence of the timing of events approach.

A successful implementation of this approach relies on the outcome of interest (rate of employment entry in the example) not altering in anticipation of participating in p2w. It is easy to imagine cases where this would not hold. For example, an individual anticipating receiving job search support may delay their efforts to find work in order to benefit from this help. It would be difficult to defend the evaluation results against such a criticism. Another problem is that the qualitative analysis has shown that individuals assessed as suitable for p2w are typically enrolled as soon as possible after this assessment. The rationale behind this is that with this client group it is necessary to enrol them immediately since to do otherwise risks missing the opportunity to help them. A strong ethos running through p2w provision is that clients have access to the service at the point that they need it.

Since they are enrolled on the basis of characteristics only observed at the time of the provider assessment, the movement onto p2w may simply reflect an improvement in circumstance; for example, a progression from a chaotic to a non-chaotic lifestyle. This means that the apparent influence of p2w may, in fact, be capturing a different influence. For both of these reasons, the timing of events approach is unlikely to be suitable for this evaluation.

8.5   Random assignment – the best option?

8.5.1   The intuition behind random assignment

Methodologically, the most robust approach to evaluation is RA (or RCT). This involves dividing potential participants on a purely random basis (using a computer-generated random number, for example) into a group of participants and a group of non-participants. Since allocation to one or other of the two groups is random, there will be no systematic differences between the two groups. The only systematic difference is that one group – the participants – receives treatment while the other group – the non-participants – does not. This means that any difference in outcomes between the two groups can be viewed as the effect of the treatment.

8.5.2   A consideration of the suitability of a random assignment evaluation of p2w

The success of an RA experiment depends crucially on practicalities. First, there is the question of who carries out the randomisation. In the case of p2w, Chapter 5 has shown there to be a number of referring agencies, each accounting for a proportion of p2w participants. It is only by considering providers rather than referring agencies that it is possible to observe the full p2w population. In view of this, the natural choice is for randomisation to be carried out among those individuals who have been assessed by providers as appropriate for p2w. Carrying out the randomisation at an earlier stage (among those at the Jobcentre Plus office, in prison etc) would necessarily involve focusing on a particular type of participant (benefit recipients, ex-offenders etc) rather than the population of participants more broadly. Another reason for carrying out the randomisation at the provider level is that there is overlap between the referring agencies. For example, were randomisation carried out among those in prison, those randomised to not receive treatment may be able to receive treatment via Jobcentre Plus referral instead. Furthermore, since it is the providers who are the ultimate gatekeepers to p2w, it is not actually possible for referring agencies to specify who will or will not participate.

A potential complication of providers carrying out the randomisation arises from the fact that some areas are served by more than one provider. In this case, it may be possible for individuals in the control group to approach another provider. As noted in Chapter 2, two sampled areas had multiple providers in the sense of one provider with a contract for p2w-LinkUP provision and another in p2w provision drawing on a pool of clients in the same geographical area.

Second, since randomisation in this evaluation would necessarily involve denying a potentially useful treatment to a group of eligible but vulnerable individuals, it may be unpopular with those charged with carrying it out. However, the success of the RA evaluation is entirely reliant on adhering to the design of the experiment. It may be that providers refuse to cooperate with the requirements of the experiment.

Overall, the qualitative research suggests that there is recognition among providers of the need for evaluation of p2w and acknowledgement that RA would offer a rigorous methodology. On the whole providers could see the advantages in terms of the evidence base of generating results from an RCT which would potentially demonstrate the benefits of provision. Some providers were particularly enthusiastic, keen that there should be stronger evidence of the importance of p2w provision:

> *'I think that's fantastic. I think it's fantastic, because for us as a provider, it enables us to be able to show and to say "Are we just blowing smoke in the wind?…Bring it on, because I think that that would allow us to justify why we're here.'*

(Provider 13, Area 7)

The qualitative evidence also shows the most frequent response from providers to the concept of RCT is unease about having to turn away clients who were eligible for provision and ready to benefit, as reflected in the narrative of provider 12 and 13 project workers:

> SP1: *'First of all I think the programmes should be offered to everyone who needs it really, so effectively to have someone sat in front of you and flip a coin heads you get on tails you don't, I think you would find that really difficult turning them away'.*

> SP2: *'But you could jeopardise their way forward…They wake and they go I want to change today and if it doesn't happen today you could have lost them.'*

(Provider 12, Area 7)

> *'The only reservation I would have is, you're using people in a very needy position as guinea pigs...and let's face it, they're already vulnerable enough as they are'.*

(Provider 13, Area 8)

There is a general feeling that RCT is unlikely to be able to be implemented in a sufficiently 'clean' way in practice. This lack of buy-in among providers does not bode well for the RA evaluation. An additional concern is that providers have often spent a considerable amount of time building relationships with referral agencies. Several clients expressed concern that conducting a RCT might damage these relationships.

Alternatively, providers may cooperate with the experiment but, as already noted, they may try and find a different treatment for those randomised into the control group. While providers emphasised the uniqueness of provision they sometimes have the potential to refer clients to other provision that they have links to within their own organisations or elsewhere.

As an alternative to denying treatment, providers could simply *delay* treatment for those in the control group. Intuitively, it seems that this could be one way of making RA more acceptable to providers. The key methodological drawback from following this approach is that it does not allow outcomes observed later than the period of delay to be considered. More fundamentally, the qualitative analysis suggests that providers do not find this approach any more acceptable than simply denying treatment. Providers felt that this ran against the ethos of provision:

> *'I think that kind of defeats the purpose of what we're here to do, which is to help, it's to stop re-offending, and well, to try and help clients to move on. And it's something we really look at is rehabilitation…of clients. And… I think that's a huge part of this project.'*

> (Provider 10, Area 6.)

As already stated, the general view among providers is that, with this client group, individuals not admitted immediately to p2w will effectively be lost and so it is not realistic to consider suggesting to them that they wait a certain period of time before commencing p2w. An added complication surrounds the short-term nature of contracts for providers which makes it difficult to take a longer-term approach to p2w recruitment, such as a randomised entry delay would require.

A final complication to consider is that of informed consent. Individuals referred to p2w will have to agree to being involved in the experiment. Should a large proportion of individuals not agree, the extent to which the results of the impact analysis can be viewed as representative of the p2w population as a whole reduces.

8.5.3 What effect could a random assignment detect?

Leaving aside the practical considerations, we turn attention in this section to the question of how well the estimator will be able to detect true effects. Since the outcomes considered are likely to be 'yes/no' in nature – whether or not individuals have a job, whether or not individuals are in good health etc – this section focuses on 'yes/no' outcomes in considering how small an effect the estimator will be able to capture.

The effect that RA can detect depends on seven things:

1 **Whether statistical tests are one-or two-sided**

Two-sided tests allow for the possibility that the effect may be positive or negative – one-sided tests assume the effect must be positive or that it must be negative. Most evaluations allow for the possibility of the effect being in either direction and consequently use two-sided tests.

2 **The level of statistical significance**

Loosely, this is the probability of finding an effect where none exists. The level of statistical significance can be represented as a p-value which is the probability of the observed effect arising purely by chance. This is represented as a percentage, and smaller values indicate higher levels of statistical significance which, in turn, mean we can be more confident that the estimated effect is not spurious. By convention, p-values of 5 per cent or less are taken as being statistically significant. This means that the observed effect has only a 1 in 20 chance (i.e. 5 per cent) of having occurred purely by chance – that is, of being a false positive.

3 **The level of statistical power**

This is the counterpart to the level of statistical significance. It indicates the chances of capturing an effect where it exists. The convention here is less ingrained but it is common to require 80 per cent power. This means that there is an 80 per cent chance of detecting an effect where one exists – alternatively, only a 20 per cent chance of a false negative.

4 **The proportion of the study population with a positive value of the outcome in question in the absence of the programme**

In this application, this might be the proportion of the p2w population who would be, say, in work one year later if p2w did not exist. Clearly this counterfactual outcome varies according to which outcome is considered. With a RA evaluation, the average level among the control group can be used to provide an estimate of this counterfactual. It is non-manipulable by the researcher.

5 **The proportion of the study randomly assigned to receive treatment**

The most common situation is to assign half those eligible to receive treatment and half not to receive treatment. In some cases, it may be preferable to alter this. For example, it may be that those involved in administering the RA want to minimise the number denied treatment. Moving away from a 50/50 split reduces statistical power but may provide an acceptable compromise solution on some occasions.

6 **The size of the study sample**

As with any approach, a large sample can produce more precise estimates than a smaller sample. It is important to be clear what this actually means; an evaluation based on too few cases may end up providing results that are so imprecise that the findings are essentially inconclusive.

7   The explanatory power of the impact regression

Evaluations based on random assignment do not need to be estimated using regression techniques. A simple comparison of the mean level of, say, employment one year later among those in the treatment group with those in the control group will give an unbiased estimate of the effect of the treatment. However, regression analysis can help control for other sources of variation in observed outcomes. For this reason, RA evaluations routinely use regression to control for other influences and thereby to increase the precision of the estimates.

With these points in mind, we consider now the minimum detectable effect (MDE). Loosely, the MDE is the smallest effect the evaluation stands a 'good' chance of detecting. To focus ideas, we follow the convention of concentrating on two-tailed tests at five per cent significance and 80 per cent power. This means that the MDE in this case is the smallest effect that, if true, has an 80 per cent chance of producing an impact estimate that is statistically significant at the five per cent level. The MDE depends on the counterfactual outcome (point 4 on page 74) which exists (at least in concept) independently of the researcher. Another influence that the researcher cannot wholly control is the explanatory power of the regression. Again, we focus ideas by assuming that the regression captures ten per cent of the variation observed in outcomes.[2]

Points 5 and 6 above can be decided by the researcher, guided according to the nature of the evaluation. Table 8.1 shows how the minimum detectable effect varies as these parameters are altered. There are five panels. The first panel shows the MDE for an evaluation of an outcome for which ten per cent of the participants would score 'yes' if the treatment did not exist (that is, the counterfactual). For example, if the outcome is employment, this means that ten per cent of those who would have participated in, say, p2w would be employed if p2w did not exist. The second, third, fourth and fifth panels of Table 8.1 show the MDE for an outcome for which 20, 30, 40 and 50 per cent respectively of participants would score 'yes' if the treatment did not exist. This is shown for various combinations of sample size (shown down the left hand side) and proportion assigned to the treatment (shown along the top of Table 8.1).

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[2]   Note that the MDE does not reduce much with improved explanatory power of the regression until it becomes very high.

Table 8.1 **MDEs for combination of sample size, assignment fraction and counterfactual outcome proportion**

Sample size	Proportion randomly assigned to receive treatment				
	10%	20%	30%	40%	50%
Outcome for which 10% would have a positive value in the absence of p2w					
500	12	9	8	7	7
1,000	8	6	5	5	5
1,500	7	5	4	4	4
2,000	6	4	4	4	4
2,500	5	4	3	3	3
3,000	5	4	3	3	3
Outcome for which 20% would have a positive value in the absence of p2w					
500	16	12	10	10	10
1,000	11	8	7	7	7
1,500	9	7	6	6	5
2,000	8	6	5	5	5
2,500	7	5	5	4	4
3,000	6	5	4	4	4
Outcome for which 30% would have a positive value in the absence of p2w					
500	18	14	12	11	11
1,000	13	10	8	8	8
1,500	10	8	7	6	6
2,000	9	7	6	6	5
2,500	8	6	5	5	5
3,000	7	6	5	5	4
Outcome for which 40% would have a positive value in the absence of p2w					
500	19	15	13	12	12
1,000	14	10	9	8	8
1,500	11	8	7	7	7
2,000	10	7	6	6	6
2,500	9	7	6	5	5
3,000	8	6	5	5	5
Outcome for which 50% would have a positive value in the absence of p2w					
500	20	15	13	12	12
1,000	14	11	9	9	8
1,500	11	9	7	7	7
2,000	10	7	6	6	6
2,500	9	7	6	5	5
3,000	8	6	5	5	5

There is a number of points to note. First, the MDE reduces with sample size but at a decreasing rate – beyond about 2,500 there is relatively little advantage to increased sample size. Second, MDE is smaller the closer to 50 per cent is the proportion assigned to the treatment group, but deviations of up to 20 percentage points from the 50/50 split have relatively little effect on the MDE. Third, the MDE is greater the closer to 50 per cent is the proportion of the population who would have a positive value for an outcome. Taking these points together, a sample size of 2,500 should be able to detect any meaningful effects (i.e. effects of five percentage points or more) in most cases where those randomised in and those randomised out are in equal proportion. Should there be a need to restrict the proportion randomised to the treatment group (or, equivalently, to the non-treatment group) to about a third, this should not pose any analytical problem. More extreme imbalance (i.e. a 90/10 split) would increase the MDE to at most about nine percentage points (for a sample of 2,500).

With this in mind, the next question is whether the p2w population is sufficiently large to provide these sample sizes. We address this question by using the responses to the screening questionnaires sent to all providers at the beginning of this project. Table 8.2 presents the information from the returned questionnaires. Provider 4011 and provider 2071 gave only a total figure for provision and did not distinguish between p2w and p2w-LinkUP – in such cases, we assume a 50/50 split. In two cases (provider 4027 and provider 3103), no information was provided so the caseload numbers are imputed as the average caseload for p2w or p2w-LinkUP as appropriate. Finally, for provider 2013 caseload was reported as 30 cases per worker but we only know that there were at least two workers; accordingly, the caseload has been set to 60 for this provider. All these cases where the caseload was guessed rather than reported are italicised in Table 8.2. With these caveats in mind, it appears that the annual contracted intake to p2w is about 3,250 and the annual contracted intake to p2w-LinkUP is about 3,500. However, since only 27 providers responded to the screening questionnaire out of a total of 41, the final row in Table 8.2 scales up the totals for the providers responding to the questionnaire to give a total of about 5,000 for p2w and 5,400 for p2w-LinkUP.

Table 8.2   Numbers of p2w and p2w-LinkUP cases providers are contracted to treat

Provider id	p2w	p2w-LinkUP
2051	200	150
1052	150	50
4053	150	
3091	80	130
1092	240	
4011	*200*	*200*
2012	125	125
2013	*60*	
3023	160	160
3026		25
4027		*175*
1123		100
1124	125	
3125	80	100
2126	200	200
1127	188	
1128	49	
2101	250	500
1102	120	
3103	*150*	*175*
2071	125	125
4112		400
3041	140	140
4042	165	165
3044	250	375
3046	50	50
2047		200
All providers returning postal questionnaire	3,257	3,545
Scaled to give total provision	4,946	5,383

This provides some context for the deliberations surrounding Table 8.1. With regard to p2w, the tentative target of 2,500 would require involving about half the annual caseload in the experiment. With p2w-LinkUP, the situation is essentially the same. Whether this is realistic is difficult to predict. It should be borne in mind that the estimated caseload size implicitly assumes that the average size of those providers who did not respond to the questionnaire is similar to that of those who did respond. If this is not the case, the estimated total caseload may differ from that reported in Table 8.2. Also, when considering the practicality of involving such a high proportion of the national caseload in an experiment, it may be that the willingness to cooperate with the aims of the evaluation may differ between those who responded to the questionnaire and those who did not. This means that although there may exist a sufficient sample size in principle, gaining access

to the required number of cases may be problematic – some providers may not want to be involved in the experiment. An option may be to evaluate p2w and p2w-LinkUP combined. This would have the advantage of maximising sample size but would not allow separate results to be presented for the two component programmes.

8.6   Data

Another practical issue is the data available to carry out the analysis. A standard approach with RA experiments is to collect baseline information at the time of RA on all individuals. In this way, the background characteristics of those in both the treatment and control group are observed. This helps provide a check that the randomisation is being carried out effectively (comparing the treatment and control groups should not reveal any significant differences) and also allows certain personal and other characteristics to be controlled for when eventually estimating impacts. With the same aim in mind, the experiment would benefit by incorporating as much information on providers as possible. Of particular likely importance is the success of providers in the past in serving their customers. This may be available in monitoring information held by DWP. Also, matching the National Insurance numbers of those individuals previously served by providers to administrative benefit and employment records available in the Work and Pensions Longitudinal Study (WPLS) could identify which providers have been more effective in helping their customers in the past.

However, the key challenge would be to observe the outcomes of those in the treatment and control groups. If possible, it would be desirable to base the analysis on administrative data since this keeps the costs of the project low, avoids the problem of sample nonresponse (likely to be a particular problem with this customer group) and maximises the sample size. This would allow the effect on benefit status to be observed and also on employment status (although this has to be with the caveat of quality concerns associated with the administrative data available on employment). Technically, it should be possible to link in administrative records from other government departments. In practice, this may prove difficult for a range of reasons. It seems most likely that to really capture the effect of p2w, a survey would have to be carried out. This is the only way to capture intermediate outcomes – improved confidence, motivation etc – that are likely to be especially relevant for such a hard-to-help group. This is certain to bring its own challenges. Willingness to cooperate with a survey may be low, particularly among the control group, and many with erratic lifestyles may be difficult to contact at all.

Providers recognised these issues in arguing that the design of the evaluation needs to be kept simple in order to ensure client participation. For example, the following provider commented on how difficult it can be to get clients to complete a form:

'I could name probably two or three off the top of my head that'll say "Yeah, no problem, happy to please". But whether they wanna fill in a load of forms remains to be seen, you know. If it was just yes or no answers and a very short form I wouldn't see a problem with the number of clients wanted to do that. You know, they're quite happy to rate different things. But as I said if it was a long form asking for writing, they'd go "Yeah, yeah, yeah" (laughs) and then you say...it's like giving them a CV template you know, it's for their benefit but if they don't fill it out there's not a lot I can do and they'll go "Oh yeah," and then they go "Can you send me another one, I lost it" or the dog ate it, or it's in the cat or something, you know.'

(Provider 11, Area 7)

One provider commented on the need for the evaluation design to be sensitive to the broader range of targets within which providers have to work:

'I mean it cuts across all kinds of other things this national target for substance misuse, but we have to see all the referrals within three weeks, but that's being pushed down towards two weeks and we'll eventually push it down to a week and that's something that we have to report on so it impacts hugely on things like that.'

(Provider 12)

Several providers questioned whether clients would be willing to participate in an evaluation. Provider 12 cited its recent experience in a research project in which clients had been reluctant to participate despite being paid cash incentives to do so:

'...there's not many clients who have after sitting in on the assessments interview actually wants to sit on another interview with a person who's not from an organisation that they recognise or understand.'

(Provider 12)

Project workers set this experience in the context of independent assessments being done by Jobcentre Plus, prisons and the probation service, highlighting that danger that 'some people are being assessed to death'. Furthermore, it was felt that once word spread amongst clients that there was a '50-50' chance of them gaining access to provision, they would not bother attending provider assessments. Providers were also concerned that the tracking of customers would be particularly difficult given the chaotic nature of the client group. Those screened into the control group would be particularly hard to track.

8.7   Conclusion and suggestions for next steps

The key points emerging from the preceding discussion are:

- of the available approaches, RA is most likely to yield a robust estimate of the effects of p2w. This is true from a theoretical viewpoint. From a practical viewpoint, even this approach is unlikely to be successful;

- the success of RA is entirely dependent on the cooperation of providers. While providers supported and recognised the need for a robust evaluation, they tended to feel they would be unable in practice to randomise people to a no-treatment group;

- since p2w is tailored to the needs of the client, the issue of what constitutes p2w is nuanced and to understand any estimated impacts would require qualitative analysis to draw out the factors driving any observed effects;

- were an RA evaluation to proceed, we suggest it would involve about 2,500 individuals for each treatment to be evaluated. This amounts to about half the annual intake of p2w and about half the annual intake of p2w-LinkUP;

- since 'soft' outcomes such as confidence, attitude, etc. would be particularly important with this client group, the evaluation would require surveys to be carried out. These are likely to encounter problems with contact and nonresponse, particularly for those randomised into the control group.

With these points in mind, the prospects for achieving a robust estimate of the impact of p2w and p2w-LinkUP are not encouraging. In view of this, it may prove more fruitful to shift the emphasis away from a formal impact assessment in favour of an approach that combines increased monitoring of administrative data coupled with qualitative research that will attempt to identify from the point of view of the customer which elements of the provision are most valued and perceived as being the most useful. It may be relevant to also broaden the scope of qualitative analysis to incorporate the views and opinions of those stakeholders who are not represented in this report. However, the primary focus should be on the customers. We expand below on both these strands of possible future research.

8.7.1 Using administrative data for monitoring and research

Administrative data can provide useful indicators of the overall nature and performance of p2w. There are three aspects to this. First, we are interested in the characteristics of customers and their history prior to p2w entry. There is a range of information that could potentially be relevant: prior experience in the labour market, health status at time of p2w entry, barriers to employment, skills and qualifications and route onto p2w, to name just a few. Second, it is useful to record the type of treatment that customers receive. As mentioned earlier in this report, p2w is a client-centred treatment and, as such, the nature of the treatment varies across individuals. Ideally, administrative data would identify not only the date of entry into p2w as a whole but also the type of treatments received, when received, whether individuals completed their treatment (as opposed to dropping out) and any other information that may be relevant to the intensity, quality or suitability of the treatment. Third, the database used for monitoring purposes should contain information on outcomes. Employment status is perhaps the most obvious and important outcome but, for this customer group in particular, there is a range of additional important outcomes including benefit receipt, health, housing and crime.

These three dimensions to the database would permit extremely useful insights into the nature and performance of the programme which, while not impact estimates, would nonetheless pave the way to a more detailed understanding of the nature of p2w. For example, it would allow (as numbers grew) an examination of which types of customers tended to receive which treatments, which were more likely to stick with the programme, which elements of p2w were more associated with positive outcomes and which barriers to employment were the most difficult to overcome. However, data of the richness outlined above is unlikely to be available in practice. The richness of the insights provided by the data reduces accordingly. We therefore give a little consideration below to some practical considerations.

It seems that the natural place to start is with the Webtool. This already provides some of the functionality mentioned above and providers' views on the operation of the Webtool has been considered in Chapter 7. There, the general impression was somewhat mixed but it is clear that there is a number of specific problems that reduce the usefulness of the Webtool. It would seem that if the Webtool is to operate effectively then it has to be easy to use and its value must be clear to those responsible for entering data. To encourage this, any refinement to be carried out to the Webtool should be identified in consultation with the providers as users. Such refinements should probably address the shortcomings already noted in Chapter 7 (data discrepancies, duplication and the lack of 'small number' outcomes) and incorporate, where possible, reporting and management features wanted by providers (visual information, comparisons with other areas and postcode filtering, for example). If the Webtool becomes accepted among providers as useful and easy to use, it should become more fully integrated into the p2w process. This may have a positive effect on data quality.

As part of the refinement to the Webtool, the information it aims to collect should also be reviewed. The choice of what to focus on in practice would be best guided by policy interest and the other uses to which the data will be put. However, it is important to ensure that the data collection process does not become too onerous. While it may be desirable from a monitoring and research point of view to have as detailed information as possible on participants, their treatment and their subsequent outcomes, in practice this may represent an unacceptable level of bureaucratic burden. It would seem desirable to develop the Webtool in such a way that it becomes convenient rather than burdensome for providers to use it to store the information collected at the initial customer assessment, the diagnostic assessment and the periodic assessment reviews.

The other essential information relates to outcomes. Currently providers should update the Webtool every month showing, among other things, job outcomes that have occurred in the preceding month. Job information is also taken from the Labour Market System (LMS). It would seem desirable to try to enrich the outcome information by linking to benefits databases within the DWP. It would increase the usefulness of the Webtool yet further were it possible to link to databases within other government departments. However, this is unlikely to be a realistic ambition at present.

8.7.2   Further qualitative research into p2w and p2w-LinkUP

As noted above, qualitative research may be an important complement to greater monitoring and research using administrative data. The strength of a qualitative methodological approach lies in the potential to explore, in considerable depth, the micro-level processes involved in the kinds of nuanced approaches to p2w/ p2w-LinkUP adopted by providers, and their impacts on customers. To achieve depth of analysis a smaller number of geographical areas might be sampled to capture variation in the type and level of provision, for example four.

Using depth key informant interviews to explore the processes of provision

p2w and p2w-LinkUP are holistic programmes that are designed to rely upon the collaboration of a range of stakeholders and services for their effective working at a local area/community level. As seen in Chapter 5, the building of relationships and trust is crucial to achieving and sustaining effective processes. Moreover, several particularly innovative features of provision rely upon partnership working. A fuller exploration of the effectiveness of provision would involve key informant interviews with the wide range of stakeholders that have a role to play. This might include, for example, exploring the strengths and weaknesses of p2w provision, and the broader context of that provision, from a range of pertinent standpoints. Contributions to qualitative investigation might usefully be made by referral agencies (e.g. drug treatment agencies and prison and probation services), housing providers, further education and training providers, employers as well as Jobcentre Plus and provider staff. Sampling of a small number of areas, for example four, would allow for depth exploration of issues within and across localities.

Using depth interviews with clients to unpack impacts

The primary focus of a qualitative approach would be on the customers. In order to explore the impacts of p2w client-centred provision, it is important to probe participant experiences and perceptions of the services that they are receiving. While some impacts can be explored in key informant interviews, a qualitative longitudinal approach to interviewing the customers themselves is likely to be particularly fruitful for exploring participant experiences at critical points during and following engagement with provision. Initial interviews might include exploration of customer background and base-line data, including participant life, work and programme intervention histories and their needs, barriers and expectations of provision, as well as their ownership of participation. Follow-up interviews would then explore short-term impacts (e.g. changes in confidence, motivation and life skills) and longer-term impacts (e.g. staying crime free, achieving qualifications, employment sustainability, housing sustainability). Sampling customers across a range of eligibility and social characteristics would facilitate exploration of cross-cutting and group-specific issues for p2w/ p2w-LinkUP client groups. Customer perceptions could potentially be analysed with a detailed awareness of the area context provided by key informants.

However, a main challenge for a qualitative longitudinal approach would be attrition and the highly probable skewed nature of that attrition. It is likely to prove easier to sample participants who have benefited from provision, and experienced positive journeys during and after provision, as compared with those who have dropped out, for example due to relapse. Strategies would need to be developed to minimise attrition and are likely, at least in part, to require the close cooperation of support workers and other agencies to ensure a successful evaluation.

References

Heckman, J., LaLonde R. and Smith J. 1999, 'The Economics and Econometrics of Active Labour Market Programs', in Ashenfelter, O. and Card D. (ed.), *Handbook of Labour Economics*, Amsterdam: North Holland.