Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

January 2016

Summary

This report presents the findings of an evaluation of the Department for Work and Pensions (DWP) European Social Fund (ESF) Support for Families with Multiple Problems. It is not an evaluation of the separate Troubled Families programme, led by the Department for Communities and Local Government. The DWP ESF evaluation assesses the processes involved in the delivery of the support and outcomes it has achieved. Sections of the report examine the design and development of the support, relationships involved in its delivery, the engagement of those benefiting from the support, key delivery processes, outcomes of the support, and the added value it offers. The evaluation was undertaken by Ecorys and Ipsos MORI and was completed between July 2013 and September 2014. A survey of individuals benefiting from support was undertaken between January and March 2014, while the main phase of qualitative fieldwork to inform the evaluation was undertaken between March and July 2014.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

Contents

List of tables

List of figures

Acknowledgements

The Authors

Ian Atkinson is an Associate Director at Ecorys. He specialises in employment and labour market research and has a particular interest in evaluating initiatives to support individuals into employment. As part of this, Ian conducts research into European programmes aimed at promoting social and economic development, and has contributed to a number of studies for the European Commission and UK Government Departments around this theme.

Kate Smith is a researcher at Ecorys. She has particular expertise in qualitative research with vulnerable groups. Kate's interests lie primarily in policies for children, young people and families and is currently working on a number of evaluations of family support programmes.

Trinh Tu is Head of Employment, Welfare and Skills research in the Ipsos MORI Social Research Institute. She has 20 years' research experience focusing on skills shortages, unemployment and the evaluation of government training and employment programmes.

Victoria Tuck is a Senior Research Executive in Ipsos MORI's Employment, Welfare and Skills policy team. She has managed and contributed to many studies relating to employability support and worklessness.

Rachel Williams is a Research Director at Ipsos MORI with a background in quantitative and longitudinal research, with a particular interest in neighbourhood renewal and children and families.

List of abbreviations

BME	Black and Minority Ethnic
CATI	Computer Assisted Telephone Interviewing
CFO	Co-financing Organisation
CPA	Contract Package Area
DCLG	Department for Communities and Local Government
DRO	Debt Relief Order
DWP	Department for Work and Pensions
ESA	Employment Support Allowance
ESF	European Social Fund
ESFD	European Social Fund Division
EU	European Union
IB	Incapacity Benefit
IS	Income Support
IT	Information Technology
JSA	Jobseeker's Allowance
LA	Local authority
MA	Managing Authority
MI	Management Information
OP	Operational Programme
PbR	Payment by Results
PRaP	Provider Referrals and Payments
SEN	Special Educational Needs
SPOC	Single Point of Contact
TFEA	Troubled Families Employment Adviser
VCS	Voluntary and Community Sector

Glossary of terms

Attachment
Refers to the process of participants becoming engaged on the European Social Fund (ESF) Support for Families with Multiple Problems provision. When a participant commences support they are said to 'attach' to the provision, hence the number of participants supported is sometimes referred to as 'number of attachments'.

Contract Package Area (CPA)
The ESF Support for Families with Multiple Problems is delivered in 12 geographically-based CPAs across England. In each CPA a prime contractor is appointed to manage a supply chain to deliver the support.

European Social Fund (ESF)
The ESF is Europe's main financial instrument for supporting jobs, helping people get better jobs and ensuring fairer job opportunities for European Union (EU) citizens. The European Commission works with countries in partnership to set the ESF's priorities and determine how it spends its resources.

(ESF) Co-financing Organisation (CFO)
ESF funds are distributed to ESF projects through CFOs. CFOs manage ESF and match funding (domestic public funding), contract other organisations (known as providers) to manage ESF projects, and ensure that ESF-funded projects complement national schemes like the Work Programme.

(ESF) Managing Authority (MA)
The Department for Work and Pensions (DWP) ESF Division is the ESF Managing Authority for England and Gibraltar. It has overall responsibility for administering and managing ESF and liaising with the European Commission.

(ESF) Operational Programme (OP)
Operational Programmes describe the priorities for ESF activities and their objectives at national or regional levels within the EU. The relevant programme in this context is the 2007–2013 England and Gibraltar ESF Convergence, Competitiveness and Employment Programme.

Sustained job outcome
In the context of the ESF Support for Families with Multiple Problems provision, a sustained job outcome is defined as: individuals entering work and subsequently being in employment and off benefit for a continuous or cumulative period (26 weeks consecutive or cumulative for Jobseeker's Allowance (JSA) customers; 13 weeks consecutive or cumulative for other out-of-work benefits including JSA ex-Incapacity Benefit customers; and 16

hours employment per week lasting 13 consecutive or cumulative weeks for those not receiving working-age benefits).

Theory of change

Theory of change is an evaluation methodology drawing on work developed in the United States to evaluate community and social programmes. The approach involves identifying the logic behind an intervention in terms of its rationale and aim, key objectives, inputs, activities and short, medium and long-term outcomes and testing this 'intervention logic' through a range of evaluative methods.

Executive summary

This summary presents the key findings and recommendations of an evaluation of the Department for Work and Pensions (DWP) European Social Fund (ESF) Support for Families with Multiple Problems. It is not an evaluation of the separate Troubled Families programme, led by the Department for Communities and Local Government (DCLG). Research to inform the evaluation of the DWP ESF provision was undertaken between July 2013 and September 2014. A survey of individuals benefiting from support was undertaken between January and March 2014, while the main phase of qualitative fieldwork to inform the evaluation was undertaken between March and July 2014. The aim of the evaluation was to provide evidence of the effectiveness of the ESF Families provision and detail practical lessons for current and future provision. The study involved:

- In-depth qualitative research as part of case study visits to the 12 Contract Package Areas (CPAs) across England where the provision is being delivered.

- A representative survey of 1,240 participants receiving support.

- A review of available Management Information (MI) for the provision.

Key findings – Operation and delivery of the provision

Overview

The ESF Families provision faced several early implementation challenges. However, by the time of the fieldwork evidence suggested that it was functioning effectively with the support provided leading to positive outcomes. The provision typically supported individuals rather than offering 'whole family' support in the truest sense. However, this support often had positive, albeit indirect, effects on wider family contexts. There was significant evidence that the ESF Families provision was working well just as it came to the end of its funding period. While positive, this indicates that relatively innovative provision of this type takes time to become fully embedded, and for implementation issues to be addressed, before reaching an effective 'steady state'.

Implementation challenges

An initial lack of referrals from local authorities (LAs), at first the sole referral route, was a significant early challenge. In response, effective actions were taken to increase volumes on the provision through widening the referral mechanism to include a 'secondary referral route'. This enabled delivery providers to source their own referrals, in addition to those received from LAs, and proved to be a key turning point in the provision's functioning. Using Jobcentre Plus to signpost individuals for support was also important in increasing the numbers accessing help. As a result of these actions, numbers receiving support increased and referral mechanisms were widely reported to be working well by the time of the research.

The initial payment model for the provision also caused some early difficulties. The main issue concerned insufficient cash-flow into the provision due to providers having difficulty achieving the required trigger for payments – that is, participants completing three sets of

activity or 'progress measures'. This was successfully addressed by enabling payments for completion of individual measures, added to an interim payment once individuals were on the provision for a set period. Allied to increased numbers receiving support, this made delivery more viable for providers and helped to stabilise supply chains and delivery structures.

Also related to implementation challenges, the nature and extent of linkages to the cross-departmental Troubled Families programme, led by DCLG, varied across the areas visited. In a number of instances linkages between the programmes were positive, both at strategic and operational levels.

Delivery infrastructure

Effective delivery relationships between providers and Jobcentre Plus, and between prime contractors and their supply chains, were apparent in most contexts. The following common elements characterised such relationships:

- Open and honest communication between partners

- Willingness on the part of prime contractors to facilitate the sharing of good practice amongst their delivery partners

- Responsiveness to issues faced by the supply chain, and a constructive approach to performance management on the part of the prime contractor.

In some areas, relationships between LAs and providers were an exception to the mainly positive delivery relationships apparent. These relationships were reported to be affected by the initial implementation challenges noted. However, there were also cases where LA – provider relationships worked well. Common factors here involved:

- The personal commitment of LA staff with a role in relation to the provision.

- Supportive senior management within the LAs concerned who were willing to engage strategically and operationally with the provision.

- A focus on building relationships and trust with LAs on the part of providers.

Support offered to those engaging with the provision

The delivery of effective support to those engaged was evident across much of the provision reviewed. Several aspects were central to this. These included:

- The use of a dedicated key-worker able to offer tailored, formal and informal, on-going and 'wraparound' support

- The availability of a wide, flexible menu of activity and support for those engaged

- Combining group work with one-to-one support depending on context and need.

- Addressing multiple barriers to work in combination, often in an intensive manner.

While the offer of tailored, flexible and intensive support was one of the strongest positive themes to emerge, expansion in key worker caseloads was seen as having the potential to affect this. Equally, although the provision was mainly delivering the type of support anticipated, there were exceptions. In some cases providers viewed themselves as delivering standard employability support to individuals, rather than provision tackling entrenched, difficult to address barriers within families. This appeared to influence the

nature of support in a more generic direction based on the provision of standardised courses around, for example, employability skills, as opposed to the tailored, intensive, wide ranging support more commonly apparent.

Key findings – Outcomes of the provision

The support offered was well received by the majority of participants. Around four-fifths of respondents to the participant survey were either 'very satisfied' or 'fairly satisfied' with their provider and support. The survey and case study evidence also showed that the provision met many of its intended outcomes in many instances. The following were all common outcomes, albeit to varying degrees:

• Improved health and wellbeing, both at individual and family levels.

• Reduced problems with debt, both in respect of individuals and households.

• The resolution of housing issues.

• Improved family relationships and reduced conflict.

• Reduced social and economic isolation.

• Increased work related activity, and individuals moving closer to and into work.

Looking at these in more detail, the survey indicated that most participants benefited in terms of their **individual and/or family health and wellbeing**. Qualitative interviews with participants also provided a number of examples of how support led to improved wellbeing for them or their families, whilst also contributing to improved individual health or condition management.

The provision also had significant positive effects in terms of **individual and family stability and security**. These encompassed more general effects on family relationships and dynamics, along with more specific outcomes relating to debt and housing. Indirect and inter-related effects in this area were common. Typically these related to improved confidence which meant that individuals were better able to manage family issues and to address particular difficulties at home.

Positive outcomes in terms of **reducing social isolation** were some of the strongest to emerge. The role of the support in helping individuals to overcome barriers to community engagement was widely seen as one of its key strengths. For many participants, reduced social isolation was clearly a key positive outcome. Evidence relating to effects on economic isolation was less clear, though in some cases the provision is likely to have had a positive effect in this area – particularly through a focus on activities around money management.

Evidence on **employment-related outcomes** was slightly more mixed. The survey data and qualitative participant interviews indicated that the provision did lead to positive outcomes in terms of progression towards work. While the same is true of entering and sustaining employment, this was less consistently evident, particularly in relation to the MI available for the provision to the end of July 2014. This showed that sustained job outcomes (at 13 or 26 weeks depending on benefit type) were achieved for 5 per cent of those attaching to the programme. However, this figure rose over the remainder of the provision's lifetime as more job entries were converted into job outcomes. As such, by the end of the programme, 11.8 per cent of participants who had started before February 2014 had achieved a sustained job outcome within 18 months.

Finally, the evidence reviewed suggested that significant **added value** could be ascribed to the ESF Families provision. This rested on:

• The holistic and 'wraparound' support offered, particularly in respect of the dedicated key worker role.

• The flexibility, intensity and range of support the provision is able to offer.

• The relative distinctiveness of the provision compared to other employability programmes.

Recommendations

Based on the evaluation findings, the evidence points towards the following recommendations:

1   The success of the provision in supporting individuals to move closer to work through flexible, intensive, interventions indicates that there may be an important place for such approaches in addressing entrenched worklessness. Examining the potential to develop similar provision for this purpose is thus recommended.

2   The evidence suggests that future provision should take note of the central role and importance of key workers and their ability to offer ongoing, 'wraparound' support to participants. Future programmes might, for example, ensure that this role is a part of their design, bearing in mind the need for adequate resources to facilitate the type of intensive support it involves.

3   The inter-related nature of barriers faced by individuals with multiple problems points towards the importance of developing provision for this client group that adopts a wide focus. This could be designed to tackle and address issues such as debt and family stability alongside, and integrated with, employability support.

4   Where novel forms of outcome-based payments are used, where possible these might usefully be piloted at a small scale first to identify unintended or unexpected consequences that may lessen the effectiveness of interventions. The evidence indicates that such approaches should be closely monitored and be flexible enough to be adjusted as required.

5   When procuring future provision of this type, the evidence points to the importance of ensuring that prime contractors and supply chains are truly geared up for providing the type and intensity of support required. This may involve considering organisations with less of a background in standard employability or welfare to work provision, and/or ensuring that such organisations have a place in supply chains.

1   Introduction

This report presents the findings of an evaluation of the Department for Work and Pensions (DWP) European Social Fund (ESF) Support for Families with Multiple Problems. The report is based on research undertaken between July 2013 and September 2014 by Ecorys and Ipsos MORI. A survey of individuals benefiting from support was undertaken between January and March 2014, while the main phase of qualitative fieldwork to inform the evaluation was undertaken between March and July 2014. This chapter first details the background to the DWP ESF Support for Families with Multiple Problems and provides an overview of the provision. The evaluation aims and objectives are then detailed, prior to the chapter outlining the methodology used for the study.

1.1   Background to the DWP ESF Support for Families with Multiple Problems

The DWP ESF Support for Families with Multiple Problems provision[1] formed part of the 2007–2013 England and Gibraltar ESF Convergence, Competitiveness and Employment Programme. As one of the European Union's (EU) structural funds, the ESF in the 2007–2013 programming period aimed to support the Lisbon Strategy's vision of the creation of 'more and better jobs'.[2] Part of the funding available in the second half of the 2007–2013 England and Gibraltar Operational Programme (OP)[3] was used by DWP to address worklessness and support individuals from families facing multiple problems towards and into employment.

Along with forming part of the 2007–2013 England and Gibraltar OP, the ESF Families provision reflects the Government's agenda to address the negative consequences and costs arising from troubled families. Based on Cabinet Office analysis of the Family and Children survey from 2005, in developing its initial approach to addressing these consequences and costs the Government estimated that there are 120,000 troubled families living in England.[4]

---

[1]   Also referred to in abbreviated form as 'ESF Families provision' in the remainder of the report.

[2]   European Commission. (2005). *2005/600/EC: Council Decision of 12 July 2005 on Guidelines for the employment policies of the Member States*.

[3]   Operational Programmes provide the framework for administering and delivering ESF within EU Member States, setting priorities and channelling expenditure to support these priorities.

[4]   National Audit Office. (2013). Report by the Comptroller and Auditor General, *Programmes to help families facing multiple challenges*, TSO.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

In December 2010, the Prime Minister announced his intention to turn around the lives of these families and in December 2011 announced that a £448m budget would be available to the first Troubled Families programme, delivered by the Department for Communities and Local Government (DCLG), to achieve this by the end of the 2010–2015 Parliament.[5] The DWP ESF Families provision also formed part of the Government's approach in this area. Both programmes also aligned with and formed part of the Government's Social Justice strategy.[6]

The two programmes can be considered innovative in terms of the approach taken to supporting families. The ESF Families provision represented a new development for DWP in targeting flexible, intensive and wide-ranging employability support at the family level to address entrenched worklessness. Both the first Troubled Families programme and expanded Troubled Families programme[7] aim to change existing ways of working to support families through joining up local services, dealing with family issues in a holistic way, and appointing a key worker to offer intensive family support.[8]

It is important to note that this is not an evaluation of the DCLG-led Troubled Families programme. However, while the focus of this evaluation is on the ESF Families provision, the two programmes were intended to link together to support the overall troubled families agenda. Where relevant, therefore, reference is made to the contribution of the DCLG-led Troubled Families programme to the ESF provision in the report that follows.

DWP announced its ESF Families provision in 2011 and it became operational in January 2012.[9] Funding for the provision covered the period from December 2011 to March 2015. Up to £200 million was available, allocated by DWP as the ESF Co-Financing Organisation (CFO) overseeing its implementation.[10]

---

[5]   The first Troubled Families Programme was launched in 2012 and aimed to turn around the lives of 120,000 troubled families across England by the end of May 2015. The new, expanded, Troubled Families Programme was rolled out nationally from April 2015 to reach up to an additional 400,000 families over five years. The new programme retains the first programme's focus on families with multiple high cost problems and will continue to include families affected by poor school attendance, youth crime, anti-social behaviour and unemployment. It will also reach out to families with a broader range of problems and has a strong focus on local service reform, incentivising local public services to reduce demand on costly reactive services.

[6]   HM Government. (2012). *Social Justice: transforming lives*, TSO.

[7]   As outlined in footnote 5, an expanded Troubled Families programme was rolled out nationally from April 2015, following the first Troubled Families programme that was launched in 2012.

[8]   See *Understanding Troubled Families*, DCLG 2014, for more details on the First Troubled Families programme.

[9]   National Audit Office. (2013). Report by the Comptroller and Auditor General, *Programmes to help families facing multiple challenges*, TSO.

[10]   *Ibid*.

1.2 Aim of the ESF Families provision, its focus and 'critical success factors'

The ESF Families provision was developed with the aim of tackling entrenched worklessness by progressing adults in families with multiple problems closer to sustainable employment.[11] It supported families with multiple problems and complex needs where at least one family member received a DWP working-age benefit, and either no one in the family was working or there was a history of worklessness across generations.[12] As reflected in the guidance given to organisations delivering support, the provision was intended to offer a 'whole family approach' whilst meeting the needs of individual family members to move them closer to work.[13] Importantly, however, in contrast to the DCLG-led Troubled Families programme, the DWP ESF Families provision only worked directly with adults and not children. The expectation that individuals on the provision would have significant barriers to work, and that provision would add value to wider family support, was also made explicit.[14]

At the time of issuing specifications for the provision, DWP defined a series of 'critical success factors' by which to judge its success as follows:

- Contribute to an increase in the number of individuals/families with multiple problems engaging in work-related activity.

- Contribute to a decrease in the number of families with multiple problems.

- Contribute to a decrease in the number of workless households.

- Contribute to the 22 per cent overall job outcome target DWP has as an ESF CFO.[15]

1.3 Overview of delivery and changes in the provision since its launch

The underpinning rationale behind the approach to delivery of the ESF Families provision was that providers, working with local partners, were best placed to meet the aim of progressing people in families with multiple problems closer to sustainable employment.[16] Delivery was contracted out to a series of prime contractors in 12 Contract Package Areas (CPAs) across England. In each CPA a single prime contractor held the contract with DWP and managed a supply chain of sub-contractors providing support to those engaged on the provision.

---

[11] DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance, Chapter One*, p.1/2. https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems

[12] *Ibid*.

[13] *Ibid.*

[14] *Ibid.*

[15] Listed in the specifications issued for programme delivery, available at: https://online.contractsfinder.businesslink.gov.uk/Common/View%20Notice.aspx?site=1000&lang=en&noticeid=609628&fs=true (Accessed 12/06/2014).

[16] *Ibid.*

Providers were required to deliver tailored and flexible support for individuals and to add value by innovation.[17] The precise nature of this support and the activities involved were determined by providers. However, the specifications for each CPA set out certain minimum service delivery requirements. These included providing a dedicated key-worker to support participants, undertaking an in-depth needs assessment and developing an agreed action plan with participants, and the provision of post-employment support to maximise the number of individuals moving into and sustaining employment.[18] The requirements also detailed providers' responsibilities for ensuring participant and family eligibility, along with adhering to time limits for commencing work with individuals referred (5 days) and developing an agreed action plan (20 days).

The following sub-sections provide more detail on the provision, covering:

• The route by which participants were engaged onto the provision.

• Eligibility to receive support under the provision and the processes involved.

• The role of providers in supporting families.

• The payment structure used for the provision.

• Variations in delivery models between CPAs.

• The relationship between the provision and related programmes.

1.3.1 Referrals to provision and the engagement of participants

At the time of the provision's launch, local authorities (LAs) were identified as the sole source of participant referrals. LAs were seen as likely to be aware of families with multiple problems and working with them. The assumption was that LAs could refer individuals they were working with from a variety of sources – whether from adult social care teams, children and families teams, social care teams or elsewhere. The referral of individuals or families being worked with as part of the DCLG-led Troubled Families programme was just one possible source of LA referrals to the DWP ESF provision therefore.

As part of the approach developed, LAs were responsible for identifying potential participants and providing their details so that providers delivering ESF support could engage them. The role of providers was then to check the eligibility of those referred (the process for which is detailed in section 1.3.2 below) as part of this engagement process.

As noted in the initial specifications for the provision, in the event that insufficient volumes were referred from LAs, or providers were unable to engage with LAs, DWP would consider alternative arrangements. As reflected in a previous evaluation covering part of the provision, volumes of referrals through the LA route did prove to be lower than anticipated.[19] In response, in August 2012, DWP introduced an option for prime contractors to operate a

---

[17]   *Ibid.*

[18]   A full list of the minimum service delivery requirements is detailed in Chapter 5 of the *ESF for families with multiple problems: DWP Provider Guidance*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

[19]   Atkinson, I. (2013). *Evaluation of European Social Fund: Priority 1 and 4 (Employment and NEET) provision*, DWP Research Report No.825, p.43/44, DWP.

secondary referral route to help increase referral volumes. In all cases this option was taken up.

From late 2012, the ESF Families provision operated with both a primary LA and secondary referral route. The secondary route enabled providers to identify and recruit participants from eligible families, make their eligibility assessment, and attach them to the provision, without first needing to ask LAs to agree referrals.[20] This meant that participants could be engaged through outreach work and/or through links with other organisations, such as housing associations. Jobcentre Plus, while not acting as a formal referral agent, was also able to 'signpost' potential participants to the provision. Importantly, the provider guidance made it clear that the LA referral route remained the primary engagement mechanism, stating that those identified through this route should take priority over those identified through the secondary referral route.[21]

1.3.2   Eligibility to receive support and the processes involved

To be eligible for support, participants had to be from families with multiple problems including a history of worklessness. Participation was voluntary and the fundamental eligibility requirements[22] were:

- The family must have multiple problems.[23]

- There must be a qualifying person (defined as a person on an eligible DWP working-age benefit when identified).[24]

- Individuals referred by providers must be eligible for ESF support.[25]

- Referral and eligibility confirmation must have been made by either the LA (the primary referral route) or by the provider (the secondary referral route).

---

[20]   DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance, Chapter 3*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

[21]   *Ibid*.

[22]   As defined in DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance, Chapter 3*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

[23]   Eligible families must experience at least one of the difficulties listed under four multiple problem areas, covering: family-, housing-, health- and antisocial/offending behaviour-related problems. See DWP (2014). *ESF for families with multiple problems: DWP Provider Guidance, Chapter 3*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

[24]   'Eligible working-age benefits' include: Carer's Allowance; Severe Disablement Allowance; Employment and Support Allowance; Incapacity Benefit; Income Support; Jobseeker's Allowance; and Universal Credit. A 'qualifying person' is able to 'passport' other adult family members onto the provision without necessarily being engaged on the provision themselves.

[25]   DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance, Annex 2*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems for full details of eligibility (Accessed 12/06/2014).

Providers were responsible for checking the eligibility of LA referrals, and had full and sole responsibility for determining the initial eligibility of participants engaged through the secondary referral route[26]. Once confirmed, an 'ESF 14 form' was completed by the provider for each individual family member who wished to participate and for the 'qualifying person' (who may or may not have been a participant).[27] The ESF 14 form was then sent to the Jobcentre Plus ESF Administration team in their locality. This was to confirm that the benefit(s) stated on the form were in payment, that referrals were eligible for support, and for the referral to be recorded on the DWP IT system. Providers were then sent confirmation of the referral through the Provider Referrals and Payments system (PRaP) for acceptance, following which the participant was 'attached' to the provision. If individuals were not confirmed as being eligible through the ESF 14 process, the administration team was responsible for contacting providers and informing them of the reason(s) why. In cases where this was due to incorrect or incomplete information on the ESF 14, providers could correct this and resubmit the form.

1.3.3 The role of providers in supporting families

Once eligibility was confirmed, providers were required to engage with an individual within five days of the PRaP referral being made.[28] At this point providers were responsible for undertaking an 'initial' assessment of participants' needs and developing an action plan. This 'initial' nature was intended to reflect that providers may not yet have had the opportunity to fully explore participants' requirements, barriers to work and aspirations.[29] Providers were required to undertake a fuller needs assessment and develop an initial action plan within 20 days.[30] This time period was intended to give participants the time to fully commit to the provision and thus reduce the likelihood of incorrect or inappropriate attachments.[31]

---

[26] DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance*, Chapter 3, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

[27] DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance, Chapter 4*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

[28] DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance, Chapter 5*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

[29] *Ibid*.

[30] As detailed in the guidance for providers (Chapter 5) where providers are unable to meet the five or 20-day deadline, due to circumstances such as participants not being available or able to be contacted, individuals can still be attached to the provision. However, the prime contractor in each CPA is responsible for ensuring that all reasons for this are recorded, along with reporting numbers of cases where participants are not fully attached within the 20-day deadline to the DWP Performance Manager overseeing the provision on a monthly basis.

[31] DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance, Chapter 5*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

As part of the above process, a key worker was attached to the participant. Part of developing and agreeing a fuller action plan, building on the initial plan produced, involved the key worker identifying and discussing a series of 'progress measures' with the participant.[32] These measures were a key component of the provision's payment structure, as outlined in section 1.3.4, and were used to focus the support offered. Once the fuller action plan was produced, the key worker was responsible for ensuring it was regularly reviewed and updated.

At the outset of delivery, prime contractors produced an initial set of progress measures in each CPA and agreed these with DWP. Prime contractors subsequently had the opportunity to submit new and/or revised measures. DWP's expectation was that prime contractors should liaise with LAs, along with other strategic and local partners, to develop measures suitable for individuals and families within each CPA.[33] The measures thus varied between CPAs with the intention that they should reflect local needs, alongside meeting the needs of individuals and families.[34] Despite this variation, progress measures broadly fell into the following categories:

- Interventions to overcome family-related barriers (including, for example, support for effective parenting, peer support, and support for needs related to children where these needs are a barrier to an individual finding work)

- Reducing social and economic isolation (for example, addressing debt and money management, increasing knowledge of the labour market, and developing confidence in dealing with support agencies).

- Interventions to tackle work-related barriers (including, for example, developing vocational skills, work-related certification and courses, volunteering, involvement in social enterprises, work experience, and supporting self-employment).

- Addressing health- and housing-related barriers (for example, facilitating access to substance rehabilitation programmes and health promotion services, and providing support to secure permanent accommodation).[35]

The precise nature of activities used to support participants, including those linked to the achievement of progress measures, also varied between CPAs and between providers. In all cases, however, support was intended to be tailored, flexible and wide-ranging. Not all support was delivered by key workers. Rather, through the key workers, providers were expected to facilitate access to support on a needs basis, using local partners and support services as appropriate. While those engaged were expected to be on the provision for up to 12 months, in certain circumstances providers were able to work with participants for longer. This depended on gaining approval from the relevant DWP Performance Manager overseeing the contract.

---

[32]   *Ibid*.

[33]   *Ibid*.

[34]   *Ibid*.

[35]   List adapted from DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance*, Chapter 6, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

1.3.4   The payment structure used for the provision

Providers delivering the ESF Families provision were paid on a 'payment by results' (PbR) mechanism.[36] Subsequent to the point at which delivery started there were some adjustments made to this mechanism. At the procurement stage for the provision, potential prime contractors were invited to submit bids stating how the available contract value would be proportioned within the following parameters:

• 30 per cent of the contract value had to be fixed for job outcomes

• The remaining 70 per cent was available to be proportioned appropriately between an attachment fee and achievement of progress measures, with a maximum of 40 per cent allowed for the attachment fee.[37]

Those bidding were also free to propose a structure of payments whereby no attachment fee[38] was included, with payments being made solely on the basis of achieving progress measures and job outcomes.

Within this initial payment structure, progress measure payments could be claimed when providers had worked with an individual for a minimum of 26 weeks and, additionally, that individual had successfully completed three progress measures. Job outcome payments could be claimed for individuals in an 'eligible job', defined as being in continuous employment for a set period and off benefits.[39] For individuals not claiming out-of-work benefits an eligible job was defined as a minimum of 16 hours employment per week lasting 13 consecutive weeks.[40]

---

[36]   Payment by results can be defined simply as rewarding providers primarily on the basis of (levels of) outcomes or results they achieve, rather than paying up-front for delivery of a service or, for example, tying payments to activities or the numbers of participants engaged on provision.

[37]   See the DWP *ESF Support for Families with Multiple Problems delivery specifications*, available at: https://online.contractsfinder.businesslink.gov.uk/Common/View%20 Notice.aspx?site=1000&lang=en&noticeid=609628&fs=true (Accessed 19/02/2014).

[38]   That is, payment for an individual being attached to the programme following eligibility checks, completion of the PRaP referral process (see section 1.3.2), and agreement of an initial action plan.

[39]   This period varied according to the benefit being claimed. For Jobseeker's Allowance (JSA) the required period of continuous employment was 26 weeks out of 30, while for JSA claimants formerly claiming Incapacity Benefit (IB), Employment and Support Allowance (ESA) claimants, and those claiming Income Support (IS) or IB the period was 13 weeks.

[40]   Full details of the original payment structure are detailed in the delivery specifications for the provision, available at: https://online.contractsfinder.businesslink.gov.uk/ Common/View%20Notice.aspx?site=1000&lang=en&noticeid=609628&fs=true (Accessed 19/02/2014). Note that individuals not claiming an out-of-work benefit can be supported so long as a 'qualifying person' receiving such benefits is present in their family (see section 1.3.2 of the report for full details).

Following feedback from providers concerning cash-flow and other financial difficulties, which in their view were linked to the payment structure, in 2012 DWP adjusted the PbR model.[41] Part of this involved approving payments for the successful completion of individual progress measures, as opposed to the achievement of three measures being required before payments were triggered.

'Interim payments' were also introduced, enabling prime contractors to claim 25 per cent of progress measure payments after individuals had been on the provision for a set time. These payments sought to recognise the early stages and initial costs of progress measure activity. Upon their introduction, prime contractors could claim an interim payment after 13 weeks, providing that an individual had an agreed action plan in place which included at least one progress measure. This was later amended in 2013 to 10 weeks with the same criteria relating applying.

The payment structure in place from 2013 thus involved:

- 'Progress measure payments' divided into four: an initial 25 per cent interim payment available from 10 weeks; and up to three individual progress measure payments (each worth 25 per cent of the overall payment)

- 'Job outcome payments' where individuals are in employment and off benefit for a continuous or cumulative period (26 weeks consecutive or cumulative for JSA customers; 13 weeks consecutive or cumulative for other out-of-work benefits including JSA, ex-IB customers; and 16 hours employment per week lasting 13 consecutive or cumulative weeks for those not receiving working-age benefits).[42]

1.3.5   Variations in delivery models between CPAs

At the point the provision commenced there was some variation in how prime contractors designed their delivery models. The main difference involved whether the prime contractor acted as a 'managing agent' in respect of their supply chain or whether, and the degree to which, they directly delivered support to participants. At the start of delivery prime contractors in three of the 12 CPAs acted as managing agents; that is, they did not deliver support directly to participants, but focused on supply chain management and acting as an interface between the supply chain and DWP. In the other nine CPAs, prime contractors did engage in some direct delivery. As a result of changes in supply chain composition over the lifetime of the provision, discussed in more detail in the following chapter, two of the three prime contractors acting as managing agents subsequently engaged in some direct delivery. Table 1.1 lists each CPA along with their 'initial' and 'revised' delivery models.

---

[41]   For a discussion of these issues and provider perspectives see: Atkinson, I. (2013). *Evaluation of European Social Fund: Priority 1 and 4 (Employment and NEET) provision*, DWP Research Report No.825, p.26-28, DWP.

[42]   DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance, Chapter 7*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

Table 1.1   CPAs and delivery models adopted

Contract Package Area	Initial Delivery Model	Revised Delivery Model
CPA 1 – East of England	Some direct delivery	Some direct delivery
CPA 2 – East Midlands	Some direct delivery	Some direct delivery
CPA 3 – London East	Some direct delivery	Some direct delivery
CPA 4 – London West	Some direct delivery	Some direct delivery
CPA 5 – North East	Some direct delivery	Some direct delivery
CPA 6 – Greater Manchester/ Cheshire and Warrington (excluding Halton)	Managing agent model	Managing agent model
CPA 7 – Cumbria and Lancashire/ Merseyside (including Halton)	Some direct delivery	Some direct delivery
CPA 8 – South East	Some direct delivery	Some direct delivery
CPA 9 – South West	Some direct delivery	Some direct delivery
CPA 10 – Cornwall and the Isles of Scilly	Managing agent model	Some direct delivery
CPA 11 – West Midlands	Some direct delivery	Some direct delivery
CPA 12 – Yorkshire and the Humber	Managing agent model	Some direct delivery

1.3.6   Relationship between the provision and related programmes

Both the DWP ESF Families provision and the original Troubled Families programme[43] led by DCLG were intended to contribute to the aim of turning around the lives of the estimated 120,000 troubled families living in England.[44] While the two programmes were launched separately, they were subsequently aligned.[45]

The DWP ESF Families provision was intended to act as a 'key element and important tool' to support the policy objective of turning troubled families' lives around.[46] As reflected in the provider guidance for the DWP provision, ESF support was intended to complement the DCLG-led Troubled Families programme through moving families closer to the labour market, hence helping LAs to meet their success targets for the Troubled Families programme.[47] Likewise, the guidance for the Troubled Families programme also affirmed the importance of LAs referring eligible and appropriate cases to the ESF provision.[48]

---

[43]   The original Troubled Families Programme was launched in 2012 and aimed to turn around the lives of 120,000 troubled families across England by the end of May 2015. A new, expanded, Troubled Families Programme was rolled out nationally from April 2015 to reach up to an additional 400,000 families over five years.

[44]   HM Government. (2012). *Social Justice: transforming lives*, TSO.

[45]   DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance, Chapter 1*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

[46]   *Ibid*.

[47]   *Ibid*.

[48]   DCLG. (2012). *The Troubled Families programme, Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities*.

These intended linkages were further reflected in the support Jobcentre Plus gave to LAs through providing secondees[49] to help the DCLG-led Troubled Families programme in terms of promoting the local employment agenda, including encouraging appropriate referrals to the DWP ESF provision.[50] The ESF Families provision guidance also noted that providers could develop links with these secondees via their local ESF managers.[51]

Another relevant programme in the context of the evaluation was the Government's Work Programme. The main issue here concerned eligibility. Along with other interventions such as Work Choice,[52] if individuals were already on the Work Programme they were not eligible to receive support through the ESF Families provision. Likewise, if an individual entered the Work Programme on a voluntary basis they had to leave the ESF provision. However, if an individual was receiving support from the ESF provision and reached their mandatory entry point for the Work Programme, they could be able to participate in both at the same time. While Work Programme activities took precedence, an individual could continue to receive ESF support so long as the added value of this was identified and recorded on their action plan by the relevant ESF provider concerned.

Individuals coming to the end of their time on the Work Programme could also be signposted to the DWP ESF provision as one possible 'exit route'. In such cases individuals were attached to the provision through the 'secondary' referral route as outlined in section 1.3.1.

1.4 Evaluation aims and objectives

The overarching aim of the evaluation was to provide evidence of the effectiveness of the ESF Families provision and detail practical lessons learned for current and future provision. Within this, the study aimed to address a series of objectives in the form of key areas for investigation. These covered how the provision has made a difference to the lives of families, who benefits from the provision, how well it works, what is effective in delivery and how the support offered adds value to other/previous provision. The key research questions and sub-questions included in the evaluation specification which reflect these areas for investigation are outlined below.

1.4.1 Key research questions and sub-questions

Table 1.2 sets out the key research questions and sub-questions detailed in the evaluation specification. These questions are returned to, in terms of providing summary answers to each, in section 8.3 later in the report.

---

[49]   The job title of these secondees is 'Troubled Families Employment Advisers'.

[50]   DWP. (2014). *ESF for families with multiple problems: DWP Provider Guidance, Chapter 1*, available at https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

[51]   *Ibid*.

[52]   A full list of programmes individuals can be on whilst receiving support from the provision is included at Annex 2 of the provider guidance: https://www.gov.uk/government/publications/provider-guidance-esf-for-families-with-multiple-problems (Accessed 12/06/2014).

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

Table 1.2   Key evaluation questions and sub-questions

Key evaluation questions	Sub-questions
1. How has the provision made a difference to the lives of families?	a) Which Progress Measures have been worked towards and achieved?
	b) What improvements have there been in work readiness besides completed Progress Measures?
	c) What are the labour market outcomes?
	d) What are the other outcomes that may enhance employability in the future?
	e) How does provision contribute to reducing the number of troubled families?
2. Who has benefited?	a) What are the characteristics of those who are helped?
	b) How does the provision support women in particular?
	c) Which family members are most likely to participate and why?
	d) Who is the programme most effective for?
3. How does provision work?	a) What is the effect of the commissioning model on the balance of efficiency versus local flexibility?
	b) To what degree have other family members been involved beyond the initial person (who may not be the qualifying person) and why?
	c) What can we learn about the funding mechanism for future projects?
	d) What was intended by the DWP and why what is being delivered differs (in outline)?
	e) How does this fit with other provision (in outline)?
4. What is effective in delivery?	a) How effective are each of the referral routes in targeting the right people and getting them onto the provision?
	b) Why do some families engage and not others?
	c) What are the differences in effectiveness of the two main delivery models (Prime Provider and supplier delivery versus Managing Agent and supplier)?
	d) Which Progress Measures are most/least effective and why?
	e) What are the emerging lessons on making this work for hard to help groups?
5. How does the provision add value?	a) What have been the benefits of this approach that are/were not achieved through other/previous provision?
	b) What difference has the approach of focusing on and working with families made, as compared to working with individuals in isolation?
	c) What provision, if any, would participants have got if they did not go on this provision?
	d) What are the other economic and social benefits?

1.5   Methodology

This section first provides an overview of the broad approach taken to addressing the evaluation aims, before outlining the specific methodological elements involved.

1.5.1   Overview of the approach

The ESF Families provision was evaluated using a theory driven approach built around constructing a 'theory of change'[53] (ToC). Building on a prior feasibility study for the evaluation,[54] the decision to adopt a theory driven approach (as opposed to other options such as a quasi-experimental design using comparison groups) was influenced by several considerations:

• The complex and heterogeneous nature of the provision.

• The national coverage of the programme precluding any use of geographically based comparator areas.

• The difficulty of constructing comparison groups on the basis of accessing families and individuals not subject to the intervention.

• The benefits of using a ToC approach to underpin not only impact assessment but also to offer a framework for process evaluation aspects.

The evaluation methodology initially planned was refined through a piloting, feasibility and development stage. While the key strands of the planned approach were retained (a survey of participants, qualitative case studies, and quantitative analysis of available data and Management Information (MI)), they underwent some significant changes. Key changes between the initial planned methodology and the final methodology are summarised below.

---

[53]   Theory of change is an evaluation methodology drawing on work developed in the United States around evaluating community and social programmes. See, for example, Chen H.T. (1990). *Theory Driven Evaluations* London: Sage. The approach involves identifying the logic behind an intervention in terms of its rationale and aim, key objectives, inputs, activities and short, medium and long-term outcomes and testing this 'intervention logic' through a range of evaluative methods.

[54]   Morris, S. (2012). *Evaluation of ESF/DWP families with multiple problems/troubled families initiative: a feasibility study*, DWP Research Report No. 816, DWP.

Table 1.3   Key methodological strands: anticipated and final methodology

Key strand	Initial anticipated approach	Final approach
Survey of participants	Face-to-face survey of between 500 and 600 participants. Telephone survey of 200 'non-participants' (those referred to the provision but not engaging).	Telephone survey of 1,200 participants with small number of face-to-face interviews where requested. Up to 20 telephone interviews with 'non-participants' conducted as part of the qualitative case study element.
Qualitative case studies	Case studies involving around 20 face-to-face interviews with stakeholders from LAs, prime- and sub-contractors, referral organisations, DWP, Jobcentre Plus, small number of participants and 'non-participants' in each CPA.	Similar case studies but with a defined number of participant interviews (4 per CPA), purposively sampled to reflect a range of barriers to work faced and demographic characteristics. Up to 20 telephone interviews with 'non-participants' across the CPAs.
Quantitative analysis	Analysis of MI data on inputs and outcomes held by prime contractors and collated by DWP (covering referrals, attachments, achievement of progress measures, job outcomes and job sustainability) along with investigating the possibility of using spatial mapping to illustrate patterns of engagement and outcomes. Potential use of administrative data such as that held by DWP benefits records to investigate and confirm outcomes.	Analysis of MI data focusing on validated data from DWP IT systems (covering referrals, attachments, achievement of progress measures, job outcomes).

The final methodological approach is outlined in sections 1.5.4 to 1.5.7. Prior to this, section 1.5.2 provides an overview of the piloting, feasibility and development work undertaken to inform the study and section 1.5.3 details the theoretical underpinning for the evaluation. Additional detail on the development of the methodology for the study is included at Appendix A.

1.5.2   Evaluation scoping stage

At the outset of the evaluation, a scoping stage was undertaken between August and October 2013 to pilot aspects of the planned approach, test its feasibility, and further develop elements within it.

The scoping stage involved:

• Desk research, incorporating a review of:

  – Policy and operational documents (to develop a full understanding of the rationale behind the provision and identify inputs, activities, intended outcomes and impacts).

  – CPA bid and contract documentation (to understand delivery models, activities, MI systems, and commonalities/differences).

  – Research and documentation on related initiatives (to understand the programme's place in the wider policy agenda concerning 'troubled families').

- MI data (to inform sampling, fieldwork design and the analytical approach).

- The nature and availability of other potential data sources including data held by ESF Families providers.

• Exploratory meetings with DWP representatives with policy and/or operational roles relating to the provision.

• Exploratory meetings with prime contractor strategic and/or operational managers.

• Development of research tools for use in the survey and qualitative research.

• A qualitative case study pilot undertaken in CPA 12 (Yorkshire and the Humber) to test the proposed approach to the CPA case studies (involving consultations with 21 interviewees covering all stakeholder groups and including four participants).

• Cognitive testing and piloting of the participant survey, including cognitive testing with 10 participants drawn from 2 CPAs and a pilot survey of 24 participants across 3 CPAs.

1.5.3　Theoretical approach

The evaluation used a ToC approach to structure the analysis undertaken. A typology of delivery models across different CPAs was also developed, along with an evaluation framework specifying key research questions and methodological elements used to address them. The typology was developed to test the effectiveness of the different prime contractor delivery approaches adopted, while the framework guided the collation of evidence to address the key research questions. Further detail on the development and use of the ToC, typology of delivery models and evaluation framework is included in Appendix A.

Figure 1.1 summarises the stages of the intervention logic/ToC identified for the ESF Families provision. This provided the analytical framework to test the evidence gathered through the methodological strands outlined in sections 1.5.4 to 1.5.6. The ToC is revisited in the conclusion to the report in order to assess the degree to which the presumed operation and outcomes of the provision were reflected in the evidence collected.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

Figure 1.1   Theory of change for the provision

Rationale and overarching aim	Key objectives	Inputs	Activities	Outputs	Outcomes	Impacts
Addressing entrenched worklessness by progressing multi-generational families with multiple problems closer to sustainable employment, involving the adoption of a 'whole family' approach to tackling worklessness whilst meeting the individual needs of family members	Contribute to an increase in the number of individuals/ families with multiple problems engaging in work related activity Contribute to a decrease in the number of families with multiple problems Contribute to a decrease in the number of workless households Contribute to the 22 per cent overall job outcome target DWP has as a ESF Co-financing organisation	Up to £200 million allocated across the 12 CPAs with the level of spend dependent on programme outcomes Other human resource and in-kind inputs on the part of DWP as the CFO and providers	Providers in 12 CPAs delivering tailored, flexible and innovative support for individuals and families using outreach and key workers as appropriate Processing of initial engagement, needs assessment and action planning Activities delivered in the form of progress measures at a minimum covering: • Interventions to overcome family related barriers • Reducing social and economic isolation • Interventions to tackle work-related barriers • Addressing health- and housing- related barriers	Outputs reflecting the programme activities including needs assessments, action plans, agreed progress measures Range of immediate outputs that stem from particular activities and the undertaking of progress measures – e.g. tools to support job-search such as CVs, training and qualification outputs	Improved health and wellbeing amongst family members Reduced problems with debt issues faced by households and individuals within family contexts allied to improved ability to manage finances Housing issues being resolved leading to greater stability and security for families and individuals in family contexts Improved family relationships and family communication Reduced family conflict and breakdown including issues of domestic violence being addressed Reduced social and economic isolation amongst families and individuals in family contexts Increased work related activity amongst individuals/families with multiple problems Individuals within family contexts moving closer to the labour market through the development of specific skills/qualifications or more generic employability skills Individuals entering sustained employment	Greater financial security for individuals and their families Reduction in the numbers of families with multiple problems Reduction in the number of workless households Contribution to the 22 per cent overall job outcome target DWP has an ESF CFO

1.5.4   Participant survey

Following the evaluation scoping stage, a decision was taken to move from a face-to-face to telephone methodology for the participant survey. Full details of the rationale for this change, along with additional detail on the survey methodology, are included in Appendix A. The decision was based primarily on difficulties recruiting a representative sample, added to the advantages concerning greater sample size and analytical potential offered by a telephone-based approach.

A decision was also taken to focus on participants as part of the survey, as opposed surveying 'non-participants' (that is, those referred to the programme but not subsequently engaging) as was initially planned. Judging the likely benefits of the initial planned approach against its resource requirements led to an alternative approach being developed. This involved exploring issues of non-engagement through the qualitative research, including a small number of interviews with 'non-participants' (see section 1.5.5).

The final survey methodology used Computer Assisted Telephone Interviewing (CATI). The survey sample frame was drawn from a database provided by DWP which included 11,924 participants attached onto the provision between January and September 2013. The sample frame was randomly selected from this database, but stratified to deliver 100 interviews in each CPA. Participants were ordered by age, gender and length of time on the programme (using month started as proxy for this) within each CPA prior to selection. In each CPA, 500 potential respondents were randomly selected, with each potential respondent being sent an opt-out letter prior to being contacted.[55] The opt-out letter stated that respondents could elect not to be contacted if they wished and is included at Appendix B for reference.

The final sample frame included 4,074 individuals. From this a total of 1,240 participants were interviewed between 14 January and 2 March 2014. This included 1,238 participants interviewed by CATI and two interviews conducted in-home. To promote inclusion within the research, potential respondents were offered the option of a home interview if they felt that they would find undertaking the interview by telephone difficult for any reason (hence the two home interviews). In addition, translation services were offered to further promote inclusion for those not having English as their first language. This option was not taken up by any respondents.

Interviews lasted an average of 20 minutes. The response rate achieved relative to the overall sampling frame of 4,074 was 30 per cent. When adjusted to account only for the 'valid' sample (those not screened out due to, for example, having no recall of the provision and who were contactable) the adjusted response rate was 60 per cent. Table 1.4 details the sample frame and outcome.

---

[55]   With the exception of CPA 1 where all 426 participants were selected as less than 500 contacts were available on the database.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

Table 1.4   Sample frame and outcome

Final sample status	Total sample used (N)	Total sample used (%)	Valid sample (%)
Valid sample			
Achieved interviews	1,240	30%	60%
Refusal	161	4%	8%
No answer*	587	14%	29%
Sample still live	68	2%	3%
Total valid sample	**2,056**	**50%**	**100%**
Invalid sample			
Bad number/respondent moved	903	22%	
No answer[1]	96	2%	
Ineligible	556	14%	
Other dead leads	465	11%	
Total invalid sample	**2,020**	**50%**	

[1] The 'no answer' figure (683 in total) has been split between 'valid' and 'invalid' sample on a pro rata basis, using the known eligibility rate for those the survey team did make contact with. This is required as it is uncertain whether those who did not answer were eligible or not. It is thus necessary to apply the known eligibility rate for those surveyed to include this group in the statistical analysis.

The survey was administered using a questionnaire initially developed for the face-to-face survey pilot. This was revised to take account of the change to a telephone methodology and further adjusted following a further small scale pilot stage involving 30 completed interviews. A full version of the questionnaire including programming and routing instructions can be found in Appendix B.

Survey data was analysed using the SPSS statistical package, with code frames being prepared to analyse the small number of 'open questions' included in the questionnaire. To take account of the stratification by CPA involved in developing the sample frame, and ensure that aggregate results were representative of the population, weighting was applied to the data.

In addition, the profile of those who took part in an interview was compared with the profile of all beneficiaries in the initial database received, in order to check whether weighting was necessary to correct for the differential levels of non-response amongst those with particular characteristics. As a result of these checks, the data was weighted by respondent age and gender within each CPA. This weighting process had the effect of reducing the overall effective sample size from 1,240 to 1,037. In turn this had a small impact on statistical reliability with the margin of error increasing from +/-2.8 percentage points to +/-3 percentage points (at the 95 per cent confidence interval). Full details of the weighting factors used and calculations of statistical reliability are included in Appendix A.

1.5.5   Qualitative case studies

Following the scoping stage which involved a pilot case study in the Yorkshire and Humber CPA (see section 1.5.2), as part of the main evaluation case study visits were undertaken in the 11 remaining CPAs. Specific locations within each CPA were selected for the fieldwork to gain a broadly illustrative spread of geography (rural, semi-rural, town, city) and provider type (e.g. private, Voluntary and Community Sector (VCS), LA). Where specialist providers offering, for example, support for those facing mental health issues could be identified these were incorporated in the fieldwork location selection. Fieldwork for the case studies was undertaken between March and July 2014. This timing meant that locations were visited after the ESF families provision had been running for between two and two and a half years.

Alongside participants receiving support (see below), the case study visits involved in depth consultations with representatives from the following stakeholder groups:

• Strategic and/or operational managers and delivery staff/key workers from prime contractors.

• Strategic and/or operational managers and delivery staff/key workers from sub-contractors.

• LA representatives involved with the ESF provision, including DWP ESF SPOCs and, in some cases, Troubled Families co-ordinators responsible for co-ordinating the DCLG-led Troubled Families provision at the LA level (in cases where interviewees also had a role in relation to the DCLG-led Troubled Families programme, for example where the DWP ESF SPOC and Troubled Families co-ordinator were the same person, they were spoken to in their ESF capacity).

• Other organisations referring participants through the secondary referral route.

• DWP Performance Managers responsible for overseeing the provision.

• Jobcentre Plus staff from group level ESF teams.

• Troubled Families Employment Advisers (TFEAs – also referred to as 'Jobcentre Plus secondees'). It should be noted that at the time of the evaluation fieldwork the TFEAs had not been in post for long.

Informed by the use of semi-structured topic guides, each case study visit was designed to gather the views of different stakeholder groups on the key evaluation issues, allowing for cross-referencing and comparison. Interviews were primarily conducted face-to-face with a small number conducted by telephone. This was due to timing issues, such as interviewees being unavailable over visit periods, or due to interviewee preference. All interviewees were informed that their participation in the research was entirely voluntary, and were assured that data collected would be treated as confidential and used solely for the purpose of this research study.

The precise split between interviewees in each stakeholder group varied between CPAs, as did the overall number of interviewees engaged in each CPA. In total, 207 individuals were interviewed across the 12 CPAs. This included a small number of 'paired' and small group interviews. The variation in the spread of interviews between CPAs was anticipated in the design of the study and related primarily to differences in the delivery models used, along with the number, range and relative significance of referral partners. For example, in CPAs where the numbers referred through the primary LA referral route were particularly low, more interview slots were allocated to other referral partners and vice versa.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

Table 1.5 below shows the number of interviewees per stakeholder group across the 12 CPAs.

Table 1.5   Interviews by stakeholder group

CPA	DWP Contract Managers	Provider managers	Provider delivery staff	Jobcentre Plus staff	LA staff	Referral partner staff	TFEAs
CPA 1	1	4	6	1	2	1	0
CPA 2	1	4	7	1	3	1	1
CPA 3	1	4	5	1	2	1	1
CPA 4	1	4	4	1	1	1	1
CPA 5	1	4	6	2	3	2	1
CPA 6	1	4	8	1	2	2	0
CPA 7	1	4	7	1	2	2	1
CPA 8	1	4	6	2	2	1	2
CPA 9	1	5	6	1	4	1	1
CPA 10	1	7	9	1	1	2	1
CPA 11	1	4	6	1	2	1	0
CPA 12	1	4	4	2	4	1	1

Identification of interviewees from the stakeholder groups listed above depended, in part, on the use of 'snowball sampling'. This began with the initial scoping discussions held with prime contractor representatives in each CPA, following which contact details for LA SPOCs identified for the ESF Families provision and sub-contractors were gathered. Allied to the selection of fieldwork locations, and a review of the delivery approach in each CPA, this process determined the final selection of interviewees. The selection of which locations and providers to visit was made by the fieldwork team in consultation with DWP.

Alongside interviews with representatives of the above stakeholder groups, a total of 49 qualitative depth interviews were undertaken with participants (four in the course of undertaking the pilot case study and the remainder in the other 11 CPAs). To support the case study approach, participants were selected from the fieldwork locations visited within CPAs. All participant interviews were conducted face-to-face. To encourage participation, and in recognition of their contribution to the research, all participants interviewed were given a £20 shopping voucher. To ensure that those interviewed were broadly reflective of those receiving support, participants were purposively sampled to ensure that the evaluation could gain evidence from a range of different sub-groups including:

• Individuals who had entered employment following their participation.

• Individuals with different demographic characteristics (age, gender, ethnicity).

• Individuals facing different (reported) barriers to employment covering disability, mental health, childcare, negative family dynamics.

• Individuals from families with more than one person engaged on the provision.

A total of 17 telephone interviews were also undertaken with 'non-participants' drawn from across the 11 CPAs. These were individuals who had been referred to the provision and for whom an ESF 14 had been signed, providing consent to be contacted, but had subsequently not engaged on the provision. The focus of these interviews was on exploring the reasons for this non-engagement. These interviewees were drawn at random from lists of individuals provided by prime contractors where contact details were held and potential interviewees were recorded as having signed an ESF 14 form.

Interviews were recorded using encrypted recorders and full transcriptions subsequently produced. In all cases informed consent was gained from interviewees prior to commencing interviews. Where interviewees did not give consent to be recorded, notes were taken and subsequently typed up. All interviewees were assured that their views would be treated as confidential.

Analysing the case study data involved a three stage process supported by use of MAXQDA qualitative analysis software for stages one and two of the process:

- **Stage one**: Coding transcripts and inputting to a pre-prepared framework. Analytical categories within the framework were developed to match the key research questions detailed in the evaluation framework included at Appendix A.

- **Stage two**: Thematic analysis of data to draw out key findings. This enabled the identification of themes, patterns and issues relating to the focus of each research question.

- **Stage three**: To compare approaches between CPAs individual case study monographs were developed detailing key findings for each CPA. The monographs were compared to identify differences and commonalities. This stage also drew on the delivery model typology outlined in section 1.5.3.

The above approach was designed to facilitate detailed analysis against two main dimensions, across CPAs and between them. The former was focused on generating findings across the provision as a whole. The latter was central to investigating whether, and how, different delivery models and processes produce different effects.

1.5.6 Quantitative data analysis

The participant survey and qualitative case study interviews were complemented by analysis of available ESF Families MI. The MI included both validated data (that which has been through DWP systems, checked and confirmed) and unvalidated data (collected by providers but not checked/confirmed). Analysis primarily focused on validated data. Where unvalidated data is used in the report this is made clear and appropriate caveats given. The available MI was analysed to aid the investigation of a series of key evaluation questions. Given that the provision was still running at the time of the analysis, a cut off date of July 2014 was agreed. The data thus covered the period from July 2012 to July 2014. The end date of July 2014 was also selected to be consistent with the end point of the qualitative fieldwork element of the evaluation. The nature of the data and its use is summarised in Table 1.6.

Table 1.6   Available data and its use in addressing key evaluation questions

Available data	Use in addressing evaluation questions
Numbers referred through the primary (LA) referral route and numbers engaging directly with providers through the secondary referral route (unvalidated MI).	Comparison of the levels of primary and secondary route referrals to further inform, support and triangulate responses to evaluation questions around the referral and engagement of participants.
Numbers of families engaging through both the primary and secondary route and numbers of individuals referred through the primary and secondary route.	Contributing to the assessment of the degree to which the programme represents a 'whole family' approach (in terms of engaging multiple family members for example) as distinct to supporting single individuals from families.
Numbers of eligible and ineligible referrals by CPA and at programme level.[1]	Helping to assess questions around the extent to which ineligible referrals are being made.
Conversion rate of referrals to attachments by CPA and at programme level.	Helping to assess the degree to which providers are effective in engaging participants onto the programme following initial referral.
Number of achieved progress measures per CPA and at the programme level.[2]	Contributing to the assessment of the outcomes of the programme, the level/extent of these and the relative performance of providers in converting attachments to outcomes.
Number of jobs started by participants and number of job outcomes claimed per CPA (unvalidated MI).	Contributing to the assessment of the outcomes of the programme, the level/extent of these and the relative performance of providers in converting attachments to job entries/outcomes.
Number of (sustained) job outcomes paid as a percentage of attachments.	Contributing to the assessment of the outcomes of the programme, the level/extent of these and the relative performance of providers in converting attachments to sustained job outcomes.

[1] Some referrals are confirmed as ineligible following submission of paperwork, for example, due to potential participants being on the Work Programme and hence ineligible for support.

[2] From February 2013 the data facilitates an investigation of numbers of 10-week attachment payments per CPA, along with numbers achieving one progress measure, numbers achieving two progress measures and numbers achieving three progress measures. Prior to this, given the need to achieve three full progress measures before payment, the data includes figures only for the achievement of three full progress measures.

Meetings with prime contractors in the evaluation scoping stage also enabled an assessment to be made of the MI held by providers. This revealed that provider MI systems were principally set up to meet the requirements of the data being submitted to DWP; hence the MI available centrally largely reflected that available at the provider level.

1.6   Structure of the report

The remainder of the report is structured as follows, with summaries of main findings being provided at the start of chapters two to seven:

• **Chapter 2** examines the design and development of the ESF Families provision.

• **Chapter 3** assesses the delivery relationships involved in the provision.

• **Chapter 4** examines the referral and engagement of participants.

• **Chapter 5** assesses the key processes involved in delivering the provision.

- **Chapter 6** analyses the outcomes of the provision.

- **Chapter 7** considers the added value of the ESF support for families and its relationship to other provision.

- **Chapter 8** presents key conclusions and recommendations.

  – **Appendix A** provides more detail on the methodological approach taken.

  – **Appendix B** presents the research tools used for the evaluation.

2 Design and development

This chapter examines issues relating to the design and development of the European Social Fund (ESF) Families provision. It considers issues relating to the commissioning model for the provision, prior to examining the initial development and agreement of progress measures. The development of prime contractors' delivery models and supply chains is then considered, along with the effectiveness of different delivery models and approaches. The chapter then assesses the design and operation of the payment model developed for the provision. A summary of findings resulting from examining the above issues is provided at the outset.

2.1 Summary of findings

The approach taken to commissioning the provision was generally seen as broadly efficient and effective. Equally, the involvement of local providers in supply chains indicates that the commissioning model laid the basis for provision that was aware of local conditions and needs. Few issues were raised over the geographical division of delivery into 12 Contract Package Areas (CPAs), other than a minority of views that provision should ideally be commissioned more locally.

However, some stakeholders did feel that there might be a need to review the commissioning approach taken for future programmes aimed less at standard or more generic employability support, and more at specialist provision. In particular, ensuring that supply chains were composed of organisations with the ability and experience to deliver challenging and specialist family support was seen as important. Local authority (LA) representatives also noted that ideally they would have been more involved in the initial design and development of the provision, along with reinforcing the view that more could have been done to ensure that supply chains were suited to the challenging nature of delivery.

At the time of the research only one prime contractor was operating a managing agent model, with others that had initially intended to do so engaging in direct delivery. This gave a limited basis on which to assess different delivery models. However, acting as a managing agent or engaging in direct delivery appeared to have their own advantages and disadvantages. The former enables a dedicated focus on supply chain management, the latter an insight into delivery issues that would otherwise be unavailable to prime contractors.

The process of initially developing and agreeing the progress measures that structured the provision, and acted as a key part of its payment mechanism, was sometimes perceived as challenging and difficult. There was uncertainty in how prescriptive the measures should be. This was perceived to be a factor in the initial challenges faced in completing and evidencing the measures.

Alongside this, the initial payment mechanism for the provision, requiring three progress measures to be completed prior to payments being made, was widely cited as being problematic and causing significant initial implementation difficulties. These included financial difficulties within supply chains which sometimes led to providers withdrawing from delivery. However, changes made to the payment mechanism part way through delivery were seen as successfully addressing these issues. At the time of the research the payment mechanism was viewed as functioning well.

2.2 Commissioning model for the provision

The processes involved in the initial procurement and commissioning of the ESF Families provision was felt by those stakeholders involved to have been largely clear and efficient. This was the case in respect of the specifications for the provision and the guidance around them. Few issues were raised over the geographical division into 12 CPAs, other than a minority of views that ESF provision should ideally be commissioned more locally. This related to a minority perception that prime contractors had been, as one key worker commented, 'parachuted into the area', rather than a view that local providers were not involved in supply chains. Indeed, across the CPAs reviewed it was evident that supply chains did include a range of local providers, including those with a longstanding presence in particular localities.

Partly with hindsight, however, a minority of case study interviewees raised issues concerning the commissioning approach. Some prime contractor representatives felt that the Department for Work and Pensions (DWP) had given the impression during the bidding stage that bids choosing to include participant attachment fees in their proposed payment model were unlikely to be successful. While acknowledging that not choosing to include such fees was their choice, such representatives nonetheless felt that this had contributed to cash flow issues faced in early delivery as discussed in section 2.6. As a result, a couple of interviewees felt that it might be better if specifications for future provision fully and clearly defined expectations in relation to attachment fees.

When reflecting on the supply chains developed by prime contractors, some interviewees also felt that there might be a need to review future commissioning processes aimed less at procuring standard or more generic employability support and more at specialist provision. This typically stemmed from reflections that supply chains within CPAs were largely composed of employability providers, rather than those with experience of delivering more family-based or specialist support.

The early issues faced by providers in a number of supply chains around resourcing their activity also led some interviewees to reflect that more might have been done at the commissioning stage on this issue. In particular, a minority of LA and Jobcentre Plus representatives felt that there should have been more checks on the ability of providers to deliver what was promised in bids and required by the provision. From the provider perspective, however, it was commonly noted that the low initial volumes on the provision, and consequent lack of payments to support ongoing activity, could not reasonably have been expected. The loss of some sub-contractors and specialist providers from supply chains early in the provisions' delivery was thus generally seen by prime contractor representatives as unavoidable.

In addition, representatives from LAs commonly felt that they could have been more engaged in the overall process at the procurement, bid development and design stage of the programme. It was acknowledged that consultation meetings involving DWP and potential prime contractors had occurred. However, some LA interviewees felt that they were unable to adequately influence the provision's development. Several representatives felt that greater engagement in the design of the programme may have alleviated some of the initial issues faced, for example, in terms of referrals. As one representative commented in this context:

> *'In this type of programme what would be really, really great would be if DWP involved local authorities in the design at an earlier stage.'*

> *(LA representative)*

Overall, however, such views were in the minority and the approach taken to commissioning was generally seen as broadly efficient and effective. The specifications for the provision were generally viewed as being clear by those provider representatives who commented on this. Equally, the involvement of local providers in supply chains indicates that the commissioning model did lay the basis for provision likely to be aware of local conditions and needs. It was also typically noted by DWP Performance Managers that the initial process of commissioning had worked well overall.

2.3 Initial development and agreement of progress measures

The process of initially developing and agreeing progress measures was perceived as being challenging and difficult by prime contractor managers in many contexts. This related to uncertainty in how prescriptive the measures needed to be, as well as a more general uncertainty about how to develop what was seen as a novel approach. In some cases representatives felt that the guidance provided by DWP during this process was helpful. However, for others a perceived lack of such guidance had made the process difficult and confusing. Difficulties over progress measure development were also cited by some prime contractor managers as contributing to initial challenges faced in completing and evidencing the measures. As one commented:

> *'The key to me was the flexibility on the progress measures and we were all probably to blame as prime providers there … We made them all too complicated to start with, they were too long.'*

> (Prime contractor manager)

The time taken to agree progress measures with DWP was also seen as an issue by some prime contractor managers. For some, this related to having to adjust the wording of particular measures and re-submit them. However, other prime contractor representatives saw this as an inevitable part of contracting and post-contracting negotiations, with the process of finalising the measures seen as being reasonable.

DWP and Jobcentre Plus representatives involved in or with knowledge of this process offered similarly mixed views. Some acknowledged that the process had been challenging and complicated, while expressing some sympathy for prime contractors. Others argued that having to re-draft measures was all part of an inevitable process and/or that prime contractors themselves were responsible for developing difficult measures or measures that required re-submitting.

In line with the view that they were not adequately involved in initial design and development, a number of LA representatives also felt that their involvement in shaping progress measures was limited. Again, it was acknowledged that some consultation with prime contractors had occurred, but this was often felt to have been superficial. Equally, where more detailed discussions were reported, in some cases the progress measures that emerged were not seen as adequately reflecting the discussions or suggestions made.

As discussed in more detail below in sections 2.6 and 5.2, these initial issues with progress measures were subsequently overcome through revisions to them and the wider payment mechanism operating for the provision. These adjustments meant that by the time of the research the payment mechanism and the role of progress measures within it were viewed as functioning well.

2.4 Development of delivery models and supply chains

In the majority of cases stakeholders felt that, in general terms, the delivery models and supply chains developed in their CPA were effective. However, it was equally clear that initial challenges faced led to notable impacts on these models and supply chains in many areas. As discussed further in section 2.6, cash flow issues caused in part by the initial functioning of the payment model for the provision led to several issues. These included sub-contractors leaving supply chains, prime contractors that had intended to act as managing agents having to undertake direct delivery, and fewer specialist or niche providers being involved than planned. While prime contractor managers generally felt that the process of developing their delivery model had gone well, as one put it, 'on paper', actually delivering the provision at the outset proved to be very challenging.

In some contexts there was also a widespread recognition that inadequacies in resourcing the supply chain had affected delivery. This was a particular issue where smaller organisations acting as sub-contractors were not adequately resourced for delivery, and/or where prime contractors had failed to ensure that their supply chain was able to deliver the contract effectively. In part this was seen as relating to initial cash flow issues affecting the programme as noted. However, whilst some interviewees felt that this could not have been foreseen, others felt that inadequate checks had been made on the (financial) ability of sub-contractors to effectively deliver in some instances. In general, those that made this point were LA representatives and interviewees from Jobcentre Plus.

In the majority of localities visited, however, such resourcing issues were felt to have been adequately addressed over time. This was generally linked to prime contractors putting more resources in through expanding their delivery, and/or new sub-contractors being brought into the supply chain. The delivery architecture of the provision was thus thought to be working in a broadly effective manner in all areas visited by the time of the fieldwork. Changes made to the provision's payment model were seen as key to this. As one prime contractor manager noted:

> *'It was about getting confidence from the supply chain and instilling that confidence, saying "Look, we have got a really vibrant programme here; DWP have made some positive changes in terms of payments, after 13 weeks interim payments, let's get people on this particular journey"'.*

(Prime contractor manager)

A minority of stakeholders, including LA and Jobcentre Plus representatives, did question whether prime contractors had ever intended to use some of the more specialist providers included in bids. Prime contractor representatives, however, tended to strongly argue that the intent to use such providers had been genuine, but that some had either withdrawn when they received limited referrals or inadequate cash flow had made this impossible.

Other stakeholders, however, disagreed with this perspective, arguing that sufficient resourcing of the supply chain should have been the responsibility of prime contractors. As discussed in section 2.2, those making this point also tended to argue that more attention should be given to this issue during procurement and contracting. Amongst some LA representatives in particular, there was a view that closer examination and ongoing monitoring of supply chains should be considered in any similar provision in future.

A small number of interviewees from different stakeholder groups also felt, certainly with hindsight, that insufficient attention was given to ensuring that supply chains were suited to the particular type of support being offered. In some CPAs it was noted that the supply chain was largely composed of employability providers, rather than including organisations with expertise in addressing complex issues and/or working with families. From this perspective, supply chains would ideally have had a better balance between these latter types of organisation and those with a specialism in supporting people into work.

As discussed further in section 5.4, however, some provider representatives felt that this was more an issue of staffing, and had sought to balance key workers with different backgrounds and skill sets within their overall team. From this perspective, whatever the core expertise or experience of an organisation, specialist staff with particular skills could be brought in to deliver provision. While such a balance of skills was evident in some of the providers visited, it was less clear whether this had been a conscious strategy in all cases. Equally, the background of staff in many of the providers visited appeared to be more related to employability support as opposed to, for example, social or family work.

2.5 Effectiveness of different delivery models and approaches

This section examines different delivery approaches in terms of their apparent effectiveness. It does so by first looking at variations in the role and delivery model adopted by prime contractors, drawing on the typology presented in section 1.5.3 (covering the managing agent approach and providers engaging in different levels of direct delivery). Different delivery approaches in terms of the geographical pattern of provision within CPAs are then considered, prior to looking at the role of specialist providers in supply chains.

2.5.1 Variations in the role and delivery model of prime contractors

By the time of the case study visits only one prime contractor was operating a pure managing agent model. Two other prime contractors initially intending to do so had subsequently engaged in delivery to cover gaps in the supply chain. All other prime contractors engaged in varying degrees of direct delivery, with a further distinction being the extent to which specialist providers were part of the supply chain. Given this pattern, and the fact that only one managing agent model was in operation, it is difficult to draw strong conclusions about the different models evident. However, the perceived advantages and disadvantages of different approaches did emerge as a significant theme in the case study visits.

In terms of the managing agent model, prime contractor representatives felt that the ability to focus on relationships with DWP, along with supply chain management, was particularly advantageous. Lack of direct delivery was also seen as reducing any potential for sub-contractors to feel that the prime was running the contract to their advantage, for example through channelling referrals to areas they delivered in or choosing those areas likely to be more productive. As one representative outlined:

> *'We provide expert supply chain management, performance management, quality management – all of those things that you would expect a prime contract to provide. But we provide it without any vested interest of having our own delivery wrapped up in it.'*

> (Prime contractor representative)

From the perspective of sub-contractors operating in this CPA, while the perceived advantages of the prime contractor being able to focus on supply chain management were not explicitly discussed, they did provide broadly positive views of relationship and operation of the provision. However, as discussed in section 3.3, this was generally the case for the provision as a whole, including where prime contractors engaged in direct delivery.

In CPAs where prime contractors delivered provision, representatives reflecting on the alternative of acting as a managing agent tended to argue that it would be difficult to operate in such a way. In particular, understanding of the issues and challenges faced in delivering provision, as one representative put it, '*at the coal face*', were seen as significant in this context. From this perspective, acting as a managing agent was felt to preclude such a detailed understanding, though there was a partial acknowledgement that this could be addressed through effective monitoring and close working with the supply chain. Conversely, delivering some provision was felt to have advantages in terms of relationships with, and management of the supply chain, along with the liaison required with DWP.

This impression of advantages and disadvantages to the different models was reflected in the views of those prime contractors that had begun by operating a managing agent model, and later engaged in direct delivery. In one such case, for example, while recognising the benefits of being able to focus purely on managing the supply chain, having to undertake direct delivery was felt to have improved the prime contractors' understanding of delivery and the issues facing the supply chain:

> *'It gives you a greater appreciation of the challenges, I think, of what your supply chain partners face.'*

> (Prime contractor manager)

While the fact that only one pure managing agent model was in operation means that findings in this area must be treated with caution, it is also possible to look at the management information (MI) available for the provision for indications of the effectiveness of different approaches. Again, this provides a mixed impression with no clear patterns according to the analytical typology of delivery models developed. For example, based on MI data supplied by DWP to the end of April 2014, while delivery in the CPA using a managing agent model has one of the highest rates of net referrals being converted to attachments of 83 per cent, five other CPAs also performed well against this metric in achieving similar conversion rates. Equally, no clear patterns by job outcomes or achievement of progress measures are apparent from the data.

2.5.2   The geographical aspect of delivery models

A further variation in delivery concerned the geographical split between providers within each CPA. In most cases, one end-to-end provider[56] delivered the provision in a particular locality, an approach which was generally seen as effective and as not causing any issues. However, in the small number of instances within CPAs where more than one provider delivered in a particular location, generally due to this being seen as necessary by prime contractors to boost volumes, it appeared that such an approach did lead to some tensions. These tended to relate to competition between providers and the perception that one or other provider was being unfairly favoured in terms of the numbers of referrals coming to them. Equally, in cases where an additional provider had been brought in, it was noted that this could make the provider already operating in the locality feel that their opportunity to support greater numbers of participants, and hence claim payments for them, would be reduced.

2.5.3   The role of specialist providers in supply chains

Across the provision there were relatively few specialist providers engaged as a formal part of supply chains. The main explanation offered for this lack of specialist or niche providers involved such organisations having been part of initial delivery plans, but subsequently withdrawing due to limited use of their services (with this being linked to cash flow issues in the early part of the contract). As one prime contractor manager outlined:

> *'The model of the contract was that we'll have a lot of niche providers, but there weren't customers coming through, and there wasn't any funding coming through because of the payment mechanism to actually pay them to deliver any niche services'.*

(Prime contractor manager)

In a small number of localities visited, specialist providers were used as a formal part of the supply chain, for example, in order to offer support for mental health issues or substance misuse. There was some variation, however, in the degree to which end-to-end support was given by a specialist provider, as opposed to individuals being referred to such providers to address particular issues. Where specialist providers offered end-to-end support, including, for example, delivering progress measures on employability or IT, those involved in delivery generally cited that there were specific advantages to this. The specialist knowledge around employment barriers for those with mental health or substance misuse conditions was often referenced, as was the specific expertise of those working for such providers in supporting this client group.

More commonly, providers referred participants requiring such support to other specialist providers outside the supply chain. This was often seen as being more appropriate in that individuals could then access specialised support for more complex or sensitive issues such as domestic violence. Equally, it was commonly cited that adopting this approach nonetheless ensured that participants could benefit from specialist support where required, albeit outside the formal supply chain.

---

[56]   Here and elsewhere in the report, the term end-to-end provider is used to distinguish organisations attaching participants and allocating a key worker to them throughout their time on the provision from specialist providers who work with a participant on a specific issue for a period of time.

Interviews with a small number of participants as part of the case study visits who had been referred in such a way indicated that they were either satisfied with this, or unaware that such support was not being directly delivered through the provision. Allied to the views of interviewees from other stakeholder groups, this suggests that while there may be some specific advantages to having specialist providers able to offer an end-to-end service for particular client groups, it is not necessarily essential as long as third party organisations can provide this.

2.6 Design and operation of the payment mechanism for the provision

The initial payment mechanism for the provision, requiring three progress measures to be completed prior to payments being made to providers, was widely cited as being problematic and causing significant initial implementation difficulties. These encompassed cash flow issues which were seen as impacting on the support offered, financial difficulties within supply chains which led in a number of cases to providers withdrawing from delivery, and very challenging delivery relationships including those between prime contractors and sub-contractors, providers and LAs, and prime contractors and DWP Performance Managers. These difficulties were noted as having been, in part, caused and exacerbated by the low numbers of referrals being made through the primary LA referral route.

In terms of initial difficulties with the mechanism, provider representatives typically cited that this had caused particular effects for voluntary sector providers, along with smaller and more specialist providers. Similarly, the initial payment mechanism was felt to have impacted on the potential to offer participants more specialised support. This related both to a lack of resources to fund such support and a tendency for organisations offering it to drop out of the supply chain due to a lack of referrals. As one sub-contractor manager outlined of such providers:

> *'They've got their own pressures and we didn't have the throughput … so the organisation that deals with domestic violence I think were anticipating more referrals than they initially had, and were geared up as a business towards that. Then the income wasn't there and they couldn't carry on.'*

> (Sub-contractor manager)

Changes to the payment mechanism part way through delivery were widely seen as successfully addressing the issues noted. Therefore, at the point of the case study visits the mechanism was generally viewed as functioning well. Releasing payments on completion of individual progress measures, added to the introduction of an interim progress measure payment once participants had been on the provision for a period of time, were viewed by providers as making the mechanism far fairer and more appropriate. Alongside this, the introduction of the secondary referral route meant that volumes on the programme increased, hence increasing cash flow through the supply chain. The redesigned payment by results (PbR) approach developed was thus generally viewed positively by the majority of stakeholders.

As part of the redesigned mechanism, the balance of payments between those focused on progressing individuals towards work (through completing progress measures), and those related to individuals entering and sustaining work, was generally seen as appropriate given the nature of the client group being supported. Provider representatives in particular

welcomed that progress measure payments offered an explicit recognition or reward for 'distance travelled'. However, a minority of interviewees across all stakeholder groups did feel that there should be a slightly greater focus on rewarding job entries and sustained employment, reflecting the ultimate aim of the provision, as opposed to paying for progress measures.

Interestingly, there was some acknowledgement amongst providers that the payment structure may not be fully effective in encouraging a strong focus on entry to employment. It was noted that it is possible to achieve a significant proportion of the overall money available solely by focusing on gaining progress measure payments. As one prime contractor manager commented of the payments:

> *'It does mount up just for that initial payment after 13 weeks, plus your three progress measures and I think, I'll be honest here, very honest, there's a bit of a tendency perhaps that they [providers] weren't doing that last push [to support people into work].'*

> (Prime contractor manager)

However, it was also often noted that an increased focus on raising the numbers entering work on the part of DWP Performance Managers had served to increase providers' focus on job entries over recent months. Other than these issues, therefore, the redesigned payment mechanism was generally seen as fair, appropriate, and as functioning effectively to drive performance and help meet the provision's objectives.

3 Delivery relationships

This chapter examines the key delivery relationships involved in the European Social Fund (ESF) Families provision. Relationships between the Department for Work and Pensions (DWP) and prime contractors are considered first, prior to examining those between prime contractors and their supply chain. The chapter then examines relationships between local authorities (LAs) and providers before considering those between providers and other organisations involved with the provision, such as Jobcentre Plus. A summary of findings resulting from examining the above delivery relationships is provided at the outset.

3.1 Summary of findings

Relationships between DWP and prime contractors were generally reported to be functioning well. In most instances there had been some issues early in the provision caused by the initial functioning of the payment model. These were seen as having been resolved and the role of DWP Performance Managers was generally viewed positively by providers. Effective two-way communication and a supportive and understanding attitude on the part of these managers were seen as central to good relations.

Most difficulties in relationships between prime contractors and their supply chain occurred in the first 12 to 18 months of the provision. The main reasons for this included tensions caused by lower than expected referrals, cash-flow issues faced by sub-contractors as a result, and uncertainty over some administrative elements of the contract. These relationships improved as the number of referrals to the programme increased, payments became easier to claim and administrative systems bedded in.

By the time of the research, prime contractor – supply chain relationships were often described very positively. A number of factors were commonly cited in this. These included regular, open and honest communication, willingness on the part of the prime contractor to share and facilitate the sharing of good practice, responsiveness to issues faced by the supply chain and sub-contractor suggestions, and an understanding and constructive approach to performance management on the part of the prime contractor.

In contrast to the other delivery relationships examined, those between LAs and providers have clearly been challenging in a number of cases. Such relationships were affected by issues over referrals to the provision and by a lack of trust in the provision on the part of some LAs. However, there were some localities visited where both LA representatives and those from providers described relationships as being very strong. From the perspective of provider representatives in these localities, the personal commitment of the LA staff they were working with, allied to supportive senior LA management, was seen as key to this.

Relationships between providers and Jobcentre Plus were widely seen as central to delivery. In the majority of contexts, relationships were seen as working very well by provider and Jobcentre Plus representatives, both at strategic and operational levels. In several cases, close working relationships between key workers and Jobcentre Plus advisers were described, with co-location of provider staff in Jobcentres being relatively common.

Relationships between providers and other organisations providing referrals to the support were also viewed very positively in the majority of cases. This was cited by provider managers as linking to the amount of promotional and relationship building work undertaken by their staff with such organisations, particularly in the first few months of delivery.

3.2 Relationships between DWP and prime contractors

In general relationships between DWP and prime contractors were reported to be functioning well. In most instances there had been some issues early in the provision related to difficulties with initial performance and challenges caused by the initial functioning of the payment model. While some prime contractor managers felt that resolving such issues had taken too long, particularly in terms of revising progress measures and the payment mechanism, the adjustments made were widely felt to have had a beneficial effect on working relationships. By the time of the case study visits most prime contractor representatives thus offered a very positive view of these relationships. The following comments typified this:

> *'To be quite honest with you, you know, in the years I've been doing this kind of work, it's as good a relationship as I've seen.'*

> *'I think to be fair, and I'm not just saying this because we're recording this, DWP and Job Centre Plus have been extremely supportive … everyone's got to know each other which has worked really well.'*

> (Prime contractor managers)

Effective two-way communication and a supportive and understanding attitude on the part of DWP Performance Managers were seen as central to good relations. In some contexts prime contractor managers felt that their DWP counterparts had made significant efforts to support the development and functioning of the provision. As well as being responsive to suggested changes in delivery, activities such as getting involved with supply chain meetings, playing a constructive role in meetings with Jobcentre Plus and/or LAs, and providing effective resolutions to issues or queries were noted.

Some provider representatives did raise concerns, however, over the length of time taken to reach decisions on the part of DWP in some instances, for example when queries were raised over evidence requirements or whether particular approaches were valid within the contract. In several cases prime contractor managers felt that the resolution to such issues could take too long and/or that there could be uncertainty for a period. In turn this was felt to have some repercussions. These included making relationships with the supply chain awkward and causing administrative backlogs to build up. In some cases this issue was acknowledged by DWP Performance Managers, with it generally being related to having to gain responses centrally which could cause delays. As one interviewee outlined:

> *'Sometimes responses are very quick, sometimes they're not. You just keep having to chase them [colleagues centrally] up. And I don't know whether the question is too hard or whether the people who they need to speak to just aren't available or it gets forgotten about or something'.*

> (DWP Performance Manager)

In addition, in one or two cases, changes in guidance were cited as leading to situations where provider staff had to return to third party organisations working with participants to gather further evidence. This was seen as making the provider concerned look less professional and being, as one sub-contractor manager put it, '*… a bit embarrassing.*' In general, however, such issues were seen as relatively minor and/or uncommon and relationships were viewed positively by both sides.

3.2.1   Monitoring and performance management

Prime contractor views on the role of DWP in terms of monitoring and performance management closely mirrored those reported above. Some tensions in the early months of the contract were reported, with prime contractors feeling under pressure given lower than anticipated performance for reasons they felt were beyond their control (relating to limited referrals from LAs). With the introduction of the secondary referral route, such issues were largely seen as being resolved.

At the time of the case study visits, therefore, the process of monitoring and performance management was typically described in terms such as '*positive*' and '*constructive*' by prime contractor representatives. The perspective of DWP Performance Managers tended to reflect this. As one noted of the process, '*it tends to be pretty smooth now.*' Performance management was typically undertaken through monthly contract performance meetings, though there were some variations in the degree of contact between Performance Managers and prime contractors between meetings. Generally, prime contractor representatives noted that they were in fairly regular contact with DWP colleagues in terms of any ongoing monitoring or performance issues.

Prime contractor managers also commonly noted that there has been an increased focus on job outcomes in performance management meetings as the contract has progressed. In the main this was felt to be appropriate, and the majority of prime contractor managers interviewed were supportive of this. However, some prime contractors felt that the metrics they were being judged on had changed and thus expressed a less positive view in respect of this issue.

3.3   Relationships between prime contractors and their supply chain

In general, it appeared that most difficulties in prime contractor – supply chain relationships occurred in the first 12 to 18 months of the provision. The main issues cited included tensions caused by lower than expected referrals onto the provision, cash-flow issues faced by sub-contractors as a result, and uncertainty over some of the administrative elements of the contract. A number of sub-contractor managers noted that relationships had improved as the number of referrals to the programme has increased, payments have become easier to claim and administrative systems have bedded in. As one commented:

> '*Because we're achieving now, the relationship is much, much better.*'

> (Sub-contractor manager)

In contexts where the relationship between prime contractors and their supply chain was reported as working particularly well, a number of factors were commonly cited. These included:

- regular, open and honest communication;

- willingness on the part of the prime contractor to share and facilitate the sharing of good practice and delivery approaches;

- responsiveness to issues faced by the supply chain and suggestions made by sub-contractors; and

- an understanding and constructive approach to performance management on the part of the prime contractor.

The following comments by sub-contractor managers reflect these factors and the generally positive perspective on relationships overall:

> *'I think we're very open and honest with each other, and I think that's probably why it works so well. If I have an issue I won't hesitate to get on the phone … equally, if they've got any issues with our delivery, they can pick up the phone and speak to me and it's all gone really well to date.'*

> *'[Relationships are] brilliant, I've worked with other prime providers in the past, and I must say that [prime contractor] are exceptionally good, they share best practice, they will share their training materials, they will, you know, freely give you all this information which is excellent for us.'*

> (Sub-contractor managers)

Several sub-contractor managers also noted that they appreciated the understanding and support offered by prime contractors in the early part of the contract. As one interviewee commented:

> *'There was never any threat, which I have felt in the past from other providers that a contract would be pulled unless you start getting off the ground … I think contracts don't get off the ground for many reasons, and I think threatening people doesn't help them [to].'*

> (Sub-contractor manager)

In most CPAs prime contractors held regular meetings with their supply chain. Typically, this involved both one-to-one meetings between prime and sub-contractor managers, focused primarily on performance, and meetings of the whole supply chain. The latter were generally used to communicate changes in contractual or delivery requirements, as well as facilitating discussion of delivery approaches and the sharing of practice. This latter aspect was often viewed positively by sub-contractors, in particular through enabling peer learning around particular delivery issues or difficulties.

In a small number of localities, sub-contractor representatives offered more negative views concerning relationships with the prime contractor. This often related to perceived unnecessary bureaucracy or inefficiency in administrative or monitoring systems, including IT-based platforms. In other instances sub-contractor managers felt that the prime contractor was overly focused on performance and outputs rather than their overall delivery. Typically this appeared to be the case where performance on the part of the sub-contractor had been lower than required, whether in terms of progress measures/job entries achieved or in the quality of the support being provided.

Prime contractors in some CPAs also commented that there had been issues with sub-contractors in the past, relating to performance or quality of provision, that had caused issues with relationships. In some such instances the issues concerned were reported to have been satisfactorily addressed, while in others sub-contractors had left the supply chain. In the latter instance this generally occurred in the initial 12 to 18 months of delivery when, as noted above, the provision faced a number of notable implementation challenges.

3.4 Relationships between local authorities and providers

In contrast to the other delivery relationships examined, those between individuals in LAs with a role in relation to the ESF provision and providers have clearly been challenging in a number of cases. Relationships were clearly affected in a number of areas by issues over low referral numbers and a lack of trust in the provision on the part of LAs, as explored further in section 4.1. As commonly noted by provider representatives, and acknowledged by some LA interviewees, in many localities LA staff had a lack of trust in the ability of providers to effectively deliver a quality service to clients they were working with. This was seen as affecting both referrals and wider relationships.

In some cases relationships were reported to have been challenging from the outset. In such localities, the commitment of LAs to the provision was questioned by provider representatives, the view being that certain key individuals had not been as supportive as they might of the provision. However, this was not universally the case and varied both within and between CPAs. In a number of CPAs a pattern of relationships with some LAs being strong and others less so was widely reported. This was again generally felt to reflect the degree to which particular individuals and authorities bought into the programme as the following view illustrates:

> *'I don't think it worked as well as everyone anticipated that it would … there was quite a lot of hostility from most of the local authorities. Some worked really well. Others were just not willing to engage or support at all, which made it obviously very difficult.'*

> (Prime contractor manager)

While less commonly apparent, there were certainly some localities visited where both LA representatives and those from providers described relationships as being very strong. In some areas this led to forms of co-location between provider and LA staff. From the provider perspective in these localities, the personal commitment of LA staff they were working with, allied to supportive senior LA managers, was seen as key.

In cases where LAs acted as providers themselves, internal relationships around the programme were generally reported positively. However, this was not the case in all such contexts, with the sort of issues discussed above with other provider types also being reported. While a lack of trust affecting relationships was not as prevalent, some key workers in LA providers noted that relationships had been made slightly difficult due to a lack of understanding or support for the ESF provision from colleagues in other parts of the authority.

A number of case study interviewees also discussed the role of LA single points of contact (SPOCs) for the ESF Families provision in reflecting on relationships. While the approach of appointing an ESF Families SPOC in each LA was seen as having worked well in some

localities, in terms of fostering relationships and ensuring the provision worked effectively, more commonly stakeholders (including those from LAs) felt that the approach had been less successful. Staff turnover amongst ESF Families SPOCs, exacerbated by the restructuring within many LAs at the outset of the programme, was widely cited as one issue.

In some cases provider representatives also felt that the approach of identifying ESF Families SPOCs had actually proved to be unhelpful. This was related to the fact that appointing a single individual meant that the attitude and commitment of that individual as an effective 'gatekeeper' to the wider LA became central. Where the ESF Families SPOC was not particularly supportive, therefore, the perspective of providers was that this could affect wider relationships and the success of the provision. As one representative commented:

> *'Having the single point of contact meant that if that person didn't buy into the programme, they just wouldn't support [*it*] at all, which shut us down with everybody else in the local authority.'*

(Prime contractor manager)

3.5   Relationships between providers and other referral organisations

3.5.1   Relationships with Jobcentre Plus

As discussed further in chapter 4, as the ESF Families provision developed with the introduction of the secondary referral route, relationships between providers and a range of referral organisations have become increasingly significant. In particular, relationships between providers and Jobcentre Plus (as a key agency signposting participants to the provision) were widely seen as central to delivery across all CPAs visited. In the majority of contexts, relationships were seen as working very well by provider and Jobcentre Plus representatives, both at strategic and operational levels. In several cases, close working relationships between key workers and Jobcentre Plus advisers were described, with co-location of provider staff in Jobcentres being relatively common.

These relationships were often viewed as providing the basis for effective signposting and engagement of participants, along with facilitating improved support for them. In several contexts effective two-way communication was cited as significant. For example, Jobcentre Plus advisers were seen as providing useful background details about participants, while ESF Families key workers commonly updated their Jobcentre colleagues about client progress.

When key workers were located in Jobcentres, typically for one or two days per week, this was seen as further strengthening relationships and facilitating information exchange. Similarly, such approaches were cited as effective in engaging participants through facilitating 'warm' handovers. This is discussed in more detail in section 4.3.

At a strategic level, a number of examples were given of how linkages between provider managers and Jobcentre Plus staff had helped to resolve issues. These included issues around the submission requirements for, and processing of, ESF 14 forms, along with any issues arising in terms of contact between providers and particular Jobcentres. Relationships were also cited as key to improving numbers engaged on the provision – for example,

through the setting of objectives for Jobcentre advisers or offices to signpost a certain number of customers per week or month, or through supporting providers in marketing and explaining the provision within Jobcentres. Again, this is discussed further in section 4.3 on referrals.

While relationships between providers and Jobcentre Plus were generally viewed very positively, in a small number of localities views were either more ambivalent or less clear about the benefits of this relationship. Difficulties with what key workers viewed as inappropriate referrals of clients signposted by Jobcentre Plus advisers were cited in a couple of cases. In such cases key workers felt that individuals with little interest in the provision were sometimes signposted. There were also some reports of individuals with no complex barriers to work, who perhaps just required a security or construction industry accreditation, being signposted. However, such issues were generally felt to have been addressed in these cases.

Providers in the small number of localities where relationships were viewed less positively tended to feel that there was some resistance, either in respect of the provision or towards their organisations as providers, on the part of at least some Jobcentres. As one prime contractor manager noted:

> *'There's quite an antagonism to third-party provision of any kind from some Jobcentres … We were hearing reports from some other CPAs that, you know, Jobcentre Plus have completely bought into this programme … And it wasn't [*like that*] here and they didn't want to talk about it and they didn't want to know and they weren't really interested in referring.'*

> (Prime contractor manager)

However, such cases were in the minority and in general Jobcentre Plus was seen as a key and effective partner, both in terms of signposting to the provision and supporting it at a strategic level.

3.5.2   Relationships with third party referral organisations

Similar to relationships with Jobcentre Plus, those between providers and other organisations providing referrals were viewed very positively in the majority of cases. Provider managers linked this to the amount of promotional and relationship building work undertaken by their staff with such organisations. Representatives of partner organisations making referrals tended to offer positive views about the provision as a whole, along with the relationships developed with providers. This was particularly the case where the provision was felt to offer support that would otherwise not be easily available.

While provider representatives did not offer any negative views as such, it was noted that maintaining such relationships required constant attention. This was both to keep the provision in the mind of staff at referral organisations, as well as encouraging future referrals through updating colleagues on the progress of individuals referred. As one representative noted:

> *'You have to constantly be out there saying, 'Don't forget about us' because if you give it a couple of weeks you're forgotten about'.*

> (Sub-contractor manager)

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

From the perspective of representatives from referral organisations the only suggestions for how things might be improved tended to relate to their role in signposting participants, rather than relationships per se. These typically involved a view that improved literature about, or descriptions of, the provision could be provided so that this could be passed to potential participants.

4 Engagement on the provision

This chapter examines a range of issues connected to the engagement and attachment of participants on to the European Social Fund (ESF) Families provision. This includes referral and engagement processes through the primary and secondary referral routes, the pattern of referrals to the provision, the process of confirming eligibility and attaching to the provision, and reasons for participant engagement and non-engagement. A summary of key findings from the chapter is provided at the outset.

4.1 Summary of findings

Low numbers being referred through the primary local authority (LA) referral route was one of the main implementation challenges faced in the initial period of delivery. Across most stakeholder groups, the perceived lack of incentives, contractual requirements or levers through which to ensure the anticipated level of referrals from LAs was reported as the principal factor in this. For LA representatives in particular, however, a lack of trust in the provision amongst those likely to make referrals was seen as the key factor in initial low referral levels. The role of Troubled Families Employment Advisers (TFEAs) in encouraging referrals, where appropriate, from the Troubled Families programme to the ESF provision also varied, with a more active and visible role being taken in some areas compared to others.

The introduction of a secondary referral route was widely felt to have been successful in increasing numbers on the provision. At the time of the research the extent to which the primary referral route was working effectively remained variable, however. In most Contract Package Areas (CPAs), while the primary route was acknowledged to still play a role, the secondary route was felt to have largely superseded it.

In all CPAs, the secondary referral route was widely seen as effective, both in terms of the processes involved and in the sense of boosting volumes on the provision. There was general agreement that having Jobcentre Plus signpost to the provision through the secondary route had been crucial in terms of enhancing the provision's viability. The decision to signpost those completing two years on the Work Programme was generally welcomed by providers as another way of boosting volumes accessing the support, though it was noted that this group could be challenging.

Given the flexibility of the provision, inappropriate referrals in terms of individuals or families not being suited to the support were seen as rare and as lessening over the period of the provision's delivery. On the occasions that those referred were not seen as appropriate this tended to relate to those with very severe disabilities or ill health.

Delays in attaching individuals to the provision, whether referred through the secondary or primary route, were cited as an issue in some contexts. Key workers in such areas cited that these delays made it more difficult to ensure that referrals were effectively converted into attachments. However, in most instances it was acknowledged that this situation had improved over the lifetime of the programme. Streamlining the process was viewed as being important in ensuring that attachment levels were as high as possible. Such an approach was evident in the majority of localities visited.

Improving the chances of getting work was the most commonly self-reported reason for participant engagement. A desire to develop new skills, improve confidence, improve general life or wellbeing, or improve family life were other common reasons cited. Where participants chose not to engage, a range of factors appeared to influence this decision. These included deteriorations in individual or family circumstances or health, and a view on the part of potential participants that the support will not suit or be of help to them.

4.2   The primary (local authority) referral route

As noted in a previous evaluation which examined a small selection of the ESF Families provision, issues with low numbers being referred through the primary LA referral route was one of the main implementation challenges faced in the initial period of delivery.[57] While it seems reasonable to expect such processes to take time to bed-in and work effectively, this situation continued and influenced the decision to introduce the secondary referral route as described in section 1.3.1. As discussed in section 4.3, this change is widely felt to have been successful in increasing numbers on the provision and in helping to address the issue of low referral rates.

At the time of the case study visits in March to July 2014 the extent to which the LA referral route was working effectively remained variable. Equally, in most CPAs, while the primary route was acknowledged to still play a role, the secondary route was felt to have largely superseded it. Across most stakeholder groups interviewed, with the exception of LA representatives, the main issue seen as affecting the primary route throughout the provision was the perceived lack of incentives, and a lack of contractual requirements or levers, through which to ensure the anticipated level of referrals from LAs. This was widely seen as a flaw in the provision's initial design, as referenced in chapter 2. As one interviewee noted:

> *'The vision was that local authorities would refer, but there was no contract, there was no target, there was no payment. So the provider was relying on someone referring 5,000 people with no clout or measurement'.*

> (Jobcentre Plus representative)

For LA representatives in particular, however, a lack of trust in the provision by frontline staff likely to make referrals to the DWP programme was seen as the key factor in the initial low referral levels through the primary referral route. In some instances this was cited as relating to a perception that the DWP ESF provision was delivered by providers with experience in employability support, rather than necessarily in dealing in a 'whole family' way with families in challenging circumstances. The view of such representatives was that this lack of trust had meant that, in some cases, it had taken some time for staff to feel secure in making referrals, while in other instances ongoing trust issues meant that referrals through the primary route remained low.

Some interviewees also felt that the Troubled Families programme, and the perceived greater financial rewards for LAs supporting individuals into work from it, had acted as a disincentive for LAs to refer individuals to the ESF support (accepting that, as outlined in section 1.3.1, the Troubled Families programme is only one source of referrals from LAs). The payment structure for the Troubled Families programme was designed to incentivise ESF referrals and, as requested by DWP, to take the ESF provision into account. One

---

[57]   Atkinson, I. (2013). *Evaluation of European Social Fund: Priority 1 and 4 (Employment and NEET) provision*, DWP Research Report No.825, p.43/44, DWP.

aspect of the approach developed was to not fund LAs for employment outcomes achieved in respect of one-sixth of the families they work with as part of the Troubled Families programme. The expectation was thus that LAs would have to resource this one-sixth of outcomes themselves and hence have an incentive to refer to ESF.[58]

In addition, under the Troubled Families financial framework, where one family member receiving support volunteered to also, concurrently, engage with the Work Programme or the DWP ESF Families provision, a payment of £100 per family was made to the LA. [59] In cases where at least one adult in a family supported under the Troubled Families programme moved off out-of-work benefits into continuous employment in the last six months, a results payment of £800 per family was made to the LA in the first year of the programme.[60] Initially, these incentives were not clear to the LA representatives who were interviewed. A 'frequently asked questions' document provided by the Department for Communities and local Government (DCLG) to those delivering the Troubled Families provision clarified the incentives. It outlined that LAs '*… should claim results for all troubled families who achieve the [*Troubled Families*] outcomes irrespective of the service that achieved them*', with 'appropriate deductions' subsequently being made by DCLG to avoid double payments (on the basis of deducting one-sixth of payments as detailed above).[61]

Despite this framework of incentives and intent in the programme's design, there was little evidence from the case study research that LA representatives felt incentivised or confident to refer those being supported by the Troubled Families programme to the ESF provision. The majority of provider representatives and some LA interviewees felt that the way the ESF and Troubled Families payment structures worked together acted as a disincentive to make referrals to the ESF provision. Indeed, given incentives were not clear to some LA representatives at the time of the fieldwork, some directly acknowledged that they tended to keep individuals who they judged as being closer to the labour market on the Troubled Families programme. This seems to have resulted from a perception that, despite the details of the payment structure outlined above, a family member being supported into work through the Troubled Families programme would result in an £800 payment,[62] but that this would not be received if a person entered work after being referred to the ESF Families provision.

---

[58]   As detailed in *The Troubled Families programme, Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities*, DCLG 2012, the intention is that ESF will represent the most appropriate provision for the one-sixth of Troubled Families for whom comparable employment results will be achieved through programmes other than Troubled Families.

[59]   *Ibid.*, p.9.

[60]   *Ibid*., p.9. Please note that this payment varied in later years of the Troubled Families programme. This was because the percentage of the upfront attachment fee paid relative to the results component of payments changed over the three years of the programme. Year one began with an 80 per cent attachment fee and 20 per cent result fee, ending up at a 40 per cent attachment fee and 60 per cent results fee in year three.

[61]   The 'frequently asked questions document', entitled "TROUBLED FAMILIES PROGRAMME: FREQUENTLY ASKED QUESTIONS, UPDATED ON 28 OCTOBER 2013" can be accessed at: https://knowledgehub.local.gov.uk/(to access the document users are required to register on the 'Knowledge Hub' site). See paragraphs 45 to 50.

[62]   As noted in footnote 60, this £800 figure was for the first year of the Troubled Families programme with this varying in later years.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

In some cases, issues such as incentives not being clear to people were felt to have impacted on the level of commitment given to the provision by LAs. Other factors consistently cited as affecting referral levels included:

- (Particularly amongst LA representatives interviewed) a lack of trust on the part of some LA staff in the providers offering ESF support.

- Perceived confusion amongst practitioners about the respective role of the Troubled Families and ESF Families programmes, though this was generally felt to have lessened over time.

- Perceived cultural reluctance amongst practitioners in family and social work contexts to see employment as a key element of the support required by clients.

- Lack of knowledge or understanding amongst such practitioners and managers of the type of provision the ESF Families programme offered.

Partly as a result of these issues, in several CPAs LAs were felt to have played an increasingly small role in referrals over the life of the provision. However, there were some exceptions. To a degree these appeared to relate to the personal commitment of individuals involved from LAs to, as one representative put it, '*making the programme work*'. As another LA representative noted, '*We've been determined to make it work and just got on with it regardless of politics*'. Thus, in a minority of the localities visited, referral rates through the primary route were cited as having increased or at least remained consistent.

Beyond the role of individuals, the nature of local approaches appeared to influence the degree to which the LA referral route was significant, how well it functioned and the wider extent of LA engagement with the provision. The degree to which LAs were actively involved in strategic partnerships developed around the provision, along with the extent of partnership working – between LAs, providers and Jobcentre Plus ESF teams – at the local level appeared to be significant. The size and internal structure of LAs were also felt to play a role by some stakeholders. Some LA interviewees from smaller authorities felt, for example, that they were able to engage with the provision more directly and to a greater extent than would be the case in larger authorities.

Where the primary referral route was reported to be working well a number of additional factors were commonly cited, in particular:

- A range of potentially relevant departments within LAs engaging with the provision including, for example, Housing and Adult Social Care, as opposed to only Children and Families or Social Work teams.

- Providers delivering locally having gained the trust of LAs and those individuals likely to refer to the provision, in some cases through ongoing contact and demonstrating the potential benefits of the provision.

- Consistency of staff with a role in overseeing referrals to the provision within LAs.

- (In a small number of cases) provider staff being co-located with LA services for one or two days a week, encouraging relationship building between practitioners and enhancing visibility of the provision.

4.2.1   Troubled Families Employment Advisers

The case study visits provided an opportunity to consider the role of Troubled Families Employment Advisers (TFEAs), seconded into LAs from Jobcentre Plus to support the delivery of the DCLG-led Troubled Families programme. As a part of this role the TFEA was required to ensure families received the right support; this included referring them to the ESF provision and/or other interventions when appropriate. TFEAs were also tasked with liaising with ESF Managers and providers to understand the content and availability of the ESF Families programme in their locality.[63]

It should be noted that discussions with TFEAs interviewed in this study were primarily focused on their role in respect of the ESF Families provision rather than their wider role in the DCLG-led Troubled Families programme. Equally, at the time of the fieldwork TFEAs had not been in post for long. In addition, stakeholders in some of the case study areas reported that they had not been allocated a TFEA in their locality which meant that TFEAs were not interviewed in all case study areas.[64]

The research revealed a varied picture in terms of TFEAs with regard to promoting the ESF provision and referring families to the ESF provision across the localities visited. In some areas, typically those with significant ongoing involvement of LAs with the provision, TFEAs were generally seen as playing a useful role in linking the ESF Families provision with the Troubled Families programme. Equally, even in their short time in post, in some contexts TFEAs were viewed as building effective links with Jobcentre Plus and playing a role in supporting the signposting of clients to the provision through the secondary referral route.

In other CPA contexts, however, provider representatives including those from prime contractors cited that they were unaware of who the TFEAs were and felt that they had played a limited, or no, role in supporting referrals to the ESF provision. As one prime contractor representative commented:

> *'We don't know who they are, so I wouldn't be able to give you a judgement on it. That will also indicate how effective they've been because we have no idea who they are, because nobody's ever told us. So, they may be doing a very effective job, but we don't know.'*

(Prime contractor manager)

Interviews with TFEAs largely reflected the above pattern of some playing a role in respect of referring families to and promoting the ESF Families provision and others having very little involvement with it. In the main those TFEAs interviewed outlined that their role in respect of the ESF Families provision was relatively minor. As one TFEA commented of this:

> *'I've discussed the ESF provision with colleagues in the Jobcentre, to do with referrals and what the programme can do … but [supporting the delivery of ESF Families provision is] not really what I've been tasked with doing. It's more about supporting the employment part of Troubled Families, to help that work better. ESF is a bit alongside that really.'*

(Troubled Families Employment Adviser)

---

[63]   For further details on the TFEA role see DCLG and DWP (2013). *Delivery agreement: putting troubled families on the path to work*.

[64]   Not all areas received a TFEA; they were concentrated in areas with the highest numbers of troubled families. For further details see DCLG and DWP (2013). *Delivery agreement: putting troubled families on the path to work*.

4.3 The secondary referral route

The decision taken by the Department for Work and Pensions (DWP) to introduce the secondary referral route as part of the provision was widely seen as central to improving its functioning and effectiveness. In all CPAs visited, the functioning of the secondary referral route was widely seen as effective, both in terms of the processes involved and in the sense of boosting volumes on the provision. There was a general agreement across providers that, in particular, having Jobcentre Plus signpost to the provision was crucial in terms of enhancing its viability. As one prime contractor manager commented, '*We'd be all on our knees if Jobcentre Plus hadn't bought into what we're doing.*'

In several cases setting informal weekly or monthly targets for signposting individuals to the provision, whether per individual adviser or per Jobcentre Plus office, was seen as an effective way to promote referrals and consistent engagement levels. Generally such approaches arose from discussions between providers and Jobcentre Plus staff, typically those at managerial levels.

In some instances providers had taken the approach of sending a key worker to Jobcentres to undertake pre-booked interviews with individuals signposted by Jobcentre Plus advisers by way of engaging them. This was seen as a highly beneficial approach for several reasons. It was viewed as allowing key workers to work efficiently in terms of outlining the programme to several individuals in a short period of time. It was also noted by key workers that individuals were more likely to attend an initial appointment at the Jobcentre as opposed to being referred to the premises of a provider they were perhaps unfamiliar with. Such a co-location approach was also used and reported to be successful in respect of other secondary referral agencies, including children's centres and community support organisations.

While the secondary referral route was broadly welcomed, there were significant variations in the degree to which third party agencies outside of Jobcentre Plus, such as Housing Associations or Children's Centres, proved a significant source of referrals. Equally, provider managers and key workers noted that there could be variations even within particular types of referral agency, with the degree of referrals depending on organisational and individual buy-in to the provision. For example, as one key worker noted of Children's Centres run by the third sector in their area:

> '*It's erratic, there were certain children's centres with massive buy-in who would have referred me every person who walked through the door if they had the chance, and then there were those, you know, "we don't have them kind of problems here".*'

> (Key worker)

The degree to which providers focused on such organisations as a potential source of referrals also varied across CPAs. In some cases the decision on whether to focus on third party referrals appeared to be taken by individual providers; in others, prime contractors had been more directive on where sub-contractors should focus. In CPAs where Jobcentre Plus had been targeted as a key source of referrals, for example, the concentration was on building relationships at a strategic level and with individual Jobcentre managers or staff, rather than with other organisations. After the secondary referral route was introduced in these CPAs, the perspective of the prime contractors concerned was that Jobcentre Plus alone could provide more referrals than the supply chain had capacity for.

In other instances, providers focused on a wider range of potential referral routes. Prime and sub-contractor managers tended to note that this fitted with the ethos of the programme better than would be the case if they relied on Jobcentre Plus. From this perspective, a focus on third party agencies likely to be in contact with the client groups that might benefit from support was an important element of delivery. Irrespective of the approach taken, however, as noted the secondary referral route was widely viewed as an effective and essential element of the provision following its introduction.

4.3.1 The impact of the secondary referral route on the type of clients engaged

A key theme that emerged from the case study visits involved debates around whether the introduction of secondary referrals had led to changes in the types of clients supported. Some LA representatives felt that the secondary referral route had diluted what they saw as the initial intent of the provision, namely to help individuals with significant, complex, needs and troubled families. Such interviewees felt that the secondary route made the task of providers too easy through opening the way for those closer to the labour market with less complex needs to be supported. The comment of one LA representative was typical of this perspective:

> *'I was very disappointed when DWP … introduced that secondary referral route, because obviously it's going to be much easier to take a candidate from the Jobcentre than it is from a children's centre.'*

> (LA representative)

Amongst other stakeholder groups, views varied on the degree to which the nature of clients engaged had changed. In some cases key workers, Jobcentre Plus ESF staff and DWP performance managers all cited that there had been a shift towards individuals who were closer to the labour market coming onto the provision. As one key worker commented:

> *'It's certainly helping job outcomes, because now we're getting people referred to us who are close to the labour market, are employable, don't need, don't perhaps have as many complex problems. You know, our quota of methadone addicts has gone down dramatically in the last sort of 18 months.'*

> (Key worker)

However, those offering this perspective still generally felt that the individuals being referred had multiple barriers to work and often complex needs, just perhaps at a lower level than may have been the case when only the primary referral route was in operation. Certainly the survey data on the characteristics of participants reported at section 6.2 of the report appears to confirm this.

4.3.2 Engagement of Work Programme completers

As outlined in the introductory chapter, one of the actions taken to increase volumes on the provision involved Jobcentre Plus advisers considering the ESF Families provision for those returning to the Jobcentre after spending two years on the Work Programme. In most instances provider representatives welcomed this as part of enhancing the numbers of referrals and attachments achieved, though it was noted that this client group presented some particular challenges.

Provider managers and key workers tended to note that those referred had typically been out of work for a long period, often had multiple barriers to employment and could be demotivated or resistant to support. However, the more intensive nature of the ESF Families support and its voluntary aspect were often seen as persuasive aspects in ensuring that those completing the Work Programme did commonly engage, often with beneficial results. The following comment from a provider representative was typical of this view:

> *'Clients come to me and they're like, "Wow, I'm finally getting support." Because they've just been left for like two years or whatever where they've just thought no one is interested in them.'*

> (Key worker)

As discussed further in section 7.3 on the added value of the ESF Families support, provider representatives often reflected on what they felt were the distinctive aspects of the provision when discussing the engagement of Work Programme completers. In particular, representatives frequently commented on the ability of the ESF support to address issues facing the long-term unemployed as part of a holistic, wraparound form of support able to address a range of barriers. In many cases this was seen as significant in relation to a client group requiring extensive support, with multiple barriers to work and who could be demotivated.

While recognising the challenges of such referrals, provider representatives generally felt that Work Programme completers were suited to the provision. Likewise, the actual process of engaging this group was seen as functioning well, though it was generally noted that those who had been on the Work Programme were slightly less likely to engage compared to other participants signposted from Jobcentre Plus. This related to the aforementioned tendency for individuals from this group to be more alienated and resistant to support than those generally signposted from Jobcentre Plus.

4.4   The pattern of referrals to the provision

Evidence from the participant survey served to confirm the impression gained from the case study visits concerning the importance of the secondary referral route and the role of Jobcentre Plus in signposting to the provision. Amongst survey respondents, Jobcentre Plus was the main source through which participants became aware of the provision. As Figure 4.1 shows, 52 per cent of respondents cited that they became aware of the provision through this route, with the other routes specified having a significantly lower share.

Figure 4.1   Participants' initial awareness of the provision

Q. How did you first hear about [PROVIDER]?

How first heard (%)

Source	%
Jobcentre plus	52
Friend	6
Social services	5
Family centre	5
Found out about it myself	4
Through the provider	4
Can't remember	4
Family member	3
Health visitor	2
Local authority/council	2
Careers service	2
Housing association	1
Other	10

Base: All participants (1,240).
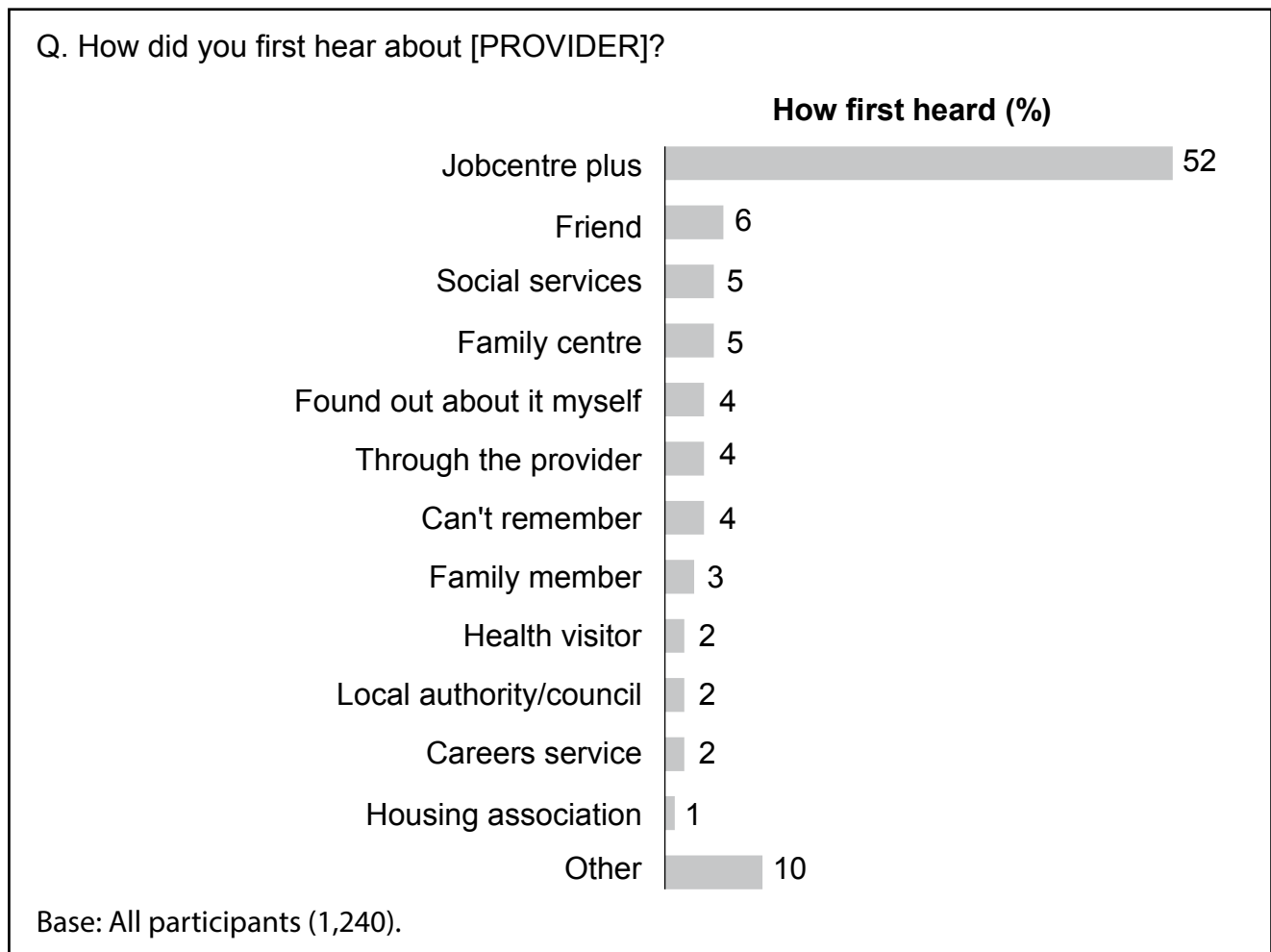
Whilst Jobcentre Plus was the most common way respondents heard about the provision, there were some variations between CPAs. For example, in one CPA the percentage of those hearing about the provision from Jobcentre Plus was 38 per cent rather than the overall figure of 52 per cent. Equally, respondents from one CPA were twice as likely to have heard about the provision through the provider (nine per cent compared with four per cent overall). This again reflects the differences highlighted in 4.1.2 between areas wherein providers focused on Jobcentre Plus as the key source of referrals and those where the pattern was more varied.

The shift between the primary and secondary referral routes within the provision was also confirmed by a review of provider management information (MI). While this needs to be treated with caution as it is unvalidated, this data shows that to the end of April 2014, 36,246 individuals had engaged with providers through the primary LA route, whilst the equivalent figure for those engaging through secondary routes was 41,748. It should also be noted that the numbers of engagements through secondary routes in these figures outweigh the primary route despite the former only having been introduced around nine months into delivery of the provision.

4.4.1 The appropriateness of referrals

Given the perceived flexibility of the provision and its ability to support a range of needs, inappropriate referrals in terms of those referred not being suited for the support available were seen by providers as being uncommon. Key workers and provider managers tended to cite such referrals as isolated and as having lessened over the life of the programme. On the occasions that representatives felt that referrals were not appropriate, this often related to those with very severe disabilities or ill health, as well as in one or two cases individuals being very close to their State Pension age. In such instances, provider representatives cited that they would seek to identify more appropriate provision for the individual concerned and signpost them to that.

4.5 Confirming eligibility and attaching to the provision

At the time of the case study fieldwork, delays in attaching individuals to the provision, whether through the primary or secondary route, was still an issue in a minority of contexts. In particular, delays in confirming eligibility were cited by key workers in some areas as making it more difficult to ensure that referrals were effectively converted into attachments. This was seen as problematic given the nature of the client group being supported, in the sense that once they had been told about the provision it was important to capitalise quickly on their willingness to engage.

However, in most instances it was acknowledged that this situation had improved over the lifetime of the programme. The view of one key worker was typical regarding the process of confirming eligibility and attaching participants to the provision:

> *'It was very slow so you'd have to put … your ESF14 and you'd have to put your dates in [*for first meetings] *weeks in advance because JCP were a bit slow. I think they're a lot smarter now'.*

> (Key worker)

In most CPAs this process was now reported to be working well. Close working between providers and Jobcentre Plus ESF teams, additional resource being allocated to improve the process, and staff on both sides becoming more used to it over time were cited as the key reasons for this. Provider representatives commonly cited that streamlining the process, concentrating on ensuring 'warm handovers' between those referring participants and key workers, was important in ensuring that attachment levels were as high as possible.

A number of examples were given of how this functioned in practice. In terms of signposting by Jobcentre Plus advisers, for example, in some localities the advisers would look to call providers and make an appointment for a client at the point of discussing the programme with them. Equally, co-location of provider staff in Jobcentres and, in a smaller number of cases, in LA settings was used. As one sub-contractor manager explained:

> *'With having such a high fail to attend rate we sort of have to strike while the iron's hot. If you can catch them [*participants] *when they're interested at that moment and you've got the right [*Jobcentre] *adviser who says the right thing to the client, you can sort of get them there and then.'*

> (Sub-contractor manager)

Evidence from the participant survey reinforced the impression that the process of confirming eligibility and attaching to the provision is now working effectively on the whole. As Figure 4.2 shows, the majority of participants surveyed (82 per cent) felt that accessing support once they had been referred was either 'very easy' or 'easy'. Equally, the fact that there was some variation between CPAs, for example, in terms of proportions describing the process as being 'very easy', suggests that the case study finding that a minority of areas still faced some delays in making attachments is likely to be accurate.

Figure 4.2   Ease of accessing support

Q. Once you had been referred, how easy or difficult was it to start getting help?

Very easy
Fairly easy
Fairly difficult
Very difficult
Can't remember

Percentages

Base: All participants (1,240).
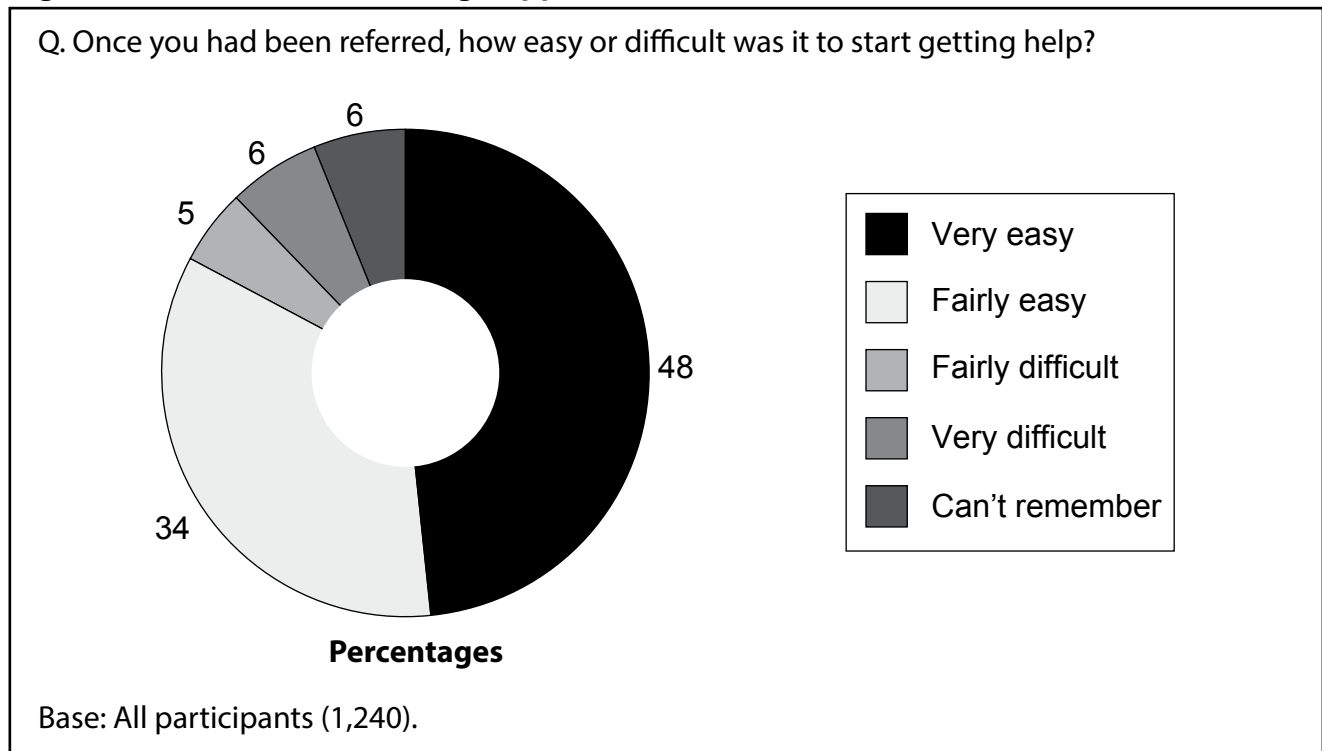
Those respondents reporting that starting on the provision was more difficult generally related this to communication issues with the provider, while some made reference to access issues such as the provider being too far away or not being able to find childcare in order to attend appointments. Personal barriers also featured amongst this sub-set of respondents, including language difficulties, literacy, health problems/disabilities and/or a lack of confidence.

4.6   Reasons for engagement or otherwise

For survey respondents, the most commonly selected reason for participation, from a given list, was improving their chances of getting work (78 per cent). This suggests that the majority of those engaging with the provision were aiming to enter employment, as opposed to just seeking to access help with particular issues. In addition, as Figure 4.3 shows, around half of survey respondents wanted to develop new skills, improve their confidence, improve their life or wellbeing, or improve life for their family (56 per cent, 53 per cent, 53 per cent and 48 per cent respectively).

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

Figure 4.3 Reasons for engagement

Q. Thinking back to when you first joined, which of the following reasons best describe why you decided to take part?

Reasons for taking part (%)

Reason	%
To improve your chances of getting work	78
To develop new skills	56
To improve your confidence	53
To improve your life or well-being	53
To improve life for your family	48
To get help to become more involved in the community	28
To get practical help with a problem such as debt or housing	20
Because you were encouraged by a family member or friend	13
To ge specialist support	12
Another reason	5
Not sure/can't remember	4

Base: All participants (1,240).

The majority of participants had more than one reason for engagement, although 13 per cent reported taking part solely to improve their chances of getting work. This may indicate that, as some case study interviewees argued, a proportion of those now being engaged are relatively close to the labour market or have relatively few barriers to work. However, it also demonstrates that, even if this is the case, such a client group is in the minority.

In addition, as discussed in detail in section 5.8, while many case study interviewees felt that the provision is more oriented to individuals than families, the survey finding that 48 per cent of participants engaged in order to improve life for their family is worth noting. This tallies with the perception of many stakeholders that the provision does have benefits for families and family life, despite appearing to be largely focused on individuals. Similarly, the prevalence of a desire to build confidence, with 53 per cent citing this as a reason for taking part, strongly echoes the view of this being a key need as discussed elsewhere in the report.

The survey results reveal some variations in reasons for engagement according to participant characteristics. Women were more likely to cite multiple reasons for participation such as wanting to develop new skills, improve their confidence or improve life for their families. Carers were also more likely on average to want to improve life for their families. BME participants were more likely to want to get involved in the community, to develop new skills, or to have taken part because they were encouraged by a friend or family member, than was the case on average. Amongst those with disabilities, while still the most commonly

selected reason, fewer than average wanted to improve their chances of getting work (73 per cent compared with 78 per cent overall).

Participants interviewed in the qualitative case studies gave a similar pattern of reasons for engagement. Again the desire to get into work as an ultimate aim was referenced in the majority of cases, though it was common for interviewees to cite that they had a range of other issues to deal with before this was a realistic possibility. As one participant with serious health issues outlined:

> 'I do want to get back to work desperately, because I've never claimed benefits in my life … but obviously I've got problems. I mean, at the moment I'm in hospital probably a fifth to a quarter of the year … but they're helping me to do all these courses on how to deal with long-term pain and things like that. That's what we're concentrating on first, getting me back, and getting to cope with normal day, everyday life.'

> (Participant)

Similar to the survey finding where a significant minority (13 per cent) were encouraged to get involved by a friend or other family members, word of mouth was cited by key workers as a significant engagement mechanism. In several cases, participants interviewed for the case studies also outlined how they had described the support to their friends and encouraged them to get involved. As one commented:

> 'There was another friend who also had debts and I said, "Look, go to these guys, they've helped us, I'm pretty sure they'll be able to help you".'

> (Participant)

Participants interviewed for the case studies who had engaged following the involvement of another family member gave a range of reasons for getting involved. Typically, however, they had been able to see or find out what the provision offered, whether first hand through going with their partner or by being told about it, and had realised it may be of benefit. For example, one participant had been taking his girlfriend to the provider to offer support due to her anxiety and confidence issues when a trainer running a course asked if he would like to stay. As the participant described:

> 'A lot of the stuff that I'd had problems with in the past, and still have problems with now, and some of the stuff they were teaching, I was thinking, "Well, this is fantastic. If only I'd known this years ago, I wouldn't have been in the trouble that I've been in in the past." Because I'd been in debt several times.'

> (Participant)

4.6.1 Non-engagement and attachment to the provision

A wide range of reasons were cited by stakeholders interviewed in the case studies, particularly key workers, to explain why those referred to the programme were not subsequently converted into attachments. The most common were:

• Those referred later proving to be ineligible, mainly due to it being discovered that they were on the Work Programme and the individuals concerned having either forgotten or not being aware that they were receiving this support.

• Simply not being able to contact individuals referred to the provision despite several attempts to do so.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

- Inappropriate referrals in terms of individuals not being suited to the support and/or those referred being misled as to the nature and type of support offered.

- A deterioration in individual or family circumstances or health meaning that it was not practical for an attachment to the programme to be made (covering a wide range of circumstances including being sectioned, being sent to prison, having children taken into care, going into hospital due to worsening health and so on).

Of these reasons, the perception of the majority of case study interviewees was that the latter was the most significant and prevalent. As one key worker explained:

> *'It could be that there's stuff going on at home, like we have people with domestic violence, we also had a family who were dealing with a lot of anti-social behaviour. The day she was due to come for an appointment she had the police at the door and she still managed to call to say, "I can't attend this appointment and I don't know when I'm next going to be able to". I think for people with a lot of chaos going on in their lives the minute something happens it takes them back to zero.'*

> (Key worker)

In general providers cited that they would follow up in such circumstances at a later date to explore whether situations had changed. As one sub-contractor manager commented:

> *'After a couple of months we'll go back, "do you want to re-engage?", because the nature of this client group is they will, they will re-engage.'*

> (Sub-contractor manager)

However, in some contexts it was noted that pressure on caseloads was making such actions less likely given that, for some providers, their perception was that the provision they were delivering was close to capacity. This issue concerning caseloads is explored in more detail in sections 5.2 and 5.6.1.

Key workers also noted that it was relatively common for individuals to appear interested at an initial meeting and then not be able to be recontacted despite numerous attempts. Some provider representatives, along with those from Jobcentre Plus, also noted that the voluntary nature of the programme meant that a small proportion of those referred would choose not to engage.

Interviews with 'non-participants', that is those referred to an initial meeting but choosing not to engage, gave a similar range of reasons for this choice. However, in most cases non-engagement was explained in relation to circumstances meaning that it was impractical to become involved. A decline in health and/or that of a family member for whom the individual concerned had caring responsibilities were cited by several interviewees. In one instance, an individual referred to the provision who noted that they had been interested had gone to prison fairly soon after being referred. In other cases, changes in circumstances or particular issues arising in individuals' personal lives meant that they did not attach to the programme. As one individual whose children had behavioural problems and whose partner had left them around the time of being referred to the provision explained:

> *'I wanted to [engage] you know, but with it all going off at home there was just no way. They said to maybe come back and I might do, not sure'.*

> (Non-participant)

In a small number of cases those not engaging cited that this was mainly due to feeling that the provision would not be of much help. A couple of these individuals gave the impression that they felt the provision was not any different to that which they had experienced before, and that it would as such not be beneficial. As one commented: '*It's all the same, they [*providers*] just do the same things … it's no good for me*'.

A review of the MI available for the provision, while not focused on reasons for non-attachment, does illustrate the extent of this across the programme as a whole. As Table 4.1 shows, the percentage of those attached to the provision as a proportion of net referrals (that is, referrals not rejected due to ineligibility) across the programme as a whole was 80 per cent to the end of July 2014.

Table 4.1   Attachment to net referral ratio

Referrals and attachments	Total
All Referrals	72,184
Referrals Rejected/Cancelled	1,704
Net Referrals	70,480
Attachments	56,645
Percentage of attachments to net referrals ratio	80

Source: DWP MI covering the period July 2012 to July 2014

While there was some variation between CPAs, with the lowest 'attachment rate' being 67 per cent and the highest 90 per cent, the majority of areas fell within a range from 77 to 83 per cent. While those CPAs with higher attachment rates typically focused on ensuring 'warm handovers' of the type discussed in sections 4.2 and 4.3, some of those with a lower rate similarly reported doing so. As such there appeared to be no clear correlation in the data between approaches to engagement reported in the case study fieldwork and the actual figures around attachment to the provision.

5 Delivery of the provision

This chapter examines a range of issues connected to the delivery of the European Social Fund (ESF) Families provision. These encompass the role of key workers, progress measures, the range and nature of the support offered, the extent support is tailored to needs, and the relationship between the design of provision and its delivery in practice. A summary of key findings is presented prior to examining these issues in detail.

5.1 Summary of findings

The role of the key worker was widely acknowledged as being central to the success or otherwise of the support offered. The flexibility and intensity of the support involved was viewed as essential in meeting participant needs and making positive outcomes more likely. Key workers were also viewed very positively by participants, with the general perception being that the support offered had been vital in addressing a range of issues they had faced. For key workers, certain aspects of how they approached the role were seen as important. These included judging the pace of support required by individuals, along with the importance of building relationships and trust over time. For provider managers, the importance of building a team of key workers able to combine different skill sets and experience was frequently noted. Such approaches were relatively common across the provision.

In the main progress measures were supported by stakeholders as a mechanism to structure the provision and facilitate provider payments. Key workers in particular welcomed the explicit recognition of 'distance travelled' the measures were seen as representing. Despite issues in relation to the operation of progress measures in the first year of the programme, mainly concerning their overly specific or prescriptive nature, in more recent months they were felt to be working well. Along with changes to facilitate payments on the achievement of individual measures, rather than completing three, the ability to revise the progress measures part way through delivery was seen as key in making the provision more effective and the measures more workable.

The types of progress measures consistently cited as being most used were those around employability, training, confidence and motivation, housing, debt issues, Information Technology (IT) and digital inclusion. Progress measures around parenting skills and domestic violence were generally reported to be less commonly undertaken. Key workers tended to note that such measures were either less commonly needed by participants and/or that some participants were reluctant to access support over these issues as part of a formal progress measure.

There was extensive evidence that the support offered by the provision was highly tailored to the needs of individuals accessing it, and that participant needs were being met to a significant extent. Participants gave very positive views of the support they had received in many cases. This is illustrated by the fact that around four-fifths of respondents to the participant survey cited that they were either 'very satisfied' or 'fairly satisfied' with their provider and the support offered, with 'very satisfied' being the most common response.

The evidence suggests that the provision largely focused on supporting individuals in a family context rather than necessarily offering 'whole family support'. Despite this, it was clear that through supporting individuals the provision is also meeting family needs in many instances.

While the ability of the provision to offer tailored, flexible and intensive support was one of the strongest themes to emerge, in some contexts it was noted that recent expansion in key worker caseloads was making this more difficult. As a result it appeared that the growth of caseloads had the potential to negatively affect some of the key factors ensuring that the support given was effective.

Overall, after some significant implementation challenges, the provision is broadly delivering the type of support intended in the way anticipated. The main exception, at least in part, relates to the intended 'whole family approach' which formed part of the rationale for the intervention. Some stakeholders also felt that the emphasis of the provision had subtly shifted over time, both in terms of the client group being supported and in respect of its focus. Whilst such a shift may have occurred to some extent, evidence indicates that the provision has certainly supported those with significant and complex barriers to work.

5.2 The key worker role

The key worker role was widely acknowledged as being key to the success or otherwise of the support offered. As outlined below, the flexibility and intensity of the support offered through this role was viewed as essential in meeting participant needs and making positive outcomes more likely. Key workers were also viewed very positively by participants; the general perception of those interviewed in the case studies was that the support offered had been vital in addressing a range of issues they had faced. Similarly, the flexibility and comprehensive nature of this support emerged as one of the elements of engagement most valued by participants.

The case studies illustrated the range and, frequently, intensity of the support being offered through the key worker role. Where key workers had previously worked on employability support programmes, it was common for the ESF Families provision to be contrasted with these in terms of the requirements of the role, along with the nature and level of support given. The 'wraparound' nature of this support, delivered alongside work on formal progress measures, was also widely cited as key. The following key worker comments help to illustrate the nature of the role in this context:

> *'It's much more like a social worker's role, but even more in-depth than a social worker's role, because a lot of the social workers that I deal with don't do half of the stuff that we're doing'.*

> *'I've done all sorts. I've been involved with social services; I've been involved with immigration, all sorts of things really. I've played squash with clients; I've gone running with clients … I've been to CAB with people, to set up debt relief orders. I've helped people to liaise with the domestic violence unit.'*

> (Key worker)

Provider managers also frequently referenced the commitment of key workers and offered strongly held views that the staff supporting participants often went far beyond contractual requirements, or the basic elements of the role. Participant views often reflected this, along

with the variety, flexibility and intensity of the support they had received. The following comments were typical and give an impression of this:

> *'If you've got a problem, like for example with benefits, there's somebody on the end of the phone, and you'll say, "Look, I'm having this problem. What do I do?" And it's like having a grandmother that you can go to for advice. Like I said, I've got nothing but praise for [key worker], if only I had this 20 years ago.'*

> *'[Key worker] is always there to support you and they've given me huge support, basically.'*

(Participants)

For key workers, certain aspects of how they approached the role were seen as important. These included the need to judge the pace of support required by individuals, and how much they were comfortable doing at particular stages, along with the importance of building relationships and trust over time. Being able to discuss and identify issues requiring attention on an ongoing basis was seen as important in ensuring that barriers not disclosed by participants at the outset could emerge. This was cited as being a common occurrence by key workers, with the initial assessment and action planning process only revealing a more limited set of issues. As one key worker commented:

> *'People naturally won't tell you the truth from day one really … They will naturally have to build up a relationship so quite often I like to identify new interventions as the programme goes along, as you get to know the client.'*

(Key worker)

The one-to-one support offered was similarly seen as vital in gaining the trust of individuals and families. Participants often similarly commented on the importance of this support, feeling that their key worker had a real interest in, and commitment to, supporting them. For several participants interviewed this aspect was clearly very important and significant in encouraging them to feel that some of the issues they faced could be successfully addressed. It also appeared to be important in building their confidence around being able to get back into work or take steps towards this, for example through enrolling on courses.

The willingness of key workers to engage in-depth with the specific issues participants faced way was another recurrent theme in the case study interviews. For one individual whose partner was also receiving support, such help had been key to stabilising their financial situation with both subsequently finding part-time jobs. As the participant outlined:

> *'Me and my girlfriend have had [key worker] who has come to our house and got us to write out our budget and what we're spending our money on and through that she's helped us to get our DRO [Debt Relief Order]. She's helped us to sort out our creditors. Her help has been invaluable. If it hadn't been for her we'd probably be still in debt now.'*

(Participant)

Provider managers noted the importance of building a team of key workers in several contexts. In particular, having a team able to combine different skill sets and experience was seen as highly beneficial. This was seen as enabling key workers to be allocated to particular individuals depending on their needs. For example, the combination of key workers from employability and social services backgrounds was cited as being effective in several

cases. In this context, those individuals assessed as being closer to the labour market might be allocated to an employability specialist, whilst those with more deep seated, often family-related issues, might be paired with a key worker with a background in social work.

Similarly, developing teams of key workers with different experience aligned to the broad areas of support being offered was often cited as effective. Such teams commonly included, for example, key workers with backgrounds in housing or debt along with those with specific experience in working with participants with disabilities. The development of such teams was seen as beneficial in terms of cross-fertilisation and being able to discuss client issues between staff members. Such a combination of key worker skill sets and backgrounds was relatively common within providers visited.

Respondents to the participant survey were also asked some questions relating to their contact with key workers, principally to test the degree of contact and modes of communication involved. This confirmed the impression of the case study research concerning the significant amount of contact participants had with key workers, along with the fact that this was seen as appropriate. As Figure 5.1 shows, two-thirds (66 per cent) had contact with their key worker at least every two weeks, with 11 per cent reporting contact several times a week and 28 per cent weekly. Ten per cent reported that they had no fixed pattern of contact with their adviser, perhaps pointing to the flexibility of the provision.

Figure 5.1   Frequency of key worker contact and views on this frequency
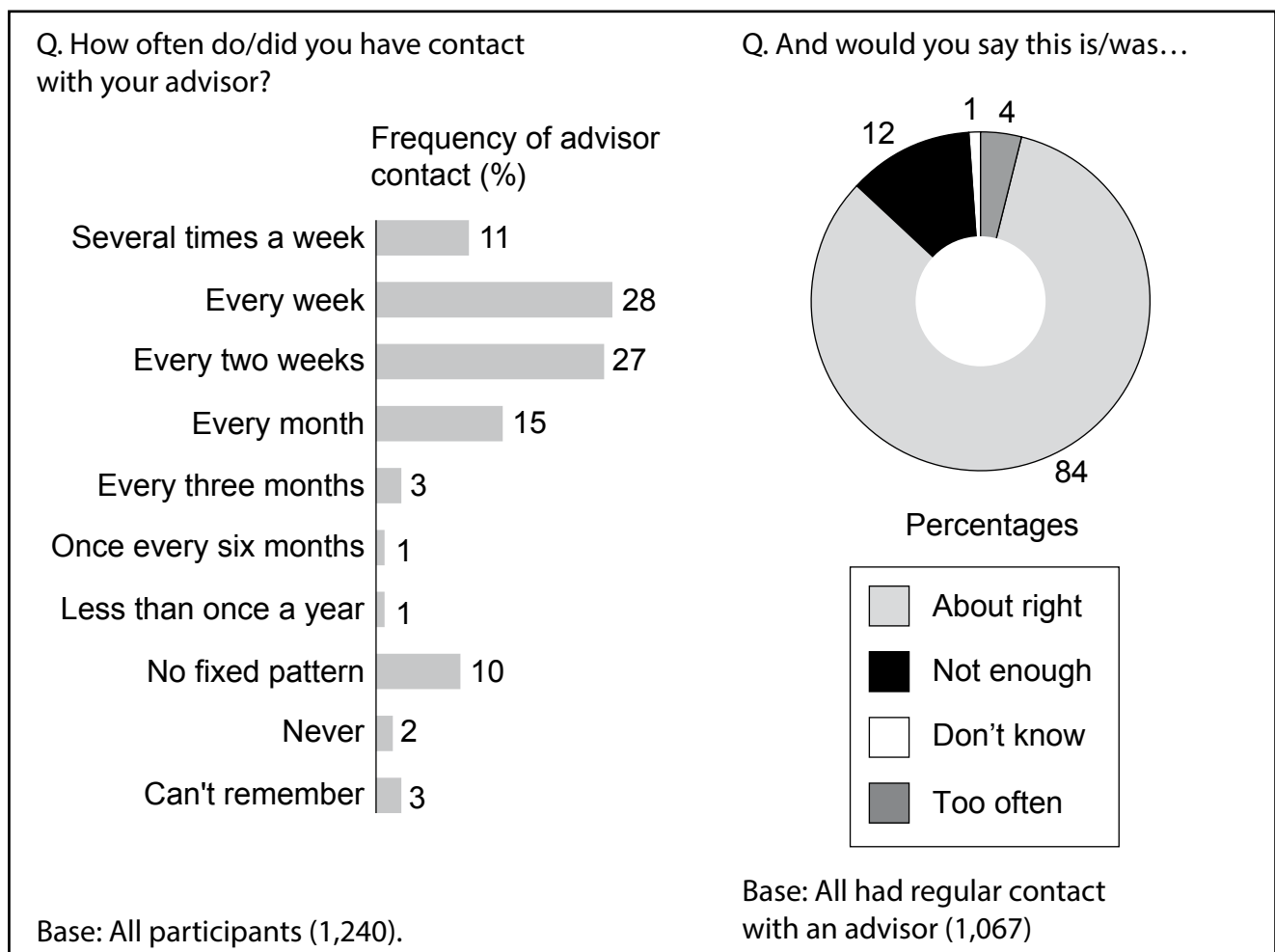
Q. How often do/did you have contact with your advisor?

Frequency of advisor contact (%)

Several times a week	11
Every week	28
Every two weeks	27
Every month	15
Every three months	3
Once every six months	1
Less than once a year	1
No fixed pattern	10
Never	2
Can't remember	3

Base: All participants (1,240).

Q. And would you say this is/was…

1   4

12

84

Percentages

- About right
- Not enough
- Don't know
- Too often

Base: All had regular contact with an advisor (1,067)

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

As the chart also demonstrates, the vast majority of respondents felt that the frequency of support given was 'about right' (84 per cent). In terms of sub-groups, men were more likely to have had more frequent levels of contact with their adviser (15 per cent several times a week compared with 11 per cent overall), whereas participants with disabilities were less likely (8 per cent). While there were no significant differences in frequency of contact by ethnicity, black and minority ethnic (BME) participants were less likely to feel the level of contact they had was about right (77 per cent compared with 84 per cent overall). Differences between Contract Package Areas (CPAs) in terms of the frequency of contact or perspectives on this were relatively minor.

The survey also demonstrated the prevalence of face-to-face contact as a communication mode. As Figure 5.2 shows, almost all participants communicated with their advisers face-to-face (88 per cent), and this was also clearly the preferred communication mode (84 per cent). Telephone contact was reported by around half of respondents (48 per cent), though just 28 per cent expressed a preference for this. A similar pattern was evident for text messaging (19 per cent used and 9 per cent preferred).

Figure 5.2   Modes of communication and participant preferences
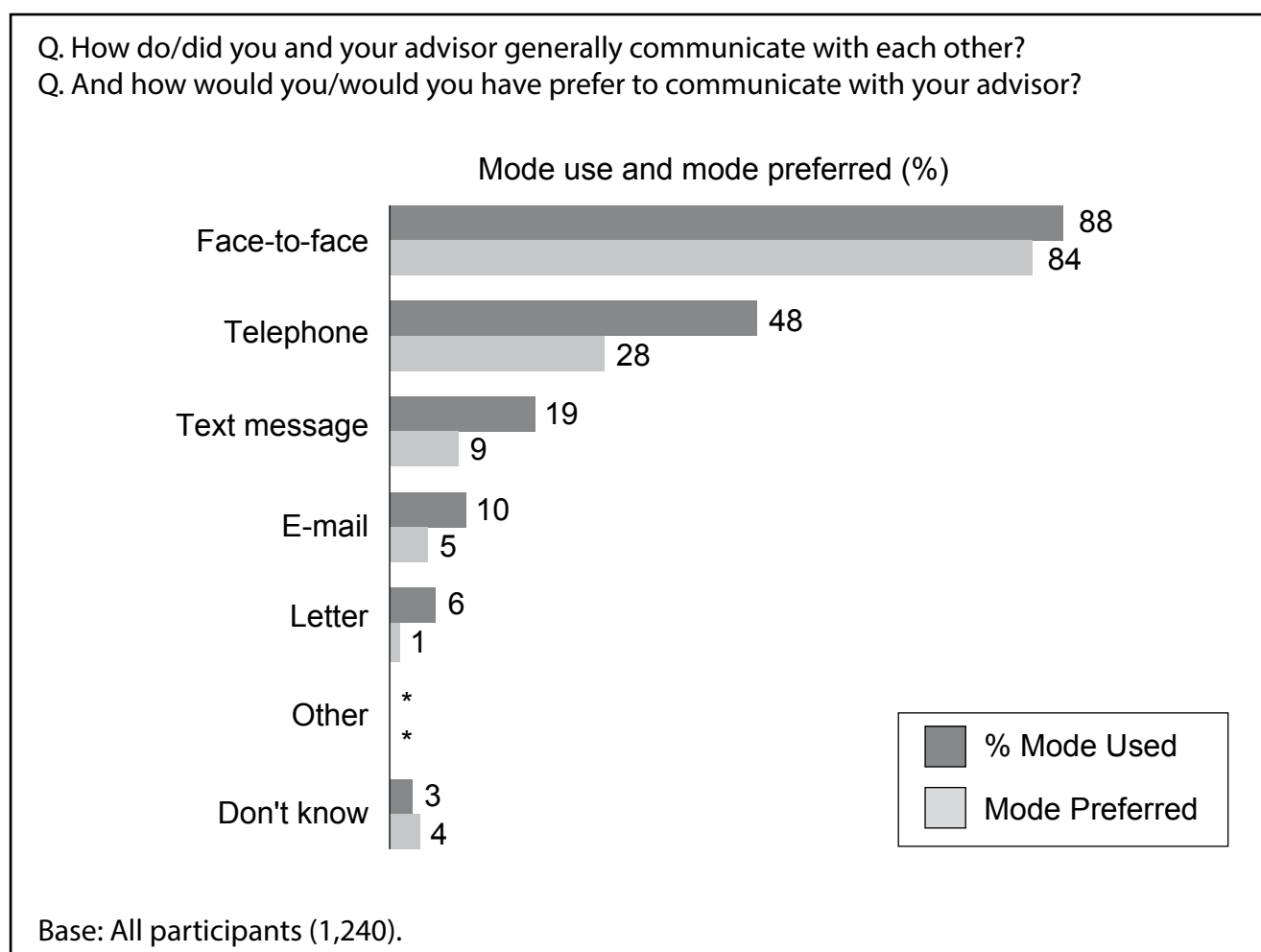
Q. How do/did you and your advisor generally communicate with each other?
Q. And how would you/would you have prefer to communicate with your advisor?

Mode use and mode preferred (%)

Mode	% Mode Used	Mode Preferred
Face-to-face	88	84
Telephone	48	28
Text message	19	9
E-mail	10	5
Letter	6	1
Other	*	*
Don't know	3	4

Base: All participants (1,240).

While the same overall pattern was apparent among all subgroups, with face-to-face contact both most used and preferred, it was a particularly marked preference for the over 50s and men (91 per cent and 88 per cent respectively). In terms of the other modes, women were more likely to say they used text message to communicate with their adviser (23 per cent) and would prefer to use either telephone or text (30 per cent and 11 per cent respectively). Analysis of the survey data also showed that parents were more likely to use telephone or text as a communication mode relative to non-parents, possibly reflecting greater caring responsibilities and the effect of this on time for engagement.

5.2.1 Action plans

Key workers tended to view the development of action plans with participants as a useful and integral part of supporting them, noting that it gave a structure to the support offered. Provider managers and key workers also universally reported that the action plan was regularly reviewed and updated with participants. When participants interviewed in the case studies commented on this they tended to confirm that their action plan was used and referred to on an ongoing basis. However, for some, views on their action plan were linked to a perception that too much paperwork in general was involved in their support. In a minority of cases key workers similarly noted that the amount of paperwork involved, particularly in early meetings with participants, could be off-putting.

Survey respondents were also asked about action plans. Despite the development of plans being a minimum service delivery requirement, and the case study research indicating that such plans were universally developed, only 63 per cent of respondents recalled having an action plan agreed with their key worker. This is likely to indicate that recognition of the term 'action plan' is not universal, with different terminology perhaps being used in different areas, rather than participants not receiving such a plan (particularly given that plans are required for audit purposes).

Of those that did recall having an action plan, the majority reported that their key worker had reviewed the plan with them (76 per cent). Equally, as Figure 5.3 demonstrates, the majority felt that they had 'a lot of say' in the content of their plan (70 per cent), with a further 17 per cent citing that they had 'some' say in the plan. However, male and BME participants were less likely to feel they had 'a lot of say' in deciding what went into their action plan (63 per cent and 60 per cent respectively).

Figure 5.3   Participant input to action plans

Q. How much say did you have on what went into your Action Plan?

Legend:
- A lot
- Some
- A little
- None
- Don't know

Values: 70, 17, 8, 2, 3

Percentages

Base: All who have/had an Action Plan (800).
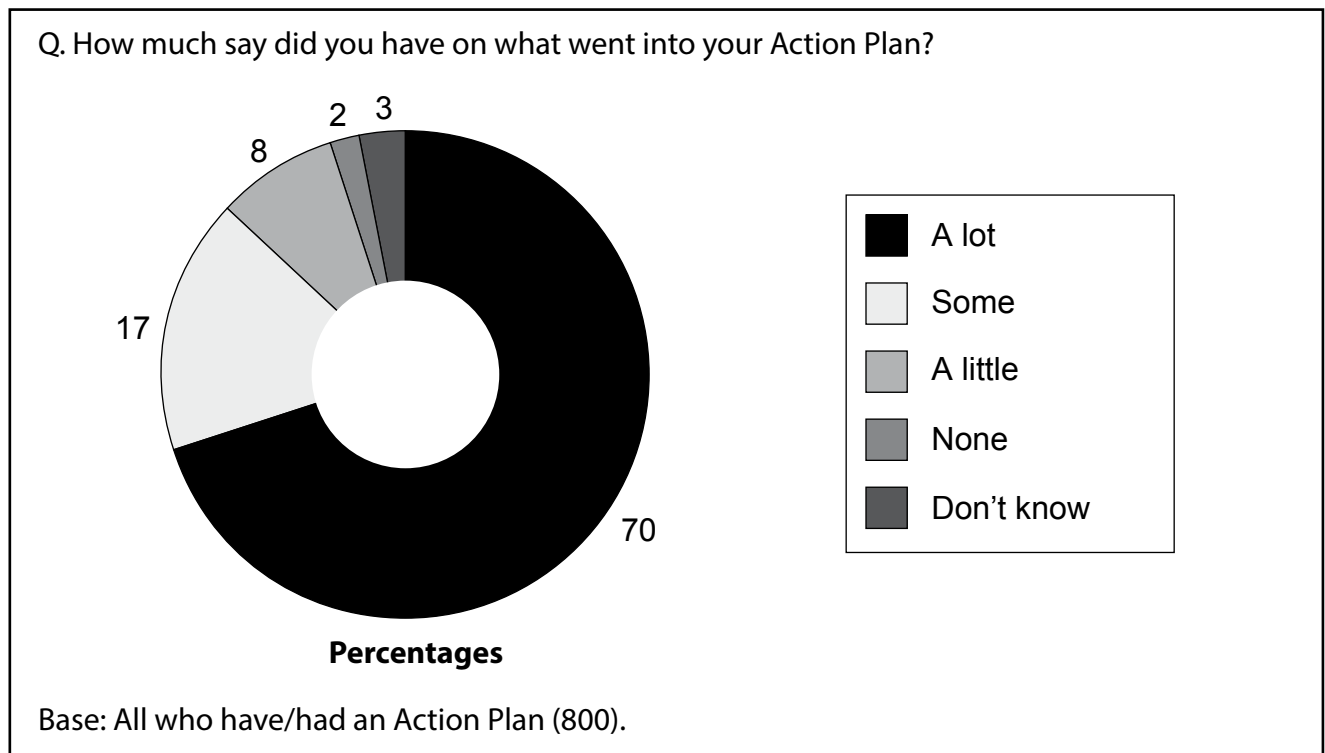
Survey respondents were also asked how easy or difficult it was to achieve the goals included in action plans, including the small steps agreed as well as the end goals such as finding work. As Figure 5.4 shows, 63 per cent felt that it was easy to achieve their defined goals (including 20 per cent feeling it was 'very' easy), while 17 and 11 per cent felt it was 'fairly difficult' or 'very difficult' respectively. This pattern suggests that the targets set in action plans were largely perceived to be achievable.

Figure 5.4   Achieving action plan elements

Q. How easy or difficult is it/was it to achieve the things on your Action Plan? Think about the smaller steps and goals you agreed, as well as the end goals such as finding work.

Percentages

Legend:
- Very easy
- Fairly easy
- Fairly difficult
- Very difficult
- Too soon to say
- Don't know

Base: All who have/had an Action Plan (800).
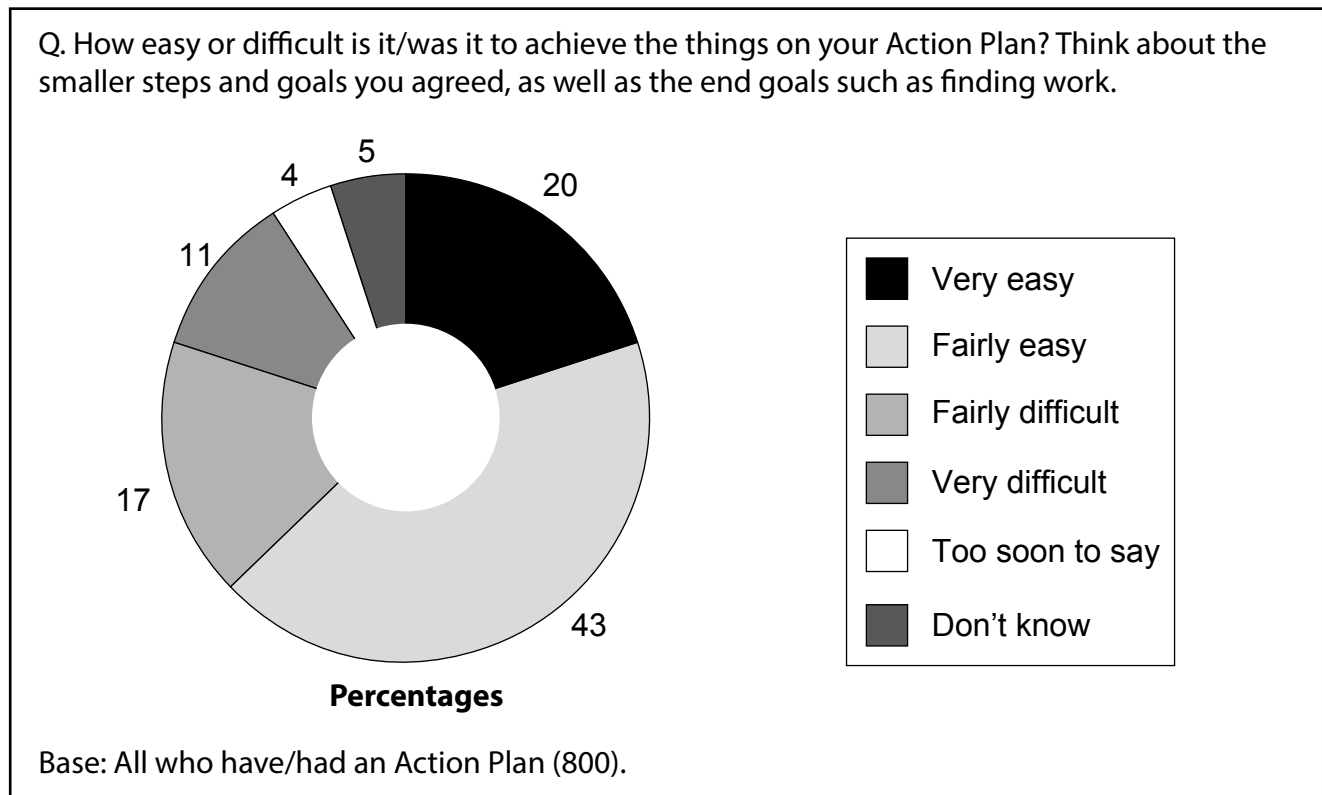
5.3   Progress measures

While stakeholders offered a wide range of views on progress measures, in the main they were supported as a concept. Despite a number of issues being raised in relation to their operation in the first year of the programme, in more recent months they were generally felt to be working well to structure the provision and provide a mechanism for provider payments. Key workers in particular welcomed the explicit recognition of 'distance travelled' in terms of the support offered to participants that the measures represent. As discussed below, however, a minority of stakeholders questioned whether revising the measures over the life of the programme had made them too easy to achieve and hence diluted the depth of support on offer.

5.3.1   The initial design and subsequent revision of progress measures

As discussed in Chapter 2, the overly specific nature of the progress measures developed by prime contractors at the outset of delivery was seen as causing several difficulties. These included the difficulty of achieving measures having knock-on effects on cash flow. The potential to exclude the types of clients the provision sought to support and/or to discourage them was also noted. As one prime contractor manager commented:

'They [progress measures] were so explicit in terms of achievement … they were excluding a very hard to reach customer group who by nature are quite random in their lifestyles.'

(Prime contractor manager)

Along with changes in the payment model to facilitate provider payments for the achievement of individual measures rather than completing three, the ability to revisit and revise the progress measures part way through delivery was seen as key in making the provision workable. Revisions making the measures more flexible, less prescriptive and more achievable were viewed as an essential change given the difficult nature of the client group being supported. Such revisions involved, for example, adjusting prescriptions such as participants having to achieve a set number of hours per week or attend a specific number of sessions to achieve a measure.

Key workers gave several anecdotes of where, for example, participants would attend four out of five sessions and feel they had received the support they required, but that attendance at all five would be required for a progress measure payment. In the early period of delivery such issues clearly led to significant frustration amongst those delivering support. Equally, the nature of the initial measures not being suited to the client group, in terms of the lifestyles of some inevitably being slightly chaotic, was commonly noted. Provider managers thus widely felt that reviewing and agreeing changes to progress measures had led to benefits both for key workers and participants. As one representative noted:

'The progress measures have changed in as much as they're far less daunting to the participant than they were to start with and I think that's important.'

(Prime contractor manager)

However, a small number of other stakeholders, particularly those from Jobcentre Plus, local authorities (LAs) and Department for Work and Pensions (DWP), did question whether progress measures had been made overly attainable in an attempt to ensure that payments could be made. From this, albeit minority perspective, the original concept of the measures as a stretching target to encourage in-depth work with participants had been diluted. More commonly, however, stakeholders from these groups did acknowledge that the progress measures were initially overly prescriptive and challenging to achieve in light of the client group being supported.

5.3.2   The ongoing operation of progress measures

Key workers in particular tended to cite the benefits of progress measures in terms of providing a structure to the provision offered, along with serving as an explicit recognition of distance travelled and the range of support offered. As one interviewee commented:

'Progress measures are good because you can show the distance [travelled] and the journey of that client. Whereas other programmes, where it's just a job outcome, don't show and record, a lot of the time, what has happened with that client.'

(Key worker)

While progress measures were generally felt to be working well by the time of the case study visits, interviewees did raise some additional issues. From a provider perspective, only being rewarded for up to three measures was a source of frustration amongst some key workers and provider managers. Equally, key workers tended to emphasise that progress measures only captured a part of the support being given. The following comments were typical:

> *'The frustrating thing with progress measures is that we get paid for three. I've got clients that have done four or five. And that's the frustrating thing, is that you're putting in work, because you're supporting the client, and we don't get paid for that.'*

> *'There's lots of work that's not recorded through progress measures. So, for example, if an auditor or someone from Government Office just looked at progress measures, they might not get a true reflection of the work that's been done by the key workers on the ground.'*

> (Key workers)

In a minority of cases, key workers also felt that, even following their revision, some progress measures proved to be unsuitable for the issues faced by their clients. As one interviewee outlined:

> *'We were pressing for a housing progress measure cause we had a lot of people that were homeless, or inadequately housed but a lot of it is about why you shouldn't have a fridge in your front garden, and why you should be a good neighbour, and why you should keep your house tidy. Which is great … but for homeless people it wasn't what we needed'.*

> (Key worker)

In some cases it was clear that further feedback had been given to prime contractors and that changes to progress measures had been agreed with DWP, or additional measures developed to address perceived gaps. Despite this, however, both prime and sub-contractor staff did feel that the length of time such changes took to be agreed had been an issue which was felt to have negatively affected delivery in some instances.

Equally, in some cases key workers felt that ideally there would be more flexibility in the way progress measures could be delivered and evidenced, though the need for some controls and boundaries on this was also acknowledged. Developing more of a modular structure for measures was suggested in some instances where, for example, three elements of six within a measure would need to be completed for a payment to be triggered. While the potential complexity of this was recognised, it was felt that such an approach might enable a greater focus on the key things clients needed, rather than having to deliver some aspects that may be less relevant to them. The following description by one key worker helps to illustrate this issue:

> *'Sometimes if you're dealing with someone that's got debt issues, what they want to do is sort their debt problems out, stop the bailiffs knocking at their door. Which is great and that's part of it, but then going on about the value of saving and how to open a bank account and all sorts of different things like that. It's not always relevant.'*

> (Key worker)

While some key workers acknowledged that there could be a tension between the commercial drive to complete measures and offering the support needed, in general they felt that they were able to balance these priorities. In the main, therefore, progress measures were not seen as overly driving the type and nature of support offered, though the potential for them to do so was recognised. For some provider managers and key workers, the skill of those delivering the support was seen as important in ensuring that the need to complete progress measures was combined with maintaining a focus on client needs. As one key worker outlined:

> *'The pressure is to keep producing the outcomes, but I would always put client need above that … I saw a client yesterday and various different things have happened, health issues and personal things and it's just not right for her at the moment. So I know we're missing a target by not getting the first progress measure in after three or four months, but I'm prepared to face that out because it's what's right for her.'*

> (Key worker)

Finally, in a small number of contexts, some progress measures were seen as remaining too difficult to complete due to their particular requirements or too difficult to evidence. In these instances it appeared that provider staff had decided to effectively, as one key worker put it, '*work around the progress measure*'. In these cases key workers and other provider staff tended to still offer support for the issue concerned but outside of the formal structure of the progress measure. As one key worker stated:

> *'We will have progress measures that we might not use even though we know we're supporting the client with that issue because it's too difficult to evidence.'*

> (Key worker)

The scenario described related to different measures in different contexts. Most commonly, however, it was raised in relation to those measures designed for some of the more family based or complex aspects to support, including family relationships and domestic violence. In some of these cases individuals were referred for specialist support, although again this was often delivered outside of a formal progress measure.

5.3.3 Popularity of progress measures

The types of progress measures consistently cited as being the most used were those around employability, training, confidence and motivation, housing, and debt issues. Providers often reported that the popularity of these measures led them to designing group sessions or courses focused on these areas. Less common measures tended to be delivered on a one-to-one basis or through irregular group sessions once several individuals with a particular need were identified. As one prime contractor commented of this pattern:

'After two and a half years we've reached the point where probably eight times out of ten we know the individuals are going to need three or four of these particular interventions rather than looking at the whole set. That's not to say we won't if the situation arises.'

(Prime contractor manager)

Case study interviews with participants tended to reflect the pattern of the most popular measures involving employability, training, confidence and motivation, housing, and debt issues. However, such support was often not recognised as involving progress measures and awareness of the idea of progress measures amongst participants tended to be limited. This is perhaps unsurprising as key workers commonly reported discussing support and goals without using this terminology, the view being that such an approach was not necessarily appropriate.

Partly in recognition of this, the participant survey was used to examine which areas of activity participants had engaged in rather than progress measures per se. As Figure 5.5 shows, the results reflected the pattern reported above in terms of the prevalence of activities relating to employment and training, along with a significant minority of participants reporting that they had engaged in activities around money management and housing.

Figure 5.5   Activities undertaken by participants

Q. Have you done any of the following activities as a direct result of working with <PROVIDER>?

Percentages

Received training that did not lead to a qualification	37
Attended a job interview	30
Gained a part-qualification	21
Voluntary work	20
Participated in Further Learning, whilst still receiving support for childcare or other financial support through the programme	18
Attended counselling	16
Attended a meeting or course to help with money management	15
Attended a work placement	14
Attended a meeting to help with our housing situation	11
Attended drug rehabilitation	*
Other	3
No-none of these	26

Base: All participants (1,240).

In addition to the common measures noted above, a consistent theme across CPAs was that, counter to expectations, progress measures focusing on IT and digital inclusion had proved particularly popular. Equally, provider representatives commonly cited that such measures were required to a far greater extent than anticipated. This was seen as reflecting moves towards benefits claims and job searching being undertaken online, as well as a broader (and underappreciated) need for computer literacy skills.

Progress measures around parenting skills and domestic violence were generally reported to be less commonly undertaken. Key workers tended to note that such measures were either less frequently required or that participants were reluctant to access such support as part of a formal progress measure. As noted, the complexity of the measures and/or their evidence requirements also appeared to be a factor in this. Similarly, measures around health and wellbeing were typically reported as being less well used, other than in situations where generic health and wellbeing support was rolled into group sessions around confidence and 'life skills'.

5.3.4   Progress measure Management Information

MI for the provision can be used to illustrate the volumes of progress measures being claimed, along with the pattern in terms of the extent to which one, two or three progress measures have been completed. Prior to March 2013 progress measures were only recorded on DWP systems as a single 'completion' once three measures had been completed. Due to this and the low volumes coming onto the provision at that stage, relatively few measures were being claimed compared to later in delivery.

As Table 5.1 illustrates, there has been a significant growth in progress measure completions in the period from March 2013 when the 'interim' portion of payments (the 25 per cent row in the table)[65] and those portions for one two and three completed measures (the 50 per cent, 75 per cent and 'full' rows) can be identified from the data. The scale of this ongoing growth can be illustrated by comparing the outcomes claimed in the nine-month period from March to December 2013 to the seven month period from January 2014 to April 2014. As Table 5.1 shows, significantly more progress measure payments have been claimed in 2014 in less time when compared to 2013.

---

[65]   As outlined in section 1.3.4, this 'interim' payment for participants on the provision and with progress measures recorded on their action plan could initially be claimed at 13 weeks. This was later adjusted to ten weeks.

Table 5.1   Progress measures claimed 2013 and 2014 comparison

Dates	Progress measure payment proportions	Totals
March – December 2013	PM paid – 25%	15,109
	PM paid – 50%	9,074
	PM paid – 75%	5,974
	PM paid – full	3,513
	Total number of PMs paid	**33,670**
January – July 2014	PM paid – 25%	20,968
	PM paid – 50%	13,354
	PM paid – 75%	9,577
	PM paid – full	5,735
	Total number of PMs paid	**49,634**

Source: DWP MI covering the period March 2013 to July 2014.

The table also shows that proportionally more of those participants for whom a ten-week 'interim' payment is claimed are being supported to complete one, two or three measures as the provision has developed. In 2013, 15,109 'interim payments' were claimed with three measures being completed by 3,513 participants, a 'conversion rate' of 23 per cent. The equivalent rate for the 2014 data is 27 per cent. The data also illustrates the effect of the introduction of the secondary referral route in terms of the significant increase in the volumes of 'interim' payments being claimed over the period of delivery considered.

5.4   Range and nature of the support offered

The case study visits served to illustrate the wide range and in-depth nature of the support offered through the ESF Families provision. Indeed, the variety and flexibility of the range of support available was widely cited across stakeholder groups as being one of the key strengths of the provision. Typically this support involved a combination of one-to-one support through key workers and group sessions either delivered by key workers or specialist trainers. In some instances the latter were bought in from the funding available for the provision, whilst in others they were staff members working for the provider to whom participants were attached. In general this latter scenario appeared to be more common.

Most key workers cited that it was unusual for participants to require support that could not be provided. Exceptions were in cases where participants wanted to access a specific course or training that was particularly expensive, or where they had specific needs that could not be addressed within the supply chain. In such cases participants were generally able to be signposted to support given by third party organisations. The exception to this was in cases where specialist support, typically for domestic violence or substance misuse, was either not available locally or was difficult to access (due to waiting lists for example).

5.4.1 One-to-one and group support

Amongst many providers the balance between one-to-one and group work was seen as being determined by a number of factors. These included the individual needs of participants, the nature of barriers they faced, and more practical considerations such as geography. For example, providers delivering in rural areas often noted the difficulty of delivering group-based activities. Equally, for some participants with particular conditions, such as acute anxiety, one-to-one work was often seen as being more appropriate. However, several examples were given by key workers and participants of how individuals at first felt unable to take part in any group work, but later did so having built up confidence.

As discussed in section 5.2, most participants interviewed during the case study visits valued the one-to-one element of the support and its wraparound nature. In most cases the same was true of group sessions. For most participants group work was seen as very beneficial, particularly in terms of building confidence, reducing feelings of isolation and enabling peer support. The interactive nature of such sessions was well received in particular. The following comments illustrate some of these perceived benefits:

'It kind of made me realise that there are people who, you know, are in a similar position to me who maybe don't have much confidence and it was quite good to hear from them as well, sort of like how they cope with stuff … because sometimes someone else might have a way of coping.'

'I would say it's not your stereotypical classroom situation in that it's very interactive and everyone is encouraged to participate as much as possible within the sessions.'

(Participants)

The range and depth of issues covered in group sessions on particular themes tended to be positively commented on by those attending them. Several examples were given by participants of this in respect of courses on, for example, debt and money management, confidence building and healthy living. Being able to access in-depth support across a range of issues was also typically referenced in relation to one-to-one work and the support offered by key workers.

5.4.2 In-work support

The case studies indicated that in-work support was being delivered in a relatively consistent way across the CPAs. Typically, the contractual requirement for at least monthly contact was treated as a starting point, with the intensity and nature of support varying according to participant needs. Key workers were responsible for providing in-work support, other than in cases where they had left the provider. The main variations between providers tended to revolve around whether contact was largely by telephone or whether face-to-face meetings were more prevalent.

The following descriptions of the support offered were typical:

'We stay in touch with everybody who goes into work, usually on a weekly, fortnightly basis, sometimes monthly. It depends, we will talk to the individual and find out whether they want light touch or whether they want to keep in touch with us, and we give them the options, but we maintain contact.'

(Prime contractor manager)

'I meet up with the client, make sure, find out all the details of the position, see if they need any work clothing, or whatever support they need … obviously they can phone me at any time, but then it is every four weeks I will go and see them, find out if there's any issues with the job.'

(Key worker)

Typically, in-work support appeared to be regarded by both provider managers and key workers as being an important component of the provision, particularly in cases of long-term unemployment or where particular issues in individuals' past working lives had led to them becoming unemployed. Several key workers noted that a significant aspect to the assistance offered involved supporting the transition from benefits. As one commented:

'Especially in the beginning it's all them additional things you need to help them with. Support them with their housing, helping them in the first few weeks which can be quite difficult.'

(Key worker)

Examples were also given by key workers of in-work support playing an important role in keeping participants in employment, particularly when specific issues had arisen. This included, for example, participants finding relationships with their work colleagues challenging, difficulties in organising child care to fit around work, and delays in being paid or disputes over wages. An example of this was outlined by a key worker in describing how:

'One of my clients was getting really badly bullied in work … I was able to offer a lot of advice and guidance, said these things and she's come back, she said "Do you know what? That was amazing". She was ready to just pack that job in because she was so upset by this.'

(Key worker)

Another important aspect of post-employment support was cited as supporting individuals who had entered work but subsequently become unemployed again. This was seen as being relatively common, particularly where seasonal and/or agency work was prevalent in the local labour market. As one key worker described:

'Lots of our clients will come out of employment, they might not get to the six months. The way that the job market is at the moment, a lot of agency work, they might be in a job for three or four months and then they've lost the job … I'm having to work really hard for them clients to get them back in [to work].'

(Key worker)

There was some variation in the extent to which employed participants interviewed for the case studies had accessed in-work support or felt that it was important. For example, one individual noted how he was 'not really bothered' about keeping in touch, but did note that his key worker would phone occasionally for what was described as a 'quick chat.' In another the support was welcomed even though the individual concerned felt that she did not really require it. As she described:

'Its just good that they're still bothered about me but … there's no reason really, the work is fine, I'm fine … I suppose if something did come up I know I could just give [key worker] a ring though and that's cool you know.'

(Participant)

5.4.3   The range and prevalence of support accessed

Whilst participants and provider staff often described the range of support on offer during the case study visits, data from the participant survey can also be used to illustrate this. Perhaps reflecting the fact that most respondents reported that they had engaged to improve their chances of getting work, as Figure 5.6 shows support with jobsearch activities and education or training were the most commonly accessed forms of support (47 per cent and 43 per cent respectively).

Reflecting findings reported in section 5.3.3 on the popularity of progress measures, participants also commonly reported receiving help with confidence building and personal skills (38 per cent). Around one in ten reported receiving some form of help with finances, including money to cover travel, equipment or clothing for work or training. A further 7 per cent reported having received support around money management or dealing with debt.

Figure 5.6   Support and funding accessed by participants

Q. What help or funding has/did [PROVIDER] given/give you?

Help or funding received (%)

Category	%
Jobsearch	47
Education or training	43
Develop personal skills (eg time-keeping) and confidence	38
Money to cover travel equipment or clothes for work or training	11
Work experience	9
Managing my/my family's money or debt	7
Childcare or caring responsibilities	5
Parenting skills	3
CV/careers advice	2
Benefits advice	1
General advice	1
Health/mental health	1
Housing situation/problems	1
None/no help	2
Other	1
Don't know/can't remember	7

Base: All participants (1,240).

Amongst sub-groups, BME participants were more likely to report having received help with jobsearch activities (54 per cent) than the average. In contrast, participants with a disability were less likely to have accessed such support at 43 per cent. The over 50s were more likely to have received some form of education or training (51 per cent compared with 43 per cent overall). As may be expected, help with childcare or caring responsibilities and parenting skills were more commonly reported by women (6 per cent and 4 per cent), though as Figure 5.6 shows the numbers receiving these types of support were low in general.

5.5　Tailoring of support and meeting needs

In general there was extensive evidence that the support offered by the provision was highly tailored to the needs of individuals accessing it, and that participant needs were being met to a significant extent. This reflects the findings presented above concerning the range of provision on offer and its flexibility, along with those presented in section 5.6 concerning participant views on the support received.

There were variations in the extent to which support was tailored to the needs of families, along with those of particular sub-groups such as BME participants or those with disabilities. In part this reflected the focus on meeting **individual** needs, irrespective of the sub-group from which participants were drawn, in addition to supporting individuals in a family context rather than offering 'whole family support' (see section 5.8). Despite this, evidence suggests that the needs of particular groups were being taken into account by providers, and that through supporting individuals the provision often meets family needs.

The following sub-sections provide more detail on the extent support is tailored to meet the needs of individuals, families and particular groups. A short sub-section at the end highlights another key theme that emerged, namely that pressure on key worker caseloads is a risk to the continued effectiveness of the support in this sense.

5.5.1　Tailoring of support to individual needs

The significant extent to which the provision enabled the tailoring of support to meet individual needs was one of the strongest themes to emerge from interviews with provider representatives. Interviews with participants similarly reflected the extent and in-depth nature of the support offered, along with its role in helping to address a range of issues. As described in detail in section 5.2 the support offered by key workers was a central element in this, both in terms of tailoring support and meeting needs. The process of initial assessment and action planning was likewise widely cited as important in ensuring that a package of support could be developed to meet participants' needs.

As one key worker outlined:

> *'I always look at a holistic assessment of the client's need … Some are more job ready than others, so we might need to do more intensive work with some of the clients, looking about their personal development, self-esteem, confidence building, before we can even start and tackle work-related aspects. So, it's very much driven by the need of the client.'*

(Key worker)

Similarly, the flexibility of the support offered was often commented on by key workers in particular as being important in meeting needs. As one key worker commented in respect of liaison with participants:

> *'It's one to one outreach. It's not one to one in an office somewhere. We're literally seeing people in their communities, home, libraries, wherever the client is comfortable meeting us'.*

(Key worker)

As reported in section 5.2 and below in section 5.6, a range of examples were given by participants of how the support received helped to address issues they faced and contributed to meeting their needs. This was particularly evident amongst participants with mental health and substance misuse issues, along with those with serious difficulties with debt. One participant who had been using heroin for 19 years, for example, described how her key worker had the understanding and sensitivity to treat her as an individual rather than '*as an addict*', build up her confidence and help her to identify a possible career option. Other participants gave detailed descriptions of how the support offered by their provider (a specialist mental health support organisation) had led to them being able to address anxiety and depression and to target routes back into work. Such examples were widespread amongst participants consulted in the case studies.

5.5.2   Tailoring support to family needs

Given findings reported elsewhere in the report concerning the provision best being characterised as supporting individuals within a family context, as opposed to being a family based intervention per se, there was less evidence on the extent to which the needs of whole families were being met. As detailed in section 5.8, examples provided of the support given to individuals having beneficial knock-on effects for families should be noted in relation to this. Equally, several participants gave examples of how the support had helped to address issues affecting their family, such as those relating to debt or housing.

However, it is clear that the majority of support offered starts from the perspective of meeting individual rather than family needs. This reflects the way in which individuals rather than family groups were reported to be the typical recipients of support. Equally, it reflects the view of most stakeholders that the provision did not typically offer 'whole family' support in its truest sense, but rather support taking individuals' family context into account. Thus, while it is clear that the provision can be tailored to meet family needs, and indeed does so in some cases, the way in which delivery has developed in practice means that on the whole it is not targeted to do so.

5.5.3   Tailoring of support to the needs of particular sub-groups

There was limited explicit or conscious provision of different or distinctive support for particular sub-groups, such as those from ethnic minorities, across the provision reviewed.

In terms of those with physical disabilities providers tended to note that they would ensure that the support was suitable, taking account of mobility and accessibility issues for example. However, this approach appeared to be undertaken more from a practical point of view rather than offering different support to that available to other sub-groups. Thus, for example, where people had limited mobility key workers would meet them in suitable settings as opposed to particular provision being offered.

Equally, there appeared to be little specific provision targeted at other 'sub-groups' such as women or BME participants. In one CPA a provider with a particular focus on supporting women was engaged for a time, but had later withdrawn from the supply chain. Provider representatives also typically felt that there was little need, or demand for, specific or specialist support for women, though the rationale for this perspective was generally not made explicit. In respect of BME participants, providers gave examples of how they might

allocate particular key workers to particular individuals, sometimes for perceived reasons of cultural sensitivity or understanding. However, the provision and support available for such individuals was generally cited as being the same as that for other groups.

The exception to this pattern tended to concern those with mental health conditions and specialist provision was typically available for this sub-group. However, there was some variation in the degree to which end-to-end support was given by a specialist mental health provider, as opposed to individuals being referred to such providers to address particular issues. In one case a perception that such specialist end-to-end support was a gap in provision had led a prime contractor to introduce an organisation to the supply chain. In another CPA, a provider initially offering specialist short-term support as part of a supply chain had been engaged as an end-to-end provider part way through delivery for similar reasons.

Where specialist mental health providers offered end-to-end support, those involved in delivery generally cited that there were specific advantages to this. The specialist knowledge around employment barriers for those with mental health conditions was often referenced, as was the specific expertise of those working for such providers. This approach was thus seen as an important element in meeting the often very specific issues faced by this client group.

In contexts where such providers were delivering across a CPA, in general all individuals with mental health conditions would be attached to that provider for the duration of their support. Equally, if participants started with another provider and it later became clear that they had such issues, they were generally offered a transfer to the specialist provider. Outside these examples, however, it was evident that there was limited use of specialist providers as part of formal supply chains. In contrast, signposting to additional support outside of the provision was more common.

5.5.4 Potential challenges to meeting needs through the support offered

While the ability of the provision to offer tailored, flexible and intensive support, particularly to meet individual needs, was one of the strongest themes to emerge from the case study visits, in some contexts it was noted that recent expansion in key worker caseloads was making this more difficult. This was cited as a particular concern both by provider managers and key workers. The following comments from key workers help to illustrate this issue:

> *'Our caseload at the moment is just increasing and increasing and increasing, which is a little bit difficult, because the level of support, the amount of work that we do with each client is very, very difficult to keep on top of that, because if you're taking on more and more clients, you can't give the level of service that these people need.'*

> *'When you've got a lone parent with five kids, that's struggling with finance, that's also being evicted from their house, and things like that, it's not an hour's meeting, and then they're on the phone a lot … I've got 70 people on my caseload, and that's increasing all the time.'*

> *'Caseloads are very high; you are always making a compromise on the amount of support that you can offer.'*

> (Key workers)

From the perspective of provider managers it was also noted that recruiting more staff to help address this was problematic given that the provision was nearing the end of its lifetime. In several instances, therefore, it appeared that the growth of caseloads had the potential to negatively affect some of the key factors that were seen as ensuring that the support given was effective.

5.6   Participant views on the support

Alongside the participant views drawn from the case studies in previous sections, evidence from the participant survey indicated a high degree of satisfaction with the support received. As Figure 5.7 shows, around four-fifths (79 per cent) of respondents cited that they were either 'very satisfied' or 'fairly satisfied' with their provider. Of these, over half (52 per cent) were 'very satisfied'. In contrast only 13 per cent reported that they were either 'fairly' or 'very' dissatisfied.

Figure 5.7   Participant satisfaction with their provider

Q. Overall, how satisfied or dissatisfied are/were you with <PROVIDER>?

Legend:
- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- Too soon to say
- Don't know

Percentages

Base: All who have/had an Action Plan (800).
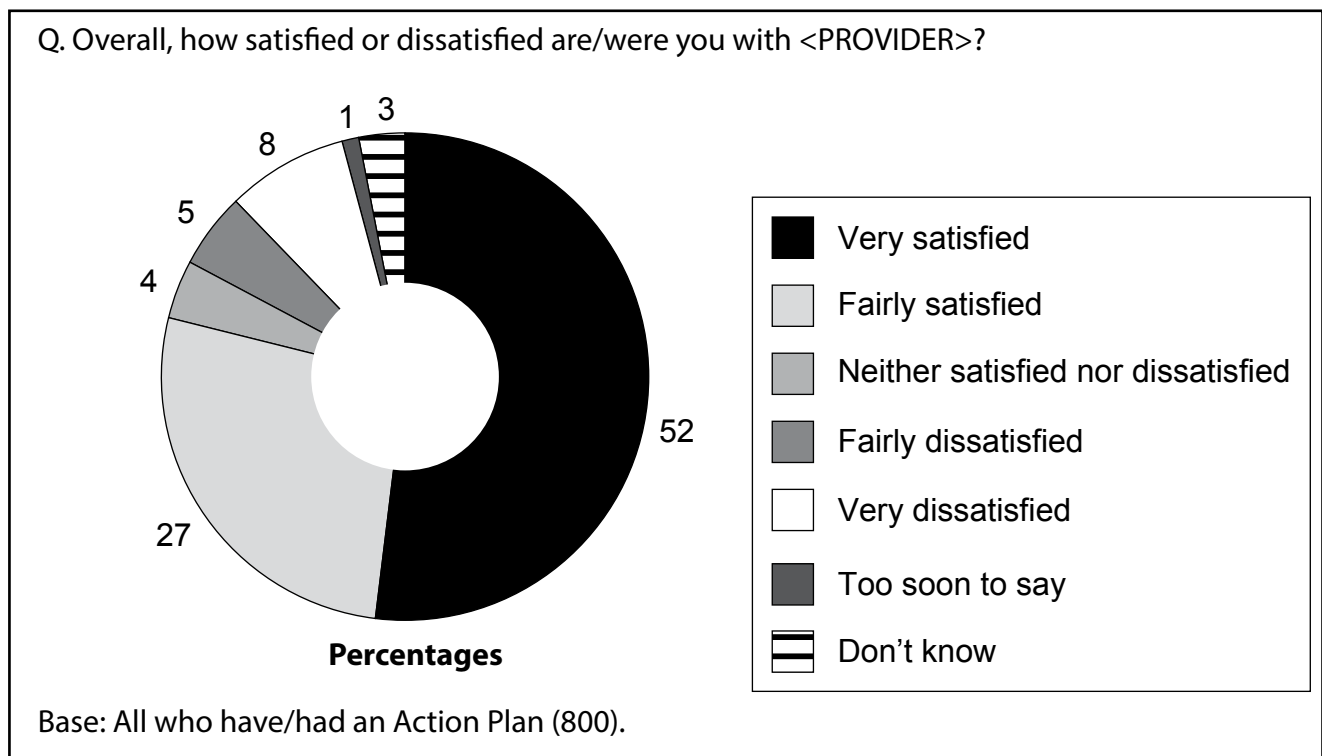
For survey respondents satisfied with the support, reasons tended to centre on the quality of the support or the adviser. As Figure 5.8 shows, over half of these respondents cited the attitude of the staff and the encouragement/motivation they received (56 per cent and 55 per cent respectively) as being reasons for their satisfaction.

Figure 5.8   Reasons for participant satisfaction

Q. What in particular were/are you satisfied with?

Reason for satisfaction (%)

Reason	%
Attitude of the staff	56
The encouragement or motivation I get	55
The advisor's knowledge/ the information I get	41
Help to look for work or make myself more…	37
Training or learning opportunities	18
Financial support (various)	3
Support with housing situation	2
Support with parenting/family issues	2
Support with money issues/debt	2
Being signposted to another organisation for help	2
Other	5
Don't know	3

All those who were satisfied with provider (994).

Similarly two in five (41 per cent) referred to the adviser's knowledge/the information they received. The next most commonly cited reasons for satisfaction centred on the outcomes participants were hoping to gain from the support, with around two-fifths (37 per cent) citing help to look for work or making themselves more employable as a reason and around a fifth (18 per cent) mentioning training or learning opportunities.

Among those dissatisfied with the support, taking into account that this represented just 13 per cent of participants, the most common single response was simply that the support was not helpful (37 per cent). Other issues included a lack of communication from the adviser (18 per cent) or generally being unreliable/breaking promises (14 per cent). Around a fifth (22 per cent) of those dissatisfied referred to a poor, slow or impersonal service and one in ten (10 per cent) described issues around the quality of the staff from whom they had received support.

Relatively few participants interviewed in the qualitative case study research expressed dissatisfaction with the support. Where this was present it tended to relate to process issues such as feeling that a key worker was difficult to contact or, in one case, that an appointment had been re-arranged several times. In general, however, both the quantitative survey and qualitative case study research showed that the provision is well received, and often very positively viewed, by participants.

5.7 Relationship between the design of the provision and its delivery in practice

For the most part it is clear that, after some significant implementation challenges, the provision is broadly delivering the type of support intended in the way anticipated. The main exception, at least in part, relates to the intended 'whole family approach' which formed part of the rationale for the intervention. This issue is covered in detail in section 5.7.1 which also includes relevant data from the participant survey in the discussion. As discussed in section 5.7.2, some stakeholders also felt that the emphasis of the provision had subtly shifted over time, both in terms of the client group being supported and in respect of its focus.

5.7.1 Individual or family support?

It is clear that the provision has engaged and supported individuals, as opposed to families, to a far greater degree than many stakeholders anticipated at the outset. Several key reasons for this emerged from the case study visits:

- Engaging other family members once an individual has been engaged has proved more difficult and less common in practice than expected.

- As organisations primarily used to working on employability programmes with individuals, for some providers adopting a model of whole family support is not necessarily something they are used to or geared up for.

- The fact that individuals, as opposed to families, are referred for support.

- (From a provider perspective) the resources available, along with skill sets amongst key workers, not being suited to the sort of working with families in their home that a 'whole family approach' truly requires.

- The nature of the client group targeted in terms of the issues they typically face meaning that, from the provider perspective, engaging one member was often a challenge, let alone multiple family members.

- The design of the programme itself, in terms of supporting working age adults and not including direct support for children, meaning that it could not function as a 'families programme' in the truest sense.

The broad consensus across the stakeholder groups consulted was that the provision is best characterised as supporting individuals within a family context, as opposed to being a family based intervention per se. The view of one prime contractor representative was fairly typical in commenting that:

> *'I would describe the programme as a programme for individuals that understands their family context. It's not a families' programme, it's not paid as a families programme, it's not delivered as a families programme.'*

> (Prime contractor manager)

Despite the widespread recognition that the provision has typically supported individuals, it was equally common for a range of stakeholders to reflect that, through supporting individuals, indirect effects on family life and family dynamics were likely to occur. Indeed, such (often very positive) effects were clear from interviews with participants as discussed in preceding section and further in chapter 6. As one key worker commented:

'I think that quite often, if you're supporting the individual, you're kind of helping their family at the same time, like indirectly.'

(Key worker)

In addition, discussions with provider managers and key workers indicated that, while not common, cases of multiple family members being engaged and supported did occur as part of most key workers' caseloads. In some instances joint meetings were held with two or more family members as part of this, whilst in others several family members were engaged but, apart from some group sessions, were largely supported individually.

Provider managers and key workers also reported that, in general, attempts were made with individuals to discuss other family members that may benefit from the provision but that this often proved unsuccessful. As one sub-contractor manager noted:

'We're identifying people from families who, who would be eligible and who need these interventions but we're not getting whole families engaging with us. Much as it's an easy referral for us, "we'd like to work [with you], we know you're eligible because this person's eligible, come and work with us". It's not happening.'

(Sub-contractor manager)

Whilst acknowledging that perceived reasons for this lack of success could only be speculation, many key workers and provider managers felt that individuals receiving support could feel uncomfortable with the idea of partners, children, parents and so on also being involved. It was also noted that engaging additional family members through this route was effectively entirely dependent on the individual initially referred persuading other family members to engage. As one key worker noted of the individuals referred:

'If we only see this one person, we can only sell it to them, we're then reliant on them going back and selling it to other people and that doesn't always work. We know that there's a level of reluctance. It's, it's hard.'

(Key worker)

Interestingly, data from the participant survey appears to contradict the general impression given by provider staff that it was fairly common for attempts to be made to engage other family members. Amongst respondents with families who were aware of their involvement in the programme,[66] 55 per cent said that their provider had not discussed the possibility of providing support to other members of the family, compared with 29 per cent who said they had.

Survey data also shows that where family members had not taken up the offer of support, respondents were generally unaware of the reasons for this – 42 per cent said they did not know. One in six (16 per cent) said it was because the family member was in employment and 10 per cent said that they did not need the help. Seven per cent said that the family member did not want the help. These participants were also asked whether there was anything in the offer that they felt would help the family member who did not take up the support, with around a third each saying there was nothing or that they didn't know (35 per cent and 34 per cent respectively).

---

[66] All except those that had not identified that they had no family, were not in contact with them, or that their family was not aware of the work they had been doing with the provider.

5.7.2   Perceived shifts in the focus of provision

As noted elsewhere in the report, there was a perception across stakeholder groups that some shifts in emphasis had occurred over the lifetime of the provision. In particular, there was a widespread view that the emphasis on getting individuals into employment, as opposed to addressing their barriers as part of a longer term progression towards work, had increased over the past year. This theme emerged in different ways. For example, provider managers tended to reflect on a change in tone and emphasis in their contact with DWP Performance Managers or staff from Jobcentre Plus ESF teams. For key workers, in some cases this perceived shift in emphasis was seen as influencing their approach to delivering support. As one explained:

> *'Take the communication skills progress measure, at the beginning it was more to do with understanding different types of communication, non-verbal, and how to negotiate with people and the family. Whereas now, there's a focus on how to negotiate with your boss, rather than how to negotiate with your children!'*

(Key worker)

More broadly, there was some disagreement over whether such an explicit focus on employment was a new thing or whether it was always part of the provision and its aims. For example, some prime and sub-contractor managers felt that the focus of their provision had always been on the ultimate aim of getting people into work. Others argued that there had been a distinct shift between seeking to address barriers to work, with job entries being (implicitly) of lesser importance, to a scenario where the need to progress people into work was the main aim. In general, however, this shift in emphasis was not felt to have fundamentally altered the nature of the provision or what it sought to achieve.

In addition, as discussed in detail earlier in section 4.3.1, there was some debate as to whether the introduction of the secondary referral route had led to a change in the nature of the client group being supported. For a minority of interviewees, a perceived shift to supporting those closer to the labour market was seen as diluting the initial intent of the provision. However, it was clear from interviews with participants and key workers that, whilst such a shift may have occurred to some extent, the provision was certainly still supporting those with significant and complex barriers to work. As discussed in section 6.2 on the characteristics of participants drawn from the participant survey data, this perception appears to be accurate.

6   Outcomes of the provision

This chapter assesses the outcomes of the European Social Fund (ESF) Families provision. It is structured in line with assessing the intended outcomes of the provision detailed in the theory of change presented in chapter 1. Following a summary of key findings, to contextualise and better understand the outcomes analysed, the chapter first reviews evidence from the participant survey to explore the characteristics of those receiving support. Outcomes are then considered in respect of: changes in participant circumstances; improving health and wellbeing; individual and family stability and security; reducing social and economic isolation; and employment. Additional or unexpected outcomes are then examined, prior to considering the extent to which the overall intended outcomes of the provision have been achieved. The analysis draws heavily on the participant survey data in addition to using evidence gathered from the case study visits and programme Management Information (MI) where relevant.

6.1   Summary of findings

Evidence from the participant survey and case study research provides a very positive impression of the outcomes generated by the provision. The survey data indicates that the majority of participants benefited in terms of individual and/or family health and wellbeing. Qualitative interviews with participants provided a number of examples of how support led to improved wellbeing for them or their families, whilst also contributing to improved individual health or condition management.

The provision also appears to have significant positive effects in terms of individual and family stability and security. These encompass more general effects on family relationships and dynamics, along with more specific outcomes relating to debt and housing. Indirect and interrelated effects in this area were common. Typically these related to improved confidence which meant that individuals were better able to manage family issues and to address particular difficulties at home.

Positive outcomes in terms of reducing social isolation were some of the strongest themes to emerge. The role of the support in helping individuals to overcome barriers to wider community engagement was widely seen as one of its key strengths. For many participants, reduced social isolation was clearly a key positive outcome. Evidence relating to effects on economic isolation was less clear, though in some cases the provision is likely to have had a positive effect in this area – particularly through a focus on activities around money management.

The provision is also generating positive employment-related outcomes, both in terms of participants entering work and in taking steps towards it. The range of support on offer, allied to its holistic and in-depth nature, enables a range of additional barriers to be addressed by way of moving participants closer to the labour market. Whilst performance in terms of supporting people into work is more positive to the point at which the analysis was undertaken in respect of job entries, rather than sustained job outcomes, the latter improved over the remainder of the provision's lifetime.

6.2   Characteristics of those receiving support

The participant survey can be used to understand the characteristics of participants benefiting from the ESF Families provision. The survey sample indicates that in respect of the ESF 'priority groups' facing disadvantage in relation to the labour market,[67] the majority of participants faced two or more such disadvantages (77 per cent). Equally, 52 per cent experienced more than three of these disadvantages. Table 6.1 shows the percentage of the key ESF 'priority groups' on the provision facing two or more disadvantages. It is also evident that the provision attracts significantly more women than men. The relative split in the initial overall sample provided by the Department for Work and Pensions (DWP) for the participant survey indicates that women make up just under two-thirds of participants.

Figure 6.1   Multiple disadvantage by ESF 'priority groups'

Multiple disadvantage

Experiencing two or more forms of disadvantage (%)

Economically inactive	99
Lone parent	98
Long-term unemployed	96
Women	92
Disability	92
BME	90
Aged 50+	87
Workless household	86
ALL	77

Base: All participants (1,240).
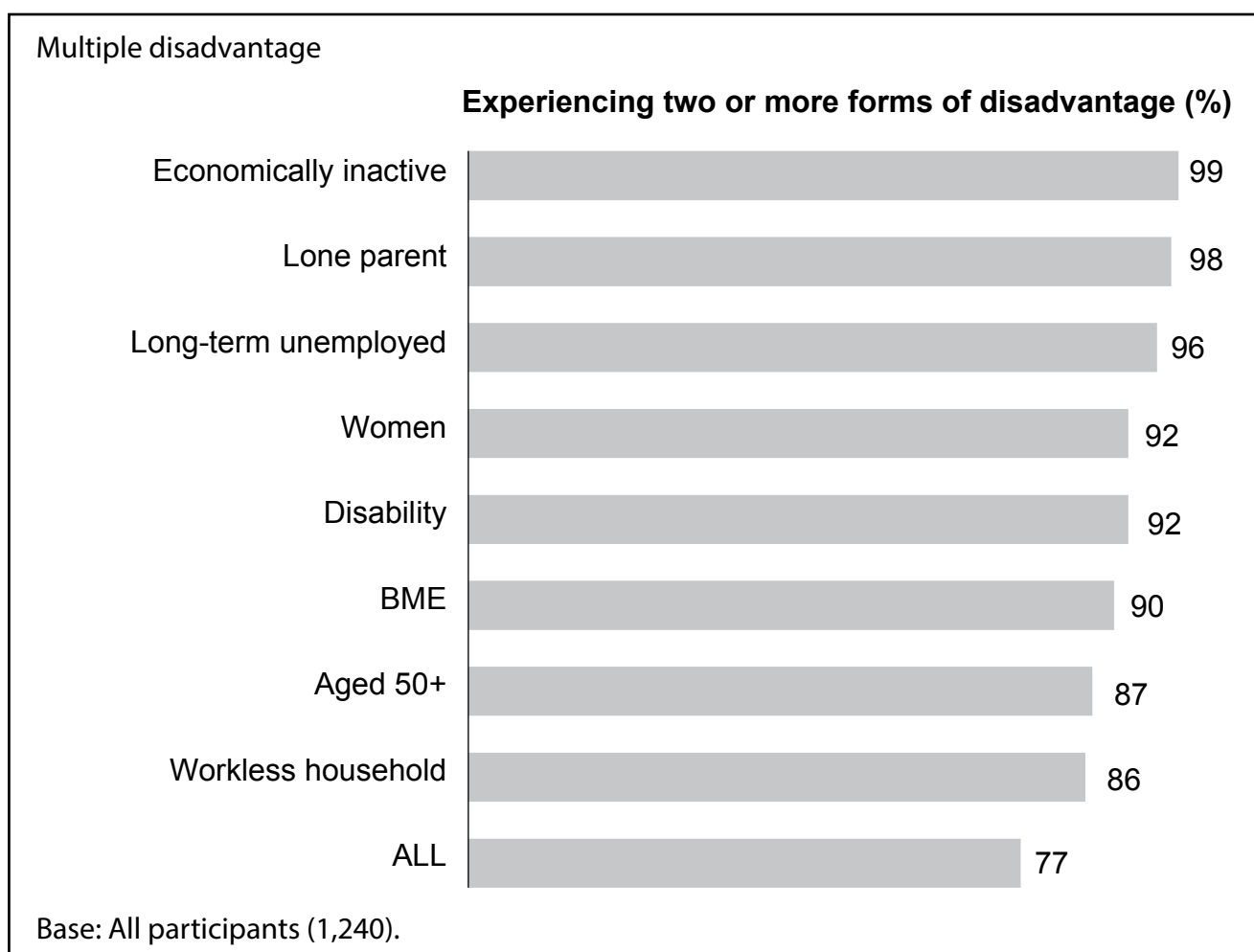
Survey data also illustrates the degree to which participants reflect some of the key criteria for receiving support. As detailed in chapter 1, to qualify for the support a family must meet specific criteria relating to:

---

[67]   As reflected in the ESF England and Gibraltar Operational Programme, these being people who persistently return to Jobseeker's Allowance; unemployed and inactive people; those with disabilities or health conditions; older workers; lone parents, Jobseeker's Allowance claimants with children and other disadvantaged parents; women; ethnic minorities; offenders and ex-offenders.

- Family composition – minimum of two people, not necessarily cohabiting.

- Worklessness – no family member working over 16 hours a week or alternatively having a history of worklessness.

- Benefits receipt – at least one family member receiving a DWP working-age benefit.

- Problems – the individual or family must be affected by at least one of four problem areas relating to family issues, housing, health and antisocial/offending behaviour.

In terms of **family composition**, four-fifths (83 per cent) of participants lived with other adults and/or children and the average household size (including participants) was three people across the sample. From this, it appears for the most part that the provision is targeting people that live as part of a family as opposed to single people. For example, around half of survey respondents (52 per cent) reported living with children that they care for. The majority of respondents were either single (65 per cent) or 'separated or divorced' (16 per cent). Less than one in five were married/in a civil partnership and cohabiting (17 per cent).

In terms of **worklessness**, the majority of survey respondents were unemployed or economically inactive[68] (61 per cent and 23 per cent respectively) when they started receiving support, and three in five (60 per cent) came from a workless household.[69] Of those not working:

- Two-thirds (66 per cent) had been unemployed for over 12 months, including 54 per cent of all those not working being unemployed for two years or more.

- Around three in ten (29 per cent) had spent most of their time out of work since leaving education and an additional one in five (21 per cent) had spent about as much time working as not working.

- Just under one in ten (9 per cent) had never worked.

Male respondents and those from black and minority ethnic (BME) backgrounds were more likely to be unemployed (but looking for work) (70 per cent and 68 per cent respectively, compared with 61 per cent on average), and to have spent most of their time since leaving education in work (53 per cent male and 47 per cent BME compared with 39 per cent overall). In contrast, female participants were more likely to be economically inactive (27 per cent compared with 23 per cent overall). Related to this, women were also more likely to have never worked (11 per cent compared with nine per cent overall) or spent most of their time out of work (34 per cent compared with 29 per cent overall).

Linked to these worklessness figures, respondents were also likely to possess low levels of qualifications. Only just over half (55 per cent) had qualifications at Level 2 or above, considered a prerequisite for further education or training and many entry level jobs. Around two in five (38 per cent) had qualifications below Level 2, including just under one-fifth (19 per cent) with no qualifications at all. Those with a disability and aged 50+ were more likely than the average to have low level qualifications (44 per cent and 48 per cent below Level 2 respectively compared with 38 per cent overall).

---

[68]   'Economically inactive' is defined here as those not working and not looking for paid work, as opposed to 'unemployed' representing those not working but actively looking for paid work.

[69]   This includes those who live alone and those who live with children but no other adults.

In terms of **benefit receipt**, 85 per cent of participants surveyed were in receipt of one of the seven working-age benefits[70] identified in the programme guidance as a prerequisite for participation for at least one family member. Of these, 48 per cent were in receipt of Jobseeker's Allowance (JSA) and 38 per cent Income Support (IS). In addition, 62 per cent of respondents were in receipt of Housing Benefit/Council Tax Credit and 48 per cent Child Tax Credits.

In relation to the four areas of '**problems**', survey responses give some indication of the types of issues faced by participants. For example:

• Family-related problems: just under half of respondents (48 per cent) said that wanting to improve life for their family motivated them to participate.

• Housing-related problems: one-fifth (20 per cent) said they came to the provision to get help with a practical problem such as debt or housing.

• Health-related problems: around one in ten (12 per cent) engaged for specialist support with Special Educational Needs (SEN), a disability, drugs or alcohol.

As this analysis indicates, the perception of provider staff reported elsewhere, that the provision is supporting a client group with significant and multiple barriers to work, appears to be accurate. To contextualise the analysis of outcomes that follows, the provision is clearly supporting many individuals and families facing high levels of worklessness, individuals who are often long-term unemployed and with low qualifications, and who frequently have additional barriers to the labour market.

6.3   Changes in participant circumstances

The participant survey asked about motivations for involvement with the provision and then whether this aspect of respondents' lives had got better, stayed the same or got worse since they began receiving support. Overall, as Figure 6.2 demonstrates, participant-reported outcomes on this measure were very positive. On all aspects, the majority said each element had got better, with between one-fifth and two-fifths saying it had stayed the same and a small minority feeling it had got worse. Improvements to social and economic isolation emerged as amongst the most positive outcomes of participation, with almost three-quarters (73 per cent) reporting that their self-confidence had improved and over half (55 per cent) reporting that they were more involved in the local community as a result. This confirms the case study finding, reported in section 6.6, that a key aspect of the support received related to addressing such issues.

In terms of work-related outcomes, three-fifths (63 per cent) who started the provision with the intention of developing new skills felt they had done so. While improving the chance of getting work was the main reason for participation, it was not the most highly rated outcome in terms of this improving (rated at 54 per cent). However, this may relate to respondents conflating improvements to their prospects with actually finding a job and/or their experience of trying to do so.

---

[70]   See section 1.3.2 for a full list of 'qualifying benefits'.

Figure 6.2   Extent of change in reasons for involvement with provider

Q. Earlier you said that you got involved with [PROVIDER] because you wanted to …
Has this got better or worse since you began receiving help or has it stayed the same?

% Reason for getting involved		Worse (%) Better (%)	Stayed the same
53	To improve your confidence (676)	4 ▓▓▓▓▓ 73	22
56	To develop new skills (705)	1 ▓▓▓▓ 63	33
53	To improve your life or well-being (662)	6 ▓▓▓▓ 61	32
20	To get practical help with a problem such as debt or housing (246)	7 ▓▓▓▓ 59	30
48	To improve life for your family (603)	6 ▓▓▓ 57	35
28	To get help to become more involved in the community (345)	4 ▓▓▓ 55	39
78	To improve your chances of getting work (976)	4 ▓▓▓ 54	39
12	To get specialist support (147)	4 ▓▓ 48	41

Base: All participants mentioning each reason for participation.

Outcomes in terms of family stability and security were also positive. Around three-fifths felt that they had seen improvements with problems such as housing and debt as well as family life (59 per cent and 57 per cent respectively).

Participants were also positive about health-related outcomes. Around half reported general improvements to their life and wellbeing, or in respect of their need for specialist support (with a specific Special Education Need, disability, drugs or alcohol). In terms of 'life and wellbeing' 61 per cent felt this had got better whilst 48 per cent cited improvements in respect of a need for specialist support.

6.4   Improving health and wellbeing

Evidence from the participant survey and case study interviews provides a positive impression of outcomes concerning participant health and wellbeing. The survey data indicates that the majority of participants benefited from improvements to their general life and wellbeing, while around half felt that their situation in respect of a particular health related need for support improved. Case study interviews with participants provided a number of examples of how support had led to improved wellbeing for them or their families, contributing to improved individual health or condition management in several cases.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

As Figure 6.3 shows, around half (53 per cent) of survey respondents reported being motivated to access support in order to improve their life or wellbeing. Of these, three-fifths (61 per cent) said that they felt their life or wellbeing had got better as a result of participation. Just six per cent said that it got worse. Around a third (32 per cent) felt that their situation stayed about the same.

A minority (12 per cent) of respondents engaged with the support in order to get specialist support related to SEN, a disability, drugs or alcohol. Around half of these (48 per cent) felt that their situation in respect of this had got better, while 41 per cent said it had stayed about the same. The fact that this was one of the less positive findings, while still being broadly positive, perhaps illustrates the challenging or intractable nature of some of these issues.

Figure 6.3   Experience of the provision: health and wellbeing

Q. Earlier you said that you got involved with [PROVIDER] because you wanted to …
Has this got better or worse since you began receiving help or has it stayed the same?

To improve your life or wellbeing: 36 | 25 | 32 | 3 3 1

To get specialist support (SEN, disability, drugs, alcohol): 32 | 16 | 41 | 22 6

■ % Got a lot better   ≡ % Got a little better   ▓ % Stayed about the same
▓ % Got a little worse   ▓ % Got a lot worse   ░ % Too soon to say/Don't know

Base: Participated to improve life/wellbeing (662).
        Participated to get specialist support (147).

As Figure 6.4 shows, over half of respondents (56 per cent) receiving support for at least three months agreed that their health or wellbeing, or that of their family, had improved as a result of the help received. Around a fifth (19 per cent) disagreed. Reinforcing the comment about the challenging nature of some conditions, participants with a disability were less likely to say their life or wellbeing had got better. This difference was less evident among those who had been on the programme for more than three months, suggesting some progress and positive outcomes in this area as participants with disabilities received support over a period of time.

Figure 6.4   Health and wellbeing outcomes

Q. As a result of the help I have received from [PROVIDER]…

I have improved my health or wellbeing: 33 | 23 | 13 | 9 | 10 | 12

- ■ % Strongly agree
- ▬ % Tend to agree
- ■ % Neither agree nor disagree
- ■ % Tend to disagree
- ■ % Strongly disagree
- ☐ % Too soon to say/Don't know

Base: All receiving support for 3 months or more (987).
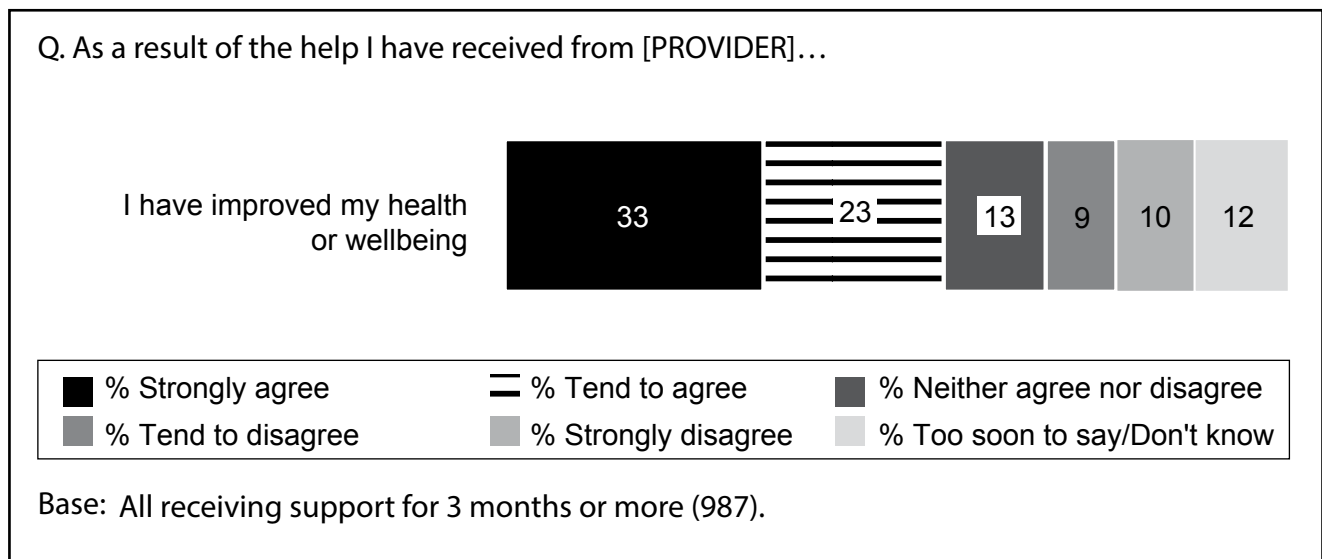
In line with the broadly positive impression gained from the survey data, the qualitative interviews with participants facing health or wellbeing issues illustrated that the support could be beneficial in a number of ways. It was common for such participants to discuss how the provision had offered them practical help and techniques around condition management. Some of these discussions related to more general issues of wellbeing, whilst others were very much concerned with specific health conditions. As one participant who suffered from anxiety and panic attacks noted:

> 'The first one [course] was absolutely brilliant. It was just helping you to gain confidence. It had – we got sort of a handout on it – and it was literally sort of the exercise you could do when you're feeling anxious, what you can do to help alleviate that, and that I found very useful, because obviously that's what I struggle with.'

(Participant)

The qualitative participant interviews also illustrated the prevalence of mental health issues amongst the client group supported, the effects of these, and the manner in which the support had helped in many cases. Depression was a particularly common issue amongst those interviewed, and several examples were offered around the positive effect of the support on addressing or managing this. The following descriptions offered by two participants were echoed in a number of the interviews undertaken:

> 'I need a reason to get out of bed in the mornings, and that's what I struggled with before. I didn't care less if I lived or died … And [provider] have been helping me, and I've got almost, I've got things that I can look forward to … they've given me a light at the end of the tunnel, if you like.'

> 'Even my doctors and that have just noticed the difference since I started with [provider]. He said, actually, 'I went to do your assessment yesterday', and he says 'I could see a difference in you already'. He said "There's a little spark coming back in your eyes, when you talk about certain things, whereas for a long time there was no spark at all".'
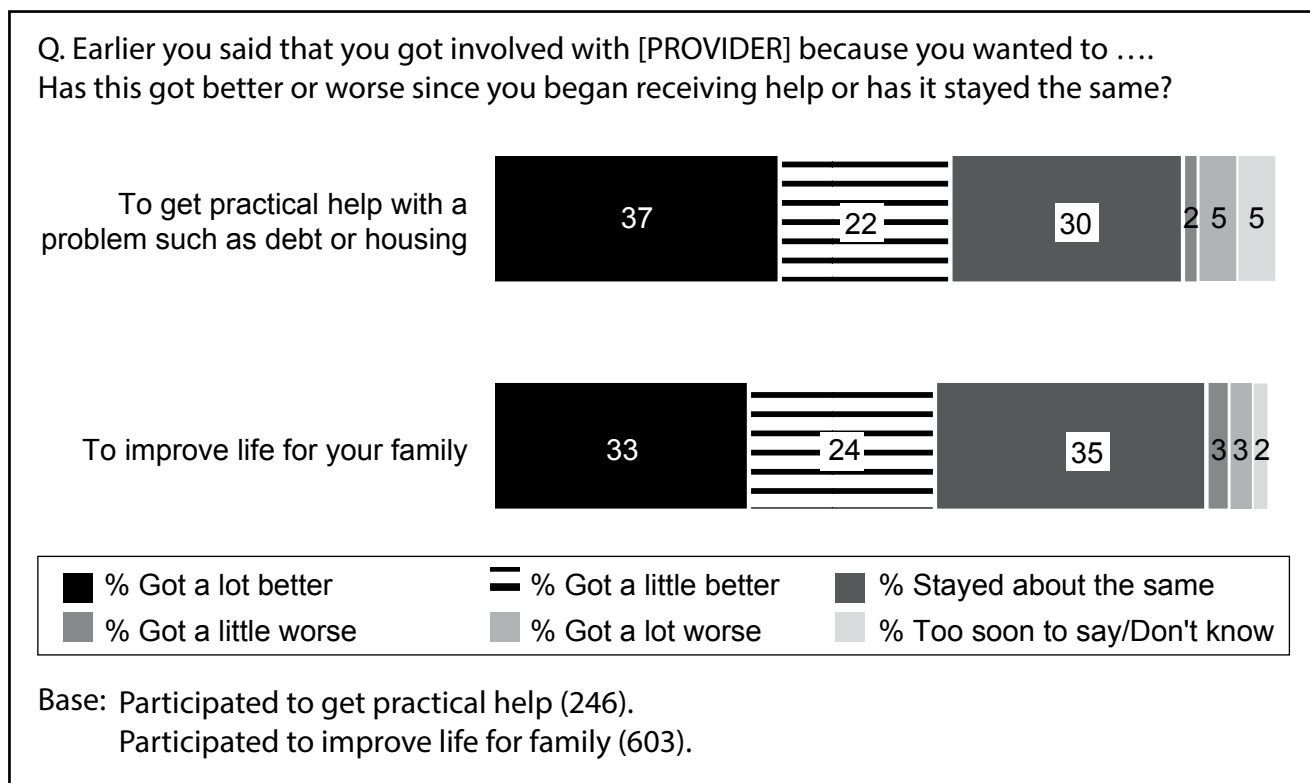
(Participants)

As the above quotes illustrate, the support received was often seen by participants as having significant benefits for health and wellbeing. In particular, the dedicated support offered by key workers and the relationship developed with participants appeared to be central to these effects. This was certainly the case in relation to several participants with current or previous substance misuse issues. These individuals commonly discussed the importance of having a dedicated support worker who treated them as an individual rather than just focusing on their addictions.

6.5 Individual and family stability and security

As with health and wellbeing, both the survey data and case study evidence indicated that the provision could have notable benefits for individual and family stability and security. These encompassed family relationships and dynamics, along with more specific outcomes in terms of, for example, debt and housing.

In terms of family dynamics, just under half of survey respondents (48 per cent) reported participating in order to improve life for their family. As Figure 6.5 shows, of these almost three-fifths (57 per cent) said that this had improved since they started receiving support. Just six per cent said their family life had got worse with around a third (35 per cent) saying that it was unchanged. One-fifth of respondents (20 per cent) said they had engaged in part in order to get practical help with debt or housing. Of these, just under three in five (59 per cent) said that since they began receiving help their situation in respect of these issues had improved. Seven per cent felt it had worsened and around a fifth (22 per cent) had not seen any change.

Figure 6.5   Experience of the provision: individual and family stability and security

Q. Earlier you said that you got involved with [PROVIDER] because you wanted to ….
Has this got better or worse since you began receiving help or has it stayed the same?

To get practical help with a problem such as debt or housing: 37 | 22 | 30 | 2 5 5

To improve life for your family: 33 | 24 | 35 | 3 3 2

- ■ % Got a lot better
- ≡ % Got a little better
- ■ % Stayed about the same
- ■ % Got a little worse
- ■ % Got a lot worse
- ■ % Too soon to say/Don't know

Base: Participated to get practical help (246).
        Participated to improve life for family (603).

The above findings were reflected amongst those who had been on the programme for at least three months. As Figure 6.6 shows, over half of this group (56 per cent) agreed that their family life had improved, with around a third (34 per cent) strongly agreeing that this was the case. Conversely, 16 per cent disagreed that family life had improved, whilst 14 per cent felt it was too early to say or were unsure.

It should be noted, however, that these outcomes are likely to have also been influenced by external factors. For some respondents, family life may have deteriorated significantly irrespective of any support received from the provision. This was the case in one of the qualitative participant interviews, where it was noted that the help received had been beneficial, but that the overall effect of this was marginal given a scenario of family breakdown and children being taken into care.

Compared to the effect on family life, as Figure 6.6 shows, the balance of opinion about improvements to individual or family financial situations was more evenly split. Around two-fifths (42 per cent) agreed that their situation had improved, while just under a third (29 per cent) disagreed. Again, it seems likely that this may reflect the effect of external factors outside of the support offered.

Figure 6.6   Stability and security outcomes

Q. As a result of the help I have received from [PROVIDER]…

I have improved family life at home: 34, 22, 13, 7, 9, 14

I have improved mine or my family's financial situation: 24, 18, 14, 13, 16, 16

- ■ % Strongly agree
- ▤ % Tend to agree
- ■ % Neither agree nor disagree
- ■ % Tend to disagree
- ■ % Strongly disagree
- ☐ % Too soon to say/Don't know

Base: All receiving support for 3 months or more (987).
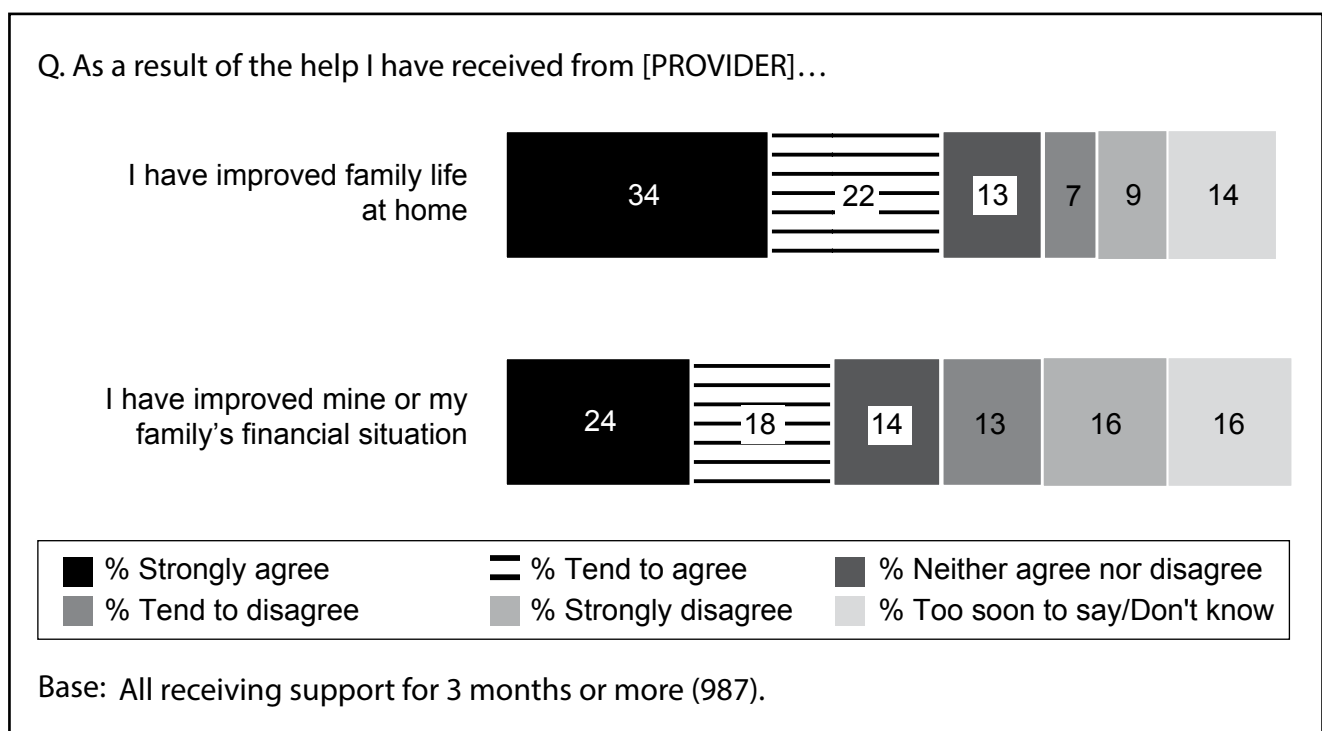
Sub-group differences within the respondent sample followed a similar pattern to those related to effects on health and wellbeing. In particular, respondents with a disability were less likely than the average to feel that their family life or financial situation had improved as a result of participation.

While the survey data was positive, it does not capture some of the significant effects of the support in this area that emerged from the qualitative interviews. Several participants described how their relationships with partners or children had improved since engaging with the provision, with this being directly related to the support received in most cases. Interestingly, support received in other areas, rather than directly on family relationships, was

often felt to have helped the most. Typically this related to effects on confidence, providing individuals with a sense that they were better able to manage family issues and address particular incidents or difficulties at home. In some cases, participants also reported applying techniques learned in other contexts, for example dealing with conflict and colleague relationships at work, to their home life.

Participants and key workers also often commented on the interrelated nature of positive effects stemming from having one or other barrier or issue addressed. As one key worker outlined:

> *'It's seeing all these people that didn't have the confidence to go out, to suddenly just blossom and have the confidence to go out and have then – because they've got the confidence, a better working relationship with their family, with their children, you know, it just makes such a difference.'*

(Key worker)

Another participant described how two of their three children were often in trouble with police and that they had found it difficult to address these issues. The individual concerned felt that the support received, and the greater confidence they had as a result, meant that they were much more able to do so. Marked improvements in the relationship with the children were also noted, as was the fact that they were now attending school regularly. As the participant described:

> *'Things are pretty different now with [child name]. He's not been in bother for a while, nor his brother … They're more settled at school as well, well at least they're going!'*

(Participant)

Some of the most significant outcomes in terms of stability reported by participants in the qualitative interviews related to their financial situation and the support offered in relation to dealing with debts. In several cases, being able to address such issues had led to much greater stability for households, including in their housing situation, as well as having notable effects on individual and family wellbeing. For example, one participant with serious debt issues, which had lead to their family losing their house, described how the practical support and advice offered had 'been a great help, absolutely fantastic help' in stabilising his situation and helping him enter part-time work. The participant went on to describe how:

> *'There were quite a few things it's given me the tools to cope with … I'm a hell of a lot more comfortable and secure. Yes, we've got the worry of the rent, but that pales in comparison with the £13,000 debt that we had.'*

(Participant)

Again, the support and advice offered by key workers, including some with a specialist background in debt and money management, was seen as key to these positive outcomes. In two cases participants described how key workers had accompanied them to the Citizens Advice Bureau, as a first step towards dealing with debt issues, which they felt would not have happened otherwise. In another, the support of a key worker with a background in debt advice led to the participant electing to take the route of getting a debt relief order. It was noted that this had made a huge difference to the participant's wellbeing through addressing the anxiety that they had previously felt. In turn, the participant was about to start a counselling and advice course at college which was seen as a first step on a new career path. It was noted that this would not have happened without the financial stability gained.
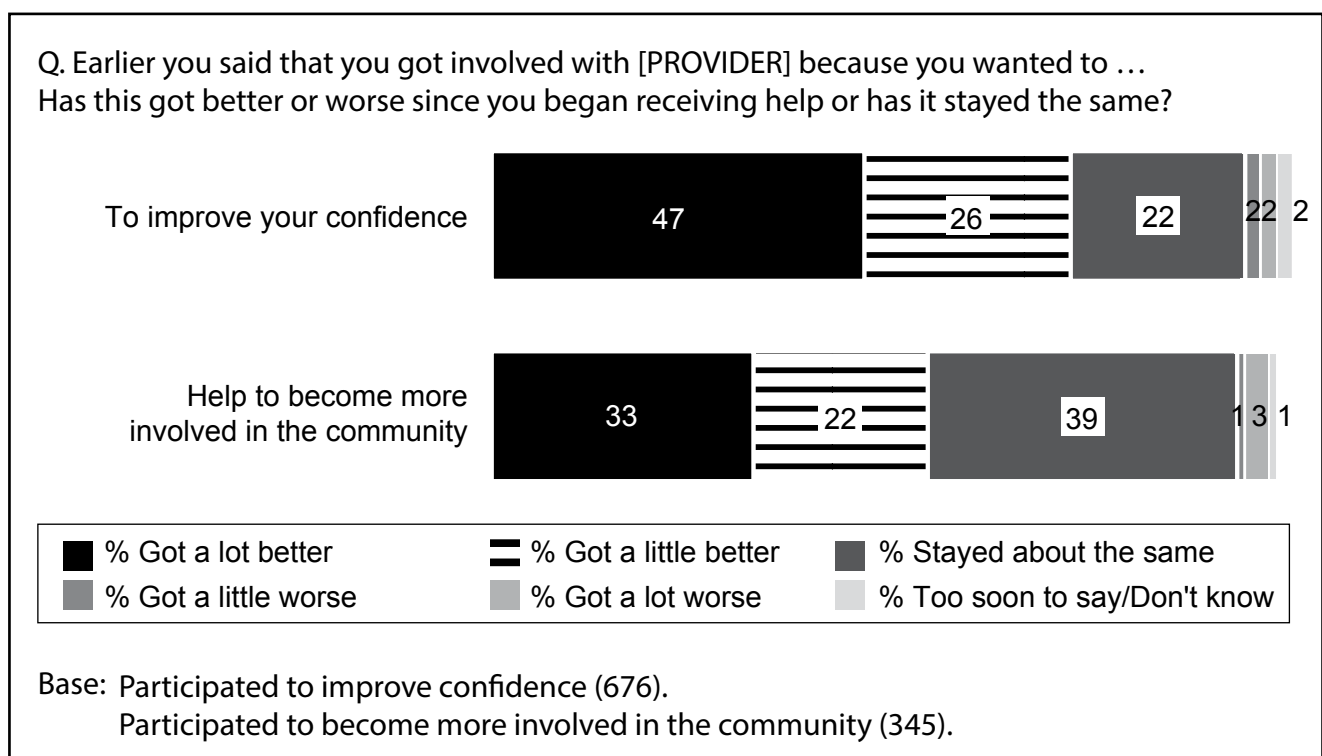
Effects specifically to do with housing were reported less often by participants interviewed in the case studies. However, one participant who was in the process of being evicted during his time on the provision did note that his key worker had been supportive, along with helping him to liaise with the local authority (LA) in resolving his housing issues. The individual also noted that the key worker had helped him move his belongings on the day of the eviction, again illustrating the nature and depth of support offered by key workers as referenced in section 5.2. In addition, several key workers offered anecdotal examples of how they had supported individuals with housing issues, including providing advocacy support with LAs and other social landlords.

6.6 Reducing social and economic isolation

The extent of positive effects in terms of reducing social and economic isolation was one of the strongest themes to emerge from the case study visits. Similarly, such effects were some of the clearest when evidence from the participant survey is considered. For example, amongst those who were motivated to participate in order to improve their confidence (53 per cent), self-reported outcomes were very positive. As Figure 6.7 shows, almost three-quarters (73 per cent) of this group said that their confidence had improved. Just four per cent felt that their confidence was worse, with 22 per cent reporting that it had stayed about the same.

Becoming more involved in the community was relatively less important as a motivation for participation, being mentioned by just under three in ten (28 per cent). Over half of this group (55 per cent) felt that their involvement in the community had improved, with just four per cent saying it had worsened. A further 39 per cent said their involvement was unchanged. However, it may be that this latter group were already involved in this sense. Equally, as outlined below, greater engagement in the wider community and less social isolation was a key positive outcome for several participants interviewed for the case studies.

Figure 6.7   Experience of the provision: social and economic isolation

Q. Earlier you said that you got involved with [PROVIDER] because you wanted to …
Has this got better or worse since you began receiving help or has it stayed the same?

To improve your confidence: 47 | 26 | 22 | 2 | 2

Help to become more involved in the community: 33 | 22 | 39 | 1 | 3 | 1

■ % Got a lot better   ═ % Got a little better   ▪ % Stayed about the same
▪ % Got a little worse   ▫ % Got a lot worse   ▫ % Too soon to say/Don't know

Base: Participated to improve confidence (676).
          Participated to become more involved in the community (345).

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

As Figure 6.8 shows, amongst those on the provision for three months or longer, the majority (78 per cent) agreed that they would be more aware of where to go for help and support should they face difficulties. This was the most positively rated of all outcomes respondents were questioned about, and certainly indicates a reduction in isolation in terms of being able to access support.

Figure 6.8   Outcomes: social and economic isolation

Q. As a result of the help I have received from [PROVIDER]…

I am more aware of where to go for help and support if I face difficulties: 54, 24, 5, 4, 6, 7

- ■ % Strongly agree
- ▬ % Tend to agree
- ■ % Neither agree nor disagree
- ■ % Tend to disagree
- ■ % Strongly disagree
- □ % Too soon to say/Don't know

Base: All receiving support for 3 months or more (987).
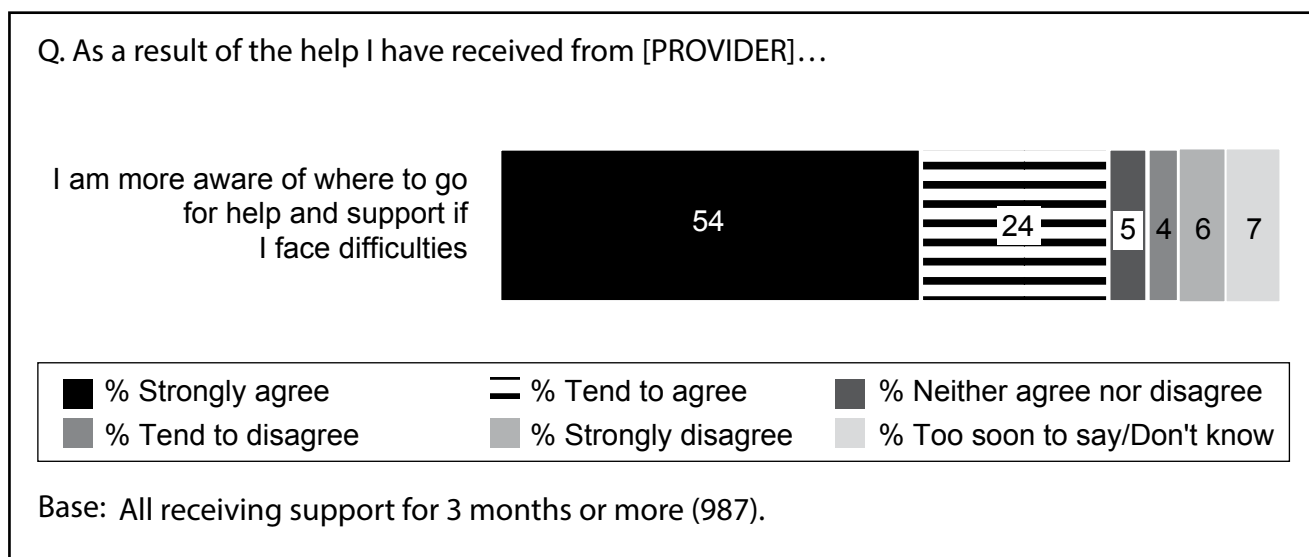
There were few differences amongst sub-groups in relation to outcomes around social and economic isolation. However, participants aged over 50 were more likely to say their confidence had improved, while those with a disability were less likely. In addition, BME participants were less likely to agree on average that they would know where to go for help and support as a result of the help they received.

Reduced social, if not economic, isolation was one of the most commonly reported outcomes during the case study visits. The role of the support in helping individuals to overcome barriers to wider community engagement and, in many cases, simply to leave the house, was seen by a range of stakeholders as one of its key strengths. Visits to providers illustrated how activities designed to reduce isolation were seen as an important element of working with the type of participants typically engaged. As one provider representative outlined:

> *'It's not necessarily all classroom stuff. I mean they [key workers] take people out to aquariums, take people out to coffee, wherever, get them out in the community and some of that doesn't get recorded but it's not just that chalk and talk, if you like. I think that's where people really benefit from us. Some of these people haven't been out of their houses for years.'*

> (Prime contractor manager)

Several participants described how working with their provider had led to what, for them, were extremely important and positive outcomes in this area. The following comments were typical of those offered in the qualitative interviews:

> *'That's what we're concentrating on first, getting me back, and getting to cope with normal day, everyday life, because at one point I just stayed in bed every day; I didn't get out of bed.'*

*'[Provider] does give me a lot of hope, I've come out of my shell a lot more, and I can
talk to people now, and I'm getting a lot better at that, so I think they've definitely played
a big part in that.'*

(Participants)

For one participant, the focus on addressing issues of social isolation was seen as enabling
him to develop confidence and subsequently decide on a pathway to work through doing a
counselling qualification. As the individual noted:

*'The social aspect and just coming and meeting new people, you know … I've benefited
hugely from that. And, yeah, it's given me something to work towards, you know; I've
got a goal now'.*

Discussion of outcomes relating specifically to economic inclusion was less common in
the qualitative interviews. However, some participants did note that courses around money
management had been helpful. This included, in one instance, an individual that had
previously used 'pay day lenders' being signposted to a Credit Union. In addition, those that
had received support with debt typically cited that their situation was now more financially
stable, even though this was not discussed in terms of feeling less financially excluded.

Beyond this, access to credit was cited by provider staff as a key issue for the client group,
but this tended to be raised more from the perspective of needing to avoid high interest loans
rather than financial inclusion per se. Equally, while it was felt that advice around this issue
would have benefits for those engaged, there were few specific outcomes offered in relation
to this particular area of support.

6.7   Employment-related outcomes

Evidence on employment-related outcomes was slightly more mixed relative to the other
groups of outcomes discussed. The survey data and qualitative participant interviews
indicate that the provision lead to positive outcomes in terms of progression towards work.
While the evidence shows some positive outcomes in terms of entering and sustaining
employment, these were less consistently evident than in respect of progression towards
work. MI data on the provision reflects this pattern in terms of far greater completion of
progress measures relative to job outcomes. However, it is certainly the case that a majority
of participants felt that the support received had improved their chances of getting work.
Similarly, for those in employment at the point of the participant survey, the majority view was
that the support had played a role in this.

MI data for the provision shows a relatively small level of job outcomes relative to
attachments. However, it should be noted that there is likely to be a time lag in respect of
job outcomes. This stems from the fact that outcomes can only be claimed for sustained
employment, as outlined in section 1.3.4,[71] and many of those entering work would not have
reached this point at the time of the data analysis. However, the survey data indicates that
around one in four were in work upon finishing their support. As outlined below, this provides

---

[71]   In summary 'job outcomes' occur where individuals are in employment and off benefit
for a continuous or cumulative period (26 weeks consecutive or cumulative for JSA
customers; 13 weeks consecutive or cumulative for other out of work benefits including
JSA ex-IB customers; and 16 hours employment per week lasting 13 consecutive or
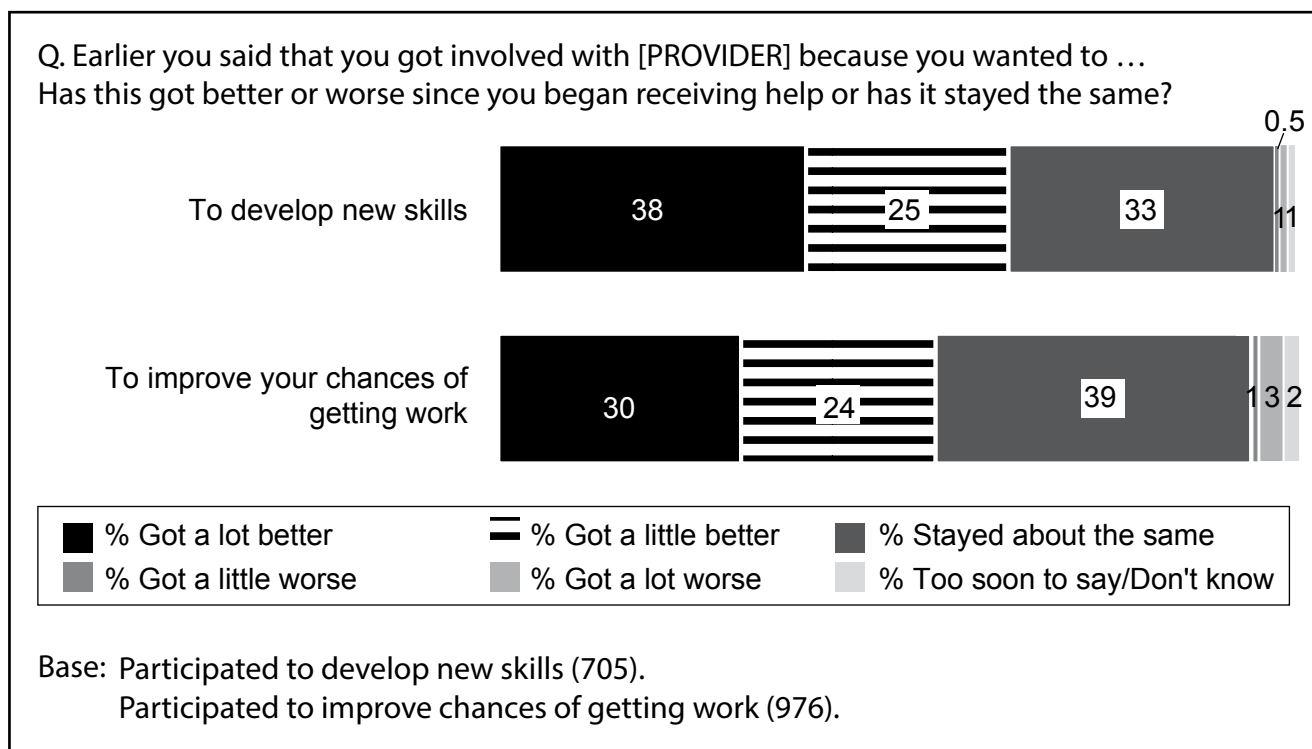cumulative weeks for those not receiving working age benefits).

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

a more positive impression of employment outcomes relative to the MI, partly due to the difference between job entries and sustained job outcomes.

In terms of the survey data, most respondents (78 per cent) cited that they were motivated to participate in order to improve their chances of getting work – the most common reason for participation. Of these, as Figure 6.9 details, a majority (54 per cent) felt that their chances of getting work had improved, while just four per cent felt that this had worsened. However, a significant minority (39 per cent) felt that their chances of gaining employment were unchanged.

Just over half of survey respondents (56 per cent) cited that they had accessed support in order to develop new skills. Of these, as Figure 6.9 illustrates, just under two-thirds (63 per cent) said that their skills had improved. A further third (33 per cent) felt that the degree to which they had developed new skills had stayed about the same.
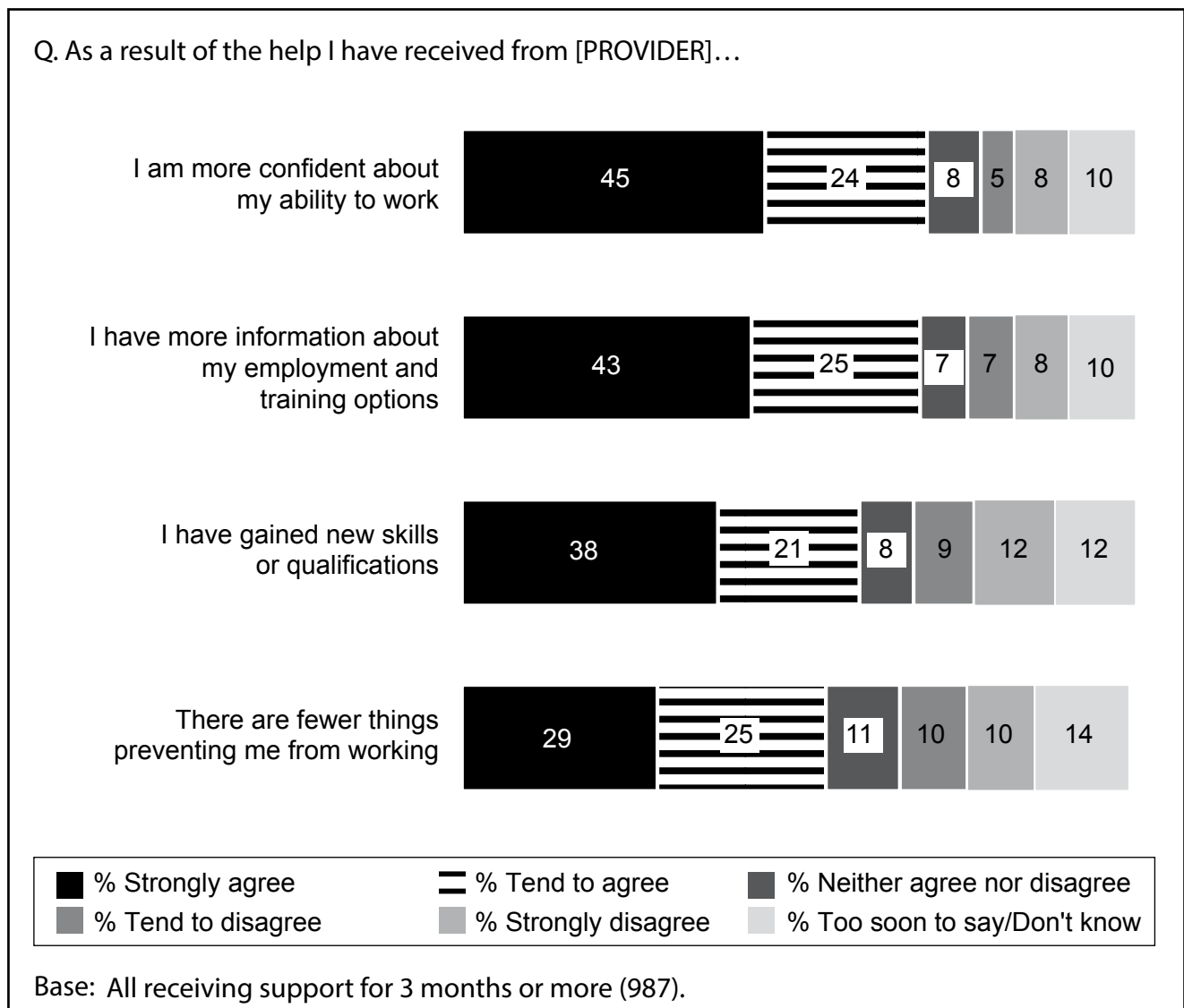
Figure 6.9   Experience of the provision: employment-related outcomes

Q. Earlier you said that you got involved with [PROVIDER] because you wanted to …
Has this got better or worse since you began receiving help or has it stayed the same?

To develop new skills: 38 | 25 | 33 | 1 1 | 0.5

To improve your chances of getting work: 30 | 24 | 39 | 1 3 2

Legend:
■ % Got a lot better   ▬ % Got a little better   ▬ % Stayed about the same
■ % Got a little worse   ■ % Got a lot worse   □ % Too soon to say/Don't know

Base: Participated to develop new skills (705).
        Participated to improve chances of getting work (976).

Male participants were more likely than the average to report improvements to their chances of getting work. Reflecting differences elsewhere, those with a disability were less positive than average, with fewer saying they had improved either their chances of getting work or their skills. In contrast, BME participants were more likely to say their skills had improved.

Amongst those on the programme for at least three months, as Figure 6.10 demonstrates, attitudes about work-related outcomes were positive. Just under seven in ten were more confident about their ability to work and that they had more information about their employment and training options (69 per cent and 68 per cent respectively). Slightly fewer (59 per cent) reported gaining new skills and qualifications, while just over half (54 per cent) felt there were fewer things preventing them from working. As outlined below, similar outcomes in terms of progression towards work were often cited in qualitative interviews with participants. In particular, greater confidence in the ability to find work was prevalent, as was the view that the support received had reduced barriers to employment.

Figure 6.10 Outcomes: Employment-related outcomes

Q. As a result of the help I have received from [PROVIDER]…

I am more confident about my ability to work: 45 | 24 | 8 | 5 | 8 | 10

I have more information about my employment and training options: 43 | 25 | 7 | 7 | 8 | 10

I have gained new skills or qualifications: 38 | 21 | 8 | 9 | 12 | 12

There are fewer things preventing me from working: 29 | 25 | 11 | 10 | 10 | 14

■ % Strongly agree   ≡ % Tend to agree   ■ % Neither agree nor disagree
■ % Tend to disagree   ■ % Strongly disagree   ☐ % Too soon to say/Don't know

Base: All receiving support for 3 months or more (987).

Amongst the sub-groups represented in the survey data overall opinion was positive. However, BME participants disagreed more than the average with all the statements about work-related outcomes presented in the above chart. In addition, those with a disability were less likely to agree that they have gained new skills or qualifications, or that they were more confident about their ability to work. This may reflect the greater challenges faced by these sub-groups in accessing work relative to the client group being supported as a whole.
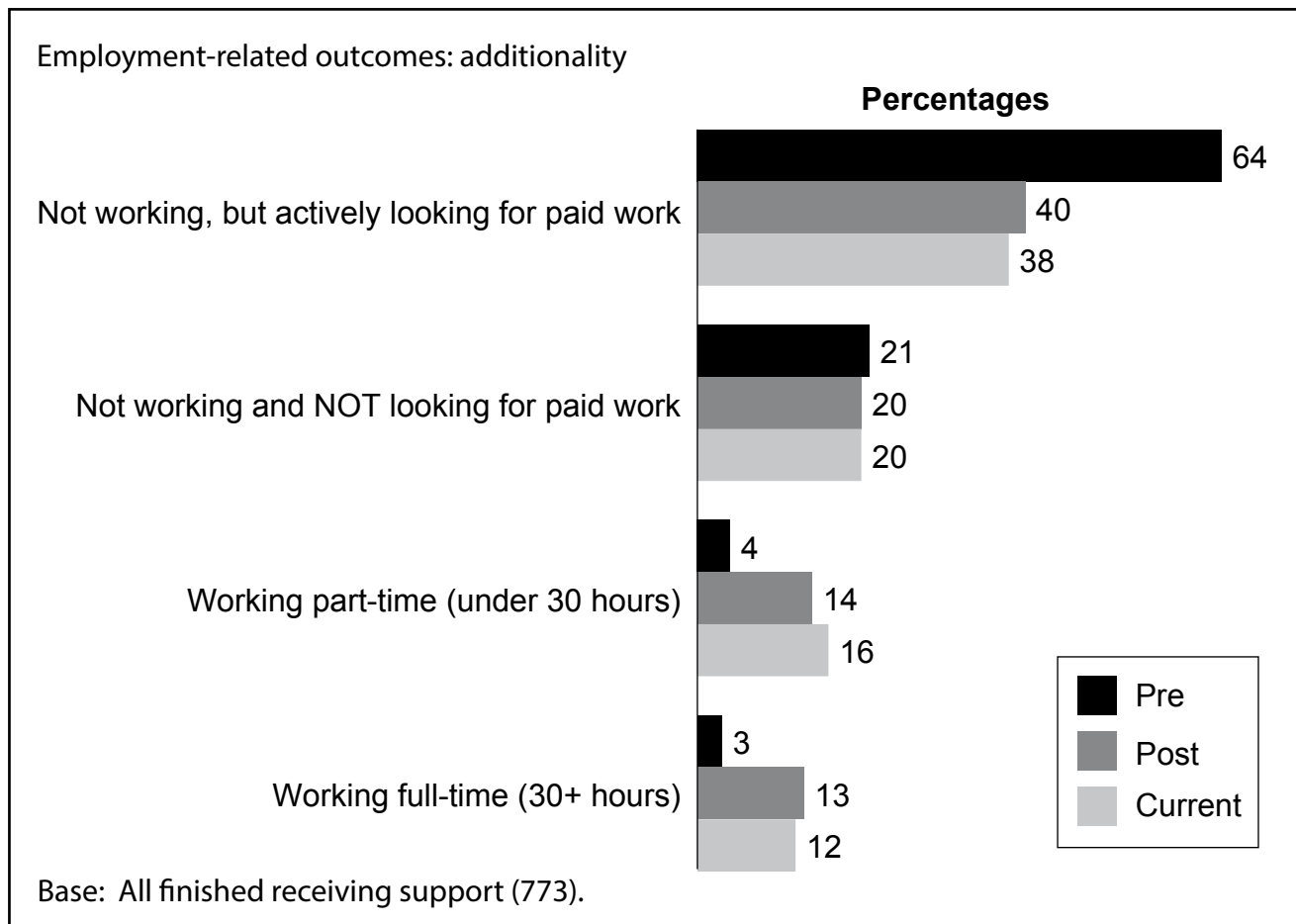
The survey data can also be used to investigate the work status of participants who have finished receiving support at three points in time: before they started on the programme, immediately upon 'finishing' support, and currently (at the time of the interview). As Figure 6.11 illustrates, around one in four respondents were in employment on 'finishing' their support (accepting that this does not include those who went on to receive post-employment support and, also, that some of this group will have been in work prior to receiving support).

Those in work at this point were broadly split between full- and part-time work. The data also indicates that these outcomes stem almost exclusively from those participants who already considered themselves as 'looking for work'. As Figure 6.11 also shows, the movements between employment on 'finishing' support and at the time of the interview are relatively

stable – that is, similar proportions were working immediately on 'leaving' the support and at the time of the interview (although it is not possible to say whether these are the same jobs or individuals).

Figure 6.11 Employment-related outcomes at different points in time

Employment-related outcomes: additionality

Percentages

Not working, but actively looking for paid work
- Pre: 64
- Post: 40
- Current: 38

Not working and NOT looking for paid work
- Pre: 21
- Post: 20
- Current: 20

Working part-time (under 30 hours)
- Pre: 4
- Post: 14
- Current: 16

Working full-time (30+ hours)
- Pre: 3
- Post: 13
- Current: 12

Base: All finished receiving support (773).

Looking in detail at just those who were not working before they joined the programme, both those actively looking for paid work and those not looking, on 'finishing' the support 28 per cent had moved into employment immediately after they 'finished' receiving the support (13 per cent into full-time work and 14 per cent part time).

Men were more likely to have moved into full-time employment on 'leaving' the provision (23 per cent compared with 13 per cent overall). Lone parents and BME participants were more likely to move into part-time work (18 and 23 per cent respectively, compared with 14 per cent overall).

Further analysis of the data showed that those experiencing multiple disadvantages according to the figures outlined in section 6.2 were less likely to have found employment generally (23 per cent in work compared with 28 per cent overall). Those with qualifications below Level 2 and the long-term unemployed were also less likely to be in work on 'leaving' the provision (both 20 per cent), along with those who were economically inactive on starting on the provision (9 per cent).

The findings relating to employment outcomes were consistent across the Contract Package Areas (CPAs) with only minor differences.

Table 6.1 illustrates the employment outcomes achieved for various subgroups, both on 'leaving' the support and after an additional six months. This shows that the majority of outcomes have been sustained, although as noted it is not possible to say whether these are the same jobs or individuals.

Table 6.1   Employment outcomes by sub-group

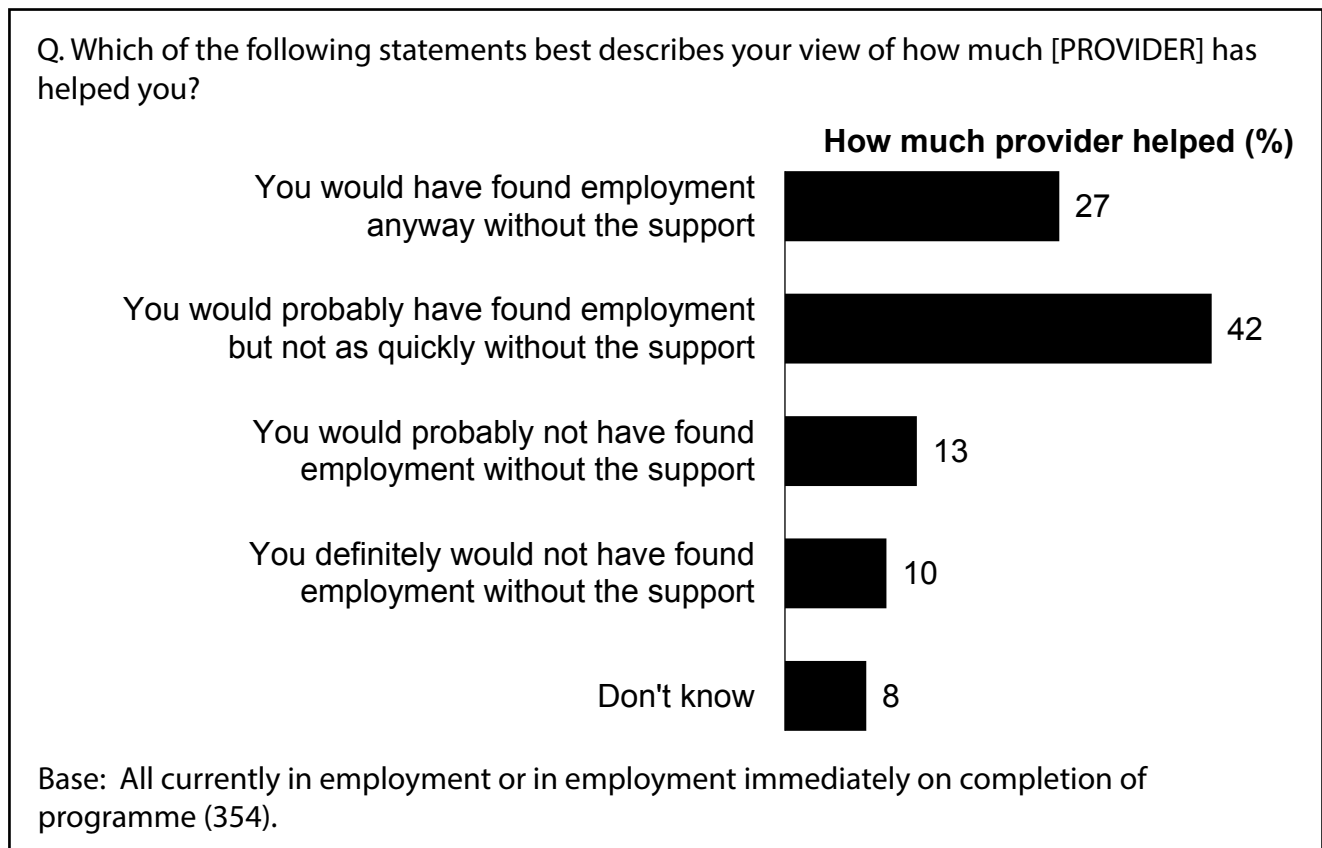| Sub-group	PRE % in work before starting support	POST % in work on leaving support	+6 MONTHS % in work 6 months after leaving
Unemployed at start	-	34	33
Economically inactive	-	9	14
Disability or health condition	6	15	14
Lone parent	6	25	25
BME	9	36	28
Women	7	24	26

Base: Those finished receiving support (773)/those that left >6 months ago (324)[72].

To help identify the extent to which employment outcomes can be attributed to the programme, those in employment at the point of interview or immediately on completion of the provision were asked about the extent to which they would have found work anyway. As Figure 6.12 shows, around two-thirds (65 per cent) said the support was a contributing factor in finding employment, although 42 per cent said they would probably have found work but not as quickly. Just under a quarter (23 per cent) said they would probably or definitely not have found their job without the support. This finding is consistent among the subgroups examined.

---

[72]   Exact base sizes vary by indicator, e.g. for rows one and two only include participants who were either unemployed or economically inactive on starting the programme.

Figure 6.12 Influence of the provision on finding work

Q. Which of the following statements best describes your view of how much [PROVIDER] has helped you?

How much provider helped (%)

Statement	%
You would have found employment anyway without the support	27
You would probably have found employment but not as quickly without the support	42
You would probably not have found employment without the support	13
You definitely would not have found employment without the support	10
Don't know	8

Base: All currently in employment or in employment immediately on completion of programme (354).

While the survey analysis gives a broadly positive impression of the extent to which the provision was successful in moving people closer to and into work, the MI data available at the time of the research was less positive. As Table 6.2 shows, at the time of the analysis, across the provision as a whole 2,822 payments had been made on the basis of job outcomes (participants entering and remaining in work for 13 or 26 weeks depending on benefit type).[73] When compared to the 56,645 attachments this meant that total job outcomes as a percentage of attachments was just five per cent. There was some variation in the data for individual CPAs, with the equivalent percentage ranging between two per cent and eight per cent. Most CPAs fell in the four to five per cent range however.

Since the analysis was undertaken, the latest statistics available at the point of publication show that as would be expected this job outcome rate has risen. Figures published in October 2015 show that 11.8 per cent of participants who had started before February 2014 had achieved a sustained job outcome within 18 months.[74] This provides a more accurate and positive impression of the provision's success in terms of sustained job outcomes.

---

[73] See section 1.3.4 for full details of the payment model in relation to job outcome payments.

[74] See DWP (2015) ESF Support for Families with Multiple Problems – December 2011 to August 2015 statistical release, available at https://www.gov.uk/government/statistics/esf-support-for-families-with-multiple-problems-dec-2011-to-aug-2015 (accessed 9th November 2015)

Table 6.2   Job outcomes relative to attachments

	Job outcomes paid	Number of attachments	Job outcomes as a percentage of attachments
Total	2,822	56,645	5%

Source: ESF Families MI covering the period July 2012 to July 2014.

As this analysis suggests, the data available at the time of the research presented in the table above, and earlier in this section, needs to be taken in context in several respects:

1   The proportion of those engaged on the provision entering work would have been higher than suggested by the MI available at the time of the research. Some participants entering work would either not have reached the point where a job outcome payment could be claimed, or may have been in work for a shorter period than the trigger points before becoming unemployed again.

2   It takes time for individuals supported to enter and remain in work following their attachment. It is reasonable therefore to assume that the percentage rate reported in respect of data available at the time of the research will increase over the remaining life of the programme, as the latest statistical release indicates.[75]

3   This 'lag' in the data means that the true performance of the provision will only be identifiable after the end of the programme.

4   The participant characteristics reported in section 6.2 indicate that the provision is indeed working with a difficult client group, many of whom are likely to be some distance from the labour market and will take significant time to enter work.

The case study research confirmed this scenario of a difficult to support client group who were often some way away from the labour market when engaging with the provision. A number of interviewees also raised points related to those noted above, pointing out that performance was likely to improve in the coming months and that the recent numbers of job entries were a strong indicator of this. As one provider manager noted:

> *'We've gone from a situation in which we were placing handfuls of people into work every month to a situation where I think, in the next month or two, we'll … get over 100 people into work'.*

> (Prime contractor manager)

Equally, the qualitative interviews showed the range of ways in which participants have made positive progress towards and into work. Those who had entered work typically described the support as playing an important role in this, whether directly through employability-related support or through the provision helping to address other barriers. Indeed, a common theme amongst both provider representatives and participants was the way in which the programme is able to address barriers in an interrelated or 'holistic' way. This was clearly important for several participants interviewed, for whom solving issues relating to debt, housing or family relationships was key in helping them to focus on getting a job.

---

[75]   *Ibid*.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

The holistic nature of the provision, in terms of tackling multiple issues by way of supporting participants towards and into employment, was frequently cited by provider staff as one of the most positive aspects of the provision. The following comment was typical of this perspective:

> *'It's about getting someone into work and changing their whole life. And by changing their whole life, they can sustain employment, so I think that is a really good thing about it.'*

> (Sub-contractor manager)

In addition to those entering work, the case study interviews also showed how the support had enabled participants to take other concrete steps towards employment such as enrolling on college or university courses. In several cases, participants reported that the one-to-one support had been important in helping them to decide on the route they wished to take towards particular job goals or careers, in addition to providing reassurance and support. This aspect was noted by both key workers and participants as being particularly significant for individuals who may have worked in sectors where there were now limited opportunities. As one individual who had enrolled on an IT access course for university noted:

> *'The main thing I've gotten out of it is just kind of like that sense of direction that I probably wouldn't have had otherwise … having this idea of what I want to do and knowing that there's support there to help me do it.'*

> (Participant)

Similarly, another who for physical reasons was unable to continue with the type of work he had done previously noted:

> *'I feel a lot more confident now, where before being 56 year old I thought I'm past me sell-by date, I can't do this job anymore, now I'm trying to start a new career.'*

> (Participant)

The intensity of support, along with the focus on building confidence and motivation, was also commonly cited by key workers and those receiving support as being significant in moving them into employment. As one key worker outlined:

> *'The amount of clients that I've had who have actually been unemployed for a number of years, done two years on the Work Programme, come and done our course, they're so motivated, within a month or two months they've got a job, and they're like, "This is amazing", you know, because they're motivated.'*

> (Key worker)

In summary, the above analysis indicates that the provision is in many cases leading to positive outcomes for participants, both in terms of entering work and in taking steps towards it. The range of support on offer, allied to the holistic and in-depth nature of this, enables a range of additional barriers to be addressed by way of moving participants closer to the labour market. Whilst performance in terms of supporting people into work is more positive to date in respect of job-entries rather than sustained job outcomes, the latter is likely to improve over the remainder of the provision's lifetime.

6.8 Additional or unexpected outcomes

Case study interviewees were also asked whether, in addition to the outcomes discussed above, there had been any additional or unexpected outcomes from the provision. In the vast majority of cases those questioned found it difficult to identify any such outcomes. Those that did comment tended to make reference to wider outcomes on their organisation or refer to outcomes on the staff delivering support.

Discussion of impacts on organisations typically came from provider representatives. These generally related to the difficult, and sometimes negative, outcomes that stemmed from delivering the provision through a period where it faced significant cash flow issues. This was noted as causing some financial issues which, for some making this point, were cited as being ongoing. In terms of impacts on staff, there was a view that the challenges and stresses of performing the key worker role could be significant. In most instances staff reported that they managed this well and enjoyed their work; nonetheless, the intensity and emotional aspect to the work was cited in several cases.

6.9 Overall extent to which intended outcomes are being achieved

When reflecting on how far the provision was meeting its objectives, stakeholders in the case studies tended to divide the programme into two periods. The initial 12 to 18 months of delivery were seen as being characterised by a series of implementation issues, as described in chapter two, during which the provision was only meeting its aims to a limited extent. Perspectives on the period following the introduction of the secondary referral route and changes to the payment mechanism were much more positive. The majority view was that the provision was working well, having some very beneficial effects for participants, and meeting its intended outcomes to a far greater extent. The following comments typify the general perspective offered:

> *'Initially last year I honestly used to think I can't wait for this programme to end. Now, I'm thinking oh it's a shame it's ending.'*

(Sub-contractor manager)

> *'The dynamism is there now, there's the keenness now … It's this last 12 months perhaps that we started making a difference.'*

(Prime contractor manager)

However, a minority of interviewees did question whether changes over the life of the provision meant that it was no longer delivering the type of support to the particular client group anticipated. As discussed earlier in section 4.3.1, some interviewees felt that there had been a shift towards individuals who were closer to the labour market coming onto the provision. The implication of some making this point was that the provision was now more successful due to helping a less difficult to support client group. Equally, a small number of interviewees felt that revisions to progress measures meant that they were in some cases too easy to achieve, without the intensity and depth of support anticipated being offered.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

In general, however, such perspectives were in the minority. Equally the balance of evidence, in particular from participants, indicates that the provision has delivered much needed support of significant depth and intensity. The role of key workers, offering wraparound support alongside progress measures, can also be taken into account in this respect. Likewise, the evidence reviewed suggests that the provision is supporting those with complex, multiple barriers to work as outlined in the preceding sections of this chapter.

The main areas where objectives were generally felt to have not been fully achieved concerned levels of sustained job outcomes and the extent to which the programme supported individuals as opposed to offering 'whole family support'. However, as noted in section 6.6, there is reason to presume that achievement of sustained job outcomes will improve, and it is clear that participants feel that the support received has certainly moved them closer to the labour market in the majority of cases. Equally, while not necessarily offering 'whole family support', as the preceding analysis makes clear the provision certainly does have a range of positive effects on families, albeit that these effects are often indirect.

7 Added value and relationship to other provision

This chapter assesses the added value offered by the European Social Fund (ESF) Families provision along with its relationship to other programmes, such as the national Department for Communities and Local Government (DCLG)-led Troubled Families programme and the Work Programme. Key findings are presented prior to the main analysis.

7.1 Summary of findings

Evidence suggests that significant added value can be ascribed to the ESF Families provision. This rests in part on the holistic and 'wraparound' support offered, particularly in respect of the dedicated key worker role. The flexibility, intensity and range of support the provision is able to offer, addressing a number of barriers in an interrelated fashion, are other notable aspects to this. The widespread view of participants and provider staff that the provision is relatively distinctive when compared to other programmes further adds weight to the evidence available on this aspect.

While the provision clearly adds value when compared to other programmes, the extent of effective linkages to the Troubled Families programme was more varied across the areas visited. There seems to have been significant confusion amongst practitioners in different settings concerning the two programmes and their relationship in the early period of ESF delivery, though this confusion was generally felt to have lessened over time. In some instances, however, linkages between the programmes were more positive, both at strategic and operational levels. In such cases effective joint representation of key staff with a role in both programmes on local steering groups, positive partnership working between local authority (LA) staff and ESF providers, and Troubled Families Employment Advisers (TFEAs) playing an effective supporting role were all important factors.

In terms of linkages with the Work Programme, a small number of provider managers and key workers felt that restrictions on eligibility caused by participants being on the Work Programme prevented them from supporting individuals that would be likely to benefit from the ESF Families provision. In the view of such interviewees, there was a case for permitting a more fluid transfer between the two forms of provision depending on the needs of particular individuals. Equally, for some provider representatives, the ability of the ESF Families provision to address some of the deep-seated barriers faced by those distant from the labour market meant that, ideally, these barriers would be addressed prior to referring individuals to the Work Programme.

7.2 Linkages with related programmes

The case studies were used to investigate how the DWP ESF provision linked to other provision. Given its role of the ESF provision as part of the Government's strategy to support families alongside the DCLG-led Troubled Families programme, discussions in this area often focused on linkages between the two programmes. The Work Programme also formed part of consultations with stakeholders in several respects, mainly concerning issues of eligibility and the role of the programme as a source of referrals in terms of Work Programme completers.

7.2.1   Relationship with the Troubled Families programme

Views on the relationship between the ESF Families provision and the DCLG-led Troubled Families programme were mixed. Provider and LA representatives typically commented that there had been confusion, particularly in the early period of ESF delivery, amongst practitioners in different settings concerning the two programmes and their relationship.

Some interviewees felt that the misunderstanding of how the two programmes were intended to work together had continued throughout the lifetime of the two programmes and affected the level of referrals made to the ESF provision. However, as noted earlier in the report, there was also a common view that this misunderstanding or confusion had lessened over time.

Accepting this it was common for stakeholders to argue, in hindsight, that greater attention should have been paid at the outset to distinguishing the ESF provision from the DCLG-led Troubled Families programme. The launch of the two programmes in quick succession was widely seen as something to be avoided as far as possible in any future related contexts.

Despite these issues, in some localities visited linkages between the ESF provision and Troubled Families programme were reported as being positive, both at strategic and operational levels. The two forms of provision were cited by interviewees from different stakeholder groups as working well together in such contexts. A series of common factors supporting effective joint working in these areas tended to be cited, including: a series of common factors supporting effective joint working in these areas tended to be cited, including:

- Joint representation between key individuals involved with the ESF provision and Troubled Families programme at a strategic level through local Troubled Families steering or working groups.

- TFEAs consciously seeking to link and promote the ESF provision alongside the Troubled Families programme in different contexts, including within Jobcentres and LA settings.

- Providers having developed effective relationships with LAs, building trust in the ESF provision and being able to demonstrate how it could add value to the latter's work. It appeared that this was more common in the smaller LAs visited and may be linked to prior relationships having been developed and the ability to, for example, co-locate LA and provider staff as part of an overall approach to supporting families.

- Perceived openness on the part of key LA staff to the potential benefits of the ESF Families provision.

7.2.2   Relationship with the Work Programme

A small number of provider managers and key workers felt that restrictions on eligibility caused by participants being on the Work Programme prevented them from supporting individuals that would be likely to benefit from the ESF Families provision.[76] In part this view seemed to be influenced by the positive work undertaken with those completing two years on the Work Programme and being signposted to the provision. It was also a reflection of instances where individuals had been referred, and initial meetings held, before it transpiring that the potential participant was on the Work Programme but hadn't realised. In the view

---

[76]   For full details of eligibility in respect of the Work Programme please refer to section 1.3.6.

of interviewees making these points, there was a case for permitting a more fluid transfer between the two forms of provision depending on the needs of particular individuals.

As discussed in section 4.3.2, the decision to signpost those completing two years on the Work Programme was broadly welcomed by providers as a source of additional referrals. A perception that the ESF provision was well suited to some of the entrenched barriers such individuals faced also influenced this view. However, a small number of provider representatives also commented that they felt that the nature of the two programmes meant that referrals were the wrong way round. From this perspective, the ability of the ESF Families provision to address some of the deep-seated barriers faced by those distant from the labour market meant that, ideally, these barriers would be addressed prior to referring individuals to the Work Programme.

7.3   Added value of the provision

The perception that significant added value could be ascribed to the ESF Families support was widely referenced across a range of stakeholder groups, but was particularly prevalent amongst those delivering the provision. Stakeholders commonly raised a series of considerations to support this view, particularly when compared to other employment programmes and related provision. These included:

- The holistic and 'wraparound' support offered through the provision, particularly in respect of the dedicated key worker role.

- The flexibility and range of support the provision was able to offer, addressing a number of barriers in an interrelated fashion.

- The intensity and in-depth nature of the support that could be delivered, with the key worker role again often being referenced in this context.

- The suitability of the support for those with multiple barriers to work, particularly in terms of the time available to work with such participants and the explicit recognition that moving towards work would require a series of steps.

- Feedback from participants supported and the frequency of positive comparisons made to other programmes and support they had received in the past.

- Amongst provider staff, comparisons with other programmes they had been involved in delivering – the view being that the provision's flexible, tailored and in-depth support was superior to many of their previous experiences.

A combination of the above factors is reflected in the following typical comments of provider staff asked to consider whether, how, and to what extent the provision added value to that commonly available:

> *'The actual holistic activities that are in there with the housing, the mentoring, the money, the health, the travel and social isolation, all of those things, that's the bit that I think is really good. Because it's not just, get them into work, get them into work, get them into work.'*

> (Key worker)
> *'For our clients the feedback we've been given is they've been to other services,*

> *other programmes and they felt like a number … I think what we give is a really good wraparound service for the individual.'*

(Sub-contractor manager)

> *'I think the programme's absolutely brilliant, it typifies what ESF is about really – that ability to work really in-depth with people and move them on. I think we have been on a real journey with it and we've made it work'.*

(Sub-contractor manager)

Despite the widespread view that the provision represented significant added value, a small minority of interviewees offered an alternative view. For one key worker, the perceived lack of flexibility in funding particular items or help for individuals to address barriers to work was seen as limiting added value compared to previous ESF programmes. This related to not having a discretionary budget with which to buy, for example, work clothing for participants or pay for professional licenses. However, it should be noted that in such cases decisions not to have such a budget may well have been a decision made by local providers or prime contractors. In another instance a sub-contractor manager felt that the potential added value of the provision had not been realised in practice, mainly due to initial implementation difficulties and the feeling that more could have been achieved by the programme.

In general, however, such views were unusual. Equally, the weight of evidence supporting these perceptions of added value, particularly that related to the flexibility, intensity and effective wraparound nature of the support considered elsewhere in the report, provides a positive impression in this area.

8 Conclusions and recommendations

This final chapter sets out some overall concluding observations and key lessons regarding the European Social Fund (ESF) Families provision based on the evidence reviewed. The outcomes of the provision are also reviewed against the theory of change presented in chapter 1. Summary answers to the key research questions detailed in chapter 1 are then provided. The report concludes by presenting a series of recommendations for consideration.

8.1 Concluding observations and lessons from the evaluation

Although the ESF Families provision faced a number of implementation challenges, evidence suggests that it is now functioning effectively and leading to positive outcomes for many of those engaged. The provision has typically supported individuals rather than directly offering 'whole family' support in the truest sense. However, this support for individuals has clearly had positive, albeit indirect, effects on wider family contexts in many cases. The provision appears to be working particularly well just as it comes to the end of its funding period. While this is positive, it serves to reiterate a common evaluation finding that (particularly innovative) provision takes time to become fully embedded, and implementation issues addressed, before reaching an effective 'steady state'.

The evaluation also illustrates that certain characteristics of support are important in generating successful outcomes for those facing multiple barriers to work. These include use of a dedicated key worker able to offer both formal and informal ongoing and 'wraparound' support; a wide and flexible menu of provision, covering issues such as debt and housing advice, in addition to more standard employability support; and a combination of group and 1-2-1 work depending on context and individual need. Similar support could play a key role in any future programmes targeted at addressing entrenched worklessness.

It is clear that taking action to enhance the volumes being engaged on the provision was a key turning point in its relative success. In particular, using Jobcentre Plus to signpost individuals for support was important in increasing the numbers accessing help, suggesting that the agency is likely to be an important source of referrals for any future provision of this type. Equally, the earlier issues caused by using LAs as the sole referral route, in the absence of any significant direct incentive or leverage, indicates the need to carefully consider referral mechanisms and programme design.

Another important aspect to consider is the fact that attaching individuals to the provision was affected in some instances by delays in confirming their eligibility. Given the nature of 'harder to help' or 'harder to engage' clients, it appears important to ensure that processes of referral and attachment are as streamlined as possible.

The evaluation also highlights some potential lessons concerning the design and procurement of provision of this type. It is significant that in some cases delivery organisations, and the staff within them, viewed themselves more as providers of standard employability support, rather than provision designed to tackle entrenched and often difficult to address barriers. This indicates that procuring provision aimed at supporting the most challenging clients must ensure that prime contractors and their supply chain are truly geared up for providing the type and intensity of support required.

Equally, the incentives and payment mechanisms developed for provision such as the ESF Families support are clearly critical to their effectiveness. Allied to issues around low referral volumes, the initial payment model adopted had significant negative effects for both providers and those accessing support. This reinforces the vital nature of a well designed, well structured and achievable approach to setting triggers for outcome payments. While it is reasonable for payment by results (PbR) approaches to be challenging and stretching for providers, it is equally important that they should not compromise the quality of support or the degree to which it can be effectively delivered.

Similarly, using mechanisms such as progress measures as part of payment models can clearly be beneficial from a number of perspectives if appropriately designed. They can help to structure the delivery of different types of support, as well as being suited to provision seeking to move individuals closer to the labour market through a series of 'steps'. From the perspective of providers they can also be a welcome and explicit recognition of distance travelled. However, it is essential that such mechanisms are realistic, achievable, subject to ongoing monitoring to assess their effectiveness, and flexible enough to be adjusted if required.

Finally, it is worth emphasizing the finding that as referral volumes increased, and caseloads reached 70–80 per key worker in some instances, the sort of intensive, wraparound, support on offer became much more challenging to effectively deliver. This strongly indicates that provision aiming to offer such support needs to be adequately resourced and caseload numbers monitored on an ongoing basis. The role of Departmental Performance Managers or equivalent in managing such a process is thus likely to be significant in any similar future provision.

8.2   Revisiting the theory of change

Revisiting the theory of change for the provision outlined in section 1.5.3 in light of the evidence gathered shows that the ESF Families support has met many of its intended outcomes and impacts to a considerable extent. Improved health and wellbeing, reduced problems with debt, the resolution of housing issues, improved family relationships and reduced conflict, reduced social and economic isolation, increased work-related activity, and individuals moving closer to and into work were all common outcomes of the support offered, albeit to varying degrees.

The provision has perhaps succeeded in reducing social isolation to the clearest and most significant extent. Positive impacts on health and wellbeing, along with family stability through addressing debt and housing issues, were also prevalent and considerable in many contexts. The evidence for improved family relationships and reduced family conflict and breakdown was less clear but, in many individual cases, such outcomes were certainly

apparent. Outcomes in this area frequently rested on addressing other issues, such as building confidence and enhancing more generic life-skills, rather than providing direct family relationship support.

The provision has also clearly increased work-related activity amongst individuals and families with multiple problems. Likewise the evidence strongly indicates that a significant proportion of those supported have been moved closer to the labour market, with a number of these moving into work as a result of the support received. While the extent of sustained job outcomes will only be able to be fully quantified after the end of the provision, the evidence is that numbers in this area are increasing and will continue to do so over the remainder of the provision's lifetime.

The evidence assessed around the delivery of the provision indicates that the key activities involved in supporting participants can be directly traced to the achievement of the above outcomes in many cases. The tailored and flexible support on offer, the use of key workers, and processes around action planning and needs assessment are all key factors in the positive outcomes observed. This suggests that the intervention logic developed for the provision, in terms of using such activities to generate the intended outcomes, has proved to be effective in practice.

The main aspect of the intervention logic not consistently evident in light of the reality of delivery concerns the rationale and overarching aim for the provision. While the intervention is clearly successful in addressing entrenched worklessness in many contexts, the presumed adoption of a 'whole family' approach to achieve this is not fully reflected in the way the provision operates. As noted, the provision does have beneficial outcomes for families but these are largely indirect and result from the support offered to individuals. The delivery mechanisms adopted by providers are similarly more characteristic of individually targeted employability support rather than reflecting a 'whole family' approach.

8.3   Summary answers to the key research questions

Summary answers to the key research questions detailed in section 1.4.1, encompassing the sub-questions that accompany them, are as follows:

1   How has the provision made a difference to the lives of families?

Evidence indicates that the provision has made a positive difference to the lives of families, albeit indirectly given that support is largely targeted at individuals rather than representing a 'whole family approach'. This difference should not be underestimated, however, given the numerous examples of how support for individuals has positive knock-on benefits for family functioning and stability. Through this the provision will have contributed to supporting families with multiple problems into continuous employment.

The majority of support delivered through progress measures is oriented around employability, training, confidence and motivation, housing, debt issues, Information Technology (IT) and digital inclusion. Progress measures around parenting skills and domestic violence were less commonly undertaken. This support, allied to that delivered through the key worker role, has improved work readiness for a large proportion of those engaged. Equally, significant numbers have been supported into employment, though the time lag involved means that the degree to which employment is sustained will only be able

to be fully judged after the end of delivery. A range of outcomes are important to enhancing participants' employability now and in the future; addressing barriers such as confidence, debt, low skill levels and family stability are all significant in this context.

2 Who has benefited?

Those helped by the provision typically have multiple barriers to employment and often deep-seated issues that require addressing as part of a progression route to work. The participant cohort is just under two-thirds female, perhaps due to the prevalence of lone parents amongst those supported. The provision supports women through the individual, tailored approach taken to support, but few providers offer distinctive forms of support specifically targeted at women. The programme supports a range of family members. However, as noted, it is more oriented to individuals rather than 'whole families' through its delivery mechanisms. Evidence suggests that the provision can be most effective for those facing multiple and interrelated barriers to work; hence similar approaches are likely to have potential benefits for addressing entrenched worklessness.

3 How does provision work?

The commissioning model for the provision appears to have been efficient whilst ensuring that a local focus and flexibility in delivery can be maintained. This is mainly down to prime contractors' supply chains being comprised of local organisations or providers with a strong presence in particular localities. The design of an effective funding mechanism as part of the commissioning model is essential. The experience of the negative effects of the funding mechanism as initially implemented shows that this can have knock-on effects on the supply chain, its viability and the ability to deliver effective support to participants. If progress measures are used as part of such a mechanism, they too must be carefully designed and regularly reviewed to ensure that they are realistic and achievable whilst being stretching for providers.

Other family members have typically not been engaged on the provision beyond the initial individual attached to the programme. The reasons for this are complex, but are likely to relate to the degree of focus providers give to this and potential reluctance on the part of those engaged to have other family members on the provision with them. This aspect is probably the main way in which the provision being delivered differs from the initial conception of the support and how it would operate.

The provision varies across Contract Package Areas (CPAs) in the degree to which it combines effectively with other related programmes, particularly the Department for Communities and Local Government (DCLG)-led Troubled Families programme. In some areas the openness of LAs to the provision and recognition of its worth, combined with effective partnership working at strategic and operational levels, has enabled effective links to develop. In other areas such linkages are less evident and, as a result, the potential complementarity of the ESF provision and the DCLG-led Troubled Families programme at that point may not have been fully realised.

4 What is effective in delivery?

The introduction of a wider range of referral mechanisms through the development of the secondary referral route is vital to the effective functioning of the provision. This has increased referral volumes whilst maintaining a focus on engaging those with multiple barriers to work. The provision manages to engage some individuals and families and

not others due to a combination of individual and family circumstances, motivation and willingness to engage (given its voluntary nature), and the role of providers in presenting the support available and convincing potential participants of the help it can provide. The most effective progress measures appear to be those focused on confidence building, developing employability and raising skill levels, and addressing issues acting as barriers to labour market engagement in terms of individual and family stability – particularly those around debt and money management.

Given that a prime contractor maintained a managing agent model in only one of the 12 CPAs, the ability to judge the effectiveness of this as opposed to prime contractors engaging in direct delivery is limited. However, both approaches clearly have advantages and disadvantages. The main advantage of the managing agent model appears to be the scope to focus on supply chain management and liaison with the Department for Work and Pensions (DWP) without this being affected by delivery responsibilities. Conversely, engaging in delivery gives a detailed and in-depth understanding of delivery issues 'on the ground' to prime contractors.

Several lessons can be drawn in respect of making provision such as this work for hard to help groups. The role of key workers and the provision of 'wraparound support' is central to this, as is the intensity of provision and the time able to be dedicated to supporting individuals. The ability of the support to operate in a holistic way, addressing interrelated barriers to work, is also significant. However, given the nature of these aspects, making the provision effective depends on adequate resources being available to facilitate such an approach, allied to key worker caseloads being kept manageable.

5   How does the provision add value?

The main benefits of the approach relative to other provision relate to the intensity, flexibility and range of support available. The role of the key worker in offering dedicated and ongoing 'wraparound' support is another key aspect. Participants clearly valued these elements in comparison to other provision and assistance they had received. Key workers also commonly noted that they were not aware of any other provision that operated in this way. The provision also clearly delivers a range of economic and social benefits to those engaged. While quantifying the extent of this is outwith the scope of the research, such effects are clearly positive for individuals and their family circumstances.

8.4   Recommendations

Based on the evaluation findings, the evidence points towards the following recommendations:

1   The success of the provision in supporting individuals to move closer to work through flexible, intensive, interventions indicates that there may be an important place for such approaches in addressing entrenched worklessness. Examining the potential to develop similar provision for this purpose is thus recommended.

2   The evidence suggests that future provision should take note of the central role and importance of key workers and their ability to offer ongoing, 'wraparound' support to participants. Future programmes might, for example, ensure that this role is a part of their design, bearing in mind the need for adequate resources to facilitate the type of intensive support it involves.

3   The interrelated nature of barriers faced by individuals with multiple problems points towards the importance of developing provision for this client group that adopts a wide focus. This could be designed to tackle and address issues such as debt and family stability alongside, and integrated with, employability support.

4   Where novel forms of outcome-based payments are used, where possible these might usefully be piloted at a small scale first to identify unintended or unexpected consequences that may lessen the effectiveness of interventions. The evidence indicates that such approaches should be closely monitored and be flexible enough to be adjusted as required.

5   When procuring future provision of this type, the evidence points to the importance of ensuring that prime contractors and supply chains are truly geared up for providing the type and intensity of support required. This may involve considering organisations with less of a background in standard employability or welfare to work provision, and/or ensuring that such organisations have a place in supply chains.

Appendix A
Additional methodological detail

A.1   Theory of Change

At the outset of the study the intention was to develop theories of change at the level of the provision as a whole and for each individual Contract Package Area (CPA). However, a review of programme documentation, including the progress measures used, revealed that the intervention logic in each CPA had far greater similarities than differences. Liaison with prime contractor representatives confirmed this, with the main differences apparent linked to the delivery model adopted along with some subtle variations in the nature and focus of activity. The rationale, inputs and intended short, medium and long-term outcomes of the intervention were thus revealed to be broadly common across the 12 CPAs.

It was thus decided that the focus in this area should be on investigating the differential effects of the delivery approaches apparent across CPAs, as captured and reflected in the typology of delivery models developed, rather than developing and testing a distinctive intervention logic for each CPA. Within this approach, the variations in activities and delivery apparent, for example the extent to which providers focus on group work as opposed to one-to-one support for individuals engaged, remained a key focus but did not fundamentally change the ToC across different CPAs.

The ToC was used to inform the development of research tools along with offering an analytical framework by which to assess the degree to which the ESF Families provision met its intended outcomes.

A.2   Typology of prime contractor delivery approaches

The typology of delivery models developed is summarised below. This offered an analytical underpinning to assess the apparent strengths and weaknesses of particular delivery models/approaches adopted by prime contractors.

> **Type 1** – Prime contractor acting as a managing agent and engaging in no direct delivery (here the focus of the prime concerned is on managing the supply chain, partnership development and management, and acting as an intermediary between the supply chain and contracting/liaison with the Department for Work and Pensions (DWP))
>
> **Type 2** – Prime contractor predominately acting as a managing agent but also engaging in some limited direct delivery due to circumstance (in these instances the primes were initially pure managing agents but due to sub-contractors dropping out have taken on delivery in particular areas)
>
> **Type 3** – Prime contractor also engaging in delivery alongside a supply chain of geographically-based end-to-end providers only (this 'type' represents one basic model but with some variations, principally in terms of the degree of direct delivery, whether local authorities (LAs) are engaged as providers, and whether there is a single provider per defined geographical area or shared delivery within that area)
>
> **Type 4** – Prime contractor engaging in some direct delivery and utilising a supply chain which combines geographically-based end-to-end providers with specialist providers offering particular services across the CPA (this is distinguished from type 3 in the sense that, while some type 3 prime contractors, reported using specialist providers they were not formally part of the supply chain, with individuals being signposted to these specialist organisations or their being brought in to deliver particular specific activities).

A.3 Evaluation framework

The evaluation framework overleaf maps the key evaluation questions developed from the original specification, and through the study development phase, to the main evaluation evidence sources. The framework also formed the basis for analysis of the qualitative data gathered through the fieldwork, with the key research questions being transposed into an analytical framework through which to identify common themes and issues in respect of each question as applicable. Where questions are additional to those presented in the original evaluation specification these are highlighted in grey. Along with the programme level logic model presented above, the questions in the evaluation framework functioned as the starting point for developing the case study and survey research tools presented at Appendix B. In respect of each research question, core evidence bases are indicated by 'X'; supplementary bases by 'x'.

Table A.1   Evaluation framework

Key research questions	Participant surveys	Case studies	Quantitative analysis	Desk review
How has provision made a difference?	X	X	x	
Which Progress Measures have been worked towards and achieved?	X	x	x	
What improvements have there been in work readiness besides completed Progress Measures?	X	X		
What are the labour market outcomes?	X	x	x	
What are the other outcomes that may enhance employability in the future?	X	X		Continued

Table A.1   Continued

Key research questions	Participant surveys	Case studies	Quantitative analysis	Desk review
How does provision contribute to reducing the number of troubled families?	X	X	x	
Who has benefited?	X	X		
What are the characteristics of those who are helped?	X	x		
How does the provision support women in particular?	X	X	x	x
Which family members are most likely to participate and why?	X	x	x	
Who is the programme most effective for?	X	x		
How does provision work?	x	X		x
Has stakeholder understanding of the rationale for the programme changed over time? If so, how?		X		x
How well have delivery relationships within the programme functioned?		X		
What is the effect of the commissioning model on the balance of efficiency vs. local flexibility?		X	x	
To what degree have other family members been involved beyond the initial person (who may not be the qualifying person) and why?	X	X	X	
What can we learn about the funding mechanism for future projects?		X	x	
What was intended by the DWP and why what is being delivered differs (in outline)?		X	x	X
How does this fit with other provision (in outline)?	x	X		X
What is effective in delivery?	X	X	x	x
What factors influenced providers to adopt the delivery model they did?		X		x
How far are smaller/more specialist organisations involved in delivery?		X		x
How well does provision engage with and support particular sub groups – e.g. women, those with disabilities, ethnic minorities etc.?	X	X	x	
How effective are each of the referral routes in targeting the right people and getting them onto the provision?	X	X	x	x
Why do some families engage and not others?	X	X		
What are the differences in effectiveness of the two main delivery models (Prime Provider and supplier delivery vs. Managing Agent and supplier)?	x	X	X	
Which Progress Measures are most/least effective and why?	X	X	x	
What are the emerging lessons on making this work for hard to help groups?	X	X	x	x
How does the provision add value?	X	X	x	x
How well does the provision link with related interventions such as the Troubled Families programme?	x	X		x
What have been the benefits of this approach that are/ were not achieved through other/previous provision?	X	X	x	x

Continued

Table A.1   Continued

Key research questions	Participant surveys	Case studies	Quantitative analysis	Desk review
What difference has the approach of focusing on and working with families made, as compared to working with individuals in isolation?	X	X		
What provision, if any, would participants have got if they did not go on this provision?	X	x		x
What are the other economic and social benefits?	X	X	x	

A.4   Participant survey

A4.1   Survey design

The research was conducted in two distinct phases; with an initial cognitive testing and pilot survey phase undertaken to inform the design of the main survey.

The cognitive testing aimed to test participants' understanding of the survey questions, in particular any complex questions, to ensure they were understood as intended.

Following this, the pilot set out to test the feasibility of providers recruiting beneficiaries for the survey, selected by Ipsos MORI, and interviewers conducting the interviews on provider premises. The rationale for this approach was based on the understanding that, while the sample would be sourced from DWP, contact details would need to be obtained from providers. In addition, evidence from other studies indicated that brokering by providers contributes to better response rates among more vulnerable participants. It was also originally envisaged that the interviews would be relatively long and complex and, therefore, would potentially work better face-to-face (i.e. this approach would mean participants were more likely to complete the survey).

The pilot, therefore, set out to test the mechanism of liaison with providers to recruit selected participants for interviewing. It also tested the sample quality, field materials and fieldwork processes including the practicalities of conducting the interviews on provider premises. Finally, the survey questionnaire was further tested.

Piloting found that in practice this approach was not feasible. Providers were able to successfully recruit participants for interview on their premises but only with the removal of selection criteria, resulting in findings that would not be representative of the target population. Analysis of the beneficiary sample provided by DWP, in combination with response rate information provided by the survey contractor for the ESF Cohort Survey, suggested that a telephone methodology would be viable. This would be supplemented with face-to-face in-home interviewing for those requesting it.

Recommendations for the main survey and the final approach were agreed following consultation with the evaluation Steering Group.

Non-participant survey

The pilot phase was also used to test the feasibility of conducting a survey among non-participants (i.e. people who do not 'attach' after they were initially referred to provision). This process found that several CPAs did not have the required contact details or felt unable to share them. As a result, it was concluded that this element should not be included in the evaluation since it would not provide representative results.

More detail about the cognitive testing, piloting, non-participant survey and main stage are provided below.

Cognitive testing

The questionnaire was cognitively tested among 10 beneficiaries, encompassing a range of demographics and family circumstances. The beneficiaries were recruited by Reed in London East and Work Solutions (a subcontractor of G4S) in Manchester. The interviews were conducted in two stages; the questionnaire was reviewed and amendments made after the first stage of interviewing in London and these changes were further tested in Manchester. Participants were offered a £25 incentive as a thank you for their time.

Most questions were understood as intended; some minor amendments were made to ensure the wording was clear for all participants. A key issue was participants' recall of the type of help received; this was initially explored using a 'showcard' list but some (for example, those who did not speak English as their first language) found the lists lengthy and difficult to read. This question was subsequently asked without a list and recall was good.

Participants tended to view the services received as a single package (rather than a number of discrete services) making it difficult for them to comment on the quality of specific activities. To align the questions with the way participants relate to the programme it was recommended that participants rate the provider overall, rather than specific services/aspects. No participants had other family members involved in the programme; hence it was not possible to test this section of the questionnaire. A similar issue was encountered in the pilot and is discussed below.

The cognitive testing showed the questionnaire generally worked well; only minor amendments were required to meet the needs of participants for whom English is not their first language. It was discussed and agreed with the Steering Group that recent joiners (i.e. within the last 3 months) should not be asked some of the impact questions, and the more detailed questions about involvement of other family members would be best explored in the qualitative research.

Piloting

A key purpose of the pilot survey was to test the feasibility of providers recruiting beneficiaries (from a list provided by Ipsos MORI) to take part in the survey, and for these interviews to be conducted on provider premises. A total of 25 interviews with beneficiaries were conducted across three locations. Participants were offered a £10 incentive to maximise response rates.

Below is a summary of the key stages tested as part of the pilot and the issues arising at each, indicating the limitations at each stage.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

Stage 1: Assessment of sample quality

DWP provided a sample for the pilot from those not required for the ESF Cohort Survey. This only included start dates in December 2012 and February-March 2013.

The sample had good coverage of contact details including telephone numbers (96 per cent, though mainly mobile numbers). Overall, the sample shared a similar profile to the overall population (according to MI data January – July 2013), though there were slightly fewer under 25s and more individuals aged 45+.

Feedback from the survey contractor for the ESF Cohort Survey suggested possible issues with sample quality. For example, 26 per cent of numbers were unobtainable and 15 per cent did not recall being on the programme. The latter was possibly due to participants no longer engaging with the programme (as suggested by one prime contractor in the pilot), and/or the absence of information about the projects/subcontractor in the sample.

Stage 2: Contact with CPAs

Three CPAs agreed to help with the pilot (two of which also assisted with the cognitive testing):

• Reed – London East and West

• G4S – North West

• Skills Training UK – South East

Each CPA was provided with sample details (names and telephone numbers) in a range of postcode areas.

The CPA lead was asked to identify the main providers in these areas who would then be responsible for organising the interviews with the named sample. In London, Reed was both lead and sole provider. However, where subcontractors were used this was problematic; G4S, for example, was unable to identify the relevant providers due changes to their IT system. In order to allocate the beneficiary sample to G4S' subcontracted providers, Ipsos MORI undertook postcode matching using a provider boundary list provided by G4S. However, in some postcodes, where more than one provider was operating, matching was not perfect.

Key findings
• Prime contractors could not always easily identify relevant subcontracted providers.

• Linking participants to projects was difficult and time consuming for providers.

• Varying levels of co-operation from prime contractors. Resources are stretched and while they were helpful it was not a priority for them.

Stage 3: Recruitment by providers

Local providers were asked to recruit from the lists of participants provided by Ipsos MORI. Providers were given a large number of leads to achieve this due to the short timescale available for pilot recruitment. However, despite having large numbers to recruit from, they were mostly unable to do this.

In London, the provider reported that the sample was insufficiently clustered around Reed's offices to encourage selected beneficiaries to attend, even with the offer of a £10 incentive. Instead, participants were recruited from Reed's own client lists.

In Manchester, G4S identified the majority of the sample provided as out-of-date (attachment dates in February and March) and reported that most participants listed had left the programme. As a result, they were asked to recruit from their own lists of beneficiaries. However, this also proved unsuccessful as most of those approached were unwilling to attend due to travel distances and cost (much of the support is delivered by outreach in this area). Finally, we were referred to another local office in Bury who used their own lists of participants.

The South-East was slow to get started with recruitment. Given time pressures, they also recruited from their own lists using the strong relationships they had with clients, as well as recruiting from new starters who were attending a course at their offices.

Key findings

- Sample quality reported to be out-of-date by one provider.

- Sample not sufficiently close to provider premises to encourage participants to travel for two providers.

- Much provision is outreach, meaning it can be difficult to encourage participants to attend a centrally organised interview.

- Providers recruited from own lists. As a result, only the most engaged participants were selected for interview.

Stage 4: Interviewing

In total, the three providers involved in the pilot arranged four days of interviewing between 15–17 October.

Interviewer feedback on the survey was very positive. All reported that they had enjoyed carrying out the interviewing and that it was interesting; a factor that ensured interviewees were engaged throughout the interview. Interviews flowed well and participants generally grasped the concepts easily. A few participants had English as a second language and needed some help reading showcards but understood the questions well.

In total, the providers organised 29 interviews and 25 were completed. This is a very good response rate, but the majority of participants had been purposefully selected and were likely to be among the most engaged. In fact, interviewers mostly attributed the high levels of engagement to the specific advisers that beneficiaries were working with as part of the programme.

The selected participants were happy attending provider premises, but interviewers noted that much of the work with them happened off-site. The majority had been involved in broad job-search activities but one project in particular was focused on helping those with drug and alcohol dependency.

Most pilot participants were relatively new to the programme; just five had been involved between 6–12 months. Recent joiners to the programme found the impact questions less relevant. This highlighted (i) the importance of retaining control over sample selection and (ii) a requirement to stratify the sample by duration on the programme (using start date as proxy) to ensure that there are adequate numbers for analysis on both delivery issues and perceived impact.

As with the cognitive interviewing, there were very few cases of other family members involved in the programme. As a result, it was recommended that this would be more ideally suited to the qualitative interviews conducted by Ecorys.

Key findings

- Questionnaire worked well from interviewer and interviewee perspectives.

- Good response rate from selected participants (but note they were purposefully selected).

- Need to consider length of time on programme in sampling in order to ensure it is possible to measure outcomes.

- Questions about other family members are more suitable for qualitative research.

Non-participant survey

At the outset DWP wished to explore the feasibility of conducting a short telephone survey of non-participants to understand the reasons why some people fail to 'attach' and what activities they are doing instead. It was foreseen that the survey would also collect some demographic information about this group. Since there was no centralised database of non-participants this would have to be sourced from prime contractors.

Early discussion between Ecorys and prime contractors revealed that in all areas (apart from the North East) providers keep a record of non-participants that could potentially be used to sample this group. Subsequently, all CPA leads (apart from the North East) were contacted by Ipsos MORI to establish: (i) what information they hold on non-participants, in particular coverage and quality of telephone numbers; (ii) whether non-participants have given consent to be contacted for research; and (iii) whether there is a Data Processing Agreement in place allowing them to share this data with Ipsos MORI. Through this process, prime contractors in five of the 11 areas responded positively and agreement in another two CPAs appeared possible. Two CPAs stated that they did not have the correct consent in place to share the data.

Anecdotally, providers indicated that the sample was likely to include a high number of incorrect telephone numbers; offered as one of the reasons for non-attachment. Some providers also stated that some non-participants may have become attached since; there is no cross-referencing with the participants database so screening would be needed to check whether the non-participant had since become engaged with the programme or not. Providers also suggested that some non-participants may have been ineligible because they were on the Work Programme (in addition to other reasons, though some felt this would be the most common reason). However, they also noted that the data would not identify whether the participant was ineligible or had failed to attach for other reasons.

These concerns about data consents and the ultimate quality of the sample, led to a reconsideration of the approach to engaging with non-participants, which was recommended for incorporation in the qualitative case-study element of the evaluation.

A4.2   Survey main stage

As a result of piloting, it was recommended that a telephone approach would provide a more representative and larger sample size (giving greater scope for sub-group analysis). To ensure the research was as inclusive as possible, additional provision was made for face-to-face interviewing for those requesting it.

The sample provided by DWP included 11,924 participants who had attached between January and September 2013. Telephone coverage was good, with almost all having at least one telephone number and little variation by CPA (149 with no number in total ranging between 0.3 per cent and 2.1 per cent by CPA).

The sample was randomly selected from this database, but stratified to deliver 100 interviews in each CPA, giving an overall sample size of 1,200 interviews. Participants were ordered by age, gender and length of time on the programme (using month started as proxy) within CPA prior to selection. Within each CPA 500 leads were randomly selected, using a random 1 in 'n' procedure[77].

The sample provided included CPA lead name but not individual CPA. This was matched into the sample on the basis of respondent postcode. In order to aid recall of the programme, where possible, the name of the sub-contractor was provided for the participant at the start of the interview. However, this information was not available systematically and in some instances it was not possible to provide a single contractor name, either because there were multiple providers in an area or because the geographical areas were imprecise. In these instances, interviewers were provided with a list of possible provider names and were briefed to use them as a prompt.

Questionnaire

The pilot had indicated that the questionnaire would work well by telephone. However, it was necessary to reduce the average interview length by around 10 minutes, to an average of 20 minutes. Detailed feedback on specific questions was provided to DWP, with revisions agreed for the main stage. As a result, before fieldwork began in earnest an additional small scale pilot was conducted, including 30 completed interviews. This focused on testing the screening procedure as well as the interview length and general flow of the questionnaire with the move to telephone interviewing. No changes were required as a result of this process.

A full version of the questionnaire including programming and routing instructions can be found in Appendix B. In summary, the questionnaire covers the following areas:

• Screening eligibility.

• Project experiences: recruitment.

• Involvement of other family members.

• Project experiences: delivery.

• Action plan.

• Experiences versus expectations.

---

[77]   In CPA 1 all 426 participants were selected.

- Satisfaction with support.

- Impact of support.

- Demographics.

- Data linkage consent and recontact.

At the end of the survey, participants were asked if they would be willing for the answers they gave to be matched to DWP databases, which contain further information about their benefit, employment and tax records. In total 976 (79 per cent) participants agreed to data linking.

Opting out

Ipsos MORI sent an advance letter on behalf of DWP to all participants selected from the full sample. The letter introduced the survey, explained that an interviewer would be in touch shortly to conduct an interview, as well as providing assurances about confidentiality.

The letters were sent out around a week before the start of fieldwork, to give participants the opportunity to opt out of the survey. Participants could contact Ipsos MORI to indicate that they wished to opt out using a freephone helpline number or email address. A total of 42 participants opted-out of the research and were not contacted by interviewers. A further 73 letters were returned to sender.

Fieldwork

Ipsos MORI interviewed 1,240 participants in total, between 14 January and 2 March 2014. This included 1,238 participants interviewed by Computer Assisted Telephone Interviewing (CATI), with two additional interviews conducted in-home at the request of the participant.

The average interview length was 20 minutes.

Project supervisors and interviewers were briefed on the telephone and received a set of interviewer instructions which contained information on the background to the survey including the aims and objectives, specific requirements for fieldwork including respondent eligibility and the detail of the questionnaire and CATI script.

Response rates

Ipsos MORI achieved interviews with 1,240 beneficiaries from a sample of 4,074 individuals, resulting in an unadjusted response rate of 30 per cent. The adjusted response rate, based on valid sample, was 60 per cent.

Valid sample refers to that which was eligible (i.e. not screened out) and contactable. Some participants were ineligible due to not recalling participation in the ESF Families programme.

The response rates indicated below assume that all unknown eligibility cases are eligible.

Table A.2   Sample outcome

Final sample status	Total sample used (N)	Total sample used (%)	Valid sample (%)
Valid sample			
Achieved interviews	1,240	30%	60%
Refusal	161	4%	8%
No answer*	587	14%	29%
Sample still live	68	2%	3%
Total valid sample	**2,056**	**50%**	**100%**
Invalid sample			
Bad number/respondent moved	903	22%	
No answer*	96	2%	
Ineligible	556	14%	
Other dead leads	465	11%	
Total invalid sample	**2,020**	**50%**	

Source: Ipsos MORI.

*This has been adjusted on a pro-rata basis, based on known eligibility rate.

A4.3 Data coding and processing

Coding was conducted for four open-ended questions (Q6, Q20, Q38b and Q39). Code frames were prepared by the Ipsos MORI coding team and checked and approved by the research team. Coding staff also checked verbatim answers entered by interviewers at five 'other – specify' questions (NEWQa, Q1, Q4, Q24, Q47, D14 and D15).

SPSS Datafile

The SPSS file contains data relevant to the interviewer screener, interview questions, weighting, derived variables and additional sample information. The data file is accompanied by a data dictionary and the SPSS syntax for derived variables.

Weighting

To take account of the stratification by CPA, weighting was applied to the data. In addition, the profile of those who took part in an interview was compared with the profile of all beneficiaries, in order to check whether weighting was necessary to correct for the differential levels of non-response. As a result of these checks, the data was weighted by respondent age and gender within CPA.

Table A1.3 shows the profile of survey participants against the universe population profile.

Table A.3   Unweighted and weighted sample profiles

Age	Unweighted profile (1,240) %	Weighted profile (1,240) %
<25	18.7	14.0
25-34	33.3	28.8
35-44	26.5	30.7
45+	21.5	26.5

Source: Ipsos MORI

CPA	Female %		Male %	
	Unweighted	Weighted	Unweighted	Weighted
CPA 1	65.0	65.3	35.0	34.7
CPA 2	67.0	68.8	33.0	31.2
CPA 3	73.6	76.1	26.4	23.9
CPA 4	86.3	74.7	13.7	25.3
CPA 5	63.0	64.6	37.0	35.4
CPA 6	68.5	68.4	31.5	31.6
CPA 7	61.0	57.3	39.0	42.7
CPA 8	69.6	69.0	30.4	31.0
CPA 9	74.0	74.3	26.0	25.7
CPA 10	52.4	55.7	47.6	44.3
CPA 11	63.5	63.2	36.5	36.8
CPA 12	51.4	57.5	48.6	42.5

Source: Ipsos MORI.

The weights applied have reduced the overall effective sample size from 1,240 to 1,037. This has had a small impact on statistical reliability; the margin of error has increased from +2.8 percentage points to +3 percentage points (at the 95% confidence interval).

A4.4   Statistical reliability

The research participants are only a sample of the total 'population' of beneficiaries of the families provision, so we cannot be certain that the figures obtained are exactly those we would have if all participants in our time period of interest had been interviewed (the 'true' values). However, the variation between the sample results and the 'true' values can be predicted from the knowledge of the size of the samples on which the results are based and the number of times that a particular answer is given. The confidence with which this prediction can be made is usually chosen to be 95 per cent – that is, the chances are 95 in 100 – or 19 in 20 – that the 'true' value will fall within a specified range. The table below illustrates the predicted ranges for different sample sizes and percentage results at the '95 per cent confidence interval'.

Table A.4   Predicted ranges for sample sizes and percentage results at the '95 per cent confidence interval'

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	+	+	+
100 interviews	6	9	10
200 interviews	4	7	7
400 interviews	3	5	5
600 interviews	3	4	4
1,037 interviews	2	3	3

For example, with an effective base size of 1,037, where 50 per cent who started give a particular answer, the chances are 19 in 20 that the 'true' value (which would have been obtained if the whole of this population had been interviewed) will fall within the range of ±3 percentage points from the sample result (i.e. between 47 per cent and 53 per cent).

When results are compared between separate groups within a sample, different results may be obtained. The difference may be 'real', or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one – i.e. if it is 'statistically significant', we again have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we assume '95 per cent confidence interval', the differences between the results of two separate groups must be greater than the values given in the table below.

Table A.5   Difference required for significance

Size of samples compared	Differences required for significance at or near these percentage levels		
	10% or 90%	30% or 70%	50%
	+	+	+
100 and 100	9	13	14
200 and 400	6	8	9
500 and 500	4	6	7

A4.5   Interpretation of data

Statistical significance

As above, it should be remembered that final data from the survey are based on a sample, rather than the entire population of programme beneficiaries. Therefore, results are subject to sampling tolerances, and not all differences are statistically significant.

Reporting conventions

Where percentages do not sum to 100 per cent, or to aggregated scores, this may be due to computer rounding, or when questions allow multiple answers. An asterisk (*) denotes any value less than half a per cent but greater than zero.

Appendix B
Research tools

The research tools used in the evaluation are presented below. These include topic guides for use in the qualitative case study interviews and the questionnaire used in the survey of European Social Fund (ESF) Families provision participants. The qualitative topic guides presented cover consultations with, in turn:

• Prime contractor managers.

• Prime contractor delivery staff.

• Sub-contractor managerial staff.

• Sub-contractor delivery staff.

• Local authority representatives.

• Representatives from secondary referral route organisations.

• Jobcentre Plus Group Level ESF Managers.

• DWP Performance Managers.

• Participants receiving support from the ESF Families provision.

• 'Non-participants' (i.e. those referred to support but subsequently not attaching to the provision).

• Troubled Families Employment Advisers.

The questionnaire used in the survey of ESF Families provision participants is included at the end of Appendix B following the qualitative topic guides, as is the advance opt-out letter sent to potential respondents.

Prime contractor managers

Interviewer notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the delivery model involved (i.e. direct delivery, managing agent) and the role of the interviewee.

Part One: Introduction/background information

1.   Please outline your role at [insert provider] and how this relates to the ESF Families provision.

    •   Cover job title, time in post, main elements of role, specific role in respect of ESF Families provision.

Part Two: Design of the delivery model and approach

2.   At the outset of the programme what did you understand its rationale and aims behind the provision to be?

    •   How did this influence the design and development of your delivery approach?

    •   Has your interpretation of the programme's rationale and aims changed over time and, if so, how and in what ways?

3.   What were the key considerations or factors that led you to adopt the delivery model and approach you did?

4.   Have there been any changes in the delivery model or approach over the period of the programme's delivery?

    •   What led to these changes?

    •   Are you considering any further changes and, if so, why?

5.   To what extent are smaller/more specialist organisations involved in delivery?

    •   Probe on the reasons for the use or otherwise of such organisations in delivery arrangements.

    •   (Where being used) How important have these organisations been to the delivery model and why?

6.   Overall, how well would you say the delivery model/partnership adopted for the programme has worked and why?

    •   Probe particularly on the specifics of the approach adopted – e.g. provider directly engaged in delivery or playing a managing agent role.

    •   What has worked well and why?

    •   What has worked less well and why?

    •   What are the key learning points from the experience?

Part Three: Delivery relationships

7.   How well has the relationship between your organisation and DWP functioned?

    •   Probe on positive and negative aspects and the reasons for these.

    •   What issues have arisen and how have these been addressed?

    •   How might this relationship be improved?

8. How well has the relationship between your organisation and local authorities in the CPA functioned?

   • Probe on positive and negative aspects and the reasons for these.

   • How effective has the role of the single point of contacts in LAs been and why?

   • What issues have arisen and how have these been addressed?

   • How might these relationship be improved?

9. *(If not covered)* How effective has the role of the single point of contacts in LAs been and why?

   • How might this be improved?

10. *(If not covered)* Have the Jobcentre Plus secondees to LAs/Troubled Families Employment Advisers played a role in relation to the provision to date?

    • If so, what has this involved?

    • How well has this role worked from the perspective of the ESF Families programme?

    • How might this role be improved?

11. In general how well are relationships between your organisation and sub-contractors involved in delivery functioning?

    • Probe on what is working well/less well in these relationships.

    • Have any issues arisen in terms of these relationships and if so how have they been addressed?

    • How might such relationships be improved?

Part Four: Commissioning, payment model and contract management

12. To what extent has the approach taken to commissioning and management on the part of DWP allowed you to develop flexible forms of provision and delivery?

    • Probe on the reasons for the interviewee's perspective and whether flexibility is seen as desirable or whether more set guidance would be preferred.

    • Probe on whether there is sufficient flexibility in both delivery models and actual activities able to be offered.

13. How well has the process of developing and agreeing progress measures worked and why?

    • How might this be improved?

14. More generally, what are your views on the payment model being used for the provision?

    • What are the positive/less positive aspects to the model used?

    • What are your views on the changes to the payment model introduced since the programme's inception?

15.　What are your views on the monitoring and contract management processes being applied by DWP?

- What works well/less well in terms of these processes and mechanisms?

- Are there any particular issues that have arisen – if so what have these been and how have they been addressed?

- How might these processes be improved?

Part Five: Key delivery processes

16.　In general how well would you say the delivery of provision is functioning and why?

- What is working well in relation to the provision being delivered and why?

- Equally, what is not working so well and why?

- Probe on what is being done to address any issues and the success or otherwise of this.

- What are the main requirements in terms of improving the delivery of provision?

- Is anything planned in terms of on-going improvements?

17.　What have the key changes in the operation of the programme been since its inception?

- What has driven these changes?

- What impact have these changes had?

18.　How well has the primary local authority referral route functioned over the life of the programme to date?

- Probe on what has worked well/less well and why.

- Is there much variation in how well the route is functioning between local authorities and why?

19.　How well has the secondary referral route functioned to date?

- Probe on what has worked well/less well and why.

- To what extent are Jobcentre Plus signposting participants compared to them being identified and engaged by your organisation directly?

- Are there any ways in which the secondary referral route might be improved?

20.　In your view how successful are the referral routes in targeting the right people and getting them engaged with the provision?

- Are there any other referral routes that could be used so as to meet the aims of the provision?

- Probe on the reasons for the interviewee's perspective.

21. To what extent does the provision being delivered represent a 'whole family approach' as opposed to supporting particular individuals from families?

    • Probe on reasons for the interviewee's response and whether any changes are needed.

    • How commonly do other family members engage with the provision once a particular individual has been engaged?

22. Do you have any views on why some families and/or individuals from within families engage with the provision when referred and why some do not?

23. Are certain sub-groups (e.g. those with health conditions or disabilities, ethnic minorities, women etc.) proving more or less difficult to engage and why?

    • Probe in particular on any issues with female engagement and the reasons for this.

24. What steps are taken to ensure that provision is tailored to their needs of particular sub-groups such as women, those with disabilities, or ethnic minorities?

    • Are there any gender specific barriers or issues that the support offered is having to respond to?

25. How far are the specific needs of these sub-groups being met and why?

    • What are the main reasons for success or otherwise in terms of meeting needs?

    • Are there any specific approaches that are proving particularly effective in meeting the needs of certain groups and if so what are the reasons for this?

    • Probe specifically on particular approaches that appear to be effective for women.

Part Six: Links to other provision and added value

26. How well would you say the DWP ESF Families programme links with the Troubled Families programme run by Local Authorities?

    • How effective do you think the programmes are in reinforcing each other?

    • To what extent are individuals being referred to the ESF Families provision having previously been on the Troubled Families programme?

    • Are there any ways in which linkages between the programmes might be improved?

    • Probe on the reasons for the interviewee's responses.

27. How well does the ESF Families programme link with other employment interventions and DWP provision such as the Work Programme?

    • Probe on the reasons for the interviewee's response.

    • Are there any ways in which linkages between the programmes might be improved?

28.   To what extent would you say the ESF Families provision adds value to previous and current related programmes?

   •   What does the families provision offer that would otherwise be unavailable elsewhere?

Part Seven: Outcomes from the provision

29.   To what extent would you say the ESF Families provision is achieving the outcomes anticipated for it?

   Cover, in turn:

   •   addressing health problems faced by families and individuals within family contexts;

   •   addressing housing issues faced by families and individuals within family contexts;

   •   addressing debt issues faced by families and individuals within family contexts;

   •   addressing problems related to family relationships/family communication;

   •   reducing social and economic isolation amongst families and individuals in family contexts;

   •   moving those engaged closer to the labour market, for example through developing skills;

   •   helping those engaged to enter employment;

   •   helping to sustain employment amongst those entering work (probe also on the degree to which delivery focuses on post-employment support).

30.   Other than those outcomes discussed, have there been any additional or unexpected outcomes for participants in your view?

   •   What have these been and how are they evident?

31.   More broadly, from your perspective how effectively has the ESF Families provision addressed the needs of the group it is targeting and why?

   •   Are there any ways in which provision might better identify and address needs?

32.   To what extent has the programme met the following broader impacts intended for it (probe on reasons for interviewee's perspective).

   •   helping to reduce the numbers of families with multiple problems.

   •   reducing the number of workless households.

33.   From your perspective which progress measures have proved most effective in supporting these broader impacts and why?

34.   What progress measures have proved most popular or have been used most frequently and why?

35.   Equally, which progress measures have proved least effective in supporting these broader impacts and why?

36. What progress measures have proved least popular or have been used the least and why?

37. What would you say are the main lessons from the programme for future interventions aimed at supporting hard to support groups?

Part Eight: Closing/final comments

38. Are there any further comments you would like to make?

Prime contractor delivery staff

Interviewer notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the role of the interviewee.

Part One: Introduction/delivery background

1. Please outline your role at [insert provider] and how this relates to the ESF Families provision.
   • Cover job title, time in post, main elements of role, specific role in respect of ESF Families provision and time involved.

2. At the outset of your involvement with the programme what did you understand the rationale and aims behind the provision to be?
   • Has your interpretation of this rationale and aims changed over time?
   • If so, how and in what ways?

3. Please could you outline how delivery of support to programme participants works.

4. Have there been any changes in the delivery approach over the period of the programme's delivery?
   • What led to these changes?
   • Are there any further changes being considered and, if so, why?

Part Two: Delivery relationships

5.   Do you have any contact with DWP or Jobcentre Plus staff as part of your role?

*   If so, what is this and what does it involve?

*   How would you describe this working relationship?

*   What works well and less well in terms of this relationship?

*   How might this working relationship be improved?

6.   Do you have any contact with local authority staff as part of your role?

*   If so, what is this and what does it involve?

*   How would you describe this working relationship?

*   What works well and less well in terms of this relationship?

*   How might this working relationship be improved?

7.   Do you have any contact with staff working at other delivery partners (i.e. sub-contractors)?

*   If so, what is this and what does it involve?

*   How would you describe this working relationship?

*   What works well and less well in terms of this relationship?

*   How might this working relationship be improved?

Part Three: Commissioning, payment model and contract management

8.   How flexible would you say the programme is, both in terms of how it is delivered and in terms of the support you are able to offer participants?

*   Is there sufficient flexibility and if not how might this be improved?

*   Probe on the reasons for the interviewee's perspective and whether flexibility is seen as desirable or whether more set guidance would be preferred.

9.   What are your views on the payment model being used for the provision, including the role of progress measures in this?

*   What are the positive/less positive aspects to the model used?

*   What are your views on the changes to the payment model introduced since the programme's inception?

10.   What are your views on the monitoring and contract management processes being applied by DWP?

*   What works well/less well in terms of these processes and mechanisms?

*   Are there any particular issues that have arisen – if so what have these been and how have they been addressed?

*   How might these processes be improved?

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

Part Four: Delivery processes

11. In general how well would you say the delivery of provision is functioning and why?

   - What is working well in relation to the provision being delivered and why?

   - Equally, what is not working so well and why?

   - Probe on what is being done to address any issues and the success or otherwise of this.

   - What are the main requirements in terms of improving the delivery of provision?

   - Is anything planned in terms of on-going improvements?

12. What have the key changes in the operation of the programme been since its inception?

   - What has driven these changes?

   - What impact have these changes had?

13. How well has the primary local authority referral route functioned over the life of the programme to date?

   - Probe on what has worked well/less well and why.

   - Is there much variation in how well the route is functioning between local authorities and why?

14.   How well have any other referral routes introduced more recently functioned?

   - Probe on what has worked well/less well and why.

   - To what extent are Jobcentre Plus signposting participants compared to them being identified and engaged by your organisation directly?

   - Are there any ways in which these additional referral routes might be improved?

15. In your view how successful are the referral routes in targeting the right people and getting them engaged with the provision?

   - Are there any other referral routes that could be used so as to meet the aims of the provision?

   - Probe on the reasons for the interviewee's perspective.

16. To what extent does the provision being delivered represent a 'whole family approach' as opposed to supporting particular individuals from families?

   - Probe on reasons for the interviewee's response and whether any changes are needed.

   - How commonly do other family members engage with the provision once a particular individual has been engaged?

17. Do you have any views on why some families and/or individuals from within families engage with the provision when referred and why some do not?

18.   Are certain sub-groups (e.g. those with health conditions or disabilities, ethnic minorities, women etc.) proving more or less difficult to engage and why?

- Probe in particular on any issues with female engagement and the reasons for this.

19.   What steps are taken to ensure that provision is tailored to their needs of particular sub-groups such as women, those with disabilities, or ethnic minorities?

- Are there any gender specific barriers or issues that the support offered is having to respond to?

20.   How far are the specific needs of these sub-groups being met and why?

- What are the main reasons for success or otherwise in terms of meeting needs?

- Are there any specific approaches that are proving particularly effective in meeting the needs of certain groups and if so what are the reasons for this?

- Probe specifically on particular approaches that appear to be effective for women.

Part Five: Links to other provision and added value

21.   How well would you say the DWP ESF Families programme links with the Troubled Families programme run by local authorities?

- How effective do you think the programmes are in reinforcing each other?

- To what extent are individuals being referred to the ESF Families provision having previously been on the Troubled Families programme?

- Are there any ways in which linkages between the programmes might be improved?

- Probe on the reasons for the interviewee's responses.

22.   How well does the ESF Families programme link with other employment interventions and DWP provision such as the Work Programme?

- Probe on the reasons for the interviewee's response.

- Are there any ways in which linkages between the programmes might be improved?

23.   To what extent would you say the ESF Families provision adds value to previous and current related programmes?

- What does the families provision offer that would otherwise be unavailable elsewhere?

Part Six: Outcomes from the provision

24.   To what extent would you say the ESF Families provision is achieving the outcomes anticipated for participants?

Cover, in turn:

- addressing health problems faced by families and individuals within family contexts;

- addressing housing issues faced by families and individuals within family contexts;

- addressing debt issues faced by families and individuals within family contexts;

- addressing problems related to family relationships/family communication;

- reducing social and economic isolation amongst families and individuals in family contexts;

- moving those engaged closer to the labour market, for example through developing skills;

- helping those engaged to enter employment;

- helping to sustain employment amongst those entering work (probe also on the degree to which delivery focuses on post-employment support).

25. Other than those outcomes discussed, have there been any additional or unexpected outcomes for participants in your view?

    - What have these been and how are they evident?

26. More broadly, from your perspective how effectively has the ESF Families provision addressed the needs of the group it is targeting and why?

    - Are there any ways in which provision might better identify and address needs?

27. To what extent has the programme met the following broader impacts intended for it (probe on reasons for interviewee's perspective).

    - helping to reduce the numbers of families with multiple problems.

    - reducing the number of workless households.

28. From your perspective which progress measures have proved most effective in supporting these broader impacts and why?

29. What progress measures have proved most popular or have been used most frequently and why?

30. Equally, which progress measures have proved least effective in supporting these broader impacts and why?

31. What progress measures have proved least popular or have been used the least and why?

32. What would you say are the main lessons from the programme for future interventions aimed at supporting hard to support groups?

Part Seven: Closing/final comments

33. Are there any further comments you would like to make?

Sub-contractor managerial staff

Interviewer Notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the delivery model involved (i.e. direct delivery, managing agent) and the role of the consultee.

Part One: Introduction/background information

1. Please outline your role at [insert provider] and how this relates to the ESF Families provision.

   • Cover job title, time in post, main elements of role, specific role in respect of ESF Families provision.

2. At the outset of the programme what did you understand the rationale and aims behind the provision to be?

   • How did this influence the design and development of the approach taken to delivery?

   • Has your interpretation of the programme's rationale and aims changed over time and, if so, how and in what ways?

3. Please could you outline how delivery of support to programme participants works.

   • What were the key considerations that led you to adopt the delivery approach you did?

4. Have there been any changes in the delivery approach over the period of the programme's delivery?

   • What led to these changes?

   • Are there any further changes being considered and, if so, why?

Part Two: Delivery relationships

5. Does your organisation have any direct contact with DWP or Jobcentre Plus as part of delivery?

   • If so, what is this and what does it involve?

   • How would you describe this working relationship?

   • What works well and less well in terms of this relationship?

   • How might this working relationship be improved?

6. Does your organisation have any direct contact with local authorities as part of delivery?

   • If so, what is this and what does it involve?

   • How would you describe this working relationship?

   • What works well and less well in terms of this relationship?

   • How might this working relationship be improved?

   • If no contact, probe on why and whether such links might be beneficial.

7. *(If not covered)* How effective has the role of the single point of contacts in LAs been and why?

   • How might this be improved?

8. *(If not covered)* Have the Jobcentre Plus secondees to LAs/Troubled Families Employment Advisers played a role in relation to the provision to date?

   • If so, what has this involved?

   • How well has this role worked from the perspective of the ESF Families programme?

   • How might this role be improved?

9. How well is the relationship between your organisation and the prime contractor functioning?

   • Probe on what is working well/less well.

   • Have any issues arisen and if so how have they been addressed?

   • How might this relationship be improved?

10. How well is the relationship between your organisation and others in the delivery partnership functioning?

    • Probe on what is working well/less well.

    • Have any issues arisen and if so how have they been addressed?

    • How might these relationships be improved?

11. Overall, how well would you say the delivery partnership adopted for the programme has worked and why?

    • What has worked well and why?

    • What has worked less well and why?

    • What are the key learning points from the experience?

Part Three: Commissioning, payment model and contract management

12. How flexible would you say the programme is, both in terms of how it is delivered and in terms of the support you are able to offer participants?

- Is there sufficient flexibility and if not how might this be improved?

- Probe on the reasons for the interviewee's perspective and whether flexibility is seen as desirable or whether more set guidance would be preferred.

13. What are your views on the payment model being used for the provision, including the role of progress measures in this?

- What are the positive/less positive aspects to the model used?

- What are your views on the changes to the payment model introduced since the programme's inception?

14. What monitoring and contract management processes are applied to your organisation as part of its delivery of provision?

- What works well/less well in terms of these processes and mechanisms?

- Are there any issues that have arisen – if so what, and how have they been addressed?

Part Four: Key delivery processes

15. In general how well would you say the delivery of provision is functioning and why?

- What is working well in relation to the provision being delivered and why?

- Equally, what is not working so well and why?

- Probe on what is being done to address any issues and the success or otherwise of this.

- What are the main requirements in terms of improving the delivery of provision?

- Is anything planned in terms of on-going improvements?

16. What have the key changes in the operation of the programme been since its inception?

- What has driven these changes?

- What impact have these changes had?

17. How well has the primary local authority referral route functioned over the life of the programme to date?

- Probe on what has worked well/less well and why

- (If applicable) Is there much variation between local authorities and why?

18. How well has the secondary referral route functioned to date?

- Probe on what has worked well/less well and why

- To what extent are Jobcentre Plus signposting participants compared to them being identified and engaged by your organisation or referred from the prime contractor directly?

- Are there any ways in which the secondary referral route might be improved?

19.   How well has the process of receiving referrals from the prime contractor worked?

- Probe on what has worked well/less well and why.

20.   In your view how successful are the referral routes in targeting the right people and getting them engaged with the provision?

- Are there any other referral routes that could be used so as to meet the aims of the provision?

- Probe on the reasons for the interviewee's perspective.

21.   To what extent does the provision being delivered represent a 'whole family approach' as opposed to supporting particular individuals from families?

- Probe on reasons for the interviewee's response and whether any changes are needed.

- How commonly do other family members engage with the provision once a particular individual has been engaged?

22.   Do you have any views on why some families and/or individuals from within families engage with the provision when referred and why some do not?

23.   Are certain sub-groups (e.g. those with health conditions or disabilities, ethnic minorities, women etc.) proving more or less difficult to engage and why?

- robe in particular on any issues with female engagement and the reasons for this.

24.   What steps are taken to ensure that provision is tailored to their needs of particular sub-groups such as women, those with disabilities, or ethnic minorities?

- Are there any gender specific barriers or issues that the support offered is having to respond to?

25.   How far are the specific needs of these sub-groups being met and why?

- What are the main reasons for success or otherwise in terms of meeting needs?

- Are there any specific approaches that are proving particularly effective in meeting the needs of certain groups and if so what are the reasons for this?

- Probe specifically on particular approaches that appear to be effective for women.

Part Five: Links to other provision and added value

26.   How well would you say the DWP ESF Families programme links with the Troubled Families programme run by local authorities?

- How effective do you think the programmes are in reinforcing each other?

- To what extent are individuals being referred to the ESF Families provision having previously been on the Troubled Families programme?

- Are there any ways in which linkages between the programmes might be improved?

- Probe on the reasons for the interviewee's responses.

27.   How well does the ESF Families programme link with other employment interventions and DWP provision such as the Work Programme?

-    Probe on the reasons for the interviewee's response.

-    Are there any ways in which linkages between the programmes might be improved?

28.   To what extent would you say the ESF Families provision adds value to previous and current related programmes?

-    What does the families provision offer that would otherwise be unavailable elsewhere?

Part Six: Outcomes from the provision

29.   To what extent would you say the ESF Families provision is achieving the outcomes anticipated for participants?

Cover, in turn, and tailor as required to the role of the individual/their organisation:

-    addressing health problems faced by families and individuals within family contexts;

-    addressing housing issues faced by families and individuals within family contexts;

-    addressing debt issues faced by families and individuals within family contexts;

-    addressing problems related to family relationships/family communication;

-    reducing social and economic isolation amongst families and individuals in family contexts;

-    moving those engaged closer to the labour market, for example through developing skills;

-    helping those engaged to enter employment;

-    helping to sustain employment amongst those entering work (*probe also on the degree to which delivery focuses on post-employment support*).

30.   Other than those outcomes discussed, have there been any additional or unexpected outcomes for participants in your view?

-    What have these been and how are they evident?

31.   More broadly, from your perspective how effectively has the ESF Families provision addressed the needs of the group it is targeting and why?

-    Are there any ways in which provision might better identify and address needs?

32.   To what extent has the programme met the following broader impacts intended for it (*probe on reasons for interviewee's perspective*).

-    helping to reduce the numbers of families with multiple problems;

-    reducing the number of workless households.

33.   From your perspective which progress measures have proved most effective in supporting these broader impacts and why?

34.   What progress measures have proved most popular or have been used most frequently and why?

35.   Equally, which progress measures have proved least effective in supporting these broader impacts and why?

36.   What progress measures have proved least popular or have been used the least and why?

37.   What would you say are the main lessons from the programme for future interventions aimed at supporting hard to support groups?

Part Eight: Closing/final comments

38.   Are there any further comments you would like to make?

Sub-contractor delivery staff

Interviewer Notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the delivery model involved (i.e. direct delivery, managing agent) and the role of the interviewee.

Part One: Introduction/background information

1.   Please outline your role at [insert provider] and how this relates to the ESF Families provision.
    • Cover job title, time in post, main elements of role, specific role in respect of ESF Families provision.

2.   At the outset of the programme what did you understand the rationale and aims behind the provision to be?
    • Has your interpretation of this rationale and aims changed over time?
    • If so, how and in what ways?

3.   Please could you outline how delivery of support to programme participants works.

4.   Have there been any changes in the delivery approach over the period of the programme's delivery?

- What led to these changes?

- Are there any further changes being considered and, if so, why?

Part Two: Delivery relationships

5.   Do you have any direct contact with DWP or Jobcentre Plus as part of your role?

- If so, what is this and what does it involve?

- How would you describe this working relationship?

- What works well and less well in terms of this relationship?

- How might this working relationship be improved?

6.   Do you have any contact with local authority staff as part of your role?

- If so, what is this and what does it involve?

- How would you describe this working relationship?

- What works well and less well in terms of this relationship?

- How might this working relationship be improved?

- If no contact, probe on why and whether such links might be beneficial.

7.   Do you have any contact with staff at the prime contractor or other delivery partners as part of your role?

- If so, what is this and what does it involve?

- How would you describe these working relationships?

- What works well and less well in terms of these relationships?

- How might these relationship be improved?

8.   Overall, how well would you say the delivery partnership adopted for the programme has worked and why?

- What has worked well and why?

- What has worked less well and why?

- What are the key learning points from the experience?

Part Three: Commissioning and payment model

9.   How flexible would you say the programme is, both in terms of how it is delivered and in terms of the support you are able to offer participants?

- Is there sufficient flexibility and if not how might this be improved?

- Probe on the reasons for the interviewee's perspective and whether flexibility is seen as desirable or whether more set guidance would be preferred

10.   What are your views on the payment model being used for the provision, including the role of progress measures in this?

- What are the positive/less positive aspects to the model used?

- What are your views on the changes to the payment model introduced since the programme's inception (prompt if required on changes from payment for 3 measures to single measures)?

Part Four: Delivery processes

11.   In general how well would you say the delivery of provision is functioning and why?

- What is working well in relation to the provision being delivered and why?

- Equally, what is not working so well and why?

- Probe on what is being done to address any issues and the success or otherwise of this.

- What are the main requirements in terms of improving the delivery of provision?

- Is anything planned in terms of on-going improvements?

12.   What have the key changes in the operation of the programme been since its inception?

- What has driven these changes?

- What impact have these changes had?

13.   How does the process of receiving referrals onto the programme work?

- Probe on whether referrals are made by the prime contractor, other delivery partners etc.

14.   How well have referral and engagement mechanisms worked?

- Probe on what has worked well/less well and why.

- Are there any ways in which the process of referrals could be improved?

- Are there way in which the engagement of participants could be improved?

15.   In your view how successful are the referral routes in targeting the right people and getting them engaged with the provision?

- Are there any other referral routes that could be used so as to meet the aims of the provision?

- Probe on the reasons for the interviewee's perspective.

16.   To what extent does the provision being delivered represent a 'whole family approach' as opposed to supporting particular individuals from families?

- Probe on reasons for the interviewee's response and whether any changes are needed.

- How commonly do other family members engage with the provision once a particular individual has been engaged?

17. Are certain sub-groups (e.g. those with health conditions or disabilities, ethnic minorities, women etc.) proving more or less difficult to engage and why?

   •   Probe in particular on any issues with female engagement and the reasons for this.

18. What steps are taken to ensure that provision is tailored to their needs of particular sub-groups such as women, those with disabilities, or ethnic minorities?

   •   Are there any gender specific barriers or issues that the support offered is having to respond to?

19. How far are the specific needs of these sub-groups being met and why?

   •   What are the main reasons for success or otherwise in terms of meeting needs?

   •   Are there any specific approaches that are proving particularly effective in meeting the needs of certain groups and if so what are the reasons for this?

   •   Probe specifically on particular approaches that appear to be effective for women.

Part Five: Links to other provision and added value

20. How well would you say the DWP ESF Families programme links with the Troubled Families programme run by local authorities?

   •   How effective do you think the programmes are in reinforcing each other?

   •   To what extent are individuals being referred to the ESF Families provision having previously been on the Troubled Families programme?

   •   Are there any ways in which linkages between the programmes might be improved?

   •   Probe on the reasons for the interviewee's responses.

21. How well does the ESF Families programme link with other employment interventions and DWP provision such as the Work Programme?

   •   Probe on the reasons for the interviewee's response

   •   Are there any ways in which linkages between the programmes might be improved?

22. To what extent would you say the ESF Families provision adds value to previous and current related programmes?

   •   What does the families provision offer that would otherwise be unavailable elsewhere?

Part Six: Outcomes from the provision

23. To what extent would you say the ESF Families provision is achieving the outcomes anticipated for participants?

   Cover, in turn, and tailor as required to the role of the individual/their organisation:

   •   addressing health problems faced by families and individuals within family contexts;

- addressing housing issues faced by families and individuals within family contexts;

- addressing debt issues faced by families and individuals within family contexts;

- addressing problems related to family relationships/family communication;

- reducing social and economic isolation amongst families and individuals in family contexts;

- moving those engaged closer to the labour market, for example through developing skills;

- helping those engaged to enter employment ;

- helping to sustain employment amongst those entering work (probe also on the degree to which delivery focuses on post-employment support).

24. Other than those outcomes discussed, have there been any additional or unexpected outcomes for participants in your view?

- What have these been and how are they evident?

25. More broadly, from your perspective how effectively has the ESF Families provision addressed the needs of the group it is targeting and why?

- Are there any ways in which provision might better identify and address needs?

26. To what extent has the programme met the following broader impacts intended for it (probe on reasons for interviewee's perspective).

- helping to reduce the numbers of families with multiple problems;

- reducing the number of workless households.

27. From your perspective which progress measures have proved most effective in supporting these broader impacts and why?

28. What progress measures have proved most popular or have been used most frequently and why?

29. Equally, which progress measures have proved least effective in supporting these broader impacts and why?

30. What progress measures have proved least popular or have been used the least and why?

31. What would you say are the main lessons from the programme for future interventions aimed at supporting hard to support groups?

Part Eight: Closing/final comments

32. Are there any further comments you would like to make?

Local authority representatives

Interviewer Notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the role of the interviewee.

Part One: Introduction/background information

1. Please outline your role at [insert LA] and how this relates to the ESF Families provision.

    - Cover job title, time in post, main elements of role, specific role in respect of ESF Families provision.

Part Two: Local authority role

2. How does [insert LA] organise its role in relation to the ESF Families provision?

    - Probe on the rationale behind this.

3. At the outset of the programme what did you understand the rationale and aims behind the provision to be?

    - Has your interpretation of the programme's rationale and aims changed over time and, if so, how and in what ways?

4. Have there been any changes in the approach taken by [insert LA] in respect of the ESF Families provision over the period of the programme's delivery?

    - What led to these changes?

    - Are you considering any further changes and, if so, why?

5. Was [insert LA] involved in the process of developing progress measures for the programme – for example, being consulted by the prime contractor?

    - Has this involvement continued over the programme lifetime in terms of on-going changes to progress measures? How and to what extent?

6. Does your organisation have any contact with DWP or Jobcentre Plus in relation to the Families provision – for example, through local steering groups, working with staff seconded from Jobcentre Plus, or similar?

    - If so, what is this and what does it involve?

    - How would you describe this working relationship?

    - What works well and less well in terms of this relationship?

    - How might this working relationship be improved?

7. Does [insert LA] have any contact with other providers – for example sub-contractors of the prime contractor – as part of its role in relation to the ESF Families programme?

- If so, what is this and what does it involve?

- How would you describe this working relationship?

- What works well and less well in terms of this relationship?

- How might this working relationship be improved?

Part Three: Delivery and referral role

8.   How well has the referral route between [insert LA] and [insert prime contractor] functioned over the life of the programme to date?

- Probe on what has worked well/less well and why.

- What challenges have arisen and how have these been addressed?

- How might this be improved?

9.   *(If not covered)* How well has your *relationship* with [insert prime contractor] functioned over the delivery period?

- Probe on positive and negative aspects and the reasons for these.

- How might the relationship be improved?

10.   How well do you feel the secondary/additional referral routes introduced part way through the programme are working?

- What do you feel the advantages or disadvantages of expanding the referral route in this way are?

11.   Are [insert LA] made aware of secondary/additional referrals and how does this process work?

- Is this process working well or not?

- Probe on reasons for interviewee's perspective.

- How might this aspect of referrals be improved?

12.   In your view how successful are the referral routes in targeting the right people and getting them engaged with the provision?

- Probe on the reasons for the interviewee's perspective.

Part Four: Overall design and delivery

13.   Do you have a view on how the delivery of the Families provision is functioning overall?

- What is working well in relation to the provision being delivered and why?

- Equally, what is not working so well and why?

- Probe on what is being done to address any issues and the success or otherwise of this.

- What are the main requirements in terms of improving the delivery of provision?

14.   What have the key changes in the operation of the programme been since its inception?

   •   What has driven these changes?

   •   What impact have these changes had?

15.   How flexible would you say the programme is, both in terms of how it is delivered and in terms of the support available to families and individuals participating?

   •   Is there sufficient flexibility and if not how might this be improved?

   •   Probe on the reasons for the interviewee's perspective.

16.   Do you have any views on the payment model being used for the provision?

   •   If so, what are the positive/less positive aspects to the model used?

   •   What are your views on the changes to the payment model introduced since the programme's inception?

17.   To what extent does the provision being delivered represent a 'whole family approach' as opposed to supporting particular individuals from families?

   •   Probe on reasons for the interviewee's response and whether any changes are needed.

   •   How commonly do other family members engage with the provision once a particular individual has been engaged?

18.   Do you have any views on why some families and/or individuals from within families engage with the provision when referred and why some do not?

Part Five: Links to other provision and added value

19.   How well would you say the DWP ESF Families programme links with the Troubled Families programme?

   •   How effective do you think the programmes are in reinforcing each other?

   •   To what extent are individuals being referred to the ESF Families provision having previously been on the Troubled Families programme?

   •   Are there any ways in which linkages between the programmes might be improved?

   •   Probe on the reasons for the interviewee's responses.

20.   How well does the ESF Families programme link with other employment interventions and DWP provision such as the Work Programme?

   •   Probe on the reasons for the interviewee's response.

   •   Are there any ways in which linkages between the programmes might be improved?

21.   To what extent would you say the ESF Families provision adds value to previous and current related programmes?

   •   What does the families provision offer that would otherwise be unavailable elsewhere?

Part Six: Outcomes from the provision

22.   To what extent would you say the ESF Families provision is achieving the outcomes and impacts anticipated for it and why?

Cover, in turn:

   • addressing health problems faced by families and individuals within family contexts ;

   • addressing housing issues faced by families and individuals within family contexts;

   • addressing debt issues faced by families and individuals within family contexts;

   • addressing problems related to family relationships/family communication;

   • reducing social and economic isolation amongst families and individuals in family contexts;

   • moving those engaged closer to the labour market, for example through developing skills;

   • helping those engaged to enter employment ;

   • helping to sustain employment amongst those entering work (probe also on the degree to which delivery focuses on post-employment support).

23.   Other than those outcomes discussed, have there been any additional or unexpected outcomes for participants in your view?

   • What have these been and how are they evident?

24.   More broadly, from your perspective how effectively has the ESF Families provision addressed the needs of the group it is targeting and why?

   • Are there any ways in which provision might better identify and address needs?

25.   From your perspective which progress measures have proved most effective in supporting these broader impacts and why?

26.   What progress measures have proved most popular or have been used most frequently and why?

27.   Equally, which progress measures have proved least effective in supporting these broader impacts and why?

28.   What progress measures have proved least popular or have been used the least and why?

29.   What would you say are the main lessons from the programme for future interventions aimed at supporting hard to support groups?

Part Seven: Closing/final comments

30.   Are there any further comments you would like to make?

Secondary referral route referral organisations

Interviewer notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the role of the interviewee.

Part One: Introduction/background information

1. Please outline your role at [insert organisation] and how this relates to the ESF Families provision.

    • *Cover time in post, main elements of role, specific role in respect of ESF Families provision.*

Part Two: Referral organisation role and relationships

2. How long has [insert organisation] been making referrals to the ESF Families provision?

3. How does [insert organisation] organise its role in relation to the ESF Families provision?

    • Probe on the rationale behind this.

    • Probe on how/why the organisation became involved in making referrals and which provider(s) referrals are made to.

4. Have there been any changes in the approach taken to referrals over the period of your involvement with the programme?

    • What led to these changes?

    • Are any further changes being considered and, if so, why?

5. Does your organisation have any contact with DWP or Jobcentre Plus in relation to the Families provision – for example, through local steering groups, working with staff seconded from Jobcentre Plus, or similar?

    • If so, what is this and what does it involve?

    • How would you describe this working relationship?

    • What works well and less well in terms of this relationship?

    • How might this working relationship be improved?

6. How would you describe the working relationship between your organisation and the provider it makes referrals to?

- Probe on the key elements of this relationship – e.g. formal/informal, regular meetings or ad-hoc contact etc.?

- What works well and less well in terms of this relationship?

- How might this working relationship be improved?

Part Three: Referrals

7.   What are your main considerations in deciding whether to make a referral to the ESF Families provision?

- Prompt around eligibility, client needs etc. if required.

8.   Do you feel you have enough information about the ESF Families provision in order to make referrals?

- If not, what additional information would be helpful?

9.   How well has the referral process between [insert organisation] and [insert provider(s)] functioned to date?

- Probe on what has worked well/less well and why.

- What challenges or issues have arisen and how have these been addressed?

- How might making referrals be improved?

10.   After a referral has been made what ongoing contact do you have with [insert provider(s)]?

- Probe on what feedback is received etc.

Part Four: Overall design and delivery

11.   Do you have a view on how the delivery of the Families provision is functioning overall?

- Form your perspective, what is working well in relation to the provision being delivered and why?

- Equally, what is not working so well and why?

- In your view what are the main requirements in terms of improving the delivery of provision?

12.   How flexible would you say the programme is, both in terms of how it is delivered and in terms of the support available to families and individuals participating?

- Is there sufficient flexibility and if not how might this be improved?

- Probe on the reasons for the interviewee's perspective.

13.   Do you get the sense that the programme is able to meet the needs of different types of clients that you might consider referring – for example those with disabilities or those from particular ethnic minority groups?

- Probe on the reasons for the interviewee's perspective.

- Probe specifically on particular approaches that appear to be effective for women.

14. In your view to what extent does the provision being delivered represent a 'whole family approach' as opposed to supporting particular individuals from families?

   • Probe on reasons for the interviewee's response.

   • Probe on whether other family members ask to be referred to the provision once a particular individual has been engaged?

15. Do you have any views on why some families and/or individuals from within families engage with the provision when referred and why some do not?

Part Five: Links to other provision and added value

16. Do you have a view on how well the DWP ESF Families programme links with the Troubled Families programme being delivered by local authorities?

   • How effective do you think the programmes are in reinforcing each other?

   • Are there any ways in which linkages between the programmes might be improved?

   • Probe on the reasons for the interviewee's responses.

17. Do you have a view on how well the ESF Families programme links with other employment interventions and DWP provision such as the Work Programme?

   • Probe on the reasons for the interviewee's response.

   • Are there any ways in which linkages between the programmes might be improved?

18. To what extent would you say the ESF Families provision adds value to previous and current related programmes?

   • What does the families provision offer that would otherwise be unavailable elsewhere?

Part Six: Outcomes from the provision

19. Do you get any feedback from clients you refer onto the provision and if so, what does this tend to be?

20. In your view what are the main outcomes for those clients referred onto the provision?

   Probe on the following areas as appropriate:

   • addressing health problems faced by families and individuals within family contexts;

   • addressing housing issues faced by families and individuals within family contexts;

   • addressing debt issues faced by families and individuals within family contexts;

   • addressing problems related to family relationships/family communication;

   • reducing social and economic isolation amongst families and individuals in family contexts;

171

- moving those engaged closer to the labour market, for example through developing skills;

- helping those engaged to enter employment;

- helping to sustain employment amongst those entering work (probe also on the degree to which delivery focuses on post-employment support).

21.   Other than those outcomes discussed, have there been any additional or unexpected outcomes for those you have referred?

- What have these been and how are they evident?

22.   What would you say are the main lessons from the programme for future interventions aimed at supporting hard to support groups?

Part Seven: Closing/final comments

23.   Are there any further comments you would like to make?

Jobcentre Plus Group level ESF Managers

Interviewer notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the role of the interviewee.

Part One: Introduction/background information

1.   Please outline your role and how this relates to the ESF Families provision.

- Time in post, main elements of role, specific role in respect of ESF Families provision.

2.   What are the main features of the group level ESF management function in relation to the Families provision?

- *Probe on contact with partner organisations, what form this takes etc.*

Part Two: Delivery models and relationships

3.   Overall, how well would you say the delivery model/partnership adopted for the programme has worked in the CPA/CPAs you are involved with and why?

- Probe particularly on the specifics of the approach adopted – e.g. provider directly engaged in delivery or playing a managing agent role and perceived advantages/ disadvantages.

- What has worked well/less well and why?

- What are the key learning points from the experience?

4. To what extent are smaller/more specialist organisations being involved in the delivery partnership(s) in this CPA/these CPAs?

5. From your perspective, how well are delivery relationships between providers delivering the provision and local authorities working?

    - *Probe on the reasons for the interviewee's response and any suggested improvements.*

6. *(If not covered)* How effective has the role of the single point of contacts in LAs been and why?

    - How might this be improved?

7. *(If not covered)* Have the Jobcentre Plus secondees to LAs/Troubled Families Employment Advisers played a role in relation to the provision to date?

    - If so, what has this involved?

    - How well has this role worked from the perspective of the ESF Families programme?

    - How might this role be improved?

Part Three: Commissioning, payment model and performance management

8. To what extent has the approach taken to commissioning and management allowed providers develop flexible delivery models and approaches?

    - *Probe on the reasons for the interviewee's perspective.*

    - *Probe on whether there is sufficient flexibility in both delivery models and actual activities able to be offered.*

    - Has the approach used encouraged providers to effectively tailor their provision to local needs and contexts? If so, how and in what ways?

9. What are your views on the payment model being used for the provision?

    - What are the positive/less positive aspects to the model used?

    - What are your views on the changes to the payment model introduced since the programme's inception?

    - How might such models be improved in future?

Part Four: Delivery processes

10. In general how well would you say the delivery of provision is functioning and why?

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

- What is working well in relation to the provision being delivered and why?

- Equally, what is not working so well and why?

- *Probe on what is being done to address any issues and the success or otherwise of this.*

- What are the main requirements in terms of improving the delivery of provision?

- Is anything planned in terms of on-going improvements?

11. What have the key changes in the operation of the programme been since its inception?

- What has driven these changes?

- What impact have these changes had?

12. How well is the primary local authority referral route functioning?

- *Probe on what is working well/less well and why.*

- (If applicable) Is there much variation between local authorities and why?

13. How well has the secondary referral route functioned to date?

- *Probe on what has worked well/less well and why*

- To what extent are Jobcentre Plus signposting participants compared to them being identified and engaged by providers directly?

- How well is the approach of referring Work Programme leavers from Jobcentre Plus working?

- Are there any ways in which the secondary referral route might be improved?

14. To what extent does the provision being delivered represent a 'whole family approach' as opposed to supporting particular individuals from families?

- *Probe on reasons for the interviewee's response and whether any changes are needed.*

- How commonly do other family members engage with the provision once a particular individual has been engaged?

15. In your view how successful are the referral routes in targeting the right people and getting them engaged with the provision?

- Are there any other referral routes that could be used so as to meet the aims of the provision?

- *Probe on the reasons for the interviewee's perspective.*

16. Are certain sub-groups (e.g. those with health conditions or disabilities, ethnic minorities, women etc.) proving more or less difficult to engage and why?

- *Probe in particular on any issues with female engagement and the reasons for this.*

- Are there any gender specific barriers or issues that the support offered is having to respond to?

17. Do you have a view on how far the specific needs of these sub-groups are being met and why?

    - What are the main reasons for success or otherwise in terms of meeting needs?

    - Are there any specific approaches that are proving particularly effective in meeting the needs of certain groups and if so what are the reasons for this?

    - Probe specifically on particular approaches that appear to be effective for women.

Part Five: Links to other provision and added value

18. How well would you say the DWP ESF Families programme links with the Troubled Families programme run by local authorities?

    - How effective do you think the programmes are in reinforcing each other?

    - To what extent are individuals being referred to the ESF Families provision having previously been on the Troubled Families programme?

    - Are there any ways in which linkages between the programmes might be improved?

    - *Probe on the reasons for the interviewee's responses.*

19. How well does the ESF Families programme link with other employment interventions and DWP provision such as the Work Programme?

    - *Probe on the reasons for the interviewee's response.*

    - Are there any ways in which linkages between the programmes might be improved?

20. To what extent would you say the ESF Families provision adds value to previous and current related programmes?

    - What does the families provision offer that would otherwise be unavailable elsewhere?

Part Six: Outcomes from the provision

21. To what extent would you say the ESF Families provision is achieving the outcomes and impacts anticipated for it?

    Cover, in turn:

    - addressing health problems faced by families and individuals within family contexts;

    - addressing housing issues faced by families and individuals within family contexts;

    - addressing debt issues faced by families and individuals within family contexts;

- addressing problems related to family relationships/family communication;

- reducing social and economic isolation amongst families and individuals in family contexts;

- moving those engaged closer to the labour market, for example through developing skills;

- helping those engaged to enter employment;

- helping to sustain employment amongst those entering work (probe also on the degree to which delivery focuses on post-employment support).

22. Other than those outcomes discussed, have there been any additional or unexpected outcomes for participants in your view?

   - What have these been and how are they evident?

23. More broadly, from your perspective how effectively has the ESF Families provision addressed the needs of the group it is targeting and why?

   - Are there any ways in which provision might better identify and address needs?

24. From your perspective which progress measures have proved most effective in supporting these broader impacts and why?

25. What progress measures have proved most popular or have been used most frequently and why?

26. Equally, which progress measures have proved least effective in supporting these broader impacts and why?

27. What progress measures have proved least popular or have been used the least and why?

28. What would you say are the main lessons from the programme for future interventions aimed at supporting hard to support groups?

Part Seven: Closing/final comments

29. Are there any further comments you would like to make?

DWP Performance Managers

Interviewer notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the role of the interviewee.

Part One: Introduction/background information

1. Please outline your role and how this relates to the ESF Families provision.

    •   Cover job title, time in post, main elements of role, specific role in respect of ESF Families provision.

2. What are the main features of the performance management function and how does it work in practice?

    •   *Probe on how performance is managed, the form that contact takes with prime contractors, whether there is any relationship with other providers.*

3. Can you summarise the main changes in terms of performance management over the period of the programme's delivery since initial implementation?

    •   What was the rationale for these changes?

    •   Are any further changes being considered and, if so, why?

Part Two: Delivery models and relationships

4. Overall, how well would you say the delivery model/partnership adopted for the programme has worked in the CPA/CPAs you are responsible for and why?

    •   *Probe particularly on the specifics of the approach adopted – e.g. provider directly engaged in delivery or playing a managing agent role and perceived advantages/ disadvantages.*

    •   What has worked well/less well and why?

    •   What are the key learning points from the experience?

5. To what extent are smaller/more specialist organisations being involved in the delivery partnership(s) in this CPA/these CPAs?

6. What is your understanding of how well relationships between prime contractors and sub-contractors involved in delivery are functioning?

    •   *Probe on what is working well/less well in these relationships.*

    •   Have any issues arisen in terms of these relationships and if so how have they been addressed?

7. Do you have any direct contact with local authority staff involved in the ESF Families programme?

    •   If so, what is this and what does it involve?

    •   How would you describe this working relationship?

    •   What works well and less well in terms of this relationship?

    •   How might this working relationship be improved?

8. From your perspective how effective has the role of the single point of contacts in LAs been and why?

    •   How might this be improved?

9.   Do you have a view on how effective the role of the Jobcentre Plus secondees to LAs/Troubled Families Employment Advisers has been to date?

      •   How might this role be improved?

Part Three: Commissioning, payment model and performance management

10.   To what extent has the approach taken to commissioning and management allowed providers to develop flexible delivery models and approaches?

      •   *Probe on the reasons for the interviewee's perspective.*

      •   *Probe on whether there is sufficient flexibility in both delivery models and actual activities able to be offered.*

      •   Has the approach used encouraged providers to effectively tailor their provision to local needs and contexts? If so, how and in what ways?

11.   How well has the performance management relationship with the prime contractor functioned?

      •   *Probe on positive and negative aspects and the reasons for these.*

      •   What issues have arisen and how have these been addressed?

      •   How might this relationship be improved?

12.   *(If not covered)* What are your views on the processes and mechanisms available for managing performance?

      •   What works well/less well in terms of these processes and mechanisms?

      •   How might they be improved?

13.   *(If not covered)* How well has the process of developing and agreeing progress measures worked and why?

      •   How might this be improved?

14.   *(If not covered)* What are your views on the payment model being used for the provision?

      •   What are the positive/less positive aspects to the model used?

      •   What are your views on the changes to the payment model introduced since the programme's inception?

      •   How might such models be improved in future?

Part Four: Delivery processes

15.   In general how well would you say the delivery of provision is functioning and why?

      •   What is working well in relation to the provision being delivered and why?

      •   Equally, what is not working so well and why?

- *Probe on what is being done to address any issues and the success or otherwise of this.*

- What are the main requirements in terms of improving the delivery of provision?

- Is anything planned in terms of on-going improvements?

16. What have the key changes in the operation of the programme been since its inception?

- What has driven these changes?

- What impact have these changes had?

17. From your understanding, how well have referral and engagement mechanisms used by the programme functioned and why?

- *Probe on what has worked well/less well and why.*

- Have there been any changes in effectiveness over time (e.g. resulting from adjustments).

- Is there much variation in how well these mechanisms are functioning – e.g. between different areas or providers – and why?

- Are there any ways in which referral or engagement processes might be improved?

18. In your view how successful are the referral and engagement mechanisms performing in terms of targeting the right people and getting them engaged with the provision?

- Are there any other referral routes that could be used so as to meet the aims of the provision?

- *Probe on the reasons for the interviewee's perspective.*

19. To what extent does the provision being delivered represent a 'whole family approach' as opposed to supporting particular individuals from families?

- *Probe on reasons for the interviewee's response and whether any changes are needed.*

- How commonly do other family members engage with the provision once a particular individual has been engaged?

20. Are certain sub-groups (e.g. those with health conditions or disabilities, ethnic minorities, women etc.) proving more or less difficult to engage and why?

- *Probe in particular on any issues with female engagement and the reasons for this.*

- Are there any gender specific barriers or issues that the support offered is having to respond to?

21. Do you have a view on how far the specific needs of these sub-groups are being met and why?

- What are the main reasons for success or otherwise in terms of meeting needs?

- Are there any specific approaches that are proving particularly effective in meeting the needs of certain groups and if so what are the reasons for this?

- *Probe specifically on particular approaches that appear to be effective for women.*

Part Five: Links to other provision and added value

22. How well would you say the DWP ESF Families programme links with the Troubled Families programme run by local authorities?

    - How effective do you think the programmes are in reinforcing each other?

    - To what extent are individuals being referred to the ESF Families provision having previously been on the Troubled Families programme?

    - Are there any ways in which linkages between the programmes might be improved?

    - *Probe on the reasons for the interviewee's responses.*

23. How well does the ESF Families programme link with other employment interventions and DWP provision such as the Work Programme?

    - *Probe on the reasons for the interviewee's response.*

    - Are there any ways in which linkages between the programmes might be improved?

24. To what extent would you say the ESF Families provision adds value to previous and current related programmes?

    - What does the families provision offer that would otherwise be unavailable elsewhere?

Part Six: Outcomes from the provision

25. To what extent would you say the ESF Families provision is achieving the outcomes anticipated for participants?

    Cover, in turn:
    - addressing health problems faced by families and individuals within family contexts;

    - addressing housing issues faced by families and individuals within family contexts;

    - addressing debt issues faced by families and individuals within family contexts;

    - addressing problems related to family relationships/family communication;

    - reducing social and economic isolation amongst families and individuals in family contexts;

    - moving those engaged closer to the labour market, for example through developing skills;

    - helping those engaged to enter employment;

- helping to sustain employment amongst those entering work *(probe also on the degree to which delivery focuses on post-employment support)*.

26.   Other than those outcomes discussed, have there been any additional or unexpected outcomes for participants in your view?

- What have these been and how are they evident?

27.   More broadly, from your perspective how effectively has the ESF Families provision addressed the needs of the group it is targeting and why?

- Are there any ways in which provision might better identify and address needs?

28.   From your perspective which progress measures have proved most effective in supporting these broader impacts and why?

29.   What progress measures have proved most popular or have been used most frequently and why?

30.   Equally, which progress measures have proved least effective in supporting these broader impacts and why?

31.   What progress measures have proved least popular or have been used the least and why?

32.   What would you say are the main lessons from the programme for future interventions aimed at supporting hard to support groups?

Part Seven: Closing/final comments

33.   Are there any further comments you would like to make?

Participants

Interviewer notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the role of the interviewee. Tailor as appropriate if using for another/other family members other than the qualifying individual.

Part One: Background and initial engagement

1.   Can you tell me how you first became aware of [insert local name for Families programme].

2. Was it the case that you were referred to the support and told about the programme individually, or where other members of your family informed about it as well?

   • *Probe to understand whether interviewee was engaged as an individual or more in a family context.*

3. What encouraged you to become involved with [insert local name for Families programme] and what did you hope to get out of being involved?

   • *Probe on what the interviewee hoped to get out of their involvement – e.g. support and advice, training, help moving towards work etc.*

4. Did you have any concerns about participating?

   • If so how well were these addressed?

5. Can you outline how you actually became involved with the programme?

   • *Probe on how the interviewee was engaged onto provision and the route taken.*

   • *Probe on whether this was via another family member.*

6. How well did the process of becoming involved with the project work?

   • Did this work smoothly and was it straightforward?

   • *Probe on whether the interviewee felt they had enough information, support and guidance at this point.*

7. What happened at the first meeting with [insert provider] when you engaged with the programme?

   • *Probe on action planning and what this involved.*

8. As part of developing an action plan (prompt if required) to what extent were you offered activities that you felt would be helpful?

   • Did you feel you could play a role in identifying and agreeing activities and support?

Part Two: Support received

9. Please briefly outline the support you have received from the project and what activities you have undertaken through it.

   • *Probe on the main support and activities involved – e.g. regularity, what they involve etc.*

   • *Probe on whether the support/activities were what the interviewee expected and why/why not.*

10. Have you received any similar support in the past – for example, around helping to move towards work?

    • What was this and what did it involve?

11. Are you receiving any other support alongside [insert local name for Families programme]?

    • If so what and what does this involve?

12. How does [insert local name for Families programme] compare to this other support?

    Probe on reasons for the interviewee's perspective.

13. Would you say that the support or activities have been useful for you and your family?

    - *Probe on why the support/activities are felt to be helpful or otherwise and in what ways.*

    - *Probe on the different activities/forms of support identified above in turn.*

14. Are there any ways in which you think the support offered might be improved and if so how?

15. Are there any types of support that you feel would have been helpful but were not available? If so, what are these?

16. Equally are there any ways in which the project works more generally that might be improved and if so how?

Part Three: Outcomes

17. How far would you say [insert local name for Families programme] has met the expectations you had at the time of first becoming involved and why?

    - *Probe on the extent to which the expectations cited by the interviewee earlier in the discussion have been met or not and why they feel this is.*

18. What would you say the main results from your involvement with [insert local name for Families programme] have been?

    Ask as open question, then *prompt/probe* around the following as appropriate in light of the support received:

    - addressing health problems faced by you/you and family members;

    - addressing housing issues faced by you/your family;

    - addressing money issues faced by you/your family;

    - improving family relationships or family communication;

    - helping you or other family members to move closer to entering employment, for example through accessing training or developing new skills;

    - helping you or other family members to actually enter employment;

    - helping to keep in work (amongst those entering/in work).

19. (Ask as applicable) Has involvement with [insert local name for Families programme] made it more likely you will go on to enter work?

    - Why and in what ways/why not?

20. Are there any other things that have resulted from your involvement with the project?

21. Overall, how far has the project met your needs in terms of support and assistance and why?

    - How might it have better met your requirements?

Part Four: Closing

22.   Are there any further comments you would like to make?

Non-participants

Interviewer notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the role of the interviewee. Tailor as appropriate if using for another/other family members other than the qualifying individual.

Questions

1.   Can you tell me how you first became aware of [insert local name for Families programme].

2.   Were you referred to the support and told about the programme individually, or where other members of your family informed about it as well?

   • *Probe to understand whether interviewee was engaged as an individual or more in a family context.*

3.   What organisation did you go to in order to talk about going onto the programme?

4.   How did that process work, for example was an appointment made for you to attend a meeting and did you then go along?

   • *Probe on the process and how this worked.*

5.   What are your views on this first meeting or contact with [insert organisation interviewee went to]?

   • *Probe on whether the interviewee felt well informed, whether any concerns were addressed, good/bad elements etc.*

6.   What were the main issues you thought about when deciding whether to go onto the programme or not?

   • *Probe on the interviewee's considerations and motivations, whether they discussed the programme with other family members etc.*

7.   What were the main reasons for you deciding not to go onto the programme at that point?

- *Probe on the interviewees considerations and motivations, influence of other family members.*

8.   Do you feel that you would be interested in joining the programme in future?

- Why/why not?

9.   What would encourage you to become involved with similar programmes or support in the future?

10.   Do you have any further comments about [insert local name for Families programme] or your experience in general that you'd like to make?

Thank the interviewee for their participation and contribution to the research

Troubled Families Employment Advisers

Interviewer notes

Outline the aims of the evaluation and the objectives of the interview.

Inform the interviewee of the likely duration of the interview.

Provide a brief overview of the scope of the issues the interview will be looking to explore.

Outline our treatment of data gathered and the approach to confidentiality.

Gain explicit consent for the interview based on this.

Check if the interviewee has any questions prior to commencing the interview.

Take care to tailor the interview to the role of the interviewee.

Part One: Introduction/background information

1.   Please outline your role and how this relates to the ESF families provision.

- Time in post, main elements of role, specific role in respect of ESF families provision.

Part Two: TFEA role and activities

2.   What are the main features of the Troubled Families Employment Adviser function in relation to the ESF Families provision?

- *Probe on contact with LA, providers, what form this takes etc.*

3.   How does [insert LA] organise its role in relation to the ESF Families provision and how does your role support this?

- *Probe on the rationale behind this.*

4.   When you started your role. What did you understand the rationale and aims behind the ESF Families provision to be?

- Has your interpretation of the programme's rationale and aims changed over time and, if so, how and in what ways?

Part Three: Delivery models and relationships

5.   From your perspective, how well are delivery relationships between providers delivering the provision and local authorities working?

 • *Probe on the reasons for the interviewee's response and any suggested improvements.*

6.   As part of your role, how well do you feel that you are able to contribute to the delivery of the ESF Families support and why?

 • *Probe on any barriers to being able to contribute to the ESF Families programme and its delivery, and how these could be addressed.*

 • How might the role be changed or developed to better contribute to the ESF Families programme and its delivery?

7.   As part of your role, do you have any contact with DWP or Jobcentre Plus ESF teams in relation to the ESF Families provision – for example, through local steering groups or similar?

 • If so, what is this and what does it involve?

 • How would you describe this working relationship?

 • What works well and less well in terms of this relationship?

 • How might this working relationship be improved?

8.   As part of your role, do you have any contact with the prime contractor or sub-contractors in [insert LA] delivering support through the ESF Families programme?

 • If so, what is this and what does it involve?

 • How would you describe this working relationship?

 • What works well and less well in terms of this relationship?

 • How might this working relationship be improved?

Part Three: Views on the programme and its delivery

9.   Do you have a view on how the delivery of the Families provision is functioning overall?

 • What is working well in relation to the provision being delivered and why?

 • Equally, what is not working so well and why?

 • *Probe on what is being done to address any issues and the success or otherwise of this.*

 • What are the main requirements in terms of improving the delivery of provision?

10.   How flexible would you say the programme is, both in terms of how it is delivered and in terms of the support available to families and individuals participating?

- Is there sufficient flexibility and if not how might this be improved?

- *Probe on the reasons for the interviewee's perspective.*

11. In your view how successful are the referral routes for the programme in targeting the right people and getting them engaged with the provision?

- Are there any other referral routes that could be used so as to meet the aims of the provision?

- *Probe on the reasons for the interviewee's perspective.*

12. Do you have any views on the payment model being used for the provision?

- If so, what are the positive/less positive aspects to the model used?

- What are your views on the changes to the payment model introduced since the programme's inception?

13. To what extent does the provision being delivered represent a 'whole family approach' as opposed to supporting particular individuals from families?

- *Probe on reasons for the interviewee's response and whether any changes are needed.*

- How commonly do other family members engage with the provision once a particular individual has been engaged?

14. Do you have any views on why some families and/or individuals from within families engage with the provision when referred and why some do not?

Part Four: Links to other provision and added value

15. How well would you say the DWP ESF Families programme links with the Troubled Families programme?

- How effective do you think the programmes are in reinforcing each other?

- To what extent are individuals being referred to the ESF Families provision having previously been on the Troubled Families programme?

- Are there any ways in which linkages between the programmes might be improved?

- *Probe on the reasons for the interviewee's responses.*

16. How well does the ESF Families programme link with other employment interventions and DWP provision such as the Work Programme?

- *Probe on the reasons for the interviewee's response.*

- Are there any ways in which linkages between the programmes might be improved?

17.   To what extent would you say the ESF families provision adds value to previous and current related programmes?

•   What does the families provision offer that would otherwise be unavailable elsewhere?

Part Five: Outcomes from the provision

18.   To what extent would you say the ESF families provision is achieving the outcomes and impacts anticipated for it?

Cover, in turn:

•   addressing health problems faced by families and individuals within family contexts;

•   addressing housing issues faced by families and individuals within family contexts;

•   addressing debt issues faced by families and individuals within family contexts;

•   addressing problems related to family relationships/family communication;

•   reducing social and economic isolation amongst families and individuals in family contexts;

•   moving those engaged closer to the labour market, for example through developing skills;

•   helping those engaged to enter employment;

•   helping to sustain employment amongst those entering work (*probe also on the degree to which delivery focuses on post-employment support*).

19.   Other than those outcomes discussed, have there been any additional or unexpected outcomes for participants in your view?

•   What have these been and how are they evident?

20.   What would you say are the main lessons from the programme for future interventions aimed at supporting hard to support groups?

Part Seven: Closing/final comments

21.   Are there any further comments you would like to make?

Thank the interviewee for their participation and contribution to the research. Make arrangements for any future liaison/collection of materials and additional evidence.

Survey questionnaire for use with participants

EVALUATION OF ESF DWP FAMILIES PROVISION

FINAL Questionnaire

04 December 2013

_____

Key

[Scripting instructions]

INTERVIEWER INSTRUCTIONS

Text to be read out by interviewer

Scripter: the <<PROVIDER>> text sub is used throughout the questionnaire. This should be drawn from the response at S2 – either where the respondent has BEST MATCH, where they select the correct provider from a list, or where the interviewer writes in the provider name. If the participant cannot remember the name of the provider please use the generic text sub 'the Families Programme'. The text subs used in the introduction are all drawn from the sample.

Scripter: text subs to amend the tense are included throughout much of the questionnaire and are based on QC (unless otherwise specified). Present tense (QC = 1 – still receiving support) is given first and past tense (QC = 2, finished receiving support) is given second.

Introduction

Good morning/afternoon. Can I speak to <<INSERT NAME FROM SAMPLE>>.

My name is <XXXXX>, I'm calling from Ipsos MORI, the independent research organisation. We understand that you have received support from an adviser as part of the European Social Fund Families Programme . We would like to hear your views about the support to help the Department to deliver other services like this in the future. You should have received a letter from us about the survey.

INTERVIEWER: IF RESPONDENT IS UNSURE, USE THESE PROMPTS:

- **You would have had an adviser who provided support or advice to help you find work or to deal with everyday problems. You may also have undertaken some training or been on courses, or been given financial support with childcare or help you get to interviews for example.**

- **IF CPA = 1, 3, 4, 6: The support was provided by <<BEST MATCH>> and called <<BEST BRAND>>**

- **IF CPA = 2, 5, 7, 8, 9, 10, 11, 12: In your local areas, the support was provided by one of these organisations: <<PROVIDER LIST>> OR <<REFER TO SHOWCARD>>, and you may know it as <<BRAND NAME>>**

- **Our records indicate that you started receiving this support in <<MONTH>> 2013.**

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

S1

1. Respondent recalls receiving support

2. Respondent does not recall receiving any support [close interview]

S2 Can I just check that you had support from <<BEST MATCH>>?

[Ask if had BEST MATCH//SC]

Yes – proceed

No – write in provider name

Don't know/can't remember [DP: use the GENERIC text substitution]

S2 Which provider gave you support?

[Ask if no BEST MATCH//SC]

INTERVIWER: PROMPT IF NECESSARY

List all the names in sample at <<PROVIDER LIST>>

Other – write in provider name

Don't know/can't remember [DP: use the GENERIC text substitution]

S2a

The survey should take around 20-25 minutes to complete, depending on the answers you give. I would like to reassure you that your answers will be treated in strictest confidence and it will not be possible for anybody to identify any individual from the information you provide. Are you able to complete the survey with me now? [Ask all]

1. Ok [Skip to start of survey QA]

2. No, respondent cannot complete interview in English

3. No, respondent prefers to conduct interview face-to-face [Skip to S4]

S3

We will try our best to arrange for someone to call you who can speak your preferred language.

[Ask if respondent prefers another language, S2a = 2//Interviewer to record preferred language]

Preferred language [Record if S2a = 2]:

THANK AND CLOSE

S4:

Does the respondent need to be interviewed in another language?

[Ask if respondent wishes to complete f2f, so S2a = 3]

1. No

2. Yes [Interviewer to record preferred language and continue]

Preferred language [Record if S4 = 2]:

We will try to our best to arrange for someone to call you/someone to call you who can speak your preferred language and arrange an appointment to visit you and complete the survey.

THANK AND CLOSE

QB Check start date from sample

Can I just check that you first became involved with <<PROVIDER>>around <<INSERT START DATE FROM SAMPLE>>?

[Ask all//SC]

1. Yes – CONTINUE

2. No – ENTER CORRECT START DATE AT QB2

QB2

When did you first become involved with <<PROVIDER>>?

[Ask if QB=2//]

INPUT MONTH AND YEAR

QC Are you still receiving support from <<PROVIDER>> or has your involvement with them finished?

[Ask all//SC//]

1. Still receiving support

2. Finished receiving support

NEWQ

Approximately how long did you receive help from <<PROVIDER>> for?

[Ask if QC=2//Interviewer code to band]

INTERVIEWER: CODE TO BAND

1. Less than one month

2. Between 1-2 months

3. 3-6 months

4. 7-11 months

5. 12+ months

6. Not sure/can't remember

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

NEWQa

Why did you stop receiving help from <<PROVIDER>> ? DO NOT READ OUT. PROBE FULLY

[Ask if QC = 2 and NEWQ = 1-4//MC]

1. I had received all the help/support I needed

2. I was not satisfied with the help/support

3. I found a job or moved jobs

4. I started a course at college or training centre

5. I moved away

6. Financial reasons

7. Caring responsibilities

8. I had problems relating to my disability

9. I became ill

10. Other domestic or personal reasons

11. Other (write in)

12. No particular reason

NEWQb

Why were you dissatisfied with the help or support?

[Ask if NEWQa = 2]

INTERVIEWER: WRITE RESPONSE

Section 1: Project experiences: recruitment

Now I'd like to ask you some questions about the involvement you have had so far/ you had with <<PROVIDER>>.

Q1

How did you first hear about <<PROVIDER>>?

[Ask all//SC//INTERVIEWER TO CODE]

1. Jobcentre Plus

2. Health visitor

3. Social Services

4. Friend

5. Family member

6. Found out about it myself

7. <<PROVIDER>>

8. <<LOCAL AUTHORITY NAME>> or the Council

9. Careers Service

10. Family Centre

11. Housing Association

12. Other (SPECIFY)

13. Can't remember

[Q2 AND Q3 HAVE BEEN DELETED]

Q4

What help or funding has/did <<PROVIDER>> given/give to you? PROBE: What else?

[Ask all//MC, except SC for DK/Can't remember//INTERVIEWER TO CODE]

1. Jobsearch

2. Work experience

3. Money to cover travel, equipment or clothes for work or training

4. Education or training

5. Develop personal skills (e.g. time-keeping) and confidence

6. Childcare or caring responsibilities

7. Managing my/my family's money or debt

8. Parenting skills

9. Substance misuse (alcohol or drugs)

10. Other (SPECIFY)

11. Don't know/Can't remember (DO NOT PROMPT)

Q5

Once you had been referred to <<PROVIDER>>, how easy or difficult was it to start getting help? Was it . . . ? READ OUT 1-4

[Ask all//SC//REVERSE 1-4]

1. **Very easy**

2. **Fairly easy**

3. **Fairly difficult**

4. **Very difficult**

5. Can't remember (DO NOT PROMPT)

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

Q6

What was difficult for you? PROBE: **What else?**

[Ask if difficult, Q5 = 3 or 4//Open text//Interviewer to type response verbatim]

INTERVIEWER: WRITE IN RESPONSE

Q7

Thinking back to when you first joined <<PROVIDER>>, which of the following reasons best describe why you decided to take part? Would you say it was…? PROBE: Were there any other reasons that I haven't mentioned? READ OUT 1-9

[Ask all//MC, except SC for Not sure/can't remember//RANDOMISE 1-9]

1. **To improve your confidence**

2. **To improve your life or wellbeing**

3. **To improve life for your family**

4. **To get practical help with a problem such as debt or housing**

5. **To get specialist support to do with SEN, a disability, drugs or alcohol**

6. **To develop new skills**

7. **To improve your chances of getting work**

8. **Because you were encouraged by a family member or friend**

9. **To get help to become more involved in the community**

10. Another reason (SPECIFY)

11. Not sure/can't remember (DO NOT PROMPT)

[Q8 HAS BEEN DELETED]

Section 2: Involvement of other family members

The next few questions are about other members of your family's involvement with <<PROVIDER>>.

Q9

Overall, how supportive is/was your family of the work you have been doing/the work you did with <<PROVIDER>>? By family we mean your partner or other relations, including those who may not live in the same house as you. Would you say they were…? READ OUT 1-4

[Ask all//SC//REVERSE 1-4]

1. **Very supportive**

2. **Fairly supportive**

194

3.   Not very supportive

4.   Not at all supportive

5.   Not applicable – family not aware [skip to 23]

6.   Not applicable – no family/not in contact [skip to 25 – start of next section]

7.   Don't know (DO NOT PROMPT)

Q10

How has/did your family supported/support you? Would you say they have…? READ OUT 1-6

[Ask if supportive, Q9 = 1 or 2//MC except SC for DK//RANDOMISE 1-6]

1.   Been generally positive and encouraging

2.   Helped you financially

3.   Helped with childcare so that you could keep your appointments

4.   Helped with transport so you could get to appointments

5.   Helped with housework

6.   Helped you to look for a job

7.   Other (SPECIFY)

8.   Don't know (DO NOT PROMPT)

Q11

Why do you say that – in what way have/did they not supported/support you? PROBE: **How else?**

[Ask if unsupportive, Q9 = 3 or 4//Open//Interviewer to type response verbatim]

INTERVIEWER: WRITE IN RESPONSE

Q12

Has/did <<PROVIDER>> talk to you about any of your family members and whether they could be given some sort of help too?

 [Ask all except 'not applicable' at Q9 = 5 & 6//SC//INTERVIEWER TO CODE]

1.   Yes

2.   No

3.   Not applicable – no family/not in contact

4.   Don't know (DO NOT PROMPT)

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

Q13a

And have they taken up the offer? PROBE: **Was that all of those offered support or just some?**

[Ask if family member offered support, if Q12 = 1//SC//INTERVIEWER TO CODE]

1.   **Yes – all did** (INCLUDING IF JUST ONE PERSON)

2.   **Yes – some did**

3.   **No**

4.   Don't know (DO NOT PROMPT)

Q13b

Has/did it help/helped you to have <<PROVIDER>> give support to other member(s) of your family? Would you say it has …? READ OUT 1-3

[Ask if family member given support, so Q13a = 1 or 2//SC//Interviewer to code//REVERSE 1-3]

1.   **helped you a lot**

2.   **helped you a little**

3.   **not made any difference to you**

4.   Don't know (DO NOT READ OUT)

Q13c

Would it help you if <<PROVIDER>> also gave support to other members of your family? Would it …? READ OUT

[Ask if family member not offered/accepted support, if Q12 = 2 or Q13a=3//SC//Interviewer to code]

For those who did not take up the offer, do you think it would have helped you if <<PROVIDER>> had given them support too? Would it …? READ OUT

[Ask if some of those offered did not accept support, if Q13a=2//SC//Interviewer to code]

1.   **help you a lot**

2.   **help you a little**

3.   **not make any difference to you**

4.   Don't know (DO NOT READ OUT)

[Q14 – Q19 have been deleted]

Q20

For those that did not take up the offer, what were their reasons for this?

[Ask Q13a = 2 or 3]

INTERVIEWER: WRITE IN RESPONSE

Did not need help

Q21

Is there anything in the offer that you think could have helped them? PROBE: What else?

[Ask Q13a = 2 or 3 MC, except DK//INTERVIEWER TO CODE//]

1. Jobsearch

2. Work experience

3. Money to cover travel, equipment or clothes for work or training

4. Education or training

5. Develop personal skills (e.g. time-keeping) and confidence

6. Childcare or caring responsibilities

7. Managing money or debt

8. Parenting skills

9. Substance misuse (alcohol or drugs)

10. Other (SPECIFY)

11. Don't know/Can't remember

12. No – nothing

[Q22 HAS BEEN DELETED]

Q23

Do you have any adult family members who have not been offered help by <<PROVIDER>>, but that you think could benefit from their support?

[Ask all except Q12 = 3 or 4//SC]

1. Yes

2. No [Skip to Q25]

3. Don't know (DO NOT PROMPT) [Skip to Q25]

Q24

What help or funding do you think would benefit them? PROBE: **What else?**

[Ask if Q23 = 1//MC, except DK//INTERVIEWER TO CODE]

1. Jobsearch

2. Work experience

3.   Money to cover travel, equipment or clothes for work or training

4.   Education or training

5.   Develop personal skills (e.g. time-keeping) and confidence

6.   Childcare or caring responsibilities

7.   Managing money or debt

8.   Parenting skills

9.   Substance misuse (alcohol or drugs)

10.   Other (SPECIFY)

11.   Don't know/Can't remember

Section 3: Project experiences: delivery

The next few questions are about your contact with <<PROVIDER>>.

Q25

How often do/did you have contact with your adviser at <<PROVIDER>>? This includes all types of contacts – face-to-face, telephone and in writing.

[Ask all//SC//INTERVIEWER TO CODE]

1.   Several times a week

2.   Every week

3.   Every two weeks

4.   Every month

5.   Every three months

6.   Once every six months

7.   Less than once a year

8.   No fixed pattern

9.   Never

10.   Can't remember (DO NOT PROMPT) [Skip to Q27]

Q26

And would you say this is/this was …? READ OUT 1-3

[Ask all except if Q25 = 8-10//SC//READ OUT 1-3//REVERSE 1-3]

1.   **Too often**

2.   **About right**

3.   **Not enough**

4.   Don't know (DO NOT PROMPT)

Q27

Now thinking about how you speak/spoke to your adviser.

a)   **How do/did you and your adviser generally communicate with each other?**

b)   **And how would you/would you have prefer/preferred to communicate with your adviser?**

[Ask all//MC//Interviewer prompt to code]

INTERVIEWER: PROMPT TO CODE

1.   Face-to-face

2.   Telephone

3.   Text message

4.   E-mail

5.   Letter

6.   Other

7.   Can't remember (DO NOT PROMPT) ['Don't know' for Q27b]

Action Plan

INTERVIEWER READ OUT: **Lots of projects, when they first start working with people, help to set goals for them to work towards.**

Q28

Do/did you have an Action Plan agreed between you and your adviser?

[Ask all//SC//]

1.   Yes

2.   No [Skip to Q36]

Q29

How much say did you have on what went into your Action Plan? Would you say…?
READ OUT 1-4

[Ask if Q28 = 1//SC//REVERSE 1-4]

1.   **A lot**

2.   **Some**

3.   **A little**

4.   None

5.   Can't remember (DO NOT PROMPT)

Q29a

You said that you had only a little involvement/no involvement in deciding what went into your action plan. Why was that?

[Ask if Q29 = 3 or 4//Open//Interviewer to type response verbatim]

INTERVIEWER: WRITE IN RESPONSE

Q30

How easy or difficult is it/was it to achieve the things on your Action Plan? Think about the smaller steps and goals you agreed, as well as the end goals such as finding work. Would you say it is/was…? READ OUT 1-4

[Ask if Q28 = 1//SC//REVERSE 1-4]

1. **Very easy**
2. **Fairly easy**
3. **Fairly difficult**
4. **Very difficult**
5. Too soon to say (DO NOT PROMPT)
6. Don't know (DO NOT PROMPT)

[Q32a AND Q32b HAVE BEEN DELETED]

Q33

Has/did your adviser ever reviewed/review this Action Plan with you?

[Ask if Q28 = 1//SC//INTERVIEWER TO CODE]

1. Yes
2. No
3. Don't know (DO NOT PROMPT)

[Q34 HAS BEEN DELETED]

Section 4: Experience vs. expectations

[Q35 HAS BEEN DELETED]

Q36

Earlier you said that you got involved with <<PROVIDER>> because you wanted <<INSERT CODE FROM Q7>> Would you say this has got better or worse since you began receiving help from <<PROVIDER>> or has it stayed the same? PROBE: Would you say that is a lot/little better/worse?

[Ask for each outcome selected at Q7 EXCEPT 8, 10, 11, random order//SC for each outcome]

INTERVIEWER: PROBE AND CODE AS APPROPRIATE. IF CODE = 'TO IMPROVE YOUR CHANCES OF GETTING WORK', CLARIFY THAT WE ARE ASKING ABOUT THEIR CHANCES/PROSPECTS – I.E. DO NOT CODE NEGATIVELY SIMPLY BECAUSE THEY HAVE NOT ACTUALLY FOUND WORK

1.   Got a lot better

2.   Got a little better

3.   Stayed about the same

4.   Got a little worse

5.   Got a lot worse

6.   Too soon to say

7.   Not sure/didn't think about it (DO NOT PROMPT)

Section 5: Satisfaction with support

I'm now going to ask a few questions about the overall support you received from <<PROVIDER>>.

Q37

Overall, would you say you are/were satisfied or dissatisfied with <<PROVIDER>>? PROBE: Is that very/fairly dis/satisfied?

[Ask all//SC//Interviewer to code]

1.   **Very satisfied**

2.   **Fairly satisfied**

3.   **Neither satisfied nor dissatisfied**

4.   **Fairly dissatisfied**

5.   **Very dissatisfied**

6.   Too soon to say

7.   Don't know (DO NOT READ OUT)

Q38a

What in particular are/were you satisfied with? PROBE: **What else?** UNPROMPTED LIST: DO NOT READ OUT.

[Ask if satisfied, so if Q37 = 1 or 2//Interviewer record verbatim and code//MC except SC for DK]

INTERVIEWER: RECORD VERBATIM AND RETURN TO CODE RESPONSE ONCE CALL HAS ENDED

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

INTERVIEWER: CODE RESPONSE

1. The adviser's knowledge/the information I receive from them

2. Attitude of the staff (e.g. create a friendly atmosphere, put you at ease, willingness to help, patient etc.)

3. The encouragement or motivation I get (including confidence boost, more positive about the future etc. – things that relate to how the participant feels)

4. Help to look for work or make myself more employable (including through support to gain work experience, undertake volunteering etc.)

5. Training or learning opportunities

6. Financial support with childcare

7. Financial support for getting to interviews

8. Financial support for equipment or clothing

9. Support with housing situation

10. Support with money issues/debt

11. Support with parenting skills or family issues

12. Support with substance misuse issues

13. Being signposted to another organisation for some help

14. Other (SPECIFY)

15. Don't know

Q38b

What in particular are you/were you dissatisfied with?

[Ask if dissatisfied, so if Q37 = 4 or 5//Interviewer to write response verbatim]

INTERVIEWER: WRITE RESPONSE

Don't know

[Q39 AND Q39b HAVE BEEN DELETED]

Q39c

Do you have any suggestions to help <<PROVIDER>> improve the support they offer to people like you? PROBE: **Are there any types of support you would like that they were not able to offer, for example?**

[Ask all//Open text//Interviewer to record verbatim]

INTERVIEWER: WRITE RESPONSE

Don't know

Section 6: Impact of support

Q40

Next I'm going to read out some statements to you. Please tell me how much you agree or disagree with them. PROBE: **Would you say you strongly dis/agree or tend to dis/agree?**

As a result of the help I have received from <<PROVIDER>>… READ OUT

[Ask all, except if NEWQ = 1 or 2 and where specified in response list below//SC per statement//RANDOMISE STATEMENTS]

INTERVIEWER READ OUT: **PLEASE TELL ME IF THE STATEMENT DOES NOT APPLY TO YOU.**

1. **I have gained new skills or qualifications**

2. **I am more confident about my ability to work**

3. **I have more information about my employment and training options**

4. **There are fewer things preventing me from working**

5. **I am more aware of where to go for help and support if I face difficulties**

6. **I have reduced my use of drugs or alcohol [Ask only if coded 8 at Q4]**

7. **I have improved family life at home**

8. **I have improved my parenting skills [Ask only if coded 7 at Q4]**

9. **I have improved my health or wellbeing**

10. **I have improved mine or my family's financial situation**

1. Strongly agree

2. Tend to agree

3. Neither agree nor disagree

4. Tend to disagree

5. Strongly disagree

6. Too soon to say (DO NOT PROMPT)

7. Not applicable (DO NOT PROMPT)

8. Don't know (DO NOT PROMPT)

Q41

Have you done any of the following activities as a direct result of working with <<PROVIDER>>? READ OUT 1-10

[Ask all except where specified in response list below//MC//RANDOMISE 1-10]]

1. **Attended a job interview**

2. **Attended a work placement**

3. **Received training that did not lead to a qualification (e.g. confidence building, CV writing, time management)**

4. **Gained a part-qualification (e.g. completed a module that contributes towards an accredited qualification)**

5. **Voluntary work**

6. **Participated in Further Learning, whilst still receiving support for childcare or other financial support through the programme**

7. **Attended drug or alcohol rehabilitation (including residential, community or support groups) [Ask only if coded 8 at Q4]**

8. **Attended a meeting or course to help with money management**

9. **Attended a meeting to help with our housing situation**

10. **Attended counselling (e.g. to help with confidence, mental health problems, family relationships)**

11. Other (SPECIFY)

12. None of these (DO NOT READ OUT)

Q42

What was your main work status before you started receiving help from <<PROVIDER>>?

[Ask all//SC//INTERVIEWER TO CODE]

INTERVIEWER: CODE VOLUNTARY WORK AS OTHER

1. Not working, but actively looking for paid work

2. Not working and not looking for paid work

3. Working part-time including self-employment (under 30 hours)

4. Working full-time including self-employment (30+ hours)

5. Retired early and/or claiming benefits (ESA or JSA)

6. Retired early and not claiming benefits

7. Retired and receiving state pension

8. Student

9. Other (SPECIFY)

[DP: ALLOW DK/REF]

Q42a

At the time you started receiving help from <<PROVIDER>>, how long had you been out of work? [Ask if Q42 = 1 or 2//SC//INTERVIEWER TO CODE]

INTERVIEWER: PROMPT TO CODE IF NECESSARY

1. Less than 3 months

2. Between 3 and less than 6 months

3. Between 6 and less than 12 months

4. Between 12 months and less than 2 years

5. 2 years or more

6. Never had a job

7. Don't know

Q43

What is your current work status?

[Ask all//SC//INTERVIEWER TO CODE]

INTERVIEWER: CODE VOLUNTARY WORK AS OTHER

1. Not working, but actively looking for paid work

2. Not working and **not** looking for paid work

3. Working part-time including self-employment (under 30 hours)

4. Working full-time including self-employment (30+ hours)

5. Retired early and/or claiming benefits (ESA or JSA)

6. Retired early and not claiming benefits

7. Retired and receiving state pension

8. Student

9. Other (SPECIFY)

[DP: ALLOW DK/REF]

Q44

And what was your work status immediately after you had finished receiving support from <<PROVIDER>>?

[Ask to those who have completed programme, so if QC = 2//SC//INTERVIEWER TO CODE]

INTERVIEWER: CODE VOLUNTARY WORK AS OTHER

1. Not working, but actively looking for paid work

2. Not working and not looking for paid work

3. Working part-time including self-employment (under 30 hours)

4. Working full-time including self-employment (30+ hours)

5. Retired early and claiming benefits (ESA or JSA)

6.   Retired early and not claiming benefits

7.   Retired and receiving state pension

8.   Student

9.   Other (SPECIFY)

[DP: ALLOW DK/REF]

Q45

Which of the following best describes your view of how much <<PROVIDER>> has helped you? Would you say…? READ OUT 1-4

[Ask to those currently in employment, or were in employment immediately on completion, so if either Q43 or Q44 = 3 or 4//SC//REVERSE 1-4//Text substitute for self-employment]

1.   **You would have found employment anyway without the support**

2.   **You would probably have found employment but not as quickly without the support**

3.   **You would probably not have found employment without the support**

4.   **You would definitely would not have found employment without the support**

5.   Don't know (DO NOT READ OUT)

Q46

Which of the following best describes your view of how much <<PROVIDER>> has improved your chances of getting a job? Would you say…? READ OUT 1-5

[Ask if unemployed, so if Q43 = 1 or 2//SC//REVERSE 1-4]

1.   **It has improved your chances a lot**

2.   **It has improved your chances moderately**

3.   **It has improved your chances a little**

4.   **It has not improved your chances at all**

5.   Too soon to say

6.   Don't know (DO NOT PROMPT)

Q47

You said that you were working when you finished getting support from <<PROVIDER>> but that you are not working at the moment. What is the main reason for this job ending?

[Ask if currently unemployed but had a job on completion, so if Q43 = 1 or 2 and then Q44 = 3 or 4//MC, except SC for DK or can't remember//INTERVIEWER TO CODE]

1.   Could not find/afford childcare

2. Caring responsibilities

3. Job was not suitable

4. Job didn't pay enough

5. Job was temporary and has now finished

6. Financial problems/debts

7. Housing problems

8. Illnesses/health problems

9. Other (SPECIFY)

10. Can't remember/Don't know

[Q48 – Q50 HAVE BEEN DELETED]

Q47a

On a scale where nought is 'not at all satisfied' and 10 is 'completely satisfied', overall how satisfied are you with your life nowadays?

0 – Not at all satisfied	1	2	3	4	5	6	7	8	9	10- Completely satisfied

Section 8: Demographics

We are nearing the end of the interview. I would like to finish with some questions about you and your household. This information will help us to understand how services need to be tailored for different groups of people. You do not have to answer them if you prefer not to. Please be assured that any information you give will be treated in confidence and will not be used to identify you personally.

D1
GENDER

[Ask if gender not identified in sample//SC//INTERVIEWER TO CODE]

INTERVIEWER CODE (DO NOT ASK):

1) Male

2) Female

D2
AGE

Could you please tell me which of the following age groups applies to you? READ OUT [Ask if age not identified in sample//SC//interviewer read out]

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

SINGLE CODE ONLY

1. 16 – 17

2. 18 – 24

3. 25 – 29

4. 30 – 34

5. 35 – 39

6. 40 – 44

7. 45 – 49

8. 50 – 54

9. 55 – 59

10. 60 – 64

11. 65 or over

D3
DISABILITY

Do you have any long standing illness, disability or infirmity? By 'long-standing' I mean anything that has troubled you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months. INTERVIEWER: THIS IS A QUESTION OF OPINION

[Ask if this is not identified in sample//SC//]

INTERVIEWER CODE AS APPROPRIATE

1   Yes, physical illness or disability

2   Yes, mental illness or disability

3   Yes, both physical and mental illness/disability

4   No

[DP: ALLOW REF]

D4
ETHNICITY

How would you describe your ethnic group?

[Ask if ethnicity not identified in the sample//SC//Open//INTERVIEWER TO CODE]

THIS IS A QUESTION OF RESPONDENT'S OPINION.

1. White – British

2. White – Irish

3. Any other white background (please describe)

4. Mixed – White and Black Caribbean

5. Mixed – White and Black African

6. Mixed – White and Asian

7. Any other mixed background (please describe)

8. Asian or Asian British – Indian

9. Asian or Asian British – Pakistani

10. Asian or Asian British – Bangladeshi

11. Any other Asian/Asian British background (please describe)

12. Black or Black British – Caribbean

13. Black or Black British – African

14. Any other Black/Black British background (please describe)

15. Chinese

16. Any other (please describe)

[DP: ALLOW REF]

D5
HOUSEHOLD COMPOSITION

Which of these describe your current living situation? Please only include people who usually live with you.

INTERVIEWER: INCLUDE PEOPLE WHO NORMALLY LIVE AT RESPONDENT'S ADDRESS BUT ARE AWAY AS LONG AS AWAY FOR LESS THAN SIX MONTHS

[Ask all//MC//READ OUT]

1. Living with other adults over 16

2. Living with children under 16

3. Living alone

How many other adults/children do you live with?

[Ask if answered yes to 1 or 2 above]

1. Number of other adults [ask if 1 at D5]

2. Number of children under 16 [ask if 2 at D5]

D9
MARTIAL STATUS

How would you describe your relationship status? Would you say you are…? READ OUT 1-5

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

[Ask all//SC]

1. **Single, that is, never married (or never in a legally recognised Civil Partnership),**

2. **Married and living with husband/wife (or in a legally recognised Civil Partnership and living with civil partner)**

3. **Separated from husband/wife (or civil partner)**

4. **Divorced (or Civil Partnership legally dissolved)**

5. **Widowed**

D6
HOUSING TENURE

How would you describe your housing status?

[Ask all//SC//INTERVIEWER TO CODE]

1. I own my home outright

2. I am buying it on a mortgage

3. I rent it from the Council

4. I rent it from a Housing Association

5. I rent it from Registered Social Landlord

6. I rent it from a private landlord

7. I pay part rent and part mortgage (shared ownership)

8. Live here rent free (including in a relative's/friend's property; excluding squatting)

9. Squatting

10. Other (SPECIFY)

D7
CARING RESPONSIBILITIES

Do you provide care for any children aged under 16?

[Ask if living with children, code 2 at D5l//SC//]

1   Yes

2   No

D8

Do you care for any adults with a longstanding illness, disability or infirmity of any kind?

[Ask if living with adults, code 1 at D5l//SC//]

1   Yes

2   No

[D9 HAS BEEN DELETED]

D10
WORK STATUS OF OTHER HOUSEHOLD MEMBERS

For adult household members of your household, by which we mean those aged over 16, could you please tell me their current work status?

[Ask for each adult family member recorded at D5//SC//INTERVIEWER TO CODE]

INTERVIEWER: ASK FOR EACH ADULT HOUSEHOLD MEMBER AND CODE AS APPROPRIATE. CODE VOLUNTARY WORK AS OTHER

1.   Not working, but actively looking for paid work

2.   Not working and not looking for paid work

3.   Working part-time including self-employment (under 30 hours)

4.   Working full-time including self-employment (30+ hours)

5.   Retired early and claiming benefits (ESA or JSA)

6.   Retired early and not claiming benefits

7.   Retired and receiving state pension

8.   Student

9.   Other (SPECIFY)

[DP: ALLOW REF/DK]

D11
EDUCATION/QUALIFICATIONS

What is the highest level of educational certificate or qualifications that you have?

[Ask all//SC//INTERVIEWER TO CODE]

INTERVIEWER: CODE AS APPROPRIATE. RECORD ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) QUALIFICATIONS UNDER 'OTHER' AND IF POSSIBLE RECORD LEVEL (IT SHOULD BE LEVEL 1 – LEVEL 5).

1.   No qualifications

2.   Entry Level (Entry Level Qualifications)

3.   Level 1 (NVQ Level 1, GCSEs at grade D–G)

4.   Level 2 (NVQ Level 2, GCSEs grade A*-C, ESW, WKS, Foundation Apprenticeship Framework)

5. Level 3 (NVQ Level 3, GCE AS and A Level, Advanced Apprenticeships Framework)

6. Level 4 (NVQ level 4, Certificates of Higher Education, Higher National Certificates (HNC), Higher Apprenticeship Framework)

7. Level 5 (Foundation Degrees, Diplomas of Higher Education (DipHE), Higher National Diplomas (HND))

8. Level 6+ (Bachelor Degree Level and above)

9. Other (SPECIFY)

10. Don't know

D12
EVER HAD A JOB

Which of the following best describes the time you have spent doing paid work since leaving education? Please think about the paid work you have done as either an employed or self-employed person. Would you say that you have…? READ OUT 1-4

[Ask all//SC//REVERSE SCALE]

1. **Never worked**

2. **Spent most of your time not working**

3. **Spent most of your time working**

4. **Spent about as much time working as not working**

[DP: ALLOW REF/DK]

[D13 HAS BEEN DELETED]

D14
BENEFITS RECEIPT

Were you or your household claiming any of the following benefits prior to getting support from <<PROVIDER>>? READ OUT **1-11**

[Ask all//MC EXCEPT N/A, Don't want to say and DK]

1. **Income support**

2. **Jobseeker's Allowance (JSA)**

3. **Housing Benefit or Council Tax Credit**

4. **Incapacity Benefit**

5. **Employment and Support Allowance**

6. **Carer's Allowance**

7. **Severe Disablement Allowance**

8. **Pension Credit**

9. **Working Tax Credit**

10. **Child Tax Credit**

11. **Universal Credit**

12. Other (SPECIFY)

13. Not applicable – was not claiming any benefits

14. Don't want to say

15. Don't know

D15

And are you or your household currently claiming any of the following benefits?
READ OUT 1-11

[Ask all//MC EXCEPT N/A, Don't want to say and DK]

1. **Income support**

2. **Jobseeker's Allowance (JSA)**

3. **Housing Benefit or Council Tax Credit**

4. **Incapacity Benefit**

5. **Employment and Support Allowance**

6. **Carer's Allowance**

7. **Severe Disablement Allowance**

8. **Pension Credit**

9. **Working Tax Credit**

10. **Child Tax Credit**

11. **Universal Credit**

12. Other (SPECIFY)

13. Not applicable – was not claiming any benefits

14. Don't want to say

15. Don't know

D16
DATA LINKAGE CONSENT

Thank you for participating in this survey.

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

The Department for Work and Pensions (DWP) would like to add information held on your benefits, employment and tax records to your answers to this survey. This will give them a better picture of how good the support services are in helping people like you.

If you agree, we will pass your name, address, sex and date of birth to DWP. DWP will use this information to find your records and add them to your answers. All information will be used for research and statistical purposes only. Your personal details will, of course, be kept completely confidential and your dealings with DWP will not be affected in any way.

Would it be okay to pass your name, address, sex and date of birth to DWP?
[Ask all//SC//]

Yes

No

[DP: ALLOW REF]

D17
RECONTACT

The Department for Work and Pensions may want to do further research in the future about the issues we have discussed today. Would you be happy for the Department or their appointed contractor to contact you again as part of this research in six to 12 months' time?

[Ask all//SC//]

Yes

No

[DP: ALLOW REF]

QA Name check

Can I just check that your full name is <<INSERT FULL NAME FROM SAMPLE>>?

[Ask if D17 = 1//SC]

1. Yes – CONTINUE

2. No – ENTER CORRECT NAME AT QA2

QA2
Can I please take your full name?

[Ask if QA=2//]

INPUT FULL NAME [TITLE, FIRST NAME, SURNAME]

Evaluation of the Department for Work and Pensions European Social Fund Support for Families with Multiple Problems

(Insert Customers name here)
(type first line of address here)
(type second line/town)
(type town/postcode)

Insert contractor logo and address here

Customer Ref No.: XXX

Date

Dear (Customer Name),

Tell us your views and experiences

We are writing to you to ask for your help in a research study that has been commissioned by the Department for Work and Pensions (DWP). We understand that you have received support from an adviser as part of the European Social Fund Families Programme. We would like to find out your views and experience of this support. This will help DWP ensure that its services meet the needs of people like you.

The research is being conducted by Ipsos MORI, an independent research organisation. You will be contacted by Ipsos MORI to take part in a telephone survey at a time that is convenient for you. The survey will take no longer than 20/25 minutes.

Any information you provide will be held in the strictest of confidence and will be handled securely throughout the study. The research findings will not identify you and no personal information will be shared with any third parties. Participation in this research is voluntary and will not affect any benefits or tax credits you are claiming, now or in the future.

If you have any questions about the research or if you do not wish to take part, please contact Ipsos MORI on [helpline number] or via email [email address]. Please quote the reference number at the top of this letter. Or you can just let the researcher know when they call you.

We hope that you will take this opportunity to help shape the services and support we provide our customers.

Yours sincerely

Signature of contractor and DWP Project Manager

Name of contractor and DWP Project Manager