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Evaluation of Residential Training provision

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A report of research carried out by Insite Research and Consulting on behalf of the Department for Work and Pensions

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Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
ALI	Adult Learning Inspectorate
BOC	Better Off Calculation
CAD	Computer Assisted Design
CRB	Criminal Record Bureau
CV	Curriculum Vitae
DEA	Disability Employment Adviser
DfEE	Department for Education and Employment
DfES	Department for Education and Skills
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
EDO	Employment Development Officer
ESF	European Social Fund
FE	Further education
GONE	Government Office for the North East
HB	Housing Benefit
HE	Higher education
IB	Incapacity Benefit
IBPA	Incapacity Benefit Personal Adviser
IT	Information technology

JSA	Jobseeker's Allowance
LSC	Learning and Skills Council
NDDP	New Deal for Disabled People
NVQ	National Vocational Qualification
ORP	Outcome Related Payment
ORF	Outcome Related Funding
RNIB	Royal National Institute for the Blind
RORO	Roll on roll off
RT	Residential Training
RTC	Residential Training College
RTP	Residential Training Provider
RTU	Residential Training Unit
SIBA	Specialist Incapacity Benefit Adviser
WBLA	Work Based Learning for Adults
WTC	Working Tax Credits

Summary

Background

Low employment rates among disabled people combined with rising numbers of Incapacity Benefit claimants, have given rise to increasing policy interest in the employment prospects of people with disabilities and serious health conditions. The Department for Work and Pensions (DWP) is conducting a review of its disability employment services including how provision should be structured, funded and delivered in the future. A key area of interest is how effective DWP-funded Residential Training (RT) is at enabling disabled adults to make the transition from benefits into work.

Residential Training is an employment programme designed to help long-term unemployed adults with disabilities and serious health conditions who are unable to access suitable local training, to move off benefits into sustained employment or self-employment. Frequently, customers have multiple disadvantages and complex barriers to employment including physical and learning disabilities, mental health conditions and drug and alcohol problems. Programmes last up to 52 weeks and provide vocational training and work-related skills and experience in a supported and specialist residential setting. Each year, around 1,200 people start RT. Approximately two-thirds of RT participants complete their training programme and, of these, around 40 per cent secure employment.

Residential Training is delivered by eleven specialist Residential Training Colleges (RTCs). Five RTCs deliver training on a pan-disability basis, five specialise in training for customers with a visual impairment and one specialises in training for people who are hearing impaired. Geographically, the colleges are clustered towards the South, Midlands and East of England; there are no RTCs located in Scotland, Wales or the North West of England. Residential Training contracts are negotiated annually under rolling contracts which are managed centrally though the Residential Training Unit (RTU) based in the Government Office for the North East (GONE).

Research methods

In April 2006, Insite Research and Consulting was commissioned by DWP to conduct a qualitative evaluation of RT. The aim was to assess how effective RT was in helping long-term unemployed people with disabilities move off benefits and into work. The findings were intended to contribute to the strategic review of disability employment services, helping to inform decisions on future provision and the effective targeting of DWP resources. Insite conducted in-depth case studies of all eleven RTCs currently operating in England. The research comprised a total of 210 in-depth, face-to-face interviews with key stakeholders including RTC staff, Jobcentre Plus Disability Employment Advisers (DEAs), and current and former customers of RT. Interviews took place between June and August 2006.

The Residential Training model

What sets RT apart from mainstream training is in the provision of a 'one stop' model of holistic help combining vocational training, rehabilitation and work experience, within a supportive and specialist residential setting which has the potential to add value to mainstream provision. The model recognises that often it is not the disability *per se* which prevents customers from moving forward, but the attendant problems of depression and low confidence which are often associated with disability and long-term unemployment. The colleges have developed significant expertise over the years stemming from an acute understanding of the customers they train. Increasingly, RTCs are working with the hardest to help customers and are having to constantly augment their support services with specialists able to address more complex needs and barriers.

How effective is Residential Training?

The colleges offer a broad range of vocational programmes to their customers and seek to provide industry recognised qualifications where possible. Overall, the quality of the teaching at the RTCs appeared to be good and staff seemed committed to their work and their trainees. By and large the colleges seek to be sensitive and respond to customer and employer demand and to labour market conditions. However, several courses had limited currency with employers and some had very poor employment outcomes. The RT approach was also less customised to individuals' and employers' needs and less tailored to employment goals than many trainees would have liked.

Issues concerning the content, delivery and performance of vocational courses appeared to be affected by funding and contracting arrangements for RT. While an awareness of RT as an employment programme was strongly in evidence at the colleges, the way in which the provision is contracted and funded appeared to be shaping RTC decision making and behaviours in directions not always compatible with DWP policy aims. In particular, the focus and efforts of college staff were

mainly directed at maximising and maintaining course occupancy, rather than improving job outcome performance.

Being long-term absentees from the labour market, most RT trainees have multiple barriers to employment and complex needs. Some have no work experience at all. Employment support was frequently as important to a trainee's chances of work as was the vocational course itself. Where the employment support model worked well, and trainees were work-ready, a placement could significantly enhance their potential for attaining a sustained employment outcome. Not all trainees secured a placement with an employer, however, and the realm of employment support, including job search help and work experience placements, attracted most criticism from trainees. Overall, employment support was the area where the colleges have the furthest to travel.

There is no doubt that the colleges cater for a very challenging customer group and it would be unreasonable to expect an employment outcome for all. Nevertheless, while many customers appeared to secure benefits from attending RT, the large majority of those who start training do not progress into work, and it is clear that participation in RT suits and benefits some types of customers more than others.

What is working and for whom?

The research uncovered evidence which suggests that RT can have successful outcomes for customers with an acquired physical disability, sensory impairment or health condition, who want to learn skills for a different job or occupation. The residential setting adds value through removing the trainee from any distractions they may have at home, allowing them to concentrate on their training, access specialist support, attain industry recognised qualifications and gain relevant experience through a work placement, while adapting physically and psychologically to their condition. The peer support of fellow disabled trainees appeared to be particularly effective for customers fitting this profile.

The research evidence also indicated that mild to moderate mental health conditions, including some types of depression, anxiety and stress related illnesses, often the result of long-term unemployment, can be successfully alleviated through RT. Residential attendance was found to encourage individuals who had become depressed or withdrawn to mix with fellow trainees and staff and get back into the daily routine required for successful re-entry into the labour market. Particularly where trainees had a history of working prior to the onset of their conditions, sustained job outcomes often resulted.

Those less likely to secure work

Customers less likely to move from benefits into work included those with chronic or unstable mental health conditions, those with congenital sensory impairments and those with learning difficulties. Trainees whose disabilities were compounded

by drug or alcohol misuse could also find it difficult to make headway in training. Some customers with mental health conditions found the residential environment unsettling and difficult to cope with. Others had challenging behaviours which disrupted the training of other RT participants.

Though the colleges are adept at dealing with physical disabilities and mild depression, more serious or long-standing mental health conditions and behavioural problems present a different order of difficulty. Here, RT may be unable to reverse the tide of disadvantage in the period a trainee attends. Though some customers may improve softer skills through attending RT, they are less likely to progress in training and move into employment. Such customers may be better served by health professionals, at least until their conditions improve or stabilise.

Where disabilities are accompanied by poor basic skills and no or very limited work experience, as is often the case for younger trainees and those with more severe, congenital and sensory impairments, the RT model may be less effective in securing a successful transition from benefits into work. For younger customers who progress onto RT from Learning and Skills Council (LSC)-funded training courses, and customers with learning difficulties, though RT was effective in developing vocational skills, softer skills and independent living skills, the entry level courses and qualifications which many such trainees followed, had limited impact in terms of improving their job competitiveness. They were, therefore, less likely to move into employment as a result of their attendance on RT. Even with extensions to their training, many trainees were not work-ready or able to progress into employment on completion of RT. For certain younger disabled trainees, vocational training funded by the LSCs, for which they remain eligible up to the age of 25, may be more appropriate.

One group of customers conspicuous by their absence from RT, were those with strong family ties and caring responsibilities, among whom women figured strongly, and people living in regions with no RTC in proximity. For such individuals, residential attendance could act as a barrier to participation. If the colleges were able to offer more day training places, it is likely that more of these customers would choose to attend courses than currently do so, though for reasons of practicality, only those living within commuting distance of an RTC would be able to.

Referral and assessment

Assessments carried out by DEAs of customers' suitability for RT were of variable content, quality and effectiveness, reflecting different levels of experience and expertise in specialist disability services. High staff mobility and turnover reduced continuity which could also serve to undermine the depth and accuracy of assessments, resulting in inappropriate referrals. These difficulties followed through into the period of training and in the transition between trainees leaving RT and moving into work. Although they are meant to, few DEAs kept in contact with customers attending RT or played any role in the identification of suitable

placement or job opportunities. Trainees who left RT without work did not often self-refer to a DEA for follow-on help, reducing further their chances of moving into employment.

The colleges' assessment and selection criteria also varied in content and quality. With some notable exceptions, in-depth assessment mostly occurred after trainees had started training. The capacity to cope with and progress in training, rather than in paid employment, appeared to drive assessment processes. Given the colleges' expertise in dealing with harder to help customers, it is difficult not to interpret some behaviours, at least in part, as driven by funding and contracting arrangements.

Early leavers

Approximately a third of customers who join RT leave early, often many months into their training, though around a quarter of early leavers do subsequently return to complete their training. Although a few customers leave RT early to start work, many cases of early drop out appeared to be due to poor advice and inadequate assessments leading to inappropriate referrals. Some customers were clearly unsuited to the provision due to their health and personal circumstances. Many had unstable mental health conditions or unresolved drug and alcohol dependencies, and most had limited or erratic work experience. Not all were interested in or capable of paid work. DEAs and colleges failed to identify that these customers would have difficulty in sustaining RT and would be unlikely to make significant labour market progression. This provides further evidence that selection criteria and assessment practices are not as soundly based as they might be.

Conclusions

Where the RT model works well, the research indicated that provision can significantly enhance a trainee's employability and thereby increase their prospects of moving off benefits into sustained employment. If the colleges were encouraged and able to improve provision in the areas identified as deficient, and so improve their job outcomes, it seems unlikely that individuals who are suited to and able to access RT would fare much better elsewhere. Nevertheless, RT clearly suits some disabled individuals more than others; not everyone benefits from residential attendance and a majority of participants do not move into work. There is considerable scope for improving selection, referral and assessment practices to ensure that only those individuals who have the potential to achieve an employment outcome find their way onto the provision. Changes are also required to RT contracts and funding arrangements to encourage and better reward the colleges for job outcome performance.

1 Introduction

1.1 Background

Low employment rates among disabled people combined with rising numbers of incapacity benefit claimants, have given rise to increasing policy interest in the employment prospects of people with disabilities and long-standing health conditions. While it is known that people with disabilities are less likely to be working and more likely to be claiming benefits than their non-disabled counterparts, what is less well understood is why. Equally though, it is generally acknowledged that people with disabilities are disadvantaged in the labour market, not a great deal is known about the relationship between their impairments and their employment prospects.

The Department for Work and Pensions (DWP) is conducting a review of its specialist disability employment services including how provision should be structured, funded and delivered in the future. A primary concern of DWP is to augment the evidence base on the impact and effectiveness of the various programme interventions designed to increase the labour market participation of disabled people. A key area of interest is how effective DWP-funded Residential Training (RT) is at enabling disabled adults, and those with serious health conditions, to make the transition from benefits to work.

1.2 Residential Training

Residential Training is an employment programme designed to help long-term unemployed adults with disabilities and serious health conditions who are unable to access suitable local training, to move off benefits into sustained employment including self-employment. It is intended for people with moderate to severe disabilities or serious health conditions who, on completion of their training, should be considered employable. Frequently, customers have multiple disadvantages and complex barriers to employment.

The courses, which can last up to 52 weeks, are designed to help customers secure employment through gaining vocational qualifications and work-related skills and experience in a supported and specialist residential setting which caters for their physical, emotional and social needs. Each year, approximately 1,200 individuals start RT. In recent years, around two-thirds of participants who start RT complete their training programme and, of these, around 40 per cent secure employment[1].

Residential Training is delivered by eleven specialist Residential Training Colleges (RTCs) funded or part funded by the DWP to provide RT services to adults with a range of disabilities and health conditions. Five of the 11 RTCs deliver training on a pan-disability basis, (though one focuses on physical disabilities), five specialise in training for people who are visually impaired and one specialises in people who are hearing impaired. Geographically, the colleges are located in the North East, East and West Midlands, South East and South West regions of England; currently there are no RTCs located in Scotland, Wales or the North West of England.

Contracts for RT are negotiated annually under DWP rolling contracts which are managed centrally though the Residential Training Unit (RTU) based in the Government Office for the North East (GONE). The RTU, which is itself contracted to DWP, negotiates annual RT contracts, processes customer applications from Disability Employment Advisers (DEAs), administers funding and monitors performance.

1.3 Evaluation research

In April 2006, Insite Research and Consulting was commissioned by DWP to conduct a qualitative evaluation of RT delivered by the 11 RTCs. The aim was to supplement existing knowledge and evidence[2] by conducting a review of RT and assessing whether the provision was or was not effective in helping people with disabilities and health conditions move from benefits into work. In describing different approaches to and outcomes from RT, a key objective was to evaluate the efficacy, value and relative success of specific RT interventions. The intention was not to compare the performance of one college against another, but to gain an understanding of common and divergent experiences of trainees in order to highlight key strength and weaknesses of DWP-funded provision.

The specific aims and objectives of the research were to:

- gain an understanding of different provider models and behaviours;
- explore stakeholder perceptions of RTCs, including those of customers;

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1 Data supplied by the RTU as presented in their Annual Report 2005/06, details of which are included in the References.

2 An evaluation of RT was carried out in 2000 by UK Research Partnership UK Ltd, *'Evaluation of the effectiveness of Residential Training for disabled people'*. DfEE Research Report No. 243.

- explore the content and structure of RT and the implications of the geographical distribution of RTCs;
- explore issues relating to cost effectiveness and value for money;
- gain a better understanding of the customer group, their needs and what works for whom;
- gain an understanding of whether and how RT improves the employment prospects of people with disabilities and health conditions;
- contribute to DWP's strategic review on the structure, delivery and funding of disability employment services.

Key research questions to be addressed included:

- How is RT contracted, structured and delivered?
- What is the added value of RT compared to non-residential training provision?
- How effective is RT provision in terms of enabling disabled people to secure and sustain employment?
- What works for which types of customers and under what circumstances?
- What factors are associated with good and poor performance in terms of the achievement of job outcomes?

Ultimately, the aim was to contribute to the strategic review of disability employment services by informing future decision making on provision and the effective targeting of DWP resources.

1.4 Research methods

Insite conducted in-depth case studies of all 11 RTCs currently operating nationally. These comprised in-depth, face-to-face interviews with RTC staff including college principals, training managers, course tutors, employment support and pastoral care staff, together with face-to-face interviews with current and former customers of RT. Qualitative, face-to-face interviews were also carried out with Jobcentre Plus staff including DEAs, Specialist Incapacity Benefit Advisers (SIBAs), Incapacity Benefit Personal Advisers (IBPAs) and DWP policy staff[3].

A total of 210 stakeholder interviews were carried out, as follows:

- 92 in-depth face-to-face interviews with former customers of RT;
- four telephone interviews with former customers of RT;
- 33 in-depth face-to-face interviews with current customers of RT;
- one telephone interview with a current customer of RT;

[3] The Appendix lists the Jobcentre Plus areas included in the research.

- 45 face-to-face interviews with RTC staff;
- 15 face-to-face and two telephone interviews with DEAs in nine Jobcentre Plus areas, seven of which were Pathways areas and two non-Pathways areas;
- 11 face-to-face interviews with SIBAs and IBPAs in seven Jobcentre Plus areas;
- three face-to-face interviews with DWP policy staff;
- four interviews with RTU staff.

Interviews took place between May and August 2006 on RTC and Jobcentre Plus premises, and in former customers' homes.

To facilitate the recollection of key events and to allow sufficient time for the impact of RT to have taken effect, the sample of former customers was restricted to those who had either completed or left RT between April 2005 and April 2006. Participation in the research was entirely voluntary and RT customers were given the opportunity to opt out of the research if they did not wish to be contacted or take part. The achieved sample comprised RT customers with a range of disability types and severities from across the 11 colleges. Two interviews with profoundly deaf customers were conducted with the assistance of sign language interpreters.

The findings in respect of customer experiences and outcomes are not intended to be, nor should they be interpreted as, statistically significant or necessarily representative of the RT customer group as a whole. Rather, the research was designed to evaluate the effectiveness and relative success of specific RT interventions as experienced by customers themselves, in order to uncover what worked for whom and under what circumstances.

1.5 Report structure

This report is written in nine further sections, as follows:

- Chapter 2 introduces the RTCs and explores how they function as organisations, their sources of funding, cultures and customer bases;
- Chapter 3 outlines funding, contractual and performance issues governing the procurement, management and delivery of RT;
- Chapter 4 describes selection, referral and assessment procedures designed to determine customers' suitability for RT;
- Chapter 5 explores the reasons given by customers for participating in RT;
- Chapter 6 explores the added value of RT, and outlines the experiences of customers who attended the provision;
- Chapter 7 assesses the content, delivery and effectiveness of RT as experienced by current and former customers;

- Chapter 8 assesses the content and delivery and effectiveness of employment advice, support and development activity in the colleges as experienced by customers;
- Chapter 9 describes customers' destinations on leaving RT and analyses the outcomes of participation;
- Chapter 10 summarises key findings and presents conclusions.

2 Residential Training Colleges as organisations

This section explores how Residential Training Colleges (RTCs) function as organisations, how they operate and sustain themselves as businesses, their cultures, customers, strategic objectives, motivations and constraints – all important aspects of understanding how Residential Training (RT) is structured, managed and delivered.

2.1 Background and evolution of Residential Training Colleges

Residential Training Colleges mainly came into existence in the post-war period with the aim of rehabilitating and retraining injured and physically disabled ex-servicemen. Established as registered charities and with royal patronage, some RTCs fall under the auspices of large, national charities, while others operate as independent charities and companies limited by guarantee. Though their cultures and mission statements strongly reference their charitable status and origins, over the years, there has been a trend away from dealing solely with physical disabilities towards customers with mental health conditions, learning difficulties and those with multiple barriers. This changing customer profile has required the colleges to respond in a structural manner. As well as teaching, managerial and ancillary staff, college workforces now include pastoral, medical and psychological care and support staff. Increasingly, RTCs are working with the hardest to help and are having to constantly augment their support services with specialists able to address more complex needs and barriers.

The whole realm of trainee support services can be seen as a key strength of the colleges and some now employ workforces in excess of 250 people. Staffing-related costs may absorb up to 80 per cent of a college's income. Some colleges have sought to manage these costs by seeking to maintain wage levels and contracting out ancillary and specialist support services. How to weigh the need for increasingly expensive, quality staff against possible future reductions in funding remains a complex balancing act.

2.2 Sources of income

Since their establishment, RTCs have diversified into large and complex businesses, employing large workforces and managing multi-million pound turnovers. They generate income from a variety of sources including delivering contracted services to Learning and Skills Councils (LSCs) and the Department for Work and Pensions (DWP). The more enterprising colleges engage in trading and other commercial activities. Others, though large businesses, are dependent on DWP funding and RT represents their only source of income. A few, while sourcing income from a variety of funders, have remained relatively small and specialist, being restricted in the kinds of activities they can engage in and the individuals they serve by their articles of memorandum.

The colleges differ markedly in terms of the size of the RT contract and the extent of their dependency on RT. Generally speaking, the larger the RT contract, the greater the dependency on RT funding. Among the RTCs with the four largest contracts, two are wholly dependent on RT funding and a third receives 85 per cent of its annual income from RT sources. RT funding represents between 20 and 45 per cent of overall annual income among the remaining eight colleges.

Among the colleges which are not wholly dependent on RT funding, eight are contracted by regional LSCs to deliver training and rehabilitation services to disabled young people. Seven RTCs depend on LSC funding as their largest single source of income, including all the specialist sensory impairment colleges. Six providers also hold contracts with Jobcentre Plus, acting as Job Brokers for the New Deal for Disabled People (NDDP) and providing short Work Preparation (Work Prep) courses for work ready disabled customers. One provider also delivers WORKSTEP, a supported employment programme for disabled people unsuited to open employment.

Local authority social services contracts, trading revenues and charitable funding make up the bulk of RTCs' remaining income sources. Virtually all RTCs derive some income from private and commercial sources, though the amounts and impact on financial security vary from significant to negligible. Disability awareness training to public and private sector organisations is a common method for colleges to supplement their income. More lucrative is the provision of rehabilitation services to private clients funded by insurance companies. Colleges with meeting and sports and leisure facilities hire them out for weddings and other occasions. A minority of providers also generate income through trading activities linked to the ownership and operation of charitable businesses and social enterprises. All the colleges have charitable status, some receiving regular funding from a parent charity or patron, and virtually all engage to some extent in fund-raising activities.

2.3 Buildings, assets and liabilities

Residential Training Colleges own and operate their own facilities from which they deliver their training courses and services targeted on disabled people. The age and quality of the building stock is variable, ranging from modern, purpose built facilities incorporating en-suite and independent living accommodation, to older, modified buildings with communal arrangements for sleeping and eating. Some RTCs also own and manage residential housing outside the college campus in community settings.

Assets such as land and residential housing provide some colleges with a regular and significant source of revenue income. For other RTCs, far from being an asset, college buildings may be more of a liability, particularly if the fabric of buildings is old, requiring on-going repair and maintenance. Older buildings are less conducive to the needs of disabled adults, being constructed at a time when standards of accommodation were lower than currently considered acceptable. To meet the access needs of their trainees, many colleges have been required to undertake costly alterations. Although RT income contributes towards day to day running costs, large scale capital expenditure is not eligible for RT funding (although one-off contributions of RT funding to capital projects have, on occasion, been approved by the Residential Training Unit (RTU)) and colleges have had to source funds from elsewhere to finance building improvements.

Colleges with LSC contracts were better placed than RTCs dependent on RT funding in this regard. In addition to the higher fees which LSC contracts were said to attract, a key advantage for these colleges was the facility to access funding for capital expenditure. LSC funding had, thus, contributed towards upgrading and modernising facilities and enabled some colleges to commission new, purpose built facilities including sports halls and en-suite residential accommodation. As national providers of training and with a wide customer base, RTCs have found it difficult to access geographically targeted Government and European funding. Whether to finance the construction of purpose built or state of the art facilities, or simply to meet the requirements of the Disability Discrimination Act, many RTCs have had to self-finance such improvements through income generation and using their charitable status to fund-raise. Some have found this easier and more successful than others. The financial difficulties experienced by some RTCs in recent years can, to some extent, be attributed to the lack of success in attracting funding for capital improvements. RTCs which have struggled financially have tended, in the main, to be those more dependent on RT income and with limited access to charitable funding. The poor condition of some buildings and need to upgrade the standard of residential accommodation was acknowledged by these colleges but none was in a position to tackle the necessary improvements without funding assistance.

2.4 Customer base and profile

Colleges wholly dependent on RT funding have an exclusively adult client base with ages ranging from 18 through to State Pension age. Those offering LSC-funded training courses attract a predominantly younger age group of mainly 16-19 year olds, although they are eligible for assistance up to the age of 25. Some of the specialist sensory impairment colleges cater for children as young as five, some even having baby and toddler units.

The five RTCs that deliver training on a pan-disability basis are not excluded from accepting trainees with sensory impairments but the expertise, equipment and facilities needed to support these disabilities in practice tends to deter them from doing so. On the other hand, the colleges which specialise in training for people who are visually or hearing impaired have increasingly sought to broaden their provision to attract customers with a wider range of disabilities. A few are, however, restricted by their articles of memorandum to only helping individuals with a specific type and severity of disability. Across all the colleges, customers with a history of drug and alcohol misuse, mental health conditions and a record of offending are increasing in prevalence.

Data collected by the RTU indicates that the geographic distribution of the colleges strongly affects their client base and customer profile. Though RT is a national programme and providers can accept trainees whose home location is anywhere in Great Britain, in practice, catchment areas for most courses tend to be local and regional, with the majority of RT customers drawn from the region in which the RTC is located. One important consequence of regional and local patterns of attendance is a significant imbalance in the geographical profile of RT customers in relation to their home locations. The home location of customers is, thus, highly skewed towards London, the South East and the South West of England where most of the RTCs are located. The absence of RTCs in Scotland, Wales or the North West of England means that correspondingly few customers of RT are drawn from these regions. Only one college currently attracts RT recruits from across all nine regions.

A further imbalance is evident with respect to gender and ethnicity. RT attracts few trainees from non-white ethnic groups and men outnumber women by a factor of ten to one. Some possible reasons for and consequences of these customers' profiles are explored throughout the report.

2.5 Changing customer profiles and barriers

Regardless of where the colleges are located or whether they are delivering RT on a specialist or pan-disability basis, the common experience is for customer groups to have become increasingly challenging in recent years. Across all providers there has been a gradual shift away from solely physical disabilities towards customers with mental health conditions, substance dependencies and learning difficulties, as either principal or secondary disabilities. This shift is likely to be due, in large part,

to improvements in access and support for physically disabled people offered by mainstream further education (FE) and higher education (HE) colleges, in response to the Disability Discrimination Act and European directives. The expansion of Jobcentre Plus disability employment services and programmes (including the introduction of NDDP), may also have recently contributed to changing client profiles by removing from the customer cohort some of the more job-ready and able individuals that, historically, the colleges catered for:

> *'The traditional, very able person coming into the college doing their training programme and disappearing, many, many fewer of those.'*
>
> (Learning programme manager)

Whatever the reasons behind the emergence of a customer cohort with more complex needs, it is clear that, over time, there has been a move away from solely physical disabilities, and that the colleges have had to augment and modify provision to respond to this change. Staff structures and support services, in particular, have increasingly evolved in directions intended to meet the changing needs of customers. The colleges recognise that it is not necessarily the disability *per se* which prevents the customer from moving forward but the attendant problems of depression, low confidence and self-esteem which are associated with disability and unemployment generally.

> *'It's not disability that's the main barrier to employment, it's all the things that go with that.'*
>
> (RTC principal)

Whilst the colleges are keenly aware of the nature of the customer group they are dealing with, strategic behaviour around RT courses and the provision of support is also dictated by funding considerations and restrictions, as providers see them, over what RT funding allows in helping trainees move into work.

2.6 Work focus

Though the colleges differ in size, location, funding dependency and customer groups, they share a common understanding of the policy outcomes and objectives underpinning DWP funding for RT. That the emphasis and main objective of the programme has shifted away from delivering qualifications towards employment outcomes is a message that is clearly heard and understood. In transmitting the work focused message, however, and inculcating this into the culture of their organisation, the colleges differ widely and in ways which appear to have a direct bearing on RT strategy, delivery and performance. Although colleges which are more dependent on RT funding may be more sensitive to the requirements of the RT contract, a greater degree of work focus does not necessarily or automatically follow.

The nature and severity of disabilities catered for is one important aspect of provider cultures and underpinning approaches to RT. Pan-disability colleges have perhaps more successfully embedded the work focused message into their

cultures partly because the disabilities they cater for can appear less debilitating to employers, so trainees have a better chance of moving into work. This is not to say that specialist providers are less sensitive or open to the work focused message. Indeed, they, of all the providers, are most acutely aware of the deleterious effect that employer prejudice can have on the employment opportunities of disabled people. However, it is fair to say that specialist sensory impairment providers are faced with a different order of difficulty when seeking to progress trainees and move them into work.

A specific difficulty alongside the often greater severity of impairment, are attendant basic and communication skill deficiencies which often need addressing before vocational training can commence. Frequently, the stipulated maximum length of 12 months' RT is insufficient time within which to progress more severely disabled trainees and in the specialist colleges, trainees are routinely granted extensions by the RTU of up to a year in length. Unable to access mainstream FE courses, it is unlikely that such trainees would be capable of making significant progress towards the labour market without this longer-term support and specialist setting. Specialist providers readily admit that many of their trainees are not work ready within 12 months but a lack of alternative provision means that these colleges may be the only avenue available for customers with more complex needs. As such, they are understandably reluctant to turn RT applicants away.

It would be a mistake to think that only the specialist colleges grapple with such dilemmas. Though all the colleges speak of RT as *'first and foremost an employment programme'* some staff readily admit that paid employment is not necessarily the goal or a realistic outcome of RT for all participants. Whether RT is conceived as a programme which prepares disabled individuals for employment, or as a programme which helps disabled people to secure and sustain employment, has important implications in terms of the selection criteria for RT, decisions about the content and timing of interventions, together with measures of effectiveness and success. Should individuals be selected according to their potential to achieve a sustained employment outcome or simply the capacity to benefit from training? If RT is designed to prepare people for work, then is it legitimate to talk in terms of distance travelled towards employment? Conversely, is a programme intended for people capable of paid work more appropriately funded and judged in terms of the achievement of employment outcomes? These fundamental questions, of which the colleges are acutely aware, go to the very heart of the debate about the effectiveness of RT and its role in the future delivery and funding of DWP disability employment services.

3 Funding, contracting and performance issues

There is no doubt that, to lesser or greater extent, contracting arrangements and the funding model for Residential Training (RT) are key features of managerial activity and strategic behaviour at the Residential Training Colleges (RTCs). Indeed, it would be strange if this were not the case given that some of the large pan-disability colleges are either wholly or predominantly reliant upon the RT contract. For the Department for Work and Pensions (DWP), the contract is the principal tool available for encouraging the colleges to perform and behave in ways which support and further the Department's policy aims. This chapter seeks to explore and understand the way in which decision making and behaviour at the colleges may be affected by these arrangements.

3.1 Procurement and contract negotiation

Since 1985, RTCs have been contracted by DWP to deliver RT as an adult employment programme. Rolling contracts are procured and negotiated annually between the Residential Training Unit (RTU) and individual RTCs; the provision has never been tendered competitively. For the last three years, spend has been steady at £18.75 million. The colleges are closely involved in contract discussions and strongly influence decisions on the content, structure and funding of contracts as part of the negotiation process:

> *'It's pretty flexible. You've got X amount of money, how do you want to structure it? It's been a proper negotiation. We've said what we want to fund and to a certain extent that's been agreed. So we could either have more day students, more residential students, more outcomes, more start fees etc. We've discussed it…and decided how we want the contract to be structured.'*
>
> (RTC principal)

While performance issues do form part of contract negotiation, historical levels of funding, occupancy and customer demand for training, appear to be the key

determinants of what is contracted, for how much and with whom. Indeed, performance issues are mainly understood and measured in terms of budget spend and the accurate profiling of demand for training, rather than job outcomes:

> *'*[We are] *the best performing college...we came within budget…we've got a fairly well honed system of analysing the demand.'*
>
> (RTC principal)

> *'We've been fairly lucky over the years because we've performed relatively well against our submitted target numbers that we expect to be able to recruit.'*
>
> (RTC principal)

> *'We measure them against contract in terms of the number of starts they're achieving, outcomes on how their performance is in terms of occupancy and… the qualifications as well…We'd also measure the financial performance, so we measure how they're performing against the contract.'*
>
> (RTU member of staff)

This understanding of performance is not misplaced, originating as it does with the RTU, but possibly reflects the fact that, until 1989, RT for adults fell under the auspices of the Department for Education and Employment (DfEE[4]) and retention and occupancy, rather than job outcomes, were key measures of quality and effectiveness.

Despite the apparent formality surrounding the renegotiation of contracts, annual renewal was said to present problems as regards forward planning and financial continuity, and most colleges would prefer three-year contracts. Aside from this issue, college staff reported they were generally happy with contracting arrangements and the RT funding model. Those delivering Learning and Skills Council (LSC) contracts would, however, prefer to have the academic rather than the financial year as the basis for the accounting system.

3.2 Contract values

Contracts vary between providers not only in terms of their overall value but in relation to the amounts, value and proportions attached to individual contract elements including residential and day place fees and the value and proportion of Output Related Payments (ORPs). Three of the colleges also attract additional fees for enhanced assessments.

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[4] In broad terms the employment responsibilities of the former DfEE were transferred to DWP, while the education and training responsibilities are with Department for Education and Skills (DfES). DfES still retain responsibility for funding the training of young disabled people at some RTCs via contracts held by the regional LSCs.

In the 2005/06 financial year, with total RT spend at £18,720,009, individual contract values ranged from £120,000 to £3.2 million[5]. Somewhat unexpectedly, given RT's work focus, the balance of funding is heavily weighted towards the training delivery, with around 90 per cent of RT fees paid on starts and course occupancy and the remainder earned through ORP. In 2005/06, only eight per cent of total RT spend was accounted for by ORP.

The fee paid for each trainee who starts RT is standardised across all RTCs. However, weekly residential and day place fees vary significantly between providers. In the financial year 2005/06, the average weekly fee paid for a residential place was £283. However, fees ranged from £171 up to £788. Weekly fees for a day place and distance learning were similarly variable. This wide range of fees means that some providers are paid less for an RTC place than others are for a day or distance learning place.

The large variation in weekly fee levels between different RTCs was explained by the RTU in terms of differential delivery costs between the providers and in particular, the higher costs associated with training, supporting and accommodating RT customers with sensory impairments. The fact that there are significant differences in fee levels between colleges specialising in visual and hearing impairments, and between the five specialist visual impairment colleges, suggests, however, that other factors must also be at work. Historical fee levels may be of influence, perhaps too the higher maintenance and running costs some colleges face due to the advanced age and poor condition of their buildings.

3.3 Output Related Payments

Output Related Payments comprise a list of outcomes for which a fee can be claimed by RTCs if achieved by RT-funded trainees during training or within a specified time frame after the completion of training. Unlike residential and day fees, the financial value of specified outcomes are standardised across all providers.

While ORP is a key feature of RT contracts, there are no specific job outcome or qualification targets. Rather, contracted targets relate to trainee starts and performance measured in terms of occupancy. With no specific targets set for jobs or indeed qualifications, each college agrees and contracts with the RTU for a maximum amount of ORP that may be claimed in any financial year. What this sum represents in terms of the number or proportion of employment, qualification and further education outcomes is not specified. Providers are, thus, free to determine how they achieve and earn their ORP, subject to the agreed maximum.

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5 All data in this section has been supplied by the RTU for the 2005/06 contract year. Figures have been rounded and include RT allowances paid to trainees.

The wide range and relatively low proportion of overall RT income that ORP represents for individual providers is unexpected for an employment programme. In the 2005/06 financial year, ORP as a proportion of contract spend, varied from as low as three per cent, to a high of 14 per cent. Actual ORP values ranged from £11,100 to £296,720, reflecting the wide range of contract values held by the 11 RTCs[6].

While admitting that ORP may, in the past, have been seen as a bonus, most RTCs considered ORPs now to be *'significant'*, both with respect to the values involved and in terms of their capacity to influence behaviours in the direction that DWP would wish to see. Nevertheless, the flexibility providers are able to exercise in terms of how they earn their ORP, together with the ceiling on the total amount of ORP payable, means that it is possible for them to earn their full allocation of ORP even when job outcome performance is poorer than in the previous contract year. In fact, it is technically feasible for providers with low value contracts to earn the maximum amount of contracted ORP through the achievement of qualifications alone.

The fact that in the 2005/06 financial year, six of the 11 RTCs claimed 90 per cent or more of their contract value (of these, two claimed 98 per cent and one 100 per cent) further suggests that the funding model may not be stretching providers to achieve as many job outcomes they may be capable of (indeed most providers under-claiming on their contract did so because they under-achieved on the number of starts, not the number of job outcomes).

The fact that National Vocational Qualification (NVQ) level 1 and 2, and NVQ level 3 and 4, are paid at the same rate also provides little incentive for providers to stretch trainees. Given the additional costs and uncertainty attached to delivering higher level qualifications, it is understandable that RTCs might seek to err on the side of caution. Delivering entry level qualifications to lower ability trainees thus represents both a lower level of risk and a higher potential income for the colleges than seeking to progress more capable trainees to their highest achievable level.

Retaining customers longer in training can also be more financially advantageous for RTCs than it is to move them quickly into work. For example, though providers earn the highest level of ORP in respect of trainees who leave for work within 30 weeks of starting RT (£4,500), because weekly attendance fees are paid at a relatively high rate, retaining the same trainee for a further 22 weeks and then helping them into work, would attract a significantly higher level of fees overall, even though the ORP after 52 weeks' training is paid at a slightly lower rate (£4,000). There is, therefore, greater incentive to retain trainees up to the maximum period of training allowed than there is to encourage them to leave early for work. In effect, far from rewarding providers for job outcome success, the funding model appears to penalise them.

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6 Data supplied by the RTU for the 2005/06 contract year. Figures are rounded to the nearest whole number.

3.4 Job outcome performance

Few involved in RT delivery would take issue with the fact that job outcome performance has declined in recent years. In the 2005/06 financial year, 40 per cent of all trainees who completed RT found employment within 12 months of leaving, compared with 50 per cent in 2002/03. The proportion of trainees who fail to complete their courses and leave early has also increased. Currently, around a third of customers who start training leave early (although around a quarter are said to restart at a later date). Taking into account the early leavers who returned at a later date, in 2005/06, only a quarter of customers who started RT achieved a job or self-employment outcome within 52 weeks of leaving RT, compared to a third in 2002/03. Again, the overall average masks considerable variation in performance between the colleges, from a low of six per cent employment outcomes to a high of 39 per cent.

It is useful to look beyond the headline statistics. Overall job entry levels not only mask significant variations in performance between the colleges but also between courses, even within the same college. Not only do the better colleges outperform the lower performing colleges by more than a factor of six, but the best courses achieve up to eight times the job outcome achievement rate of the worse performing courses. The colleges would claim that the variation in course performance is accounted for by differences in client profiles and in the variable calibres and capabilities of trainees undertaking the different vocational courses. Nevertheless, regardless of individual abilities and of vocational course levels, RT is intended to offer training which, on completion, should enable trainees to move into employment. It could be argued, therefore, that courses from which a large majority of trainees do not move into employment, either indicate shortcomings with trainee selection and assessment procedures or else raise questions about the quality of some courses or their currency among employers.

Although the overall cost of RT has been constant over the last three years, there has been a decline in cost effectiveness due to the combination of increasing early leavers and declining job outcomes. Whereas in 2002/03 the average unit cost per job outcome was £45,956, in 2005/06, this had risen to £62,767.19[7]. The colleges explained the decline in job outcome performance and cost effectiveness with reference to the changing and increasingly challenging nature of the customer group. With an increase in the severity and complexity of barriers, customers are increasingly hard to help. The harder to help, the more likely they are to leave RT early, the longer they take to complete their training and the less likely they are to secure job outcomes.

Cost effectiveness issues were viewed by RTCs as mainly concerned with the internal efficiency of training delivery – keeping delivery fees low and reducing

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[7] Based on a total RT spend in 2005/06 of £17,449,279, and 278 job and self-employment outcomes claimed by the colleges. Figures supplied by the RTU.

staffing, overhead and running costs, for example. Colleges with LSC contracts appeared better placed in this regard, being able to share overhead, staffing and marketing costs between the two types of provision. This may be a key reason why providers with LSC contracts appeared to be more financially stable or certainly less insecure than colleges more dependent on RT funding.

Perhaps a reflection of delivery oriented contracting and funding, few college staff had any concept of cost effectiveness in terms of the cost of jobs or qualifications achieved or how these aspects of cost effectiveness might be improved:

> *'Cost effectiveness comes when you've got volume…When you try to operate at smaller volumes…you're a smaller base trying to cover the cost.'*
>
> (RTC principal)

To date, efforts designed to improve performance have been directed towards improving retention in provision through more robust assessment practices and procedures and additional student support services. With additional RTU funding, one college has made significant efforts to address early drop-out through the development of a comprehensive, stand alone assessment centre which prospective trainees attend for three weeks prior to starting their vocational training. Accordingly, retention had improved, though whether this improvement had translated into enhanced job outcomes was too soon to say. To date, strategies which have been effective in securing improvements in job outcome performance have generally eluded the colleges.

3.5 Contract content and structure

The content of contracts in terms of the number of starts and training places contracted for appears largely to be based on historical delivery patterns and past performance, as measured by course occupancy. Irrespective of job outcome performance, courses which RTCs have successfully filled in the previous year and for which there is a high and continuing level of demand from customers would generally be re-contracted at the same or higher number of places, while places on courses which they have struggled to fill may be reduced or courses withdrawn.

These arrangements may, in part, account for the slow evolution of several RT courses. The additional costs associated with setting up new provision may also be a factor. While some colleges have expanded provision or introduced new courses in response to customer demand, for example, in the building trades, others appear less inclined to do so. With course types and trainee numbers fixed by the contract and with the bulk of funding paid on course occupancy, provided that places can be filled, there is little or no incentive to change the provision. This may provide an explanation of why some colleges continue to run courses even when job outcomes are poor.

While the rigidity of RT courses may derive, in large part, from the prescriptive nature of contracts, the training on offer is as much a product of fixed staffing

structures as of contracting arrangements. Once tutors are appointed and courses are running smoothly, withdrawing some courses while adding others may not only be impractical but costly, as well as potentially financially risky. Some RTCs were concerned that introducing new provision would only serve to deplete trainee numbers on established courses:

> *'New courses…unless you are going to attract more students, what is the point?…If you have got an RTU contract that has got 62 students and you are occupying those 62 students and you introduce* [another] *course…it depletes your numbers on these. You are having to work out an additional area of resources…to man that course but you have got no other income.'*
>
> (RTC principal)

3.6 Extent of work focus

Perhaps the strongest indicator of the way in which the funding model influences RTC behaviour, is the perception that the scope for flexibility in RT and in particular, the degree of work focus, is restricted by the contract. Providers are acutely aware that attributes and skills, rather than specific qualifications, are what employers increasingly want, particularly with respect to entry level jobs. Full qualifications, they recognise, may not necessarily be the most appropriate route into work:

> *'The need to focus on having to get a full qualification to the detriment of developing those other skills meant that we had a large number of students who would get the qualification, but wouldn't be able to get the job because that is not what the employers are looking for.'*
>
> (RTC principal)

To this end, some colleges have developed partnerships with local employers as a means of improving employment outcomes, showing their capacity and willingness to innovate in this regard. However, though often funded through DWP, this provision mainly operates outside the framework of RT. In the main, the colleges believed their efforts to improve job outcome performance had not been reflected in mainstream RT funding arrangements. Keen to further enhance the employment focus of RT, many providers felt restricted from doing more by the structure of contracts and the lack of funding. Citing the RT handbook[8], delivering vocational training is what many providers say they are contracted to deliver and for which they receive RT funding.

> *'RTU funding is for specific training programmes.'*
>
> (RTC principal)

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[8] The RT handbook states that courses must offer vocational qualifications approved under Section 96/97 of the Qualifications and Curriculum Authority (a list which includes but is not restricted to NVQs) or approved by the RTU as relevant to employment.

'Our RT…for disabled adults…the programmes are very vocational, so they can't come and study just any old thing, they have to come and study a vocational course.'

(RT manager)

Indeed, some providers felt they already offered support over and above the contractual requirements of RT vocational training delivery and funding:

'We are not funded to deliver soft skills.'

(RTC principal)

That providers feel constrained by the funding model is perhaps best exemplified with reference to the widespread belief that RT funding ceases when a trainee completes RT:

'Once someone leaves Residential Training, the funding stops.'

(RT manager)

The notion that funding ceased was often used by the colleges in explanation of the withdrawal of support to trainees after they left RT. In fact, this perception betrays an evident focus by the colleges on the delivery rather than ORP aspects of their contracts. Although weekly training and residency fees cease when a trainee leaves, ORP fees may be claimed up to 12 months after trainees have left RT.

Thus, while an emphasis on work and job outcomes is clearly evidenced in RTCs' views and observed in the content and delivery of RT, the way in which the programme is funded and contracted appears to be shaping decision making and behaviours, albeit inadvertently, in directions not always compatible with DWP policy aims. Indeed in neither rewarding RTCs for good performance, nor penalising them for poor performance, the funding model acts as a structural impediment to innovation and improvement. Regardless of how work focused RT courses and provision are or strive to be, therefore, there is an evident tension between provider behaviours designed to maximise job outcomes and those which seek to maximise contract value. Encouraging better performance and focus on job outcomes may require greater compatibility between the two.

4 Customer selection, referral and assessment

Selection and assessment for Residential Training (RT) begins with the Disability Employment Adviser (DEA). They alone have the facility to make referrals to Residential Training (RT) and, as such, act as gate-keepers to provision[9]. Any Jobcentre Plus adviser wanting to refer a customer to RT, or indeed any customer wishing to self-refer to the provision, must do so via a DEA. The knowledge and experience of DEAs is fundamental to the manner and degree to which they engage with prospective customers and the colleges. Their role is, therefore, key to the selection and referral process and whether or not individual customers end up on RT, or alternative local provision.

4.1 Marketing and recruitment

Since DEAs act as gatekeepers to RT, much of the marketing and promotional activity of Residential Training Colleges (RTCs), rather than being targeted at prospective customers, is aimed at DEAs. Some colleges appeared to be more efficient and inclined towards marketing their provision in this way than others, possibly a reflection of the differing size and value of RT contracts. Most of the colleges distributed brochures, newsletters and emails to DEAs nationally, though the frequency varied. Several organised regular open days to which DEAs would be invited, and arranged for staff to speak at local Jobcentre Plus communications meetings to raise the profile of RT and update colleagues of new provision.

Prior to the establishment of Jobcentre Plus, the Residential Training Unit (RTU) played a key role in marketing RT, speaking at DEA training events and organising regional roadshows to raise awareness of the provision on behalf of the colleges. With the devolution of Jobcentre Plus management to local levels, DEA training and

9 The key exception to this policy was a pilot run in the South West which allowed Incapacity Benefit Personal Advisers (IBPAs) to make referral to RT direct, without having to go through a DEA. See Section 4.1.

staffing is locally rather than nationally organised and managed, and consequently less amenable to the marketing approaches of the RTU:

> *'Because the national training programme for DEAs no longer exists, there isn't the possibility to have the national coverage and national input to induction programmes or training programmes…for DEAs. …If they hear about it, it's perhaps through a colleague who has referred somebody…'*
>
> (RTU staff member)

Furthermore, in being contracted and managed via the RTU, RT sits rather uneasily *'outside of the loop'* of mainstream Department for Work and Pensions (DWP) and Jobcentre Plus communication systems. The RTU has no means of accessing or amending information held about RT on the Jobcentre Plus intranet site or presented in marketing materials. Some of the information was known to be out of date but the RTU had no means to change it.

Increasingly, disseminating information about RT was being done directly by the colleges, though they too were experiencing similar problems to those of the RTU.

Changes to management arrangements in Jobcentre Plus meant that DEAs were working less in district-organised DEA teams, and more as members of local office teams:

> *'The trouble is now I can't go out to a group of DEAs…to a team meeting because they're not in teams; they're actually under the jobcentre itself. Whereas before you could go and hit a whole team and deal with* [any] *issues…it needs a more tactical way of marketing to the DEAs.'*
>
> (RT manager)

As a result, referrals to RT had become increasingly localised and dependent on personal relationships with DEAs. The closer the relationship, the greater the propensity of DEAs to refer:

> *'We have got an excellent relationship with the DEAs in this area, they know us well and we know them and it becomes quite informal, quite easy to deal with them because they know us.'*
>
> (RT programme manager)

> *'We do rely on* [DEAs] *for referrals* [so]*…good relationships are crucial.'*
>
> (RT principal)

Reductions in overall numbers of DEAs, together with the high turnover and mobility of staff, however, meant that relationships with DEAs were becoming harder to maintain and continuity continually being lost, potentially undermining not only the referral process, but the effectiveness of RT overall:

'You get a link and then the person would move.'

(RT co-ordinator)

'The DEAs are very good but they're scarce…a PA who has had six weeks training is not going to provide what a good old fashioned DEA did who knew their way around the district…'

(RT manager)

Some colleges employed dedicated marketing officers to develop relationships with DEAs, one even appointing a former DEA to the role. Colleges contracted to deliver other DWP-funded disability services used their New Deal for Disabled People (NDDP) job brokers, based in Jobcentre Plus offices, to develop links and act as a referral mechanism to DEAs.

Several colleges questioned whether is was strictly necessary to restrict RT referrals to DEAs, suggesting that with the national roll-out of Pathways, IBPAs and even NDDP Job Brokers, should be also allowed to refer. The South West region, with its low density of population and high mobility of DEAs, pilioted such an approach, with mixed results. Without the input of DEA expertise, many referrals were found to be inappropriate and the pilot was not extended to other areas.

Though RTCs valued their close relationships, the increasing dependence of the colleges on individual DEAs was tending to further reinforce the regional and local aspects of RT referral, attendance and delivery.

4.2 Disability Employment Adviser propensity to refer

Within the DEA cohort there were wide discrepancies in terms of knowledge and experience in general, and of RTC provision in particular and, therefore, marked differences in type and number of referrals to RTC provision. In the context of local restructuring in the management and delivery of Jobcentre Plus, it is hardly surprising that wide variations exist in levels of understanding about RT. The least knowledgeable DEAs were often those new in post or who combined their DEA role with other jobs. Largely unaware of RT or its role within disability employment services, a key issue was the lack of a formalised or consistent approach to the DEA role or training. In some cases, the DEA aspects of their job amounted to no more than four hours per week, for which they had received little or no training and in which RT may only have been mentioned in passing. Where DEAs had been trained, scant attention was paid to the role and function of RT and RTCs:

'It was literally five or four hours worth of training and…just going over Work Prep, WORKSTEP, I can't remember – it may have been briefly mentioned that there is Residential Training, other than that, that would have been it.'

(Part-time DEA)

Many DEAs had never heard of the RTU and depended for information about RT on marketing materials sent through by the colleges and work-shadowing more experienced DEA colleagues. Their heavy workloads and other responsibilities limited the time available for seeking further information about RT via the intranet. Knowledge of RT would often amount to simply knowing of its existence, possessing the manual provided by the RTU, along with receiving occasional marketing emails by RTCs. These DEAs were mainly located in Jobcentre Plus districts at some distance from a college and, therefore, unlikely to have visited any of them. Unsurprisingly, given that they were hardly in a position to sell the provision, DEAs fitting this profile were least likely to have made referrals to the RTCs:

> *'I can't say I'm on the ball as far as knowing exactly which college does what and what their strengths are, because we don't use them…'*
>
> (DEA North West region)

Furthermore, because few had made any referrals, they typically knew little about which customers RT would benefit most, the circumstances under which a referral may be appropriate or the likely outcomes of participation. As a consequence, referral practices were largely self-perpetuating; DEAs who had not referred in the past were less likely to do so in the future.

At the other end of the spectrum were DEAs who demonstrated good breadth of knowledge across all the colleges, perhaps having also visited some in person, and in-depth knowledge of the college or colleges in their particular locale, with whom they were likely to enjoy a close rapport. Though no less busy than other DEA colleagues, their first hand knowledge of the colleges and better understanding of RT courses and specialist support services, favourably disposed them to promoting the provision and referring customers on:

> *'So we felt like we'd got a lot more knowledge when we came back and we were able to sell this product to customers.'*
>
> (DEA)

Another group of DEAs more likely to refer to RT were those perhaps less experienced and knowledgable about the provision but located in districts with a large and high profile RTC. Here, custom and practice in the office or district as a whole served to over-ride their own inexperience, thereby increasing the likelihood of a referral to RT. Knowledge of and referrals to RT would, however, generally be restricted to the closest RTC, with much less awareness of what other colleges could offer.

Over-riding all other variables, the key determinant of DEAs' propensity to refer to RT was their proximity to a college. Regardless of all other factors, the closer in distance DEAs were located to an RTC, the more likely they were to refer. Rapport and relationships were clearly more difficult to establish and maintain where the nearest college could be some distance away:

'We're physically far away from them it is hard to go on familiarisation visits to…see first hand what they can provide. They send out information brochures every year on what they are supplying so really that is the extent of my knowledge.'

(DEA Scotland)

The farther the distance, the less likely it was that customers would elect to join RT, the residential aspect of provision, together with the length of courses, being the key elements of the training said by DEAs to deter prospective customers from attending:

'The problem I have in this area is that nobody wants to travel to them or go down South…Moving away from family, they might have other commitments, they might have homes to keep here. …Generally speaking they find it a bit too difficult to move away and stay away for the length of the course.'

(DEA Scotland)

Regardless of distance, residential attendance was the aspect of RT that DEAs found hardest to sell to customers, representing a barrier to participation for many who needed and would benefit from a longer period of training. The residential aspects of RT could, therefore, be as off-putting for some as it was beneficial for others:

'With RT…the main barrier, it's living away from home. A lot of customers that I see…are the over 25s, they've already…got families or…responsibilities… that they just couldn't just up and go away for the week and come back at weekends or every other weekend.'

(DEA North West)

'If it means going further afield, that is much more daunting and more difficult to sell, so that is a bit of a barrier for some people.'

(DEA Midlands)

Other DEAs believed that a 52-week vocational training course was not only demanding and a huge commitment, but quite simply not a realistic undertaking for their many customers who had left school with no qualifications and had basic skills deficiencies. Nevertheless, some DEAs did believe there was a latent demand for training and that higher take-up of RT would have occurred if the provision had been available locally:

'I do think if you had the provision locally, with the right support, there'd be a bigger take up.'

(DEA)

What is interesting to consider is whether the absence of an RTC in a region may encourage DEAs to more thoroughly investigate local alternatives. Certainly,

local alternatives to which DEAs in more distant regions would refer their disabled customers, seemed more readily available where there was no local RTC, though it is not possible to say whether this provision matched the quality of RT or whether it met the needs of all their disabled customers. DEAs in North West region, for example, used European Social Fund (ESF) courses and other DWP-funded provision run by a specialist voluntary sector organisation for disabled customers who wanted training, and did not consider their customers unduly disadvantaged. On the other hand, DEAs located elsewhere in the region believed that key gaps in provision existed since local contracts for Work Based Learning for Adults (WBLA) had been withdrawn:

> *'They cut back on the local training available…they had quite a good training programme…with the local college but they didn't…*[re]*contract. They cut that back and…we struggle to find the provision for the customer.*
>
> (DEA North West region)

It is difficult, therefore, to gauge the degree to which DEA behaviour in regions removed from the colleges can be said to call into question the need for RTCs. It could be that there is a failure in these areas to cater for the needs of those requiring longer term training or retraining. What may equally be true is that where there is a local RTC, less experienced or busy DEAs may fail to adequately investigate local alternatives and so make unnecessary or inappropriate referrals.

4.3 Incapacity Benefit Personal Adviser and Specialist Incapacity Benefit Adviser role

Specialist Incapacity Benefit Advisers (SIBAs) in non-Pathways Jobcentre Plus areas had no formal role in referrals to RT and knew little, if anything, of any substance or significance about RT or RTCs. Residential Training was felt to be entirely the domain of the DEA. Information acquired about RT during training was minimal and in practice, the most extensive working knowledge tended to be gleaned by SIBAs shadowing experienced DEAs, or from having held the role of DEA themselves in the past.

Policy and working practices among IBPAs and DEAs in Pathways areas were different in theory, though less substantive in practice. Here, DEA and IBPA roles were largely differentiated by the severity of customers' barriers and length of time on Incapacity Benefit (IB). The IBPA focused on the more job-ready customers, acting as a filter for the DEA who then received the harder to help and longer standing benefit claimants at some distance from the labour market. In theory, IBPAs in Pathways areas can complete the main part of an RT application and the role of the DEA then becomes that of quality assurance. However, at best, IBPAs' knowledge of RT may be described as developing, so this was rarely happening in practice. In the majority of districts, harder to help customers were immediately passed on to the DEA as they would be elsewhere. Nevertheless, close working relationships were evident between IBPAs and DEAs in Pathways areas, with DEAs

frequently undertaking a mentoring role. Some staff believed that the national roll-out of Pathways and converging working practices heralded a possible merging of roles in the future:

> *'From the internal side it's pretty much an overlap and I can see it becoming one role.'*
>
> (DEA in Pathways area)

> *'There's been a bit of sort of greyness over sort of where their role ends and where ours starts.'*
>
> (IBPA in Pathways area)

4.4 Suitability for Residential Training

While proximity to a college may be the most important determinant of DEA behaviours globally, judging an individual's suitability for RT was done selectively by DEAs and on a case-by-case basis; there was no evidence to suggest that the referral of individual customers to RT was purely a matter of routine or expedience. However, key differences were evident in terms of DEAs' understanding of the role of RT, their underlying reasons for referral and selection and their assessment practices.

DEAs mainly showed an excellent understanding of the types of constraints and employment barriers faced by the customer group and confirmed the trend away from purely physical disabilities towards more complex needs and mental health issues. Around two-thirds of customers were now said to present with mental health issues, both as primary and secondary disabilities. Given the comprehensive support services available at the colleges, RT was deemed to be appropriate for harder to help customers with complex needs who needed longer interventions to move them closer to work. RT was also seen to provide full-time, intensive re-training for those wishing to train for a new career following an accident or acquired disability, something which mainstream colleges and Jobcentre Plus no longer offered.

Where DEAs differed was in the extent to which they expected or considered job outcomes to be achievable for participants of RT. Some clearly regarded job outcomes as unrealistic for all trainees, but believed the social and residential environment of RT would be beneficial to trainees' personal development and, therefore, a positive step forward for the individual concerned:

> *'It's making them feel part of society again…'*
>
> (DEA)

From this perspective, individuals with more severe disabilities would be considered suitable for RT even though the theoretical aspects of courses or basic skill problems make it unlikely they would be capable of achieving a full qualification or progress into work:

'It's about the distance travelled from when they left us.'

(DEA)

Indeed, some DEAs were under the impression that RT was intended mainly for individuals with moderate to severe learning difficulties or a sensory impairment and were surprised when enquiries to the RTU indicated the provision was applicable to a much broader range of types and severity of disability and health conditions.

Though not expecting an immediate job outcome from RT, for most other DEAs, the expectation was that on leaving training the customer would be in a position to start looking for work with the help of DEA or NDDP job broker.

'…we have got to be realistic and we are sending people onto these courses because we think that they've got a good chance of gaining employment eventually, it's not going to be straight away.'

(DEA)

'…it's about…what skills have you given the person to come back to us so we can help them get a job in the job market.'

(DEA)

A clear contrast was drawn between RT, with its supported environment and focus on getting individuals 'job-ready,' and Jobcentre Plus provision which targeted short-term job entries:

'All the staff seemed really caring and stuff, really committed to what they were doing…It was a bit of a shock to us because we're Jobcentre Plus and used to dealing with training providers that…only talk about job entries… You go to [RTC]*…it's…on their agenda but it's not something they face all the time…'*

(DEA)

'Training for a new job has tightened up [in this district]*. The training providers now want people who are job ready…'*

(DEA)

Differences of opinion and practice were also evident regarding customers with alcohol or drug dependencies, chronic mental health conditions and those with a history of offending. Given the changing profile of RT customers, it is clear that individuals with more challenging barriers and backgrounds are finding their way onto RT in increasing numbers. Not all DEAs considered such customers suitable for RT, indeed, the majority did not, suggesting that issues around DEAs' ability to identify such individuals, or customers' willingness to disclose medical and offending backgrounds, may perhaps be at the root of this. A number of DEAs did admit, however, that a lack of alternatives was largely behind this broader

interpretation of suitability for RT and that referral practices had changed over time in response to the contraction in local provision:

> *'I think there's probably a tendency now to send people to the colleges that you wouldn't have sent maybe 10 or 15 years ago, because of the lack of funding locally.'*
>
> (DEA)

In general, the larger urban centres seemed better served with alternative provision. The more experienced DEAs in these areas made good use of this provision which mitigated against inappropriate referrals. On the other hand, areas which experienced a withdrawal of DWP funded training provision and the more rural locations appeared less well catered for, particularly with respect to customers needing a longer period of help:

> *'We could do with a lot more training, retraining people where maybe the emphasis isn't so much on the pressures of getting a job within three months…a little bit more time to get them the skills and to work with them to try and get an employer who will give them a chance.'*
>
> (DEA Scotland)

The introduction of other Jobcentre Plus disability programmes such as NDDP was also believed to have removed from the customer cohort some of the more job ready and employable physically disabled individuals whom RTCs had traditionally catered for in the past. Those who remained included the very hardest to help for whom RT was a last resort and form of rehabilitation, all other interventions and efforts having failed in the past:

> *'Many people come here with shattered lives and they have been at lots of other* [provision]*...down lots of other avenues of further education, perhaps other providers and this is often…the last stop for many people.'*
>
> (RT programme manager)

A number of the colleges were less inclined to adopt a policy of open access and questioned the motivations of DEAs in referring such customers, many of whom appeared entirely unsuitable for RT:

> *'There are DEAs that are opening their bottom drawers, you know, and blowing off their dustiest files.'*
>
> (RTC principal)

> *'We see people coming through that are totally, totally unsuited, nowhere ready for the RT experience.'*
>
> (RT manager)

The possibility that customers were being mandated to attend RT to maintain benefit eligibility was raised by some college staff, though DEAs themselves strenuously denied this.

4.5 Assessment: Disability Employment Advisers

Assessments carried out by DEAs were of variable content and quality. Much of this variability reflected their training and experience and the extent to which their role was dedicated to disability employment services. As discussed, some advisers had had no specialist training at all and had the DEA function tagged onto their main job. Elsewhere, DEAs were 'Level A' trained to carry out psychometric and other technical assessments of a trainee's suitability for training and employment. Extended assessment by a work psychologist is also possible to develop a comprehensive understanding of the customer's health problems, perhaps where there is a history of mental illness. However, in the districts covered, there was no evidence of any such assessments having been carried out.

In practice, DEAs adopted more informal than formal methods, using interview techniques and one-to-one interaction to establish levels of basic skills ('light touch basic skills') and identify customers' barriers. Ensuring customers' job goals were clear and realistic given their barriers and local labour market conditions, was highlighted as a key function of assessment, leading some DEAs to question why the requirement to specify a job goal had been removed from the RT application form[10]. Getting the timing and frequency of meetings right could be crucial, given the unpredictability of customers' health and the fact that motivations to train and work could fluctuate from one week to the next, a feature of some conditions:

> *'If you get them on a good day, some people will do anything and then you might get them a week later and they're like "oh no"…So…we do need to use our questioning skills to find out whether it's the right course of action for them and asking the what if questions and…how do they feel about things…'*
>
> (DEA)

Only when all aspects of a customer's needs and barriers had been thoroughly explored, would DEAs then seek to identify the most relevant support and provision, within the limitations of what was available:

> *'…you have to listen to what the customer's telling you..to get them talking about what they want, what their needs are…what's going to motivate them to want to go back to work and hopefully supplying whatever it is they need, matching up what they need with what we've got, which gets harder.'*
>
> (DEA)

Depending on the availability of local provision, RT might be suggested as an option for selected customers who met the eligibility criteria. Customers unsure of their ability to cope with RT or of which course to follow, or whose commitment to training or work was questioned by the DEA, may be referred to alternative

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[10] The RT application form previously required DEAs to identify the customer's job goal but this requirement has since been removed.

provision, prior to RT. A successful application to RT would sometimes follow on from an initial referral by the DEAs to a part-time college course, for example. This served to test the customer's commitment and capacity to train, as well as helping to improve confidence and develop transferable skills prior to the start of RT. More common though was a referral to Work Prep, run by local providers including several of the colleges. These shorter programmes, lasting between six and 12 weeks, were often used as a form of extended risk assessment for customers with learning difficulties or sensory impairments, prior to referral to RT:

> *'…where a customer is perhaps not absolutely clear what they want to do as part of RT, it obviously makes more sense to perhaps encourage them to do a period of Work Prep…'*
>
> (DEA)

Familiarisation with the residential environment allowed customers to make informed choices and enabled colleges to determine the applicant's overall suitability for RT, perhaps related to issues such as behavioural problems and/or drug or alcohol dependency. Where trainees attended residential Work Prep run by the RTC, moving from Work Prep onto RT represented a seamless transition:

> *'The work placement one was about six to eight weeks…it was decided prior to the end of work placement that the 12 month access technology course was the ideal avenue, I…finished the work placement and went straight on to the 12 month course, so there was no gap.'*
>
> (Current RT trainee (former Work Prep trainee))

Such practices were justified in terms of their potential to increase the cost effectiveness of RT through removing, from the customer cohort, those individuals clearly unsuited to RT, and, therefore, more likely to leave early.

4.6 Assessment and referral: customers

As with other aspects of RT, there were discrepancies between the theory and reported practice of referral and customer experiences. Reviewing customer testimonies, it is clear that, nationally, assessments of suitability for RT were often less thorough and certainly less consistent than DEA interviews would seem to indicate. As the previous discussion highlights, there are qualitative differences in the approaches of DEAs and, therefore, with the quality of the applications they put forward. To this can be added the problems of staff turnover, continuity and coverage, all of which can serve to undermine the depth and accuracy of DEA assessments.

Only a small number of customers interviewed had prior knowledge about RT, gleaned from internet searches, word-of-mouth or on the basis of a college's reputation. In the majority of cases, customers depended entirely on the advice and guidance of DEAs regarding their suitability and eligibility for RT. Most knew little or nothing about RTCs or RT until their DEA suggested it as a possibility. Referral

decisions seemed most effective in cases where contact and rapport between DEAs and customers predated referral by many months or, indeed, years or was at least regular and frequent in the period leading up to referral. Such customers were mainly complimentary about the help they received, some emphatically so, though due to high staff turnover and mobility, many had no further contact with the DEA after referral:

> *'*[My DEA] *has been a massive rock. Sometimes I've been in there and I just break down and cry…the next thing I know I am walking out of there smiling, giggling. She has very much given me that sort of support.'*
>
> (Former RT trainee)

> *'*[My DEA] *was absolutely amazing…she is one of the ladies that is responsible for my life turning around really, it is very sad because she has lost her job, they made several DEAs in this area redundant.'*
>
> (Former RT trainee)

Elsewhere, though contact may have been long established, high staff turnover reduced continuity and the efficacy of assessments. One customer had six different DEAs over a five-year period of contact, eventually being referred to RT, only to leave early part way through his course because he was unable to cope. In fact, a surprising number of customers met with a DEA only once or twice before being referred to RT. For these individuals, referral to RT was more an administrative than an advisory process, a matter of filling in the application form and sending it off to the RTU:

> *'It was just a matter of right…if this is the course you want to go on, then OK we'll fill the forms in and send them off…the* [DEA] *help…seems completely disjointed…they don't exactly say "…this is what we've got, now which area would you like to slot into? What can we do for you?" And that's the sort of information that is important but it isn't forthcoming.'*
>
> (Current RT trainee)

Others saw three or four different DEAs or advisers during the period of assessment for RT, disrupting and lengthening the application and referral process:

> *'I've only ever had the same* [DEA] *twice because I had one lady who I was supposed to see, she went sick, then I seen a temporary relief…then I seen a lady who had just started and didn't know anything about it, didn't know about her job either, she was learning as she went…Then I went back and there was somebody else.'*
>
> (Former RT trainee)

The difficulties customers had in making contact or meeting with DEAs appeared to be widespread, souring relationships and frequently following through into the period of training:

'Trying to get in contact with the DEA is like a nightmare really because … she's only there about one day a week…She's got a massive area to cover.'

(Former RT trainee)

'I could never get hold of my DEA. After the first meetings, as soon as I signed on the dotted line…to say that I was going on the course, that was it, I never saw her again. I saw her once at [RTC]*…I went up to try and talk to her and she didn't want to know.'*

(Former RT trainee)

Though instances were rare, a small minority of customers were poorly advised by DEAs regarding their eligibility for RT. On the apparent advice of his DEA, one individual reportedly gave up work to enable him to qualify for RT eligibility, only to discover there was a nine month waiting list for the course that he wanted to do. After the intervention of his DEA, he did eventually start RT, leaving after six months and before he completed his qualification, because he had debts and could no longer afford to remain out of work:

'At the time I was working I couldn't go on the course unless I was in receipt of some benefit…the [DEA] *advised me to quit which I did and then they called me back and said because you've quit your job you're not entitled to any benefit!…I think my DEA got involved somewhere along the line…'*

(Former RT trainee (early leaver))

4.7 Applications processing

The research reveals that after expressing a desire to take part in RT, eligibility checks and the submission of application forms, most customers experienced relatively few problems in referral. Applications processing by the RTU appeared swift and efficient and most trainees reported a period of no more than three and four months between submitting their application and starting training. One aspect of the process that worked less effectively, later elaborated, was the identification of employer placement possibilities in trainees' home labour markets. In practice, this requirement on DEAs was often overlooked and their role in sourcing placements was at best patchy, a shortcoming acknowledged by the RTU:

'Part of the application process is that the DEA should identify some employers in the home area who might be able to offer a work placement. That isn't always the case and it doesn't always work to be honest.'

(RTU member of staff)

Employment Development Officers (EDOs) at the colleges who often relied on DEA's local knowledge and contacts to find placements, confirmed that the involvement of DEAs and their responsiveness to requests for help varied:

'Some of the DEAs are fantastic and will come up with good suggestions of possible [work] *placements…Others…I don't know whether some DEAs have more clients or are particularly busy, or just haven't got the time to deal with it, just don't get back to me…'*

(EDO)

A few of the more popular courses operated waiting lists and some customers waited up to 18 months to get onto the provision. Waiting lists also operated in respect of potential trainees only interested in attending on a day rather than residential basis. Some of the colleges also ran Criminal Record Bureau (CRB) checks on applicants which could take up to six months to process, in some cases adding to waiting times.

'I was supposed to start in January but because they do a police check…I didn't actually start until the April…Some people were six months behind with the police check.'

(Former RT trainee)

Though applications processing was conducted efficiently, the content and quality of the information contained in application forms on which the colleges heavily rely, was often found wanting. Staff at the RTCs were generally critical of the quality of the applications they received from DEAs, also highlighting the problems of DEA turnover and the difficulties of making contact where they covered large areas or worked out of more than one Jobcentre Plus office:

'The whole area of really supporting the application in the first place, with all the right information, the right assessment, is really in many cases poor.'

(RT programme manager)

Many applicants were said by the colleges to arrive on campus with no clear job or employment goal:

'DEAs…have to be able to…get them into an assessment process that assesses for where they're headed [in] *employment, and I don't think that happens.'*

(RT manager)

Key information about a customer's background and barriers, later revealed during training, would often be missing.

'One of the weaknesses is that we don't get enough information on the client. That is probably the biggest weakness, again the DEA can only give us the information they are given by the client.'

(RT principal)

The lack of information and poor quality of applications reflected DEAs different levels of experience and competence, but also customers' reticence to disclose sensitive personal information. Though willing to inform DEAs of the details of

physical disabilities or health conditions, this was not always the case for any attendant behavioural problems, mental health conditions or substance misuse issues. Poor basic skills was another barrier that customers were often reluctant to reveal. One of the initial problems RTCs faced, and a key objective of college assessments, was in uncovering the hidden or secondary barriers which the DEA may have failed to uncover or which the customer had been unwilling to disclose.

4.8 Selection and assessment: Residential Training Colleges

As with many facets of RTCs, there is no common selection procedure or assessment system in place, although there are strong commonalities between procedures at the specialist colleges and those covering the pan-disability spectrum. It is difficult to be precise regarding the exact format of customer selection and assessment since policies varied from college to college and indeed, course to course within the same college. Customers were also often vague about selection and assessment, recalling events and occasions such as open days and induction weeks better than the processes of assessment they underwent.

Open days provided an opportunity for individuals to experience the residential environment prior to committing themselves to training. They also allowed prospective trainees to meet and speak with course tutors and support staff, though discussions often fell short of a formal interview. Some of the more technical courses and those requiring minimum standards of literacy and numeracy, required applicants to sit aptitude tests. In the main, however, open days served to test customers' suitability for RT and interviews would be reserved for applicants whose backgrounds or disabilities raised particular concerns for the colleges. Interviews and tests were also a function of course occupancy levels, used as a mechanism for managing demand when applications to courses were over-subscribed. Where training places were vacant and course occupancy low, colleges were less selective, accepting all-comers and dealing with any issues or barriers once they had started in training:

> *'I keep an eye on the occupancy…We are trying to bring everyone in for a pre-training interview but we're watching numbers as well…some of the applications have been a little bit down on numbers. So if there are no particular issues that concern us, if we think that they…could manage starting with training from day one…then I would bring them in straight for training.'*
>
> (RT programme manager)

More selective are some of the specialist colleges whose memorandum and articles restrict their client base to individuals with a specific type or severity of disability. One RTC declined applicants considered *'too employable'*, whose disabilities were mild and whom the college considered capable of attending mainstream provision:

'If somebody comes here on assessment and we think that they can succeed in FE, then that's what we'll say, we won't say come here.'

(RT manager specialist RTC)

Another college declined to accept individuals where assessments indicated serious mental health issues or unresolved drug or alcohol problems. Here, assessment was funded separately and additionally to RT, taking place prior to the start of training. Elsewhere, colleges were reluctant to screen out RT applicants and around 95 per cent of those applying for a place were reported to be accepted onto training. Overall, turning away applicants was quite rare, the main reason for doing so being an unfavourable CRB check. Unsurprisingly, RT provision suffers from poor retention and around a third of trainees leave early, with drop-out rates of 50 per cent on some courses.

The most robust assessment system appeared to be operated by the college which, with additional RTU funding, had developed its own stand alone assessment centre in a direct effort to improve retention rates and to address inconsistencies in the assessments and applications received from DEAs. All trainees spent the first two weeks of training at the assessment centre. At the end of the two weeks, a trainee deemed unsuitable for RT will be refused a place. Early drop-out was said to have reduced significantly, though some DEAs alluded to these practices as 'cherry picking'.

Elsewhere, in-depth assessment would often occur after trainees had officially started training and the colleges were eligible to claim start fees. Assessment and induction are, thus, often run in parallel, usually lasting two weeks at the start of RT. The process seeks to build upon the information received from the DEA, and may include a medical assessment, preferred learning style and basic skills testing. To this can be added eye/ear examinations, mobility and life skills at the colleges catering for sensory disabilities and specialist equipment assessments elsewhere.

In spite of raising concerns about unclear or unrealistic job goals, few of the colleges appeared to challenge customers' assumptions or choice of training course or provided employment or careers advice prior to the offer of a place or indeed, during assessment. The capacity to benefit from training, rather than to sustain a job outcome, therefore, appears to drive the assessment process. Given the colleges' expertise in dealing with harder to help customers, it is difficult not to interpret some behaviours, at least in part, as funding driven.

5 Decision to participate in Residential Training

5.1 A qualification and a job

By far the majority of customers made the decision to participate in Residential Training (RT) with the ultimate objective of securing employment, reflecting the underpinning assumption of RT that gaining a qualification would be the most effective route into work following a period of absence from the labour market. Though important, the qualification was generally viewed as a means to an end, rather than an end in itself:

> *'I wanted…a qualification and a job at the end of it.'*
>
> (Former RT trainee)

> *'The main objective of the course was for a student to go in there to gain knowledge, skills and come out with a job.'*
>
> (Former RT trainee)

Those unable to return to a previous job or occupation due to a physical disability, injury or health condition, believed RT would equip them with the necessary skills and qualifications with which to start afresh in a new employment direction. Allied to this thinking was the view that securing a qualification would result in better remunerated work than would otherwise be possible.

Though many customers in this category were long-term unemployed, most had a solid history of work prior to becoming ill or disabled and so had limited experience of claiming benefits. Retraining for a new job or occupational area was often the only option open to them, particularly where their previous job involved manual work or required physical activity:

'It was the only option…I was not capable of doing any manual labour. I didn't have any unskilled jobs available…because generally unskilled jobs or untrained jobs are manual and I didn't have that option because of my back. I couldn't do any form of driving work because I had lost my driving licence, so the only option I had left was to train.'

(Former RT trainee)

Reference was commonly made to doctors' advice or employers' health and safety policies as key reasons why they were unable to return to a previous job or area of employment:

'My doctor and the specialist…said that going back to that kind of work wasn't really advisable…so it was a case of having to retrain in something else.'

(Former RT trainee)

Views on the pervasive importance of qualifications to success in employment were not restricted to those with acquired physical disabilities but included customers with learning difficulties and mental health conditions. Many had no qualifications or prior experience of training and erratic work histories punctuated by long periods of absenteeism from the labour market. Residential Training, and in particular gaining a qualification, was seen by them as an opportunity to break out of the cycle of low paid, low skilled jobs:

'I hadn't actually got any qualifications and my line of thinking was that… I'd stand a better chance of employment. So my prime target…was to get qualifications.'

(Former RT trainee)

'I really did want to learn a skill that would enable me to do a job that hopefully would earn more money than the jobs that I have done previously.'

(Former RT trainee)

Finding employment which offered the prospect of future progression was especially important for younger trainees and those with families to support. Retraining for a new career was, therefore, key. One young female trainee who had seriously injured her back while apprenticed to be a car mechanic, resented the suggestion by a Jobcentre Plus adviser that she should look for work in a supermarket:

'…she told me why don't I go and work in Tesco's. …I was so furious that she'd even suggested it…She hadn't even suggested retraining, more qualifications…I was 21 at the time and I was like "I'm not going to spend the rest of my life stacking shelves and sitting behind a till"…I wanted a decent job.'

(Former RT trainee)

For another trainee, RT represented a first step on the ladder of a new career which would allow him to provide longer term for his family:

> *'I had a young family…I needed to provide for them…and with no disrespect for people who go into administration…the wages are low…whereas… accountancy…there are fewer people that want…to go the distance…I said to myself I need this career to be able to provide for my family. Within that course I saw the beginnings for a career.'*
>
> (Former RT trainee)

5.2 Lack of alternative provision

Confirming Disability Employment Adviser (DEA) views, the lack of alternative training provision that was suitable and affordable, was cited as a key factor in customers' decisions to participate in RT. Cutbacks in training and funding had, over the years, reduced the availability of vocational courses leading to recognised qualifications. The job outcome focus of remaining provision had also served to reduce provision for customers who were interested in, but some distance from, work. What remained was limited in choice, with the only courses available offered on a part-time or distance learning basis. Funding to enable individuals to pay for commercial training courses was also said to have been curtailed:

> *'If I wanted to get funding for a couple of grand to do* [an IT] *qualification… you can't do that, no, you can't get a Microsoft certificate but you can go on and get an NVQ…'*
>
> (Former RT trainee (early leaver))

5.3 Job goal and salary expectations

In spite of being committed to work, not all customers referred to RT had a clear or realistic job goal. Those with learning difficulties, in particular, were often unclear about what they could or wanted to do and could, therefore, be highly suggestible to the advice of DEAs and Residential Training College (RTC) staff. It was not uncommon for them to start one course and switch to another when it proved to be too difficult or unsuitable. Other trainees moved between unrelated vocational areas, suggesting that job goals were not strongly predetermined or fixed at the outset.

> *'It was just basically to learn some IT skills…just to be IT literate really, any job you go for whether its to go on a till in Tescos or anywhere it is all computer orientated and I didn't have any of those skills really.'*
>
> (Former RT trainee with osteoarthritis)

Where a specific job goal was identified, the common assumption prior to starting RT, apparently unchallenged by DEAs, was that the courses and qualifications they would be working towards were industry recognised and would enable them to compete more effectively for work. The extent to which job and salary

expectations were realistic, or views informed by up to date knowledge about work, tax and benefits, was variable. Where individuals had higher level skills and previous experience, a not uncommon expectation was that RT would allow them to access new job opportunities roughly commensurate with previous levels of pay:

> *'I knew I wanted to work for a big public agency…but* [you need to] *look at the pay scale, because some jobs you think "oh that looks quite nice" but when you look it was £12,000, I couldn't take anything like that on, so I had to aim a bit higher than that really.'*
>
> (Former RT trainee with arthritis)

Those with lower level skills and a history of poorly paid work believed that RT would enable them to access different jobs paying more than they would otherwise be capable of earning:

> *'I am getting to the age were I don't have long left before I retire, whether I retire at 60 or 65 either way, it's not long. …I thought it would be nice if I could earn a bit more money than what I have in the past.'*
>
> (Former RT trainee)

Others were content so long as employment paid enough to make it worthwhile, as they saw it, to move off benefits. Very few appeared to have had a Better Off Calculation (BOC) carried out by the DEA to confirm or counter these assumptions or to identify whether they may be eligible for in-work benefits.

5.4 Rehabilitation and independent living skills

Among those strongly motivated to join RT for reasons of work were customers who needed to rehabilitate following a disability acquired as a result of an accident, injury or illness. Many had been absent from the labour market for long periods and were consequently depressed, needing to build their confidence and self-esteem prior to moving back into work. For some, the qualification and training course was less important than the social contact and daily routine which residential attendance brought:

> *'The only reason for me doing the course, for me personally was to get back into the way of things and get my confidence back.'*
>
> (Former RT trainee)

Another group for whom the residential setting, rather than the qualification, was key, were individuals who saw RT as an opportunity to make further progress towards work following rehabilitation from drug or alcohol dependency.

Customers with a sensory impairment, whether acquired or congenital, often chose to attend RT to learn skills of adaptive technology and independent living as part of a rehabilitative package of support to get them (back) into employment. Strong in condition management and specialist equipment, it was hoped RT would

help them adapt to their disability and allow them to operate productively in a work environment.

Others, though not needing to attend residentially, required extra support, a longer period of training or simply a more understanding attitude towards their condition or disability:

> *'I had tried to attend a local scheme while I was on my benefits…but it wasn't conducive if you had something wrong with you…I am still suffering quite a bit with my condition.'*
>
> (Former RT trainee with arthritis)

Though clearly in a small minority, some RT participants were evidently less work focused than others. Very long-term unemployed people sometimes joined RT to begin the process of recovery from a drug or alcohol dependency. Other customers who had acquired a visual or hearing impairment relatively late in life, wanted to learn independent living skills but had no intention of working.

5.5 Self-employment

A significant minority joined RT as a route into self-employment, though again, some customers were more realistic and well advised than others in wanting to pursue this aim. Courses were selected in subjects in which they had an interest or aptitude in the hope and expectation of becoming self-employed, if not immediately, then certainly in the medium- to longer-term following RT attendance. Few had sought or been offered help or advice prior to starting RT to test the validity of this goal:

> *'I have always been interested in computers and I was hoping to…build up in time to starting a business repairing computers or building computers…I kind of went into it with really high hopes of* [being] *able to earn a living.'*
>
> (Former RT trainee with depression)

5.6 Choosing residential or day attendance

For many trainees, residential attendance was central to the decision to participate in RT, though the underlying reasons and motivations differed. For some, attending residentially was more important than the qualification or course. Here, the socially integrative and confidence building aspects of attending residentially were uppermost:

> *'I needed to do something, plus the fact that it was a residential course, that I'd be meeting other people in similar circumstances which I thought would help.'*
>
> (Former RT trainee)

Though living close to a college, some chose to attend residentially to avoid the stress of commuting and to enable them to fully immerse themselves in the training:

> *'I wanted to do my best at the course…to live in, so that I could study without having any interruptions…I* [wanted to be] *residential so I could give it my all really.'*
>
> (Former RT trainee with depression)

In contrast were those resigned to attending residentially and who did so for purely expedient reasons. Travelling to the college each day was impractical either because of distance, mobility or health problems. Most decided to attend residentially but at what they considered to be a cost or inconvenience to themselves. Many would have preferred to train locally at a mainstream college or provider but joined RT due to the absence of suitable local courses leading to a recognised qualification:

> *'It was not something I wanted to do but it was a necessary evil to get to my aim, to get myself back…with a decent job. You put up with it…but that's the sacrifice you make…I'd have preferred just to go down the local college.'*
>
> (Former RT trainee)

A few customers experienced pressure from the college to attend residentially when they did not want or need to:

> *'They took it for granted that I was going to be in residence…I said "No I'm…travelling in", and that became a problematic thing.'*
>
> (Former RT trainee)

> *I was under some pressure to…sign up as a resident and I said "I only live… ten minutes drive from the place". …The comment was well if ever you feel you need to take a rest during the day you will have a room to lie down in and if you want a…breakfast or…evening meal, then you will automatically qualify…I didn't want the room, I was under some pressure to take it but I insisted that I did not want it.'*
>
> (Former RT trainee)

Regardless of the reasons for attending residentially, where they had a choice of provider, most customers selected the college which was closest in distance to where they lived:

> *'The* [DEA] *mentioned* [RTC] *and another college that was further up the line, and I looked over the information and basically the deciding factor was the distance, travelling back once a fortnight, I thought the other college would be too far.'*
>
> (Former RT trainee with depression)

For some, participation in RT was entirely contingent on living in close proximity to a college. Had daily commuting not been possible, they would not have joined RT at all. Again, wanting to remain at home and close to family members was the key reason:

> *'The only reason for choosing that course was…the fact* [that] *they're on the doorstep and it meant I could travel in. There's no way that my wife would have been happy that I went on a residential training course.'*
>
> (Former RT trainee)

The key exceptions to these patterns of attendance were specialist courses run by a single provider and specialist provision for people with sensory impairments, where the need to access specialist equipment, facilities or expertise limited choice. Nevertheless, even here, DEAs confirmed that most customers with sensory impairments chose the specialist provider closest to where they lived.

5.7 Financial assistance and expediency

While not the principle reason for wanting to attend RT, financial assistance was an important contributory factor in allowing some customers to do so. Help towards the costs of travel and childcare, for example, apparently not available elsewhere or to the same level, enabled some trainees to overcome specific barriers to participation:

> *'I wouldn't be able to do it otherwise…it's nearly like £100 a week in taxis. His nursery's a bit out of the way and like the bus times wouldn't tally up with the times I needed to be at college and…it's too far to walk…the RTU will fund his nursery fees, full-time. So that's another bonus.'*
>
> (Visually impaired former RT trainee)

For some Jobseeker's Allowance (JSA) recipients, the training allowance and eligibility for benefits while attending RT, may have acted as an incentive to participation:

> *'One incentive also was that going onto learning allowance meant I get more benefits for a longer time…Had I not gone on that course my Jobseeker's Allowance…would have ended three months later. As it was I had the JSA… plus £10.'*
>
> (Former RT trainee)

Some colleges believed that the additional financial support and training allowances available via the Residential Training Unit (RTU), could serve to incentivise participation in RT rather than Learning and Skills Council (LSC)-funded training, for which younger trainees in the 18-25 age bracket were also eligible:

'LSC being 16 to 25 and the RTU being 18 to whatever, there's a crossover point and often students that are being referred through the RTC system… that's because of the enhanced benefits they get by doing that, travelling home, extra enhancements on their benefits is an incentive.'

(RTC principal)

The convenience of roll on roll off (RORO) delivery[11] which reduced the time customers would otherwise have to wait if they attended a mainstream college, was another expedient reason given for referral to RT. Local training provision did not generally offer a RORO service and not having starts tied to the academic year was a key benefit. Having made the decision to participate, most customers were keen to get started with their training and did not relish the prospect of a long wait. Though RORO presents the colleges with other challenges, from the DEA and customer standpoint, it made for accessible provision and swift referrals.

[11] In theory, RORO delivery allows trainees to start their courses at any time, rather than only at the beginning of the academic year or term.

6 Added value benefits and experiences of Residential Training

6.1 Residential Training College views

For most Residential Training College (RTC) staff, the residential aspect of Residential Training (RT) represents its key defining, added value feature. What the residential setting does, they believe, is give trainees the time and space to learn through removing them from the distractions of the home environment and allowing them to concentrate fully on their vocational courses in a supported environment. Theoretically, then, the trainee is 'immersed,' able to train intensively and without distraction over a lengthy period, something which mainstream provision does not allow.

Due to their lengthy experience, the colleges are particularly adept at dealing with physical and sensory disabilities and routinely intervene with specialist equipment, and adaptive technology in the case of the specialist colleges, to ensure that trainees are not disadvantaged in vocational training or employment. Trainees are encouraged to take this equipment to a placement provider and may be allowed to keep the items when they move into employment directly from training. As well as providing equipment and access to medical facilities, the provision of therapeutic and counselling services is increasingly commonplace, and is particularly effective in supporting trainees with depression and substance dependency.

The colleges also routinely provide specially adapted en-suite accommodation for trainees whose conditions impede their physical mobility. Facilities generally, whether purpose built or adapted over time, are fully accessible to disabled people and fit for purpose. In spite of improvements to access arising from the Disability Discrimination Act and associated Government and European legislation and directives, few mainstream education or training providers have either the facilities, specialist equipment or necessary expertise to support trainees with higher level needs.

Other aspects of added value to which college staff referred included the facility to secure extensions to training for individuals whose progress may be slower than others and the routine provision of basic skills support for those who need it. Indeed, some of the colleges required mandatory attendance at basic skills classes for trainees assessed as needing this help. Training may also be suspended and re-started at a later date if health conditions deteriorate or require treatment in their home locale. Higher staff to trainee ratios and roll on roll off (RORO) delivery were also highlighted. While such features may help to characterise and define the provision, many are not exclusive to RT, nor do they necessarily require residential attendance. The 'one stop shop' model of specialist and holistic help does, however, appear to set this provision apart from mainstream further education (FE) colleges and other training providers.

More pragmatically, perhaps, there are those customers who live within daily travelling distance of the colleges, whose difficulties in accessing public transport, though not necessarily severe, would extend their journey times to a degree that would make daily travel impractical. Others, though living locally, may find commuting daily too stressful, too complicated or likely to exacerbate health conditions. For these individuals, RT offers them a facility unavailable in FE colleges or other training providers.

In the case of customers ordinarily living with parents, who may provide an element of care, the residential setting provides the opportunity to acquire independent living skills in a supported environment. Away from home for the first time, for young people and those with learning difficulties, this opportunity may provide the first step towards future independence.

Residential Training Colleges can also be highly valuable environments for customers with acquired disabilities to learn skills for a different job or occupation, while adapting physically and psychologically to their new condition. Perhaps most beneficial for those with acquired sensory disabilities, the specialist colleges provide access to specialist equipment and technologies as well as an arena in which they can meet and mix with people in similar situations to themselves. This can assist not only with the acquisition of adaptive skills, but with the process of coming to terms with their disability, particularly one acquired later in life. Trainees attending Learning and Skills Council (LSC)-funded colleges could also benefit from the independent living skills training they offered, which the Residential Training Unit (RTU) did not fund.

Peer group support is not only the preserve of the specialist colleges, nor does such support necessarily or only form around particular disabilities. By their very nature, pan-disability colleges are an amalgam of a diverse array of disability types. Trainees can draw confidence and learn practical skills from others who may be in a worse position than themselves.

One of the attendant difficulties faced by disabled people, who spend time out of the labour market and for job seekers more generally, is the degree to which confidence and self-esteem can be eroded over time. Long-term absenteeism from

the labour market may also lead to depressive or anxiety-related illnesses, which can have the compound effect of leading to social withdrawal[12]. The RT model recognises that factors such as these, often additional to the primary disability itself, can prevent individuals from progressing. In requiring trainees to re-engage and reintegrate, the residential characteristics of training can increase confidence and help to overcome the worse effects of social isolation. By structuring courses according to the nine to five working day, trainees are supported back into the routine of work.

Socially integrative contact also extends beyond the nine to five of training courses through residents' ability to access the colleges' recreational and leisure facilities and extra curricular activities run during the evening and at weekends. The informally supportive aspects of RT, then, can provide a framework within which to address secondary mental health-related problems and softer barriers to progression and employment.

With all aspects of support available under one roof, despite the ubiquitous use of the term, there does appear to be a genuine attempt by colleges to deliver an holistic approach to aid trainee development and progression towards labour market participation. Throughout all this, the residential aspects of RT are seen as an intrinsic, and for some colleges, a sacrosanct element of the provision.

6.2 Customer views and experiences of Residential Training

Customers' reported experiences of RT provide evidence both to support and to counter the views of college staff regarding its added value benefits. While most customers found the experience valuable overall, views did cluster at opposite ends of a spectrum of opinions, indicating that RT seemed to suit and benefit certain individuals more than others. For some trainees, the RT experience had been life enhancing:

> *'I would say to anybody that it was a life changing opportunity it really was.'*
>
> (Former RT trainee)

> *'Incredible is probably the best word I could use.'*
>
> (Former RT trainee)

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12 The relationship between long-term unemployment, employment and disability are investigated in Berthoud, R. 2005 *'The employment rates of disabled people'* DWP Research Report No. 298. See also Gordon Waddell, Kim Burton 2006 *'Is Work Good for Your Health and Well-being?'* The Stationery Office.

On the other hand, were a small minority of trainees for whom attending RT had been a wholly unsatisfactory experience:

'There was nowhere to hide. …I couldn't sleep…it was like an institution.'

(Early leaver)

'I just hated [RTC]*. I did not like the place.'*

(Early leaver)

Given the wide range of disabilities, conditions and circumstances of trainees, it is hardly surprising that not all of them viewed RT in an entirely uncritical light. Nor can it be assumed that positive or negative views automatically correlate with securing or not securing a positive outcome. In spite of achieving their qualifications and getting work, some trainees found RT something to be endured to get the qualification and job they wanted, while for others who remained on benefits, it was *'brilliant'*. What is important here is to distinguish between views which are positive or negative from an employability perspective and those which simply reflect either an enjoyable or an unsatisfactory experience.

In large part, the mix of views reflects the different circumstances of trainees, together with different motivations for taking part in RT already discussed. A married man with young children completed RT and moved into work, having gained his qualification in accountancy. Delighted with this outcome, he nevertheless missed his family dreadfully while attending RT. Had he had the choice, he would have preferred to attend daily but the distances involved made this impossible. On the other hand, in spite of remaining unemployed, for a trainee with learning difficulties who had lived with parents all his life, attending residentially was *'the best thing that has happened to me'*.

6.3 Acquired disabilities and depression

There is good evidence from the research, later elaborated in section nine, to indicate that people with mild to moderate mental health conditions, particularly those which are secondary to an acquired disability or health condition, have potentially most to gain from attending RT. Conditions, such as mild depression, stress and anxiety related illnesses, which often accompany, or indeed can result from, a physical or sensory disability or serious medical condition, may be successfully alleviated through the socially integrative features of RT and especially residential attendance. The provision forced individuals who may have become withdrawn to integrate with their fellow trainees and staff, and get back into the daily routine of life and work:

'You come to this place as though you were going to work, in terms of time keeping, in terms of dress, in terms of attitude, effort and everything.'

(Former RT trainee)

The model also gives customers, perhaps concerned about relapses or unstable conditions, the confidence to take part in training. Such customers take comfort in the knowledge that professional and medical support is always at hand and that training may be suspended and restarted at a later date if their condition deteriorates. In fact, very few trainees in this category did relapse or leave training early. On the contrary, as intended, the social contact worked effectively to overcome their depression and isolation. Peer support helped trainees to adjust psychologically and begin to manage their conditions and most completed their training, many going on to get jobs. Many such individuals thrived in the residential setting, drawing confidence from the fact that there were others with more serious conditions and in worse situations than themselves:

> *'I made a lot of friends…we all helped each other…there were some people who were maybe more disadvantaged than others and we just helped them or if somebody wanted to help me, they helped me and it's one big happy family really.'*
>
> (Former RT trainee)

Mutually supportive units often developed from the point of induction with some trainees even keeping in touch with friends and associates after completing training and moving into work.

6.4 Younger customers and those with learning difficulties

For younger trainees who may have joined RT from LSC-funded provision, and those with learning difficulties, RT allowed a first taste of independence. Perhaps cared for by over-protective parents, they benefited from the very fact of being taken out of their usual environment:

> *'…That is the first time I stayed away…from home, so I found it a bit hard at first…but I made lots of friends. …It was good because they had a snooker table, they had a bar, they had a games room, they had table tennis and everything…you could go down town of an evening…'*
>
> (Former RT trainee with learning difficulties)

Away from home and the restrictions of parental or institutional care, RT was often their first opportunity to experience some autonomy. In these respects, younger trainees are no different from other young people leaving home for the first time. For such individuals, there was a tendency to play down the specialist and supported nature of RT, understandably so; the support services are a contingency for when things go wrong. What they liked about residential attendance was the social life and the feeling of independence it gave them whilst knowing that help was always at hand.

6.5 Visually and hearing impaired

Specialist colleges were highly valuable environments for those with sensory impairments as they provided the opportunity for trainees to meet and mix with people with similar disabilities to themselves. The peer support was particularly important for helping those with acquired sensory impairments to come to terms and learn to live with their disability:

> *'On my course there was more blind people than normal people!* (sic)*...It made me come to terms with being blind and it has given me a new lease of life.'*
>
> (Former RT trainee)

Informal learning and condition management often took place outside the classroom, reaching far beyond the working day:

> *'…meeting other blind and visually impaired people and realising I am not the only one and seeing how they have got around and you can pick their brains as to how to do things, because…some of them have been blind all their lives and that is a real big help…the other people there were a great resource.'*
>
> (Visually impaired former RT trainee)

> *'When I first got there I couldn't sign, so that was the difficult part…but then I told them I wanted to learn and* [the other trainees] *tried to teach me…they were teaching me a lot…and it was really helpful.'*
>
> (Hearing impaired former RT trainee)

The support and expertise provided by the specialist colleges was also vital for helping those with hearing or visual impairments to progress in training and move closer to work. That the training offered was in a specialist setting and supported learning environment was key. Several customers had attended mainstream courses prior to joining RT but had left due to the lack of specialist staff and support:

> *'When I left school I went to…a hearing college and there was a lot of bullying going on there, I didn't like it at all…I asked if they had an interpreter but they were speaking, there was no signing at all, so I left.'*
>
> (Profoundly deaf former RT trainee) (interview conducted with the assistance of a sign language interpreter)

> *'I gave it a go up at the tech college for a little bit but that was just too hard because…it was just copying off the blackboard all day and that was no good for me. I couldn't see what they was doing and I didn't find the support there very good.'*
>
> (Visually impaired former RT trainee)

The independent living skills and personal development aspects of RT were particularly effective in colleges where the housing offer was wider and accommodation not all provided on-site. Assessed on entry to RT regarding their ability to manage daily life, those with high level needs lived on campus in shared residential units, others lived off campus in community settings. Here, trainees attending 'residentially' learned to negotiate the daily commute to college, while for those living on campus, having to get to and from the college every two weeks helped to fulfil the same objective:

> *'…being registered partially sighted meant that I automatically lost my driving licence, so I was no longer independent…which is very difficult to adapt to…so having an opportunity to go away during the week and come home at weekends was a good half way process to adapting to a new style of life.'*
>
> (RT former trainee with glaucoma)

For such trainees, the skills of independence and the confidence they gained, represented clear added value benefits of residential attendance.

6.6 Drug and alcohol dependencies

Those whose lifestyle or associates may be a contributory or secondary factor to disability, can benefit from the very fact of being taken out of their usual environment. Such trainees, who may have a history of drug or alcohol dependency or offending, have the opportunity to be removed from temptations and relationships which may play a causal role in their conditions and circumstances.

While the residential aspects of training can be highly effective in such circumstances, the benefits may only accrue to individuals who have already successfully rehabilitated. For this reason, the colleges will generally only accept individuals who have completed drug or alcohol rehabilitation programmes prior to attending RT. Anecdotal evidence from former trainees, confirmed by the colleges themselves, indicate, however, that not all had. A key difficulty RTCs face is uncovering the hidden or secondary barriers a trainee has. Whilst trainees may be willing to inform the Disability Employment Adviser (DEA) of a physical disability, this may not be the case for any attendant mental health conditions or substance misuse issues. Many customers with a history of substance misuse were said by the colleges to be unwilling to disclose or indeed, acknowledge the severity of their problems which then only surfaced once they started their training.

Even where rehabilitation has occurred, the easy access to alcohol in college bars may be inappropriate, particularly for those in the early stages of recovery when the risk of relapse is known to be that much greater. As later elaborated in Section 6.8, the sometimes anti-social behaviour that pervaded some of the colleges at night suggests that relapse was not uncommon.

6.7 Chronic mental health conditions, behavioural and psychological problems

Those who appeared to find the residential setting more difficult to cope with were individuals with more serious or chronic mental health conditions or with emotional, behavioural or psychological problems which included a history of conflict or a predisposition to difficulties in managing inter-personal relationships. Thrown into an environment where they are forced to integrate with others in close quarters, these individuals often became embroiled in conflictory situations with fellow trainees or members of staff. Some particularly disturbed or disruptive trainees were advised to leave by the colleges, others left voluntarily and a few switched to attending training on a daily basis by mutual consent. Others stayed the course, accessing college medical and counselling services but often failing to progress significantly or move into work at the end of training. Even with access to mental health professionals, if only because of their disruptive influence on others, RT appeared to be inappropriate for many such trainees.

Only in a very small minority of cases did participation in RT appear to represent a retrograde step. This seemed to be the case for the small number of trainees whose mental health condition was such that, far from helping them to overcome their problems, RT seemed to exacerbate them. Such individuals often succumbed to stress which led to a worsening of their condition. A key disadvantage of residential attendance for such customers was in being removed from family and professional support networks. In spite of access to medical and counselling services while attending RT, the loss of regular contact with close family members, Community Psychiatric Nurses, counsellors, probation officers, social workers and other professionals, was evidently detrimental to more vulnerable individuals including those with long-standing or unstable psychiatric and mental health conditions.

It seems entirely predictable, given some of the personal and medical histories of these individuals, that residential attendance could exacerbate their conditions or that they would get into personal difficulties or conflict. Nevertheless, assessments do not appear to have picked up on these issues either in sufficient depth or early enough in the referral process to select them out as unsuitable for RT.

6.8 Disruptive, alien and intrusive environments

An appreciable number of customers, while not suffering from any particular mental health condition, nevertheless found life on campus noisy, institutional and a distraction to their studies. The poor quality and condition of some buildings and facilities and attendant lack of privacy, was a key contributory factor in some colleges:

'The actual buildings and infrastructure there, they are really old... the accommodation [is] *basic…you can hear everything…I think they are on about knocking it all down and starting again at some stage.'*

(Former RT trainee)

Such views were more clearly marked in colleges with older, halls of residence style accommodation and shared arrangements for eating and sleeping. Several trainees, unable to adjust to the noise levels, switched from attending residentially to daily travelling, some commuting large distances to avoid having to stay over:

'I started out being residential but…I couldn't get any sleep there and they moved me around to somewhere quieter, then they moved me back into the loud bit and then I said I've had enough I'll commute every day.'

(Former RT trainee)

In spite of otherwise positive comments about the quality of courses, older trainees in particular, often found the institutional arrangements and shared facilities an invasion of their privacy and regulations which governed activities and behaviour a restriction of personal freedom:

'You go in and lock the door, you couldn't see the people, you could hear the noise…radios, televisions, everything, you hear people talking and this is driving me nuts…I couldn't sleep…and the dining hall [was] *very noisy…'*

(Early leaver)

Particularly tiresome for those with no access to cooking facilities, was the lack of flexibility around meal times, especially inconvenient for trainees out on placement:

'Evening meal…finishes at quarter past five…if you've been operating house machine for eight hours…you want to have a nice meal…you sort of bomb down have a good wash, rush up and you find the canteen's shut. …I would have cup-a-soups in my room with a kettle.'

(Former RT trainee)

While colleges did their best to accommodate individuals who found the communal aspects of RT difficult to cope with, many were clearly restricted by the volume and type of residential accommodation available. Contracts which placed limits on the number of day places provided were also said to restrict their scope for flexibility.

The RT customer mix was another aspect of training that certain individuals found difficult to adjust to and a distraction to learning:

'Some people just wandered around…talking and interrupting, you are trying to concentrate on what you are doing, these people are making noise. When I complained…[tutor] *said…it's because they have got personality disorders and mental health problems you have just got to accept it…It didn't work for me…I did not feel comfortable there at all.'*

(Early leaver)

Some of the RT trainees attending the specialist colleges populated predominantly by younger disabled students funded by the LSC, also reported feeling socially isolated due to the fact that there tend to be very few adults. The dominant presence of young people in these colleges were said to give them an institutional feel. Cultural tensions were compounded where RT and LSC trainees are integrated in the same classes and where adult RT trainees were outnumbered considerably by younger, LSC-funded students. Several RT customers expressed feelings of resentment at being treated 'like children', an observation not, in fact, restricted to colleges catering mainly for younger trainees.

The after hours culture and at times anti-social behaviour that pervaded some of the colleges at night was particularly detrimental to the training experience for some trainees. RORO delivery meant that at the same time as established trainees were studying hard for exams, new arrivals would be socialising and enjoying themselves in the bar:

> *'If you are…nearing the end of your course…there'll be people* [who have] *been in the bar…swinging open the fire doors, letting them bang back. You've been working physically and mentally…you want some shut eye.'*
>
> (Former RT trainee)

Evening activities, then, often centred upon the bars at colleges. This could be a problem for non-drinkers, non-smokers and those trying to overcome a drink problem. For other trainees, alcohol consumption was inadvisable or indeed harmful due to their condition or prescribed medication. Women in particular felt excluded and said there was little for them to do in the evening. Some found the evening culture intimidating and alienating:

> *'They need more I think to do for the ladies, there is more for men over there I think than for ladies in the evening, entertainment wise.'*
>
> (Female current RT trainee)

> *'It gets a bit frightening sometimes with some of the characters that are there.'*
>
> (Female former RT trainee)

After hours problems were felt to be have been aggravated, at least in part, by the failure of extracurricular activities to materialise in some colleges or else be significantly reduced from what was promised by the colleges in brochures and at open days. Colleges located in rural or more isolated settings were particularly badly affected. Many customers who used the bars said they did so principally because there was little else to do.

> *'…it was a bit tiresome being there because all you had to do of an evening was either go in their bar or sit in your room reading a book.'*
>
> (Former RT trainee)

Left to their own devices in the evenings and at weekends, some individuals engaged in the kinds of anti-social behaviour previously alluded to simply through boredom and a lack of alternative activities to keep them more usefully occupied.

Some providers readily admitted to shortcomings in the provision of organised evening and weekend activities and in one college, a restructuring of pastoral care and support staff had started to make in-roads towards improving the situation. Other colleges were reviewing their policies on serving alcohol, including the possible restriction of bar opening hours to weekends only.

A view among some trainees was that the situation in some colleges deteriorated when RT was marketed more widely to ex-offenders and people with a history of drug and alcohol misuse. Critical of the attempts of some colleges to broaden their customer base in this way, some individuals were said to be joining RT, not with the aim of getting a job or even a qualification, but as a comfortable alternative to life on benefits. The food and accommodation were free and those in receipt of Jobseeker's Allowance (JSA) qualified for a training allowance on top of their benefits.

> *'There are some…that are just there for…the year's ride…the accommodation is free.'*
>
> (Former RT trainee)

> *'…three cooked meals a day was probably more than some people have had in their lives.'*
>
> (Former RT trainee)

> *'While they are here, they're not paying for their rent, or they're not paying electricity, they're not paying for food, so all of their benefits is pocket money, so you know, it really is a holiday camp to them.'*
>
> (RT programme manager)

Some trainees were believed to have been threatened with benefit sanctions if they did not attend RT:

> *'Some people on that course had been forced to go on it…you know, "if you don't go and do this we will stop your benefit".'*
>
> (Former RT trainee)

There was no research evidence to indicate that any trainee had been mandated to attend RT and DEAs confirmed that they had no authority to do this. What can be said, however, is that problems of anti-social behaviour were reported mainly by trainees attending pan-disability colleges where a broader spectrum of customer types and barriers were being catered for.

6.9 Women and people with families

Removing people from their usual environment is not necessarily beneficial for all individuals. For those with families and stable surroundings there may be little to be gained. Indeed, for women with caring responsibilities and others with strong family ties, including people from ethnic minorities, having to leave their homes and communities for up to a year may be a distinct disadvantage and barrier to participation. Where possible, many of those with family responsibilities will choose to attend on a daily basis in preference to attending residentially. However, only customers living in reasonably close proximity to a college could exercise this choice:

> *'I was on a day basis…I live quite close to the college and I didn't see any point in being residential. I could have been if I had wanted to but…I didn't want to be away from my family.'*
>
> (Former RT trainee)

Those living further afield sometimes endured a long daily commute in preference to staying residentially. Unable to drive due to epilepsy, one customer commuted two hours daily in each direction by public transport in order to remain living at home with his family:

> *'I have got a young son, and my wife is alone here…I was a bit worried as regards leaving her here alone at night, so…I travelled by bus in the morning, I had to get up about 5.30 to get ready to catch a bus…'*
>
> (Former RT trainee from an ethnic minority background)

As discussed, a number of the female interviewees who did attend residentially, reported that they found the colleges alienating environments, particularly the bars and after hours facilities, due to the fact that they were predominantly populated by males.

> *'I feel a bit isolated from everybody else because there's only two women on the course…and* [the other woman] *is a daily…I'm the only residential girl. I do feel isolated…I sit alone in the evenings.'*
>
> (Current RT trainee with degenerative disc disease)

This can compound feelings of homesickness and several women who left RT early did so because they felt lonely or isolated. Women were also over-represented in the group of trainees who left training early due to difficulties at home.

Several of the colleges have sought to overcome the barriers to RT experienced by women and others with family responsibilities, through offering selected courses on a flexible part-time, distance learning or tele-tutoring basis. To date, more men than women appear to have taken up the offer, though it is not clear why. A number of the colleges also alluded to an increasing demand for day places but felt their ability to respond was compromised by contract restrictions and funding issues. Were these restrictions relaxed and the colleges able to increase

the number of day places offered, it seems likely that more customers would choose to attend training courses daily than currently do so.

6.10 Impact on customer profiles

These negative comments should not detract from the many positive reports from current and former trainees regarding the residential characteristics of the provision, but serve to illustrate the difficulties which can arise when individuals with very diverse needs and perhaps challenging behaviours, are integrated and catered for in the same provision. It also highlights a key tension; while residential attendance is crucial in enabling some individuals to take part in training they would otherwise be unable to access, for others, it can act as a barrier to participation. In this respect, the residential aspects of RT can be seen as both a strength and a weakness.

An important consequence of the differential impact of residential attendance, is the highly skewed customer profile it produces particularly in terms of gender, but perhaps also ethnicity. Many women, and some ethnic minority men, for whom residential attendance is neither practical nor desirable, may simply exclude themselves from the customer cohort, hence, the overwhelming predominance in RT of single, white, men.

7 Content, structure and delivery of Residential Training

7.1 The Residential Training 'offer'

A difficulty throughout the report has been in discussing the colleges in a homogeneous manner. Similar difficulties exist in determining the exact nature of provision being delivered by Residential Training Colleges (RTCs). Not only does the choice and level of qualifications offered differ, but specialist services, facilities, learning and employment support, together with delivery mechanisms, all vary according to the different colleges.

Setting aside differences in culture, focus and delivery, in most colleges, Residential Training (RT) comprises a qualification-based course of vocational training leading to a nationally recognised qualification, together with job search, structured as a taught course or self-directed with support, and a placement or work experience. Help with basic skills, usually delivered in the form of accredited literacy or numeracy classes, is available for those who need it and all trainees have access to on-site medical facilities and welfare services. Beyond this basic mix, colleges offer supplementary services such as counselling, advice and guidance, therapeutic and condition management services. As discussed earlier, accommodation which allows trainees to develop skills of independence, whether through shared self-catering units or residential housing in community settings, is part of the offer in some of the colleges, often using funding sourced from elsewhere.

Very few courses or qualifications lend themselves to what may be seen as a traditional style of classroom teaching. Mainly as a result of roll on roll off (RORO) delivery, self-directed learning characterises much of the training, particularly the more advanced courses and those with a high theoretical content. Trainees progress through a series of workbooks, completing modules and units at their own pace and according to their abilities. Group and one-to-one support from

tutors is delivered in a classroom, workshop or simulated work environment as befits the particular vocational area. Practical skills may be developed in the context of a simulated setting or the real working environment of the college, later honed in placement.

Courses are structured and delivered according to the normal working day and trainees are expected to attend classes punctually and generally behave as though in a working environment. What may be termed 'softer' skills of personal development and employability, including confidence building, timekeeping and team working, are not so much taught as fashioned through residential attendance and generated as a by-product of RT. This then is the holistic RT experience.

7.1.1 Degree of flexibility and tailoring

One of the reasons it is so difficult to determine the exact nature of courses and support being delivered at an RTC, is that the structure of programmes is largely determined by an individual assessment of a trainee's needs and abilities and how colleges respond to these. Though trainees may follow the same broad vocational programme, differentials in abilities or differing support needs may dictate that, outside of the vocational course, they follow different supplementary training or courses which seek to support their vocational programme. Specialist colleges tend, in the main, to offer more modular and individually tailored programmes than pan-disability providers. This is particularly marked with respect to trainees with sight or hearing impairments, though some colleges specialising in physical disabilities also offer a more personalised service. Life skills, condition management, mobility training and the use of adaptive technologies which seek to promote rehabilitation and independent living, are integral to these courses and are taught alongside the vocational course. Though trainees here may follow the same vocational course, they may receive different supplementary training, support and accommodation. Pan-disability colleges on the other hand, tend to offer more structured programmes of training, with trainees mainly taught in larger mixed ability groups. Specialist help and support such as counselling is self-evidently delivered on an individual and one-to-one basis.

There are good reasons to uphold the claims made by the colleges that they are indeed providing tailored and individualised programmes for their trainees, though this is a matter of definition and degree: they will only run courses based upon customer demand. Some colleges offer associate programmes which allow trainees to attend vocational courses offered by local further education (FE) and higher education (HE) providers. In the main, however, trainees select from existing in-house vocational and supplementary courses and the colleges cannot respond discretely to individual needs outside of what they provide. Nor are most programmes designed to achieve the specific job goals of individual trainees but rather, to help them gain skills and qualifications to compete more effectively for work. Key exceptions are the occupationally specific programmes offered by some of the colleges for jobs such as piano tuning, clock and watch repair and sports therapy.

Within what is provided, the colleges attempt to respond flexibly to individual needs and attributes according to the findings of the assessments both they and the Disability Employment Advisers (DEAs) have made. In practice, much of the tailoring and individualised approach of RT comes down to trainees themselves dictating the pace of learning and the flexible way in which the colleges accommodate progress, lack of progress or crises. There were numerous examples from the colleges of how they responded to changing trainee needs and circumstances during their training. Those struggling on a particular course would be offered the opportunity to transfer to another vocational area. Others who progressed quickly through their courses, would be allowed to move onto more advanced courses and may go out on work placement, assuming a placement is offered, earlier than anticipated. Trainees with medical or domestic crises could suspend their training, restarting it at a later date. Other trainees may move into a work placement early and then return to the college to complete exams.

7.1.2 Vocational courses and qualifications

The standard offer of training in most colleges is a selection of traditional, National Vocational Qualification (NVQ) accredited vocational training courses in mainstream occupational areas such as administration, catering and horticulture, supplemented by more industry and employment-led provision. In the latter case, colleges may deliver City and Guilds or commercially accredited courses rather than NVQs, where such qualifications are considered more relevant to work and employer needs. As noted above, though less common, training for a specific job or occupation is also available in some of the colleges.

As might be expected, the larger, pan-disability colleges offered the greatest range and choice of vocational courses. Trainees generally had less choice the smaller and more specialist the provider, though the range of courses would often be supplemented through partnerships with local FE providers. Not unexpectedly, those whose needs were greatest, such as individuals with learning difficulties or sensory impairments, were more likely to spend their time at the RTC on less demanding courses such as introductory or entry level Information Technology (IT) or horticulture, supplemented by literacy and numeracy classes. The more able students would generally follow NVQ level two equivalent courses, or perhaps level three. Some of the more specialist or obscure courses, for example clock and watch repair, only provided certificates of attendance.

Some colleges' courses appeared more relevant to the needs of employers than others. Colleges also differed in degrees of responsiveness both to customer demand and to industry and labour market change. At the responsive end of the spectrum were colleges seeking to deliver industry-led courses, often in response to customer demand, itself a reflection of employer demand. Some courses had abandoned NVQs in favour of vocational certification in an attempt to improve their currency with employers. One college had recently designed a more discrete, in-depth course in the construction trades in view of the fact that customers were expressing a desire to learn a range of occupational skills which

the NVQ construction courses did not allow. The course had proved so popular and successful it had a year long waiting list.

Elsewhere, provision has been slow to evolve, with some colleges offering courses long since disbanded by other providers or which continue to perform badly in terms of job outcomes:

> *'Our electronics course is very popular but the outputs are poor. That's nothing to do with the standard of training…'*
>
> (RT manager)

This persistence in the face of poor job outcomes is suggestive of the strong influence of funding and contracting arrangements which reward occupancy and retention in provision, rather than job outcome performance.

7.2 Perceived quality and relevance of courses

As with other aspects of the research, differences are evident between theory, practice and customer experiences of RT. Trainees were often highly complimentary about the teaching staff at RTCs. Even when other aspects of RT failed to deliver, the dedication and skills of individual tutors and the quality of the tutorage and training generally, made up for perceived shortfalls elsewhere:

> *'The teaching was fantastic…the tutors are absolutely brilliant…they were the support group, they were everything to us.'*
>
> (Former RT trainee)

> *'I can't speak highly of them enough, they've been so good.'*
>
> (Former RT trainee)

> *'It's a good set up, they give you very good training, extremely good training.'*
>
> (Current RT trainee)

Staff to trainee ratios were mainly considered to be adequate, though ratios and satisfaction levels were clearly higher in specialist colleges. Here, trainees greatly appreciated the fact that staffing levels were superior to those of mainstream FE colleges:

> *'In normal colleges* (sic) *you have one lecturer to about thirty people, here you have one to fifteen or twelve.'*
>
> (Current RT trainee)

Roll on roll off delivery was, however, believed to reduce some of the benefits of high staff to trainee ratios:

The fact that there is roll on roll off…can be quite annoying because half of us started in September and some…in April so you've got two groups, one further on and one just starting and you've got one tutor to try and teach both…it can get frustrating…if the tutor is with one group the other group is just left to get on with it.'

(Current RT trainee)

While convenient in allowing swift referrals onto courses, and thus, minimising waiting times, RORO delivery had other disadvantages. Some of the colleges with large LSC contracts, though ostensibly delivering RT on a RORO basis, operated a skeleton staff rota during the summer months and were more evidently geared towards the academic year. With the constant state of flux, RORO could also undermine the stability and continuity of courses, disrupting learning and class dynamics:

'I found the organisation didn't seem initially geared up to having adult students…The first three months were a waste of time, mainly because I joined in June just after the school holidays started…there was only…half a dozen of us rattling around…there was no timetable for the first three months.'

(Former RT trainee)

Poor access to tutor support, a possible consequence of under-staffing, was more commonly mentioned by trainees attending pan-disability colleges. Here, class sizes were generally larger and on some courses, trainees could find themselves vying for tutors' time and attention:

'The lecturers are always busy in meetings.'

(Former RT trainee)

'The course was good but not enough teachers for the trainees.'

(Former RT trainee)

Trainees would have liked staffing levels to have been higher to allow for greater one to one assistance:

'I feel they should support you more…on a one-to-one basis, they just give you the books and leave you to get on with the course.'

(Former RT trainee)

'Sometimes I think an extra lecturer would be helpful, because one might be in the machine shop and someone has asked for a one-to-one.'

(Former RT trainee)

The best staff seemed attached to the better courses, that is to say, those considered by trainees to be up to date, industry recognised and relevant to the

needs of local employers. Such courses (including Computer Assisted Design (CAD), engineering and accountancy), had a strong work focus in terms of content and the commitment of trainees, were well resourced and were said by trainees to achieve good employment outcomes:

> *'Everybody on my course wanted to work, it was a hard course. …they were all committed…pretty much everybody got their qualifications and everybody got some kind of work.'*
>
> (Former RT trainee)

Here, tutors would operate outside their strict remit of teaching to support trainees in their search for work, using industry and personal employer contacts to help identify placement and job opportunities.

On the other hand were courses said by trainees to be suffering from a lack of investment, *'stuck in the past'*, with anachronistic content, out-of-date course materials, antiquated equipment and software long since abandoned by industry. Particularly badly affected were certain electronics, computer repair and maintenance courses, the content and relevance of which were felt to have become outdated due to the fast pace of technological change:

> *They used DOS…and Windows '95 and '98…*[They] *didn't have the licences for XP…you had a few hundred computers…but they was all, round about '95 or that age you know. Really, really old.'*
>
> (Early leaver)

Morale was often low on these courses, the greater propensity of trainees to leave a contributory factor in the poor overall achievement of job outcomes. Well attuned to the courses and qualifications which were current and in demand from employers – A Plus, CISCO and Computeach, for example – some customers were disappointed to find that without experience, the level or type of qualification offered was unlikely to deliver the kind of job outcomes, employment opportunities or salaries they had expected:

> *'You got a certificate, wasn't worth a penny like…All it tells you is that you've done a course…if you could get the experience with it, it would be brilliant. But with no experience…it's nothing.'*
>
> (Former RT trainee)

Some left RT early as a result; others switched courses:

> *'Very very basic it was…we needed to do the A plus, which is like the next level up. It was just basic computer repairing…it wasn't worth a living at the end of the day. …It was such a big let down.'*
>
> (Early leaver)

The belief that completing the course would lead directly into work commanding *'decent wages'* and offering prospects, was in fact widespread among many RT trainees. College assessments did not generally appear to unpack such views or

seek to disabuse trainees of unrealistic wage expectations prior to the start of training. Nor did any trainees report having had a Better Off Calculation (BOC). It was often at a relatively advanced stage of training that trainees would discover that the qualification they were working towards would initially only secure them low paid work, rising to higher levels only when accompanied by several years of work experience, or further qualifications:

> *'Towards the end of the course I was realising that it was really just a very basic course, if I wanted to make a living out of it…I would have to do further courses which I didn't have money for. I just sort of got more depressed.'*
>
> (Former RT trainee with depression)

Without prior work experience or higher level qualifications, certain jobs were simply not accessible to RT trainees. Work in the building trades perhaps best exemplify such difficulties, although this industry is by no means an isolated example:

> *'A lot of the doors are shut because you need to be working* [a long time] *in that trade to be able to get work…and there are no apprenticeships.'*
>
> (Current RT trainee)

Work in broadcasting, for instance, can be very difficult to break into without degree level qualifications or personal contacts. For someone with a disability, the barriers are that much higher. Some trainees only came to realise that their job or self-employment goal was unrealistic after leaving RT and failing to secure work:

> *'After I left…I thought…we had so many redundancies around here, a lot of people were coming to the job market with much more experience on computers…and they are finding it very difficult to find work…what chance do I have…to be able to compete with them?'*
>
> (Former RT trainee)

Others benefitted from RT flexibilities and were able to change courses after starting RT. One trainee altered career direction part way through RT, switching to a CAD course, after realising he would be unable to make a living from repairing computers due partly to his disability (he used a wheelchair) but also intense competition for work:

> *'I thought I could make…a good living…but then I had to be realistic… about how I'm going to go into somebody's property, take the computer away without them helping me…I did research into the numbers of people who do computer maintenance, found out…*[that] *virtually every man and his dog does…So I thought right, OK I should be realistic now…'*
>
> (Former RT trainee)

Colleges themselves were keen to highlight the unrealistic expectations of some trainees and the poor judgment of DEAs in submitting individuals to courses which offered limited job opportunities in their home local labour markets:

'Our electronics course is very popular…but not from a labour market point of view…DEAs from areas where there is no industry [are] *still sending folk to train on those courses…If you've got a number of skilled people who haven't got jobs, what's the point in sending more people for training?'*

(RTC manager)

The question remains as to why RTC assessment and advice procedures failed to uncover or challenge these assumptions, or at least persuade trainees to temper their aspirations, prior or near to the start of training. Where job outcomes are unlikely in trainees' home labour markets, it is difficult not to conclude that college behaviours are being influenced by funding considerations including the desire to maximise course occupancy.

7.3 Pace, pitch and length of training

The mixed ability classes and self-directed learning style common to many RT courses, theoretically allowing trainees to determine the pace and length of training, impacted differentially according to their age, abilities and preferences. Obviously in RORO provision it would be unfeasible to stream trainees according to their abilities, just as it would be unfeasible for many courses to follow a lecture style scenario, given that trainees are starting and finishing courses at different times. Nevertheless, this style of learning and delivery did not suit or benefit everyone equally.

7.3.1 Self-directed learning

Generalising about which types of trainees responded well to self-directed learning and which did not is difficult, since experiences varied widely even among those within similar age and ability groups. In the main, the slower pace of learning which self-directed learning allows appeared to suit and benefit younger trainees, those of lower ability and those with a learning difficulty, whether congenital or acquired through accident or illness. Many took advantage of the patronage and practical help of fellow trainees, going on to achieve their qualifications, albeit often at entry level:

'The bulk of the knowledge I'd get was off of other trainees who were coming up to finishing their course.'

(Former RT trainee)

Examples of trainees who left RT early, or whose course had been terminated due to a lack of progress, were rare. One trainee with learning difficulties was advised to leave RT by college staff because tutors believed she was unlikely to progress onto exams in the allotted time, with the potential for undermining her confidence. More commonly, those struggling to make progress would be given extra time, additional help or allowed to move between courses. Trainees with sensory impairments often needed longer in training to complete their qualification and many routinely stayed beyond the stipulated 12 months. Specialist colleges

and the Residential Training Unit (RTU) confirmed that extensions of up to a year were not uncommon for such trainees.

Self-directed learning did not seem as effective for trainees with learning or behavioural difficulties, including those with autism spectrum conditions and Attention Deficit Hyperactivity Disorder (ADHD), who could experience problems of concentration and understanding:

> *'You do it at your own pace but I found that I was rapidly running out of time. I was told I could have an extension but…it was too late.'*
>
> (Former RT trainee with learning difficulties)

Conditions such as depression, brain injury and stroke, together with certain medications, could also affect memory and concentration, making learning more difficult:

> *'I couldn't really grasp what I was supposed to be doing…a lot of the time I was there I didn't understand…I did find things frustrating…because I couldn't absorb what I was learning…I couldn't remember.'*
>
> (Former RT trainee with brain injury)

Even with literacy and numeracy classes, many such customers found the written and theoretical aspects of their courses overly demanding. Some passed the practical elements of qualifications only to fail the theory:

> *'I have always wanted to be a cabinet maker…now I have realised that I am not quite good enough…I failed the theory…I can't do it quick enough and in time…I might get there but it will take me a long time and it may not be worth it.'*
>
> (Current RT trainee with learning difficulties)

In spite of the additional help, slower pace of learning and, in some cases, extensions to their training, some individuals failed to progress or complete their qualification. Too much flexibility here could perhaps betray funding-driven behaviours on the part of some colleges. There were a few examples of trainees securing extensions or being moved between provision to try out a number of different courses, to limited overall effect.

7.3.2 More able and older trainees

Some of the more able trainees excelled, thriving upon the independence that self-directed learning gave them and the fact that they could move through workbooks swiftly and at their own speed:

> *'I was doing stuff beyond the course. …They upgraded the computer for me 'cos I was doing 3D modelling, 3D walk reviews, designing buildings, lighting furniture and doing virtual walkways which isn't on the course.'*
>
> (Former CAD trainee)

Trainees who were further advanced in their training would often help other, less able individuals and class newcomers, many finding it helped to boost their own confidence and self-esteem:

> *'If there were other people in the class* [who] *were finding it difficult and the tutor wasn't available, I…was allowed to show other people how to do something I'd already done. So we helped each other…it's a great way to learn…People that were more advanced helped the people that were struggling a bit.'*
>
> (Former RT trainee)

Those studying for administration, business, IT and accountancy qualifications, in particular, were able to progress rapidly through workbooks, completing their courses in six or nine months, some leaving early for work rather than moving into a placement. Being modularised, these courses enabled trainees to secure work without the necessity of completing the full qualification:

> *'I did IT and business studies…I did the CLAIT course…I think I did seven modules…then I went on to level two and did single subjects,…I think I got two…I started in the June and was due to finish…early February, but I finished at the end of December because…I started work on 9th January.'*
>
> (Former RT trainee)

Where only the full qualification was recognised by employers, trainees were less inclined to leave prior to completing their training.

Some of the more mature RT trainees, particularly those who had undertaken little or no further education or training since leaving school, struggled with the whole concept of self-directed learning. Many had expected and would have preferred RT to be more structured, taught lecture style, by a teacher in a classroom setting:

> *'There was no tutor…and no structure to it. Whereas the other departments, the likes of CAD and admin…had a structure…lessons and a timetable, we were just given a manual and told to get on with it. Me and a few of the older ones were finding it difficult to study because we…didn't know how to...'*
>
> (Former RT trainee)

Nor did older RT customers generally appreciate or seem to benefit from being integrated in classes with young and Learning and Skills Council (LSC)-funded students:

> *'Some of the people on my course were young, they'd just left school or they've been on the dole for two years with learning difficulties…I'm in adult learning I don't want to be in a classroom with youngsters.'*
>
> (Early leaver)

The very basic or entry level curriculum of some courses failed to challenge some of the more experienced RT customers including those with a long history of working

prior to the onset of their condition. Though lacking academic qualifications, many were highly skilled and trained in their field. Some found courses were pitched at too low a level for their abilities:

> *'It was too easy. I've got 15 or 20 years knowledge of some of this stuff.'*
>
> (Former RT trainee)

Furthermore, while slowing down the pace of learning could be achieved with relative ease, speeding things up appeared to be more difficult. Flexibilities were often less apparent for trainees seeking to increase the pace of learning, shorten the length of courses or progress onto higher level qualifications. To a large extent, this reflected the particular vocational course being followed; some qualifications clearly lent themselves to fast-tracking better than others. On more advanced or technical courses and those which required supervised access to equipment or machinery, shortening the length of courses and fast-tracking did not work as effectively due to health and safety considerations or because progress required the input of tutors:

> *'Because* [there is] *dangerous machinery, when you'd done it, you have to go and just sit back.'*
>
> (Former RT trainee)

> *'We have about five computers and two studios which at the moment is all right because there are only two groups working…but if there is all of us trying to…use the studio there is going to be a battle on their hands.'*
>
> (Current RT trainee)

Some trainees were bored and under-occupied, spending unproductive time waiting to move onto the next course module or unit:

> *'A lot of the time you were…sat there doing nothing because you'd done all your work and…waiting for something else to do. So you'd see the instructor and* [he] *says…I'll be with you in a bit. So you're sort of twiddling your thumbs waiting…'*
>
> (Early leaver)

Though able to learn at their own pace day to day, some found that the pace and length of the course overall was dictated by the speed of the slowest learner:

> *'One of the biggest weaknesses…is they work at the slowest person's pace. …So the people who can are held back. There is no facility to enhance their learning, it's always at the slowest person…'*
>
> (Former RT trainee)

Several trainees believed they could have completed the qualification in six rather than nine months, had it not been for the slow pace of progress overall:

'I think you should be able to do it in six months…I could have done it in six months but other people on my course…couldn't.'

(Former RT trainee)

Another trainee left early because of the slow progress and the fact that he could not afford to be without work for 12 months. Others alleged that courses took longer than they should have as a result of *'padding'* with irrelevant content, as they saw it, to keep them in training. Artificial constraints, as they saw them, over the pace and pitch of learning, meant that some individuals remained in training longer than they would have liked or achieved lower level qualifications than they felt they were capable of:

'I was one exam away…but they wouldn't give it to me. So I've now got to go to college to get…my level three.'

(Former RT trainee)

7.4 Additional provision and support services

The whole realm of student support services is an area of strength for many of the colleges. As well as providing medical support and specialist equipment, services such as counselling, condition management and access to registered mental health nurses are increasingly commonplace. There is also plenty of evidence of interventions by the colleges on behalf of trainees with learning difficulties and basic skills needs through the provision of literacy and numeracy classes and through one to one instruction with suitably trained members of staff. As with most other aspects of RT, however, the provision of support services was neither consistent nor universally accessible across the different colleges.

7.4.1 Basic skills

All the colleges provided extra help to trainees with basic skills difficulties. Mostly this took the form of dedicated literacy and numeracy courses leading to a recognised qualification. Basic skills were generally assessed during induction and trainees whose marks fell below the recognised standard would be encouraged or indeed required to attend supplementary classes. Unlike vocational courses, basic skills provision was generally delivered along traditional lines, with a set curriculum, timetabled classes and a teacher. For some of the older trainees and those who struggled with self-directed learning, this came as a welcome change, and many enjoyed attending classes:

'What I liked about English was they had these wonderful…proper teachers …like when I went to school. They would write on the board and they would talk to you and they would make learning fun, it was a sheer pleasure…like a breath of fresh air, wonderful.'

(Early leaver)

Some trainees chose voluntarily to participate in basics skills training when they did not strictly need to:

> *'I didn't really need English, but I chose voluntary to go to English and maths.'*
>
> (Former RT trainee)

Others who did not require help with their basic skills sometimes attended classes to assist those who did. Only where attendance was mandatory did trainees resist college policy. Customers who already had GCSE equivalent qualifications or above in English and Maths, could not understand why they were required to attend classes, and some refused:

> *'They expected* [me] *to do numeracy and literacy…*[I] *stood up to them on that point …, "why on earth do I have to sit in here and waste my time and yours doing this when I passed that when I was 16?" '*
>
> (Former RT trainee)

7.4.2 Medical, welfare and pastoral care facilities

The care, rehabilitation and welfare of trainees attending RT are clearly matters of some importance to the colleges and represent key elements of the holistic residential package. Nevertheless, some college services appeared better resourced and equipped to deal with trainees' psychological and medical welfare, than others. Not unexpectedly, the better resourced and more dedicated the staff team, the more positive were trainees' comments. At one end of the spectrum, support services were integrated with the vocational aspects of programmes, with residential General Practitioners (GPs), registered mental health nurses, drug and alcohol counsellors working alongside course tutors and employment support staff to provide holistic help co-ordinated by a named key worker or mentor.

Elsewhere, services appeared fragmented, under-resourced and ad hoc, with delivery often contracted out to sessional or peripatetic staff. In some colleges, trainees were disappointed to find GP services were only available on a locum basis:

> *'I was given the impression that there was a residential doctor. There wasn't, there was a doctor who came for two hours a week, which didn't really allow enough time.'*
>
> (Former RT trainee)

A common complaint in these colleges was that counselling help, though offered and provided to others, failed to materialise for them:

> *'There were…other people…on different courses who were receiving counselling on a regular weekly basis without any problem…I raised it…four times with the medical staff, counselling for myself and it was always "oh well we need to sort this out, or we need to sort out the funding"…In the six months I was there, it never happened, I never met a counsellor.'*
>
> (Former RT trainee)

The variability and apparently ad hoc nature of response experienced by these trainees may reflect funding arrangements for counselling services in which additional resources are only approved by the RTU on an individual case-by-case basis. Other trainees reported poor levels of support more generally and some spoke disparagingly of individual members of staff. Negative comments do need to be viewed in light of the fact that a number of trainees clearly had difficulties managing inter-personal relationships.

Issues around patient confidentiality and the disclosure of medical information did raise issues in some colleges where internal policy dictated that non-medical staff should not be privy to trainees' medical histories. One trainee who left RT early due to the worsening of a mental health condition, initially sought help from a member of the pastoral care team. He was shocked to discover that the individual concerned knew nothing about his serious and long-standing mental health condition, nor the reasons why he was attending RT – as a low stress rehabilitation option following a breakdown:

> *'They're called mentors and they…are meant to…help you out if you have a difficulty…I got upset…and he said "I had no idea…what* [your] *diagnosis is…we're not supposed to know". …It's absurd, and not only that, he should have an awareness of what it means.'*
>
> (Early leaver with bi-polar disorder)

Comments regarding support for trainees with primary mental health conditions were not wholly negative, but they were minority views. Shortcomings of support are again suggestive of the failure to assess trainees' suitability for RT in matters broader than simply their vocational competence or aptitude.

8 Employment advice, support and development

Running concurrent to vocational training, supplementary courses and personal development, Residential Training (RT) trainees are expected to job search and, in some cases, follow employability skills programmes, prior to securing a work placement. Underpinning employment development activities are the colleges' links with employers and Disability Employment Advisers (DEAs). In theory, employment development consists of a combination of job-search, curriculum vitae (CV) preparation, job application and interview techniques, which may be delivered in group workshop format or on a one-to-one basis, depending upon the college. Activity is intended to culminate in one or more work placements which can last up to three months and generally come towards the end of training.

As with other facets of RT, one of the difficulties with assessing employment development support is in establishing exactly what it comprises in practice and how it is delivered, due to the familiar retort from colleges that everything is dependent upon the particular trainee and, therefore, tailored to meet individual need. The evidence from trainees suggests that, particularly in the case of some pan-disability colleges, claims to individual tailoring may be less convincing. In reviewing the analysis from staff and customer interviews, what emerges is a discrepancy between the theory behind employment support as expressed by members of staff and the reported experiences of customers[13]. Indeed, employment support is the feature of RT provision that attracted most criticism from former customers. Mainly at issue is how, and how effectively, trainees were supported by the colleges in their efforts to secure placements and jobs.

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13 Over-represented in the sample of former trainees were a number from a large pan-disability college which, due to staffing problems had experienced difficulties in the delivery of employment support. See Section 8.2.

8.1 Job search

In many of the colleges, the work focused message of RT is strongly communicated to trainees from the outset and reinforced throughout trainees' time in training. Nevertheless, the amount and content of employment support and the manner in which employability sessions were factored into RT programmes, varied from college to college, reflecting clear differences in approach and emphasis. Available on a drop-in basis, jobclub-type provision, allowing access to newspapers, computers and the internet, featured heavily across all the colleges. Most providers also delivered structured employability skills sessions which mostly required attendance on a mandatory basis. Designated Employment Development Officers[14] (EDOs) took responsibility for identifying placements and supporting trainees' jobsearch activities, either in a group setting or on a one-to-one basis. Not all were dedicated to this role or indeed to working in RT; some staff combined RT responsibilities with other work, for example, as a New Deal for Disabled People (NDDP) Job Broker or a mentor.

In some colleges, programmed sessions with a dedicated EDO followed directly on from induction, with one-to-one contact time timetabled into a trainee's working week from the outset. Acting as mentors and co-ordinators of support, EDOs would meet with trainees weekly to find and then monitor work placements, offer careers advice and guidance, assist with jobsearch and, as trainees reached the end of training, signpost them to sources of help external to the college, including DEAs and NDDP Job Brokers.

> *'I have three strands to my job…most importantly is finding the placements and supporting students on placements. Secondly it's getting the students ready for going out into employment, so that's teaching them the basics like job applications and CVs and…transition planning, making sure they link in with a Job Broker in the local area.'*
>
> (EDO in specialist college)

Structured sessions involving employers included visits to employer premises, mentoring and mock interviews:

> *'We have people coming in from Inland Revenue, we've got…a mentoring project running with them and they come in four times a year to…do mentoring support, mock interviews and discussion seminars.'*
>
> (EDO in specialist college)

This tailored approach, designed to ensure a good fit between customers' skills and aptitudes and employers' requirements, was more clearly in evidence in specialist colleges and those with Learning and Skills Council (LSC) contracts. Here, EDOs' employer links seemed more numerous, long-standing and effective. Work to identify an employer or placement provider may even have begun before an individual started in RT:

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14 Job titles varied between the colleges.

'Before they come to [RTC] *we do the initial assessment. We* [ask] *"where do you want to work?"…"Have you done a little bit of market research?" "What companies can you identify around your home area?" So we actually encourage them to start looking before they come* [here]*.'*

(EDO in specialist college)

8.1.1 Self-directed model

Elsewhere, employment support and activity was delayed and job goals not substantively discussed until trainees were several months into their courses. Indeed, in some colleges, job search and employer contact did not begin in earnest until trainees were deemed ready for placement, often at the nine month stage of RT and 12 weeks away from completion. The philosophy underpinning delayed support was that the trainee needed to settle into vocational training before the spectre of employment was raised, due to the fact that many customers are not only adjusting to an acquired disability, but are also long-term unemployed. They needed time to take stock and adjust to their changing circumstances before they could think seriously about work.

Finding work was viewed predominantly by these colleges as an individual trainee's responsibility and consequently jobsearch was expected to be largely self-directed. Trainees were required to do much of the leg work associated with identifying suitable jobs to apply for, proactively seeking the help of employment development staff as and when needed:

'It was geared to encouraging you to go and get yourself a job more than them getting you a job.'

(Former RT trainee)

There was a corresponding reduction in contact time between trainees and EDOs in these colleges and individual support, where available, was mainly informal, tagged onto the end of classes when staff found the time for a one-to-one, rather than programmed into course timetables.

'The person that used to help us get into work used to only be there on Tuesdays and Thursdays…basically I did feel that I was doing a lot of it myself, off my back…There wasn't the time or the resources…to help us.'

(Former RT trainee)

In these colleges, jobsearch amounted to trainees surfing the internet or scouring the pages of newspapers or business directories, prior to sending out job applications or speculative letters to local employers:

'We used to make a lot of phone calls…just doing cold calling and looking through papers…But I didn't really get much response…they said…they'd received my letter and CV [but] *a lot of the time I didn't get any replies…or…they weren't interested…I was hoping for more help than I actually got.'*

(Former RT trainee)

Difficulties were compounded in colleges where job search had only a loose structure and no clear obligation on the part of trainees to participate. Individuals could thus determine for themselves the timing and content of jobsearch activity, and indeed whether or not to partake of available help. The fact that elements of the support may be delivered on a drop-in basis meant that trainees could skip sessions or delay involvement, often to their detriment:

> *'I just didn't think about* [applying for jobs] *I wanted to get the course out of the way…I should have done because now I would be in a job. …They talked about finding jobs and that, but I didn't really help much because I didn't say what I wanted to do, I just stayed quiet.'*
>
> (Former RT trainee)

This loose structure and sometimes lack of obligation on the part of the trainee is perhaps behind the views of those who felt that employment support was but a minimal element of their time at the Residential Training College (RTC).

Where support was more structured and mandatory, in spite of claims to the contrary, colleges had for the most part designed macro employability programmes delivered on a group basis. Such an approach seemed to benefit younger trainees and those with low level skills and little experience of formal job search. However, many of the older and more experienced trainees found the classes in 'CV writing' and 'interview skills' patronising and pitched at too low a level, failing to take account of individuals' needs and their often considerable employment experience:

> *'It can seem quite patronising because they're saying "what to do in a job interview". How many of us have been to a job interview? I had about five different jobs…We're adults, we've had jobs, we have…disabilities and problems but we're not stupid…'*
>
> (Former RT trainee)

> *'Most people don't really like* [the jobsearch] *because…we're disabled…not stupid.'*
>
> (Former RT trainee)

Interview skills, for example, would be delivered without reference to trainees' job applications or indeed job interviews they were due to attend:

> *'What we didn't get was mock interviews and things like that…I could have done with some mock interviews…there were a couple of jobs that I applied for that I would have preferred to have got than the one I'm in now.'*
>
> (Former RT trainee)

These trainees often resented the rather naive and, as they saw it, heavy handed way that the work focused message was hit home. Not unreasonably, many deemed it illogical to push them into work too soon in their training if the main reason for them attending RT was a lack of work readiness and the longer-term help they needed to gain skills and qualifications. Starting job search too early was considered to be counterproductive – without the qualification they were working towards, they would be no better equipped to compete for work than at entry to RT.

> *'If you've just lost your sight…you're a bit phobic about a job and stuff, you don't want to come here to learn computers and learn a radio course and be told as soon as you get here that you've got to get a job. You need time to sort of recuperate and get your head straight again.'*
>
> (Former RT trainee)

> *'We're not stupid, we know what we need to do to get a job…the job element is pushed on you straight away.'*
>
> (Former RT trainee)

Employability skills training, then, often suffered from a lack of tailoring to the specific barriers, circumstances and job goals of individual trainees. What many customers wanted was not compulsory employability skills classes, but customised interventions comprising quality guidance and advice and practical, hands-on help to guide them through the specifics of the job search process. As a minimum, they wanted more help to get them into work:

> *'I think what would have been probably best would be just [to have been] given more time and more help and guidance…to get into jobs.'*
>
> (Former RT trainee)

> *'I wasn't sure what to do job-wise…I don't think there was enough emphasis on trying to find a direction to go in.'*
>
> (Former RT trainee)

> *'They were only there just to teach you how to use a bit of software, they are not there to guide you in a certain direction.'*
>
> (Former RT trainee)

Informal advice and employer contacts from tutors, particularly those with recent industry experience, were said by some trainees to be more relevant and useful than employability classes and the help of designated EDOs. Many of the staff appointed to provide employment support were said to know little about the specific occupation or job they were interested in:

'The two tutors on the autocad, were far better at helping…than those that were being employed to help.'

(Former RT trainee)

Especially useful given the disabled status of trainees, would have been advice about tackling workplace prejudice and how to present themselves and their disability in the best possible light to prospective employers. Several of the interviewees recounted personal stories of discrimination experienced when applying for jobs in the past:

'I phoned one company and I asked them if there was jobs going and he said "yes" I gave him my name and different qualifications…and I said "by the way there is one thing, I am partially sighted" and their attitude changes then and they say "oh the position has been filled"…It sort of makes you depressed.'

(Former RT trainee)

Given the key role employers play in controlling access to jobs, trainees felt they would have benefited from specialist help advising them how best to overcome employer prejudice. For trainees whose disabilities were less apparent, explaining long absences from work to best effect and addressing employers' concerns regarding health and safety and sickness absenteeism, were key areas of advice which they felt they would have benefited from:

'The most difficult thing that I've found was how to explain the amount of time I've been off.'

(Former RT trainee)

More information about in-work benefits and financial help to which they or an employer might be entitled would also have been useful, given trainees' widespread propensity to over-estimate the financial rewards of making the transition from benefits into work:

'I think they could do a bit more – if people have just got a sight problem, they're not aware of the benefits and the support that's out there for them, so I think things like that would probably help a bit more.'

(Former RT trainee)

Few trainees had received any in-work benefits advice or had a Better Off Calculation (BOC) done by a DEA, either before or during their training.Indeed, with the exception of a few specialist providers, evidence of any systematic liaison or contact between DEAs and college staff while trainees attended RT, whether in relation to benefits advice or other any other matters, was limited. Where contact was made and advice sought from DEAs, more often than not it would be initiated by individual customers without the knowledge or intervention of college staff.

8.2 Employer placements

The importance of the work placement cannot be overestimated. Many RT trainees had significant absences from the labour market, indeed some of them – often those with sensory impairments or learning difficulties – had no experience at all of paid employment. The placement provides the trainee with the opportunity to put their learning into practice and address experience gaps on their CVs. Placements also provide the opportunity to showcase to an employer the vocational and soft skills acquired through RT, sometimes leading to work. For college placement staff, it presents an ideal opportunity to inform employers of financial help available and address the health and safety concerns commonly used in justification of a reluctance to employ disabled people. The correlation between work placements and employment outcomes, discussed in this and later sections, and the fact that employers often re-contacted colleges at a later date to enquire about trainees who undertook work placements when vacancies arose, further serves to highlight their value.

Residential Training Colleges are required under the terms of their contracts to secure and arrange a supply of employer placements on behalf of their RT trainees. While the nature of the RT client group dictates that this is not always possible, reviewing customer interviews, it is clear that some of the colleges failed systematically to deliver on this requirement and large numbers of trainees did not benefit from a work placement during their time on RT. This fact alone often lay behind trainees' dissatisfaction with their RT course and for many, marred an otherwise satisfactory experience.

Though some of the smaller specialist colleges only offered short work placements within the college itself, in general, the specialist providers fared much better than pan-disability colleges. Here it was routine to support trainees through multiple placement opportunities over the course of their training. Trainees would spend perhaps a day a week in a local placement at the mid point of training, building up to longer blocks in their home area as their skills and confidence grew in the latter stages of RT:

> *'It's called mid-term…it's an opportunity to enable a student to go out and find out what it's like in the workplace, but in a supported way before a final placement.'*
>
> (EDO specialist RTC)

Placement banks, open days, employer visits, road shows and breakfast meetings, designed to sustain and increase the provision of placement opportunities, were regular features of such colleges. Dedicated staff working one-to-one with trainees characterised much of the delivery.

Though specialist colleges were generally better resourced to identify and monitor placements, it would be wrong to suggest that all trainees on every course were found placements. A different order of difficulty is experienced when the colleges seek to place trainees who are blind or partially sighted. By their very nature, these

impairments can hinder an individual's ability to cope in a work environment. Placement opportunities were also said by specialist visual impairment colleges to be more limited by practical considerations and the increased likelihood of employer prejudice towards individuals with these conditions.

8.2.1 Self-directed placements

Elsewhere, in several colleges, the failure to provide placements appeared to be more systematic and reflected the way in which employment services were internally organised and resourced. These arrangements were perceived by some trainees as indicative of the lower importance given to work experience compared to delivering training and qualifications:

> *'I don't believe that anybody is really getting enough work experience…You leave here, you've got a qualification…every man and his dog has been to college…but very few people can go and say right…this is the work experience I've had within the environment in which you now operate…I think that's where it falls really really short.'*
>
> (Current RT trainee)

> *'I don't think there was enough emphasis on…work experience…it was more to complete the course.'*
>
> (Former RT trainee)

As with job search, the self-directed philosophy which underpinned placement services often lay at the heart of the difficulties. Using mainly speculative and unsolicited approaches, trainees with few skills or recent experience of work would be expected to source and secure their own placements with little or no help from staff:

> *'It was "look through the Yellow Pages and write down about, I don't know, a minimum of 30 different companies in your local area" to cold call.'*
>
> (Former RT trainee)

Trainees were often ill-equipped to do so effectively, lacking the skills and confidence to approach and negotiate with employers in a way which took proper account of, but did not draw undue attention to, their disabilities:

> *'Quite a few people in here…the wind's been knocked out of them because of being disabled…who experience a lack of self-esteem, lack of motivation and…if you don't feel too good to kick off with, how are you going to approach an employer, or feel confident with an employer?'*
>
> (Current RT trainee)

Trainees in these colleges were less likely to have benefited from a placement than individuals with similar disabilities attending RT elsewhere. Trainees were further disadvantaged in that, having failed to secure a work placement, they were also less likely to leave RT with a job. In one college, trainees were left largely to

their own devices because of staffing problems, and a significant number of the trainees interviewed had not gone onto a work placement:

> *'I don't know why but* [the EDO] *was very rarely there. …The only time…he introduced himself when I first went there and the next time I seen him it was the week before I was leaving.'*
>
> (Former RT trainee)

> *'They were supposed to organise or try and get you a placement…In our group…you'd be lucky if two or three got placements. The…*[EDO]*…was supposed to come in every week and I think I seen him about three times all the time I was there.'*
>
> (Former RT trainee)

The college concerned readily acknowledged the difficulties which were apparently due to problems of staff recruitment and retention, as a result of uncompetitive salary levels. Salaries had since been increased and there had been a refocusing of efforts which was said by the college to have led to an upturn in job outcomes.

8.3 Structural difficulties

Setting aside internal and operational difficulties such as these, the problems many colleges experienced in sourcing and monitoring placements may be of a structural nature, reflecting the logistical difficulties of delivering a national training programme comprising key local elements. Drawing their customer cohort from a UK-wide catchment area, in spite of their best efforts, colleges often struggled to identify and monitor placements located in trainees' home labour markets. Certainly, the shortcomings of many DEAs in failing to play a more active role in the identification of placement opportunities appear to have compounded the issues. Nevertheless, participation in vocational courses that did not necessarily reflect local labour market opportunities seemed to be the key impediment, potentially undermining the efforts of all concerned, including DEAs, colleges and trainees alike.

The difficulties of finding suitable placement providers also reflect the order of difficulty associated with placing the RT customer group. For certain types and severities of disability, employer prejudice serves to undermine placement opportunities and it can be particularly difficult to place blind and visually impaired trainees and those with unstable epilepsy or long-standing mental health conditions. For these individuals, the colleges often turned placement provider, allowing trainees to gain valuable experience in a real work setting whilst remaining within a closely supported environment. Though this can provide trainees with much needed experience, it is difficult to envisage the same degree of labour market progression as those in external placements often achieve. Many such trainees were said to progress into voluntary work or, occasionally, paid employment with the colleges. Indeed, some of the more able trainees may even go on to secure

work as tutors on the very courses they formerly attended as trainees. While for the individuals concerned there are clear benefits to be derived from a more sheltered work setting, given the nature or severity of disabilities, the question needs to be asked as to whether RT is the most appropriate provision for trainees unable to sustain external placements or open employment.

8.4 Transitionary and follow-on help

Across all the colleges, employment-related activities and support heavily concentrated on the period of training, with efforts mainly focused on securing and managing placements; help to progress individual trainees into work was more sporadic and ad hoc. Systematic referral or formal support for trainees who left RT without a job, were also absent in some colleges. The specialist colleges were clearly better placed in this regard, particularly those that came under the auspices of a large charitable body with access to additional funding sources, for example, the Royal National Institute for the Blind (RNIB). Here, exit planning and follow-on support for trainees without work had more of a seamless and co-ordinated appearance, mainly due to the existence of employment support staff funded separately from RT. In other cases, RT staff would enlist the services of other specialist providers and voluntary sector agencies or re-refer RT completers to DEAs or NDDP job brokers in trainees' home areas:

> *'Every learner that leaves is linked in with a Job Broker in their home area.'*
>
> (RTC principal)

Elsewhere, with reference to the perception that funding ceased when RT ended, some colleges admitted there was little formal planning or signposting to other sources of help when trainees finished their courses. Nor, in most cases, did there appear to be any contact with or formal referral back to a DEA. Trainees were often disappointed to find that all support and help fell away precisely at the point when they needed it most – in the transition between leaving RT and starting work.

> *'I don't think there's much emphasis placed on getting a job when you leave here. If you haven't got a job by the time you leave here, that's it. You're back out there again. And where do we go from here?'*
>
> (Current RT trainee)

In several colleges, re-referral to DEAs in trainees' home locations appeared at best to be ad hoc, at worst, non-existent. Though early leaver and completion forms would be returned to the Residential Training Unit (RTU), and forwarded on to DEAs, there was little evidence that DEAs acted on the information received. Given the high mobility and turnover of staff, this is perhaps not surprising. Where trainees returned to DEAs for further help, in the majority of cases, appointments were made at the instigation of the individual concerned, rather than through the intervention of the college or DEA.

Given the nature of the customer group, it is difficult to envisage how many trainees could convert their qualifications into jobs without further help. It seems surprising then that some trainees can leave RT without any further forward planning other than a potential self-referral to a DEA. The behaviour at some of the colleges seems all the more puzzling given the potential to claim job outcome payments for up to 12 months after a trainee leaves RT. The relatively ease with which the colleges can achieve their Outcome Related Payment (ORP) together with the ceiling placed on the amount of ORP payable, previously discussed, may be one reason for the limited offer of follow-on help.

The shortcomings of follow-on support were recognised by staff at these colleges and some were exploring the potential for partnership working with local organisations better placed, as they saw it, to provide further help. Logistical problems alluded to previously concerning the distances involved and limited job opportunities in local labour markets, however, remain a structural impediment. Although, in theory, PCs and job search facilities could be accessed by former trainees for up to 12 months after they left, in practice few availed themselves of the help due to the distances involved.

In other colleges, their own Work Prep or NDDP programmes provided a vehicle for delivering the follow-on help which most say they are not funded to deliver. Several providers routinely referred customers who finished RT without a job to an in-house NDDP Job Broker, or ran short Work Prep courses to prepare trainees for work or to place them with an employer. One college ran short, employer-led Work Prep courses for RT graduates. Participants were guaranteed a job interview or work experience placement, while others moved straight into jobs with the employers concerned. Self-employment advice for customers interesting in becoming sole traders or establishing small businesses, where offered by the colleges, would primarily be provided within this post-RT timeframe and funding context.

9 Customer outcomes

9.1 Exit destinations

The colleges' monitoring and data collection systems are largely driven by contracting and funding arrangements. Since the Residential Training Unit (RTU) does not require the colleges to collect information on customers' destinations, the available data is limited in scope and coverage. Most of the colleges have procedures in place for collecting job and qualification outcomes since these outcomes attract Outcome Related Payments (ORPs), but few appeared to have robust tracking systems for recording information about the kinds of employment trainees move into, the sustainability of jobs or the destinations of those who leave Residential Training (RT) without employment. Around 40 per cent of former customers interviewed had secured a job outcome on completion of, or since leaving, RT, broadly reflecting the job outcome achievement rate of RT completers overall. Reviewing the outcomes of former customers, the main exit destinations were (in no particular order of priority) full-time work, part-time work, voluntary work, New Deal for Disabled People (NDDP) and a return to benefits. A small minority of current customers planned to progress onto full-time further education (FE) or higher education (HE), though none of the former customers interviewed had done so.

9.2 Job outcomes

9.2.1 Commitment to work

It is perhaps self-evident and a truism to say that those who want to work are more likely to get jobs. As expected, among the sub-group of customers who achieved job outcomes, a key characteristic was a strong commitment and motivation to work. Simply wanting work though, was not a sufficient requirement for job outcome success. There were many more interviewees who wanted jobs than got them. Coupled with the desire for work was a better grasp of the kind of job outcomes and wages that were likely following completion of RT. What clearly differentiated those individuals who secured employment outcomes from those who did not, was an understanding and acceptance that initial work may pay less

or be of lower status than they would have liked or may previously have enjoyed, prior to the onset of their disability or health condition.

Among customers who moved into work, all but a few were in jobs paying significantly less than when in former employment. What many realised was that the job they secured immediately on leaving RT was 'a stepping stone' to better opportunities, and that further work experience or qualifications may be required before they made progress in employment:

> *'I have got a career path mapped out of where I want to be and what I want to do and how I am going to get there…The wages are not very good, but once I have done my next year's qualification I am looking at a much higher wage bracket and I will have hopefully…two years' work experience, then…you are taken seriously as oppose to being somebody who did a year long course.'*
>
> (Former RT trainee)

> *'It's…an assistant role…I've got the qualification…but that's just it's like a stepping stone, once you're in a job you use it for experience and then you gain more qualifications…'*
>
> (Former RT trainee)

Several of the trainees who got jobs continued their training in employment or pursued independent, part-time FE courses. Interviewees themselves drew a distinction between trainees who recognised and accepted that in career terms, they probably needed to start again, and those who did not:

> *'There was one guy that was on the course and he was going…"oh I'm not going to go for a job less than X amount a year", and he was there going off applying for these jobs for…with a lovely salary, but he wasn't reading the other bit. You must have three years' experience…He was there trying to leapfrog. …You've got to get the experience and then go up the ladder.'*
>
> (Former RT trainee)

Those with families and dependents, or who lived with parents, rather than alone, were perhaps better placed financially to be able to embrace such an attitude. The former were often entitled to Working Tax Credit (WTC) and as such able to accept jobs paying minimum or low wages. Follow-on advice and help of Disability Employment Advisers (DEAs) was often invaluable in this context. Without WTC to top up their wages, some customers believed they would not have otherwise been in a position to take up low paid work:

> *'The salary is naff, I am on £9,100 per year…without the* [in-work] *benefits we would be stuffed.'*
>
> (Former RT trainee and Jobseeker's Allowance (JSA) recipient)

Customers living with parents, rather than alone or independently, tended to have fewer outgoings, were less likely to be in receipt of Housing Benefit (HB) and, therefore, not subject to the same financial disincentives that low paid work could entail. Similarly, the financial barriers to work were generally lower for individuals in receipt of JSA, than those eligible for higher level Incapacity Benefit (IB).

9.2.2 Acquired disabilities

The research uncovered good evidence which suggests that RT can be an effective form of provision for many trainees, particularly those with a physical, acquired disability or health condition, but also those whose mental health conditions are either secondary to a physical disability or fall within the mild to moderate categories. Many such customers come into contact with this provision after acquiring a disability in an industrial accident or as a result of an illness or health condition in later life, and are unable to return to previous employment activities. What RT offered these customers was the chance to engage in good quality, long-term training to equip them with the qualifications needed to approach a completely different employment direction. The development of soft skills, often an unexpected or unintended by-product of residential attendance, was frequently cited as a key benefit:

> *'My primary objective was…getting the qualification. What I didn't realise was that far better for me…were the softer skills…of going to meet people, getting to communicate…When you are in a state of depression, you don't want to go out…you lose your communication skills.'*
>
> (Former RT trainee)

> *'I enjoy my independence…It's been a big boost in my life…it's really pushed me and I've decided I want my own place now and this seems the right place for me…I've made a hell of a lot of friends not just at the college but outside.'*
>
> (Former RT trainee)

> *'It got me back into…the discipline of a routine as at work. The college does very much try to invoke in people the sense that yes you are preparing yourself for work here.'*
>
> (Former RT trainee)

Attending a substantial period of training in a work-oriented environment was important not only in terms of helping trainees to re-establish a working routine, but also in demonstrating to potential employers that they were committed and ready to work:

> *'…the very fact that it's worked on office hours would show whoever it was that was going to interview me that I'm serious about wanting to get back into work, because I have been out for a long time.'*
>
> (Former RT trainee)

A good number of the trainees from the former customer cohort with acquired disabilities achieved and successfully sustained employment which was outside their previous sphere of activity prior to RT.

But not all of the sustained employment outcomes were secured by customers with acquired physical disabilities. There is also evidence of the way in which RT facilitated progression for customers with depression and anxiety-related illnesses and learning difficulties, though these customers tended to have more extensive work histories. The length of time customers had been unemployed prior to starting training varied, but a majority had been claming benefits for at least one year and many for much longer periods. Customers had not necessarily left school with qualifications, indeed a surprising number had not, but most had taken part in some form of skills training or course during their working lives. Though the severity of disabilities overall was mainly mild to moderate, customers more seriously impaired by their disability and conditions such as blindness, cerebral palsy and spina bifida, were not absent from this cohort either.

Regardless of the length of time unemployed or the severity or onset of the disability, the vast majority of customers who moved into employment had prior experience of paid work, indeed some had an unblemished record of employment prior to the onset of their condition. In the case of more severely disabled individuals and those with congenital disabilities, prior work experience had clearly over-ridden the additional disadvantages that these greater impairments can otherwise occasion. A trainee who suddenly became blind in his 60s, for example, successfully established himself in business, running a public house, having spent his working life prior to RT as an accountant.

In a similar way, having an outgoing personality and confident manner could sometimes compensate for the disadvantage of little or no previous work experience. Although customers with limited experience of paid work were in a minority of those who secured employment, what was noticeable among those that did get jobs, was a positive attitude which had evidently shone through in placement and during job interviews. The colleges themselves recognised and acknowledged the importance of this phenomenon:

> *'We had one student who had never had a job in his life…he came onto* [RT] *and we found him a placement…and they offered him a job. He didn't have any experience but what he did have was just a really nice kind of friendly personality and he was very keen to learn.'*
>
> (Residential Training College (RTC) employment liaison officer)

9.2.3 A placement

Given the numbers of individuals looking to completely change employment direction, and those with limited work experience generally, securing a satisfactory placement was evidently a crucial element of success. This is illustrated by a strong correlation between work placements and employment outcomes (though it should be noted that individuals most likely to secure work were also more likely

to find a suitable placement.) A large majority of the customers who were in work or had worked since leaving RT, had benefitted from a work placement. Of these, around half were offered a job by the placement provider, though they did not necessarily accept these offers or remain in the same job.

9.2.4 Follow-on help

Participation in RT is not the full picture however, since RT was often not the only intervention these customers had benefitted from. What is interesting to note is that among those who achieved job outcomes, most had received further help, commonly from Jobcentre Plus, though occasionally from the RTC, after leaving RT. Several had recontacted and received follow-on support from a DEA or progressed from RT onto NDDP provision delivered by the college or another provider in the locality, accessing help from a Job Broker or small business adviser. Though less common, some moved from RT onto Work Prep, prior to progressing into work.

In many cases, this additional help was considered by trainees as important to their employment success as attending RT. One trainee was re-employed by the same company he had left four years earlier after a serious heart attack and stroke. As a result of the intervention of a Job Broker he was able to negotiate a phased transition back to work, beginning on a part-time basis, graduating onto full-time work after six months. During this first six months of employment when he was not entitled to employers' sick pay, the Job Broker also topped his wages up to cover short periods of attendance at hospital and when he was ill:

> *'Certainly the financial support helps in certain situations…but I think most importantly it was…*[the Job Broker] *talking to employers on my behalf because sometimes if I try and get something across…I find it quite difficult.'*
>
> (Former RT trainee)

Another trainee had a Better Off Calculation (BOC) and was fast tracked for WTC, without which he would have been unable to accept a job offering minimum wages. Many more of the customers who moved into work had maintained contact with a DEA during and immediately following the period of RT than did the sample cohort as a whole. DEAs had often been involved in identifying placement or job opportunities, particularly important for trainees attending an RTC some distance away from the home labour market. That said, customers who secured job outcomes were more likely to be living in the region in which the RTC was located, the geographical proximity to the DEA and to local job and placement opportunities perhaps a further contributory factor here in the successful employment outcome.

9.2.5 Unsustained jobs

Not everyone who secured work on leaving RT sustained it. Some had moved into temporary or casual work which did not last, others were made redundant

or dismissed or left jobs for personal or health reasons. Even those achieving industry standard qualifications found that if they lost their jobs, further work in the same field could be difficult to get unless the work experience they gained was substantial or more widely recognised in other occupational areas:

> *'Once I got made redundant I couldn't get work. I tried for a few months. I had one interview I think in four months…*[you think] *you're never going to get a job 'cos I've got nothing to back it up, I've got no experience.'*
>
> (Former RT trainee)

One trainee who excelled at his Computer Assisted Design (CAD) course, completing it in nine months and leaving early for a job, was made redundant after four months. Since then he had been unsuccessful in finding further CAD work and had returned to heavy goods driving, work he had done prior to RT.

> *'There is CAD work around, but they usually ask for about two years' experience. If you are going into the building industry or civil engineering or something like that, you need to have building regulation knowledge as well.'*
>
> (Former RT trainee)

Individuals with learning difficulties seemed especially prone to losing their jobs, often a reflection of the casual, temporary, seasonal and generally low paid work they tended to move into. For many, though they had enjoyed and personally benefited from RT, the vocational course or qualification itself had frequently done little to change or improve the intermittent pattern of employment that characterised their work experience prior to RT. Indeed, those who were working at the time of the interview were often in jobs entirely unrelated to the RT course they had followed. Nevertheless, a majority of trainees who moved into work sustained their employment and, unsurprisingly, reported experiences of RT by this cohort were among the most positive received:

> *'I don't have depression, I have a job, I feel a lot better inside.'*
>
> (Former RT trainee)

> *'Without the college, without the quality of the tutorage, without the support staff, I wouldn't be where I am now which is…with my own pub.'*
>
> (Former RT trainee (blind))

9.3 Returning to benefits

The colleges did not retain or disclose details of the number of trainees who returned to benefits after RT. However, more than half the customers who start RT may remain unemployed or without work after completing their course or leaving training early. Not unexpectedly, and in contrast to those who found work, the disabilities of trainees who remained on benefits tended to be at the moderate

to severe end of the spectrum including those with learning difficulties, serious sensory impairments and long-standing or more serious mental health conditions. It is perhaps not surprising that RT often failed to significantly progress such individuals. At their most severe, these conditions are barriers to RT itself. This is not to say that the hardest to help customers do not benefit from participation; many can and do. However, these customers were much less likely to progress from RT to a sustained employment outcome. Within this sub-group of trainees, clear differences were evident as to the reasons why they returned to benefits, and the consequences for RT of such a return.

9.3.1 No work focus

If a strong commitment and motivation to work at the outset is a necessary pre-condition for job success, so it followed that for trainees who attended RT with no real intention of working, finishing training would signal a return to benefits or worklessness. For some, this outcome was predetermined at the outset and a positive choice on leaving RT. Older trainees and those not eligible for means tested benefits figured strongly in this group. Though entitled to Disability Living Allowance (DLA), many were semi-retired or in receipt of an occupational pension, and did not want or need paid work. Some had attended RT simply to learn new skills:

> *'I must be honest with you, the actual goal was to achieve a CLAIT certificate… I have given up trying to find work.'*
>
> (Former RT trainee)

One customer aged 62 and with failing eyesight, attended RT to learn how to use specialist software for the visually impaired, resigned to the fact that age and disability, as he saw it, disqualified him from ever working again:

> *'Having previously been made redundant when I was 40 and the struggles I had to get a job then, I was pretty much convinced that…yes it is nice to have this training, but I am not going to get a job.'*
>
> (Former RT trainee)

Other trainees moved into voluntary work, often a positive choice for the individuals concerned. In recognition of distance travelled, many of the colleges believed this outcome should receive greater recognition:

> *'It can be a huge progress on somebody's part…if they're in voluntary work…they might not be able to do anything else because they…have health problems or something or personal problems…I think that…it should be recognised.'*
>
> (RT programme manager)

Some customers were only interested in work of less than 16 hours, believing that any more than this would entail having to leave, or a loss of, benefits[15]. Few were successful in this aim, since part-time work in home locations and occupations related to the vocational course being followed were often difficult to come by. As with voluntary work, colleges were in any case unable to claim Outcome Related Payment (ORP) fees for such outcomes:

> *'I was looking for under 16 hours…because of the benefits.'*
>
> (Former RT trainee with spina bifida and hydrocephalus)

> *'…the more astute ones will…do a part-time job which is what they're quite happy with, they're still picking up their benefits…but it means that the college doesn't get its positive outcome payment because they're not classified as full-time.'*
>
> (RTC principal)

Customers with a very long history of unemployment and claiming benefits coupled with limited or intermittent work experience, were a more difficult group to progress. Many were said by college staff to lack a commitment to work and were less inclined to take jobs which paid little more than benefits:

> *'When they leave of course…they get rent allowance and…if they can earn no more than a couple of hundred pounds a week, why would they get a job?'*
>
> (RT programme manager)

> *'We find we're increasingly getting people who are sort of going through the motions…When it comes to the crunch, do they really want a job at the end of the programme, are they putting everything into it, have they really got the motivation and the commitment…to* [achieve] *an employment outcome?'*
>
> (RT principal)

College staff did acknowledge that not all trainees who attended RT did so with the aim of getting a job, and believed that some may have joined simply to maintain benefit eligibility:

> *'…we're finding an increasing number of people that we find suddenly are…not interested in employment at all. This has just been a way to get… the Jobcentre off their back for a while!'*
>
> (RT manager)

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[15] This is an apparent misconception. For those on means tested benefits, by working less than 16 hours they will only benefit by a maximum of £20 per week. Those on Incapacity Benefit (IB) can generally only earn more than £20 for a maximum of 52 weeks.

Though in a very small minority, some such trainees appeared to be perpetual programme participants, moving in and out of Jobcentre Plus provision over many years, with no evidence of work or indeed personal advancement. Some had attended RT on more than one occasion. One trainee admitted to having participated in RT four times during a ten-year period of unemployment, though attending different colleges. This clearly raises questions regarding the efficacy of assessment and selection processes, not to mention the shortcoming of administrative procedures which appear to have failed to identify such individuals and prevent them from attending repeated periods of RT.

9.3.2 Younger trainees and those with sensory impairments

The specialist colleges highlighted a specific cultural barrier among some younger trainees, in particular those with congenital sensory impairments who had attended special or residential schools and never worked. Often in receipt of higher level benefits, a *'no point in working'* culture and attitude was said by staff to be prevalent. Though the specialist colleges worked hard to progress such individuals, such attitudes were reported to be difficult to overcome:

> *'Some say…"I'm on benefit, I don't want a job 'cos benefits is plenty of money"* [We say] *"it won't always be there you know, what happens if, you get married, you have a family, you want a car, you want a house," and we'll try to get through to them that…they are young…it's a common theme.'*
>
> (RT programme manager)

9.3.3 Learning difficulties

Customers with learning difficulties in particular frequently reported an increase in confidence and motivation stemming from their having attended an RTC. Indeed, as a group, they were the most likely to report a positive experience, even though few left RT for work. Several trainees with learning difficulties had either attended RT in the past or planned to do so in the future. These customers, though, were much less likely to have secured or sustained employment.

As discussed earlier in the report, trainees with learning difficulties and sensory impairments generally stayed longer in RT, some securing extensions in order to complete their courses, but to limited apparent effect in terms of their employment prospects. There was little evidence to suggest that remaining in provision longer than twelve months improved the likelihood of employment; indeed, the reverse was often true – among the sample interviewed, those who had remained in RT longer than 12 months were less likely to be employed. Although the longevity of training often reflects the nature and severity of the impairment, what is also the case is that, irrespective of the disability, the longer a person remains unemployed, the less likely it is that they will move off benefits and into work[16].

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16 For a detailed exploration of the complex relationship and causalities between disability, employment and unemployment, see Berthoud Richard 2006 *'The employment rates of disabled people'*, DWP Research Report No. 298.

Colleges acknowledged that some level one courses which many such trainees pursued were pre-entry level as far as many employers were concerned, and so of limited benefit in improving individuals' labour market competitiveness:

> *'A level one student doesn't have to do any writing, it can be witness statements, which is great for the student because its very low level skill and good for their confidence, that's great. But they are not going to get a job at the end of having a level one because what employer is going to take them on?'*
>
> (RTC programme manager)

Nevertheless, though unemployed at the time of the interview, several trainees with learning difficulties had had jobs in the past, and as a group they were far from unemployable. Perhaps because they are less likely than other trainees to refuse the offer of low paid work, often their difficulties were not getting jobs but keeping them, or finding follow on work when the last job finished.

Barriers to employment other than low skill and qualification levels were evident in this group and responsible at least in part for their continuing unemployment. One trainee, for example, had worked for ten years as a gardener, only losing his job when the owner of the family firm he worked for unexpectedly died. Joining RT to follow an NVQ1 in horticulture, he gave as the main reason for being unemployed: the fact that he lived in a remote rural area where jobs were scarce, and did not drive. He also struggled with reading vacancy information and completing job application forms due to a poor level of literacy. For such individuals, the question is whether long-term vocational training is the most appropriate route for securing a successful re-entry into the labour market or whether practical help with job search, for example, would be more effective.

9.3.4 Limited work experience and financial barriers

A large and significant group of trainees who remained on benefits were those who clearly wanted to work but whose period of RT had been unsuccessful in progressing them into employment. Least satisfied with their overall RT experience, there were customers whose disabilities were not necessarily severe, and who clearly wanted to work, but whose age, lengthy period of absence from the labour market, means tested benefits and perhaps other difficulties, combined to act as a significant barrier and deterrent to working. On leaving RT they were often disappointed to find that without experience, the level or type of qualification they had achieved was unlikely to deliver the kind of job outcomes or employment opportunities they had expected:

> *'You got a certificate, wasn't worth a penny like…All it tells you is that you've done a course…if you could get the experience with it, it would be brilliant. But with no experience…it's nothing.'*
>
> (Former RT trainee)

'What I've experienced from being here is a lot of people who have gone for interview have taken with them pieces of paper…qualifications…and because they've not got two years…five years…or six months [experience] they haven't got the job.'

(Current RT trainee)

Expectations of jobs and salaries were not necessarily or unrealistically high; indeed ambitions were often quite modest. Many customers simply wanted a wage high enough to make it financially feasible and worthwhile for them to make the transition from benefits into work:

'The best I could have hoped for was a job in like the back of PC World…on ten grand a year…but…I'd need…£14,000 a year, something like that.'

(Former RT customer)

Often these were customers that, prior to joining RT, had never used a jobcentre, spoken to a DEA or had a BOC carried out. Many did not know how much better or worse off they might be in work, or whether they might be eligible for in work benefits. Often they made assumptions on the basis of little or possibly long outdated knowledge of the benefits system. Having lost contact or not having had contact with their DEAs during the period of training, the absence of formal re-referral to Jobcentre Plus after RT was clearly unhelpful in this regard. Unlike their fellow trainees who did get work, few in this group had self-referred to a DEA, accessed further support or went on to join NDDP after leaving RT.

9.3.5 Lack of support

Not unexpectedly, trainees who failed to get jobs were more likely to report an unsatisfactory experience on RT. Some trainees spoke of a general lack of support and of too much emphasis in courses on qualifications, to the detriment of work experience:

'I don't think there was enough emphasis on…work experience…it was more to complete the course.'

(Former RT trainee)

Others highlighted specific shortcomings in key areas of training and support, for example one-to-one help, counselling or self-employment help:

'They should have someone there to go through what you need to do if you want to be self-employed, because a lot of people…wanted to be self-employed. …they should just take the students aside and say…here are the tax implications, what you have to do…I think that should be covered.'

(Former RT trainee)

Setting aside individual experiences of RT, what mainly differentiated these trainees was the fact that, as a group, they were unlikely to have benefitted from a satisfactory placement with an external employer. Customers themselves appreciated the

importance of a placement in helping to overcome the disadvantage of limited work experience, the significance of which could even over-ride the disability:

> *'I don't know if my disability comes that much into it actually. I think it might be more lack of experience…Because you normally get a job placement at the end of it and that normally gives you three months' experience and a lot of the times they normally take you on. They couldn't get a job experience for me.'*
>
> (Former RT trainee)

That the absence of a relevant placement can be highly detrimental to job outcome success may be illustrated with reference to the college previously discussed, where staffing difficulties had caused a hiatus in the provision of employment support and placement services. During the short period of disruption, employment outcomes at the college reportedly halved.

9.3.6 Not ready for, or unable to benefit from training

For other customers who failed to move into work, RT had perhaps come too soon in their recovery for them to benefit from vocational training. Some had a primary mental health condition or behavioural problem, coupled with a drug or alcohol dependency. Struggling to complete their courses, and depending heavily on the support of fellow trainees and support staff, in neither being ready for training, nor for work, it is not surprising that many failed to progress onto work. These trainees often succumbed to stress or became embroiled in situations of conflict with staff or fellow trainees which sometimes disrupted the attendance of others at the RTC:

> *'…I saw people that really weren't going to get anywhere because perhaps they needed to go and have quite a bit of counselling before they could deal with doing what they were doing.'*
>
> (Former RT trainee)

> *'They've got drug addicts and alcoholics and…they're not interested in learning or progressing…that upset a lot of the people who wanted to get on with their work because they were always finding they were a distraction.'*
>
> (Former RT trainee)

Not all the former trainees who failed to progress into work spoke disparagingly of RT or had a negative experiences. Indeed, while job outcomes are clearly an important measure of the performance and effectiveness of RT, customers themselves often measured the benefits of RT more broadly. Achieving a qualification, a lifting of depression, the development of employability and independence skills, and increased confidence and self-esteem, were all given as examples of specific benefits customers had gained from attending the provision, even though failing to move into work:

'It's all confidence boosting, it just boosts your confidence no end for want of a better word, you can't measure it, it's totally immeasurable.'

(Former RT trainee)

While the development of employability and soft skills can clearly be crucial, no less so for customers who did get jobs, without work, human capital can decline. The question remains as to whether and for how long the personal and social benefits of attending RT can be maintained in the absence of work.

9.4 Early leavers

Trainees who leave RT early are an important sub-group of customers. They comprise around a third of all individuals who start RT and, for those who fail to complete their training, represent a significant drain on RT resources, undermining its overall cost effectiveness and performance. Clearly, the 25 per cent who subsequently return to training serve to mitigate the worst effects of this inefficiency, nevertheless, even when these returners are removed from the statistics, around a quarter of all those who start RT finish their course early and do not return to complete it.

Customers interviewed who left training early mainly did so for medical or personal reasons, rather than to take up employment. Most were well advanced into their training, typically having attended RT for around six months, before leaving. Having established themselves in the provision, many found the courses too demanding mentally or physically, or that residential factors or latent mental health issues combined to exacerbate their illnesses, making their stay untenable. They generally terminated their courses on medical grounds and few returned. The RTC response was flexible, perhaps overly so in one or two colleges. There were a few examples of customers being assigned to other courses, equally unsuitable, or moved to other residential locations on the campus to minimise noise and disruption, when it was clear they were unlikely to benefit from RT and should probably leave. Here, the college's flexibility served only to lengthen their stay, delaying their exit from RT, rather than preventing it.

Those taking a break from the course purely due to health or medical factors or in response to a domestic crisis at home, were in a minority. Some returned to RT, others did not. Those who returned at a later date did not appear to experience any difficulties in re-entering training and were pleased with the flexible way in which the colleges responded to their illnesses. Older women trainees were over-represented in the group of early leavers and more likely than men to leave because of problems at home. They were also less likely to return to training than men who left early, several citing the male dominated environments of the colleges as a major contributory factor.

Those who left early to take up employment generally had a physical disability or health condition rather than a mental health condition or learning difficulty; and many had established work histories prior to the onset of their conditions. Virtually

all the trainees who moved into work gained a qualification before leaving RT, essentially substituting the work placement aspects of RT for a job. Only one trainee interviewed left for a job prior to completing the qualification, and did so because he could not afford to remain in training for a year without an income.

In a few rare instances attending RT had served to demonstrate that work was no longer a feasible option, though advanced age, in addition to disability, was often a key determining factor. One customer realised part way through a placement that his condition had deteriorated to such an extent that he could no longer function productively in a work environment. This, in combination with his age (approaching 60), led him to the conclusion that he could no longer effectively compete for jobs against younger, sighted individuals. He left training early, soon after retiring from work altogether:

> *'I found that the prospects of getting a job, shortly before my 60th birthday, the prospects of getting employment were seen as very bleak…I realised that…I could hardly read my own writing…What then became crystal clear was that there was no way that I was ever going to contribute to any employer…There is no way I could compete with…normal sighted people* (sic)*.'*
>
> (Former RT trainee with glaucoma)

In terms of customer life histories and barriers, it is apparent that there are clear patterns of behavioural antecedents to some cases of early drop out, which might lead one to predict that they would be less likely to remain in the provision than others. Intermittent and erratic work histories or lengthy absences from the labour market were often symptomatic of deep-seated mental health issues or difficulties in managing inter-personal relationships among trainees interviewed. Most had been unable to sustain work or training courses in the past. Trainees whose disabilities were compounded by drug or alcohol misuse clearly found it more difficult to make headway in training; these are not undemanding courses. As evidenced throughout the research, these barriers can be indicative of unsuitability for RT and predictors of early drop out.

The colleges know their customer groups and are acutely aware of the factors which predispose individuals to early drop out. Staff mainly suspected that poor assessments and inappropriate referrals by DEAs were at the root of the problem:

> *'Clients that tend to drop out earlier…because they're not fully committed and their heart's not in the training and they might have been pushed into it by the DEA for example.'*
>
> (RTU member of staff)

While this may be so, the colleges concerned, nevertheless, gauged these customers as capable of sticking with lengthy and demanding provision. Prior to the start of training, with a few notable exceptions, there was little evidence of systematic efforts by the colleges to establish customers' commitment to training or work, through, for example, investigating whether they had left previous

training provision early or whether they had a history of unstable mental illness or substance abuse. Again, this raises questions around the effectiveness of referral decisions and the reliability of selection and assessment procedures designed to test applicants' suitability for RT, and in particular, the capacity to achieve a sustained employment outcome.

10 Findings and conclusions

The difficulty throughout the report and in presenting conclusive findings, is in discussing Residential Training (RT) in an homogeneous manner. The Residential Training Colleges (RTCs) clearly differ in terms of their organisational cultures, customer groups and degree of responsiveness to the demands of customers and employers. They also differ in the extent to which they are reliant upon RT funding. This diversity manifests itself in key differences in the approach, content, delivery and performance of RT and in the degree to which they transmit and maintain the work focused message, differences apparent even in comparing like for like pan-disability or specialist colleges. Any general conclusions, therefore, will necessarily mask individual differences.

Nor do the experiences and outcomes of RT customers lend themselves any more readily to generalised conclusions. Reflecting the shift away from customers with solely physical disabilities towards those with multiple barriers, what is evident from the research is that the RT customer group is highly heterogeneous and segmented, their circumstances, barriers and needs, highly distinct. It is, therefore, not appropriate to talk of 'disabled people' as though they represented a monolithic category, nor reach any meaningful conclusions about the effectiveness of RT without reference to its differential impact on specific sub-sets of disabled customers. Indeed, the only general conclusion that can be drawn from the research is that RT and attendance clearly suits and benefits some types of customers more than others.

What can be said in general terms about the colleges is that the quality of the teaching is mostly good and the staff they employ appear committed to their work and their trainees. The colleges offer a broad range of vocational courses to their customers and seek to provide industry recognised qualifications where possible. Though there are differences in the degree to which the work focused message can be said to permeate the colleges, staff understand the philosophy behind RT, and training is designed, as far as is possible, to replicate the workplace in terms of its timetable and the practical elements of the courses. Many trainees are long-term absentees from the labour market. Indeed, some have no work experience at all. Employment development activity may, therefore, be as important to a trainee's chances of success as is the vocational course itself. Crucial to the effectiveness

of RT, then, is the work placement. Where the employment support model works well, and trainees are work-ready, the work placement can significantly enhance their potential for attaining a sustained employment outcome.

10.1 The Residential Training model

Over time, the colleges have developed significant expertise stemming from an acute understanding of the customers they train. Increasingly, the colleges are working with the hardest to help and having to constantly augment their support services with specialists able to address customers' complex barriers. From this standpoint, an employment outcome will not be attainable for all, but then that is probably the case for most employment and training interventions. The residential model recognises that often it is not the disability or impairment *per se* which prevents customers from moving forward but the attendant problems of depression, low confidence and self-esteem which are often associated with disability and long-term unemployment.

What sets this provision apart from mainstream training is in the provision of solutions which comprise a combination of vocational training, rehabilitation, work experience and medical, social and peer support. Increasingly, college services have expanded and evolved in this direction, providing a supportive framework within which customers train and which has the potential to enhance confidence and self-esteem. In these respects, the attempts of the RTCs to provide a 'one stop' model of holistic help and support appear to be genuine.

The problem with models such as this is that there are often discrepancies between theory, practice and experience. There is plenty of evidence from the customer interviews of less than exemplary practice and of unsatisfactory experiences, perhaps most notably where trainees left RT without having managed to secure a work placement or access further help. The model may be holistic, but in several colleges the approach is considerably less customised to trainees' needs and certainly less tailored to their employment goals than many would have liked. While most customers appear to secure benefits from attending RT, a large majority of those who start training do not progress into employment. The whole realm of employment support is the area where the colleges have the furthest to travel. Though employment outcomes are difficult to achieve for many in this customer group, there is a recognition by the colleges that they can do better.

Though the colleges seek to be sensitive and respond to employer needs, they need to be more alive to the demands and nuances of the local labour market in order to ask themselves whether what they are providing is entirely appropriate. It is evident that strategic behaviour around vocational courses is strongly affected by contracting arrangements. Indeed, the slow evolution of provision and limited currency of some courses and qualifications among employers is suggestive of funding-driven behaviours at some of the colleges.

There is no doubt that RTCs cater for a very challenging customer group. It would, therefore, be unreasonable to expect an employment outcome for all customers. Given the challenging nature, and sometimes volatility of the customers of this provision, RTC strategy becomes one of controlling the controllables. Are the right customers getting onto the provision? Are they being adequately supported to maximise their potential? Are the courses and qualifications being offered appropriate to the needs of employers and local labour markets? Are employment support services functioning in the manner in which they should? As this review has shown, these are all areas in which the colleges could strive to do better and so improve present job outcome rates and performance.

10.2 What works

The research uncovered evidence which suggests that RT can have successful outcomes for customers with an acquired physical disability, sensory impairment or health condition who want to learn skills for a different job or occupation. How do these customers achieve successful job outcomes? In the main, the residential environment does appear to be beneficial for customers with an acquired disability or impairment. What the residential setting does is remove the trainee from any distractions they may have at home, allowing them to access specialist support, attain industry recognised qualifications and gain relevant experience through a work placement. The socially integrative features of residential attendance encourages individuals who may have become depressed or withdrawn, to mix with fellow trainees and staff and get back into the daily routine required for successful re-entry into the labour market.

The peer support of fellow disabled trainees appears to be particularly effective for customers fitting this profile. Individuals gain confidence and learn skills from others often in a worse position than themselves, getting a realistic perspective on their condition and what they can, rather than what they cannot, do. In this way the residential setting adds value and can be a valuable environment for customers wanting to learn skills for a different job or occupation, while adapting physically and psychologically to their condition.

10.3 Less likely to succeed

Reviewing the experiences and outcomes of those who leave provision early, and who did not achieve employment outcomes following participation in RT, those least likely to progress were customers with long-standing or chronic mental health conditions, those with congenital sensory impairments and those with learning difficulties. Trainees whose disabilities were compounded by drug or alcohol misuse were also more likely to find difficulties in making headway in training.

The colleges are particularly adept at dealing with physical disabilities due to their lengthy experience and historical role. Mental health conditions present a different order of problems, which, by their very nature, can hinder an individual's

ability to benefit from RT. As evidenced throughout the research, these barriers can be indicative of unsuitability for vocational training in general and residential attendance in particular, and predictors of early drop out. The difficulty with these conditions, particularly where they are severe and long-standing, is that the RT intervention is often unable to reverse the tide of disadvantage in the period a trainee attends. Consequently, though these customers may improve softer skills through attending, they are less likely to progress in training and move into employment. In the case of the more complex mental health conditions and unresolved substance dependencies, it is difficult to come to any conclusion other than that these customers would be better served by health professionals. Such individuals may then be able to return to this type of provision in the future once their conditions improve or stabilise.

When speaking of mental ill-health, however, it is important to understand that these conditions cover a vast spectrum. The research evidence supports the view that mild to moderate mental health conditions, including some forms of depression, anxiety and stress-related illnesses, often the result of long-term unemployment, can be successfully alleviated through the socially integrative features of RT. Particularly where the trainee has a stable history of work prior to the onset of the condition, and even though unemployed long-term, good quality sustained outcomes can result.

Where conditions are entrenched and accompanied by poor basic skills and no, or very limited, work experience, as is often the case for those with learning difficulties and more severe or congenital disabilities, the RT model is less effective in progressing trainees into work. Though they may enjoy and benefit from attending residentially, the vocational aspects of provision and self-directed learning can present challenges for such trainees. For individuals with visual impairments, chronic mental health conditions and other severe conditions such as unstable epilepsy, the difficulties faced in securing employment are likely to be compounded by employer prejudice.

Perhaps as significant is the fact that the vocational courses many such trainees follow may have limited impact in terms of improving their overall job competitiveness, making it less likely that they will make a successful transition from benefits into work. The question is whether long-term training programmes which develop basic and entry level skills but are unlikely to result in employment, more appropriately fall under the remit of Department for Education and Skills (DfES) rather than the Department for Work and Pensions (DWP). The question is particularly apt with respect to younger trainees up to the age of 25 who, if they were not attending RT, would be eligible for vocational training funded by the Learning and Skills Council (LSC).

A further group less suited to RT, conspicuous by their absence, are those customers with strong family ties or caring responsibilities, among whom women figure strongly, and people living so far from an RTC as to make attendance impractical or unacceptable. For those with families and stable surroundings there may be

little to be gained from residential attendance, indeed residential attendance may of itself act as a barrier to participation. If the colleges were able to exercise greater scope and flexibility in the number of day places offered, it seems likely that more customers would opt to attend daily than currently do so.

10.4 Referral and assessment

How are customers for whom RT is clearly unsuited finding their way onto the provision? Given that the majority of trainees know little or nothing about RT prior to being referred by a Disability Employment Adviser (DEA), the DEA role is clearly pivotal. There are qualitative differences amongst DEAs and their roles, and, therefore, in the quality of the applications they put forward. A sound referral is largely dependent upon the knowledge and experience of the DEA and the nature of the guidance and training they have received, DEAs' high mobility and turnover being clearly unhelpful in this regard.

While DEA expertise and training are clearly important, structural constraints around the local delivery of Jobcentre Plus may be more significant. A key factor governing referrals to RT is the DEAs' location *vis a vis* the nearest RTC, coupled with the availability of local provision. It is, thus, difficult to think about RT without thinking of the alternatives available which, increasingly, appear to be limited. Rapport and relationships on which appropriate referrals increasingly depend are more difficult to establish where the nearest college could be some distance away, making it less likely that customers would elect to join residential provision and more complicated for the DEA to liaise if they did. DEAs' limited role in helping to identify placement and job opportunities providing further evidence of such difficulties.

Conversely, the absence of a local RTC may encourage DEAs to investigate local alternatives more thoroughly, which may be more readily available where there is no local college. Larger urban areas seem better served and the more experienced DEAs in these areas make good use of alternative provision, which mitigates against inappropriate referrals. Areas which have experienced a reduction of Jobcentre Plus programmes and the more rural locations are those more likely to produce inappropriate referrals to RTC which, in former times, would have been met by local provision.

Inappropriate referrals are not the only difficulty arising from high DEA mobility and the variability in roles. Difficulties clearly follow through into training and in the transition between trainees leaving RT and moving into work. Given the considerable investment and effort, and the evident importance of follow-on help for a group of customers recognised as being among the hardest to help, it seems remarkable that some trainees can leave this provision without there being any forward planning or co-ordination between the key parties, other than a potential voluntary return to the DEA initiated by the customer. This is all the less likely if DEAs have not been in touch with trainees during their stay, or have moved on

during the period of attendance. The colleges themselves recognise the problem is systemic and is an area in which there is considerable room for improvement.

10.5 Early leavers

The high level of early drop out suggests that assessment practices and selection criteria at some of the colleges are not as soundly based as they might be. Preventing customers from leaving provision early is closely related to selecting the right customers in the first place, and clearly communicating to the customer the exact nature of what is being provided. Medical suspensions the colleges perhaps have less control over. But it is clear that some of the trainees were unaware of the nature of the courses they had joined and others were entirely inappropriate for this provision due to their conditions and personal circumstances.

Many of the customers who leave provision early or fail to progress into work have mental health conditions, including drug and alcohol dependencies. The chaotic lifestyles and anti-social patterns of behaviour some customers have developed can be hard to break out of and often replicates itself in this provision. If these referrals are appropriate, then the colleges need to ask whether the support services they offer match the needs of these customers or these conditions which in themselves can often be a barrier to training itself, let alone to labour market progression. Given that these customers may also have little or erratic work experience, it seems clear that thorough assessment by DEAs and RTC staff would be likely to predict that many of these customers would have difficulty in sustaining the provision or, that where they do, they would be unlikely to make significant labour market progression. Why, then, do RTCs clearly recruit trainees for whom an employment outcome is going to be highly improbable? Given the expertise developed in dealing with their customers, it is difficult not to view this behaviour, at least in part, as funding-oriented.

10.6 Areas of change and improvement

The first step to eliminating funding-driven behaviours is to provide comprehensive guidance to DEAs, so that they do not refer inappropriately and the colleges do not have the opportunity to fill places unnecessarily. Secondly, changes are required to RT contracts and funding arrangements to remove anomalies and to encourage and better reward the colleges for the achievement of job outcomes. As businesses, RTCs must generate income in order to survive. In incentivising starts and occupancy rather than job outcomes, funding arrangements for RT have encouraged the colleges to focus their efforts on maximising and maintaining occupancy rather than improving job outcome performance. Given the sensitivity of college behaviours to the funding model, if arrangements were adjusted to more accurately reflect DWP objectives, it seems likely that job outcome performance would improve. If the colleges were able to improve performance in the areas identified as deficient, and so improve their job outcomes, it seems

unlikely that the customers able to access and benefit from RT would fare much better elsewhere.

Introducing greater consistency and clarity in funding arrangements should also encourage the colleges to respond more flexibly and innovatively to the demands of employers and nuances of local labour markets. Nevertheless, at the heart of the colleges' difficulties in ensuring a good match between the programmes they run and employers' needs is another structural constraint – the localised character of labour markets. Some of the difficulties the colleges face in progressing trainees into employment are not so much due to failings of the training or the support provided, but simply reflect the fact that RT is a national training programme struggling to operate in a context which increasingly functions at a local level.

Underlying RT there, nevertheless, remain a number of contradictions. The model makes the assumption that people are out of work because of their disabilities. If it is accepted that the causality between being disabled and not being employed may run in both directions (people may become 'disabled' or more 'disabled' because they are not in work), then, for some people, a lengthy period of training which extends the amount of time they are away from the labour market, may be counterproductive.

Furthermore, in focusing interventions on the individual, the model assumes that the disadvantages faced by people with disabilities are mainly a product of their ill-health or impairments which can be overcome by training, an assumption which leans heavily on a medical model of disability and a human capital model of intervention. The colleges themselves would strongly take issue with a medical model of disability, believing as they do in a social model which would argue that improvements in the job prospects of people with disabilities require changes in the social, physical and institutional environment. In focusing on developing the skills of individual participants, RT may, therefore, fail to engage sufficiently with a social reality with which the colleges are only too aware – that, whether simply due to the length of unemployment or discrimination, the difficulties disabled people face in securing employment can be as much a product of employers' unwillingness to employ them, as they are a reflection of their personal deficiencies or the inability to function effectively in the workplace.

If employer attitudes, recruitment practices and prejudice are acknowledged as key barriers, it follows that employer engagement on behalf of individual job seekers should comprise a key element within any intervention designed to get disabled people back to work. If sustainable job outcomes are truly the aim of RT provision, the colleges have considerable scope to improve the way in which they work with their customers and employers by designing tailored solutions which aim to meet the needs of both, and within a timescale which keeps individuals away from the labour market no longer than is necessary to secure their successful re-entry.

Appendix
Fieldwork areas

Jobcentre Plus Pathways areas included

District		Jobcentre Plus
Liverpool	–	Upton, Belle Vale and Bromborough
Scotland	–	Paisley and Greenock
Derbyshire	–	Staveley and Chesterfield
Doncaster	–	Barnsley and Doncaster
Gateshead and South Tyneside	–	Wallsend and Newcastle City
Cumbria	–	Workington and Carlisle
South Wales	–	Bridgend and Pontypridd

Jobcentre Plus non-Pathways areas included

District		Jobcentre Plus
Surrey	–	Haywards Heath and Crawley
Birmingham	–	Kings Heath and Solihull

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