

Assessment of the Qualification Programme in Norway

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During the 1980s and 1990s unemployment was the major issue of labour market policy and efforts to reduce it were focused on those that can broadly be considered 'Job Ready'. Policy development in many countries has found elements that help reduce open unemployment. These consist of Making Work Pay efforts using some combination of minimum wages, tax credits and lower relative value benefits and Active Labour Market Policies (ALMP) normally with a Work First approach. These focus on promoting job search activity, short burst of work experience and related support services. The fall in unemployment meant that wider benefit dependence and worklessness became a more important area for policy development. In most developed nations the focus on open unemployment had led a lesser focus on dependency on inactive benefits covering the sick and disabled, those with addiction problems, chaotic lifestyles (including homelessness) and lone parents in some countries.

Since the mid-1990s this has started to shift with the realisation of the large and rising scale of worklessness and welfare dependency not reflected in unemployment. However, whilst there was a reasonably well developed assessment of how to help the unemployed back to work, this evidence base was not there for more marginal groups, with the possible exception of lone mothers. So more recently a large number of countries have sort to address broader worklessness and welfare dependence. The Work First approach to helping the unemployed is not obviously appropriate to apply to those with substantial labour market barriers. This approach requires active job search and tends to address wider problems or barriers after people have been out of work for some time to avoid deadweight of spending on support services to people who find work easily without help. The natural alternatives are providing help and support to address the underlying barriers to employment before the person moves into an active job search phase or fast-tracking the individual to the type of interventions normally offered to the long-term unemployed. A second dimension here is that the transition into employment is far less likely to the end of the story for people with major and/or multiple barriers to employment. All too often people return to welfare after trying work. This can be because the jobs are marginal (e.g. temporary or likely to die) or the barriers to employment create conflict with employers or intensify in a way that inhibits working. So the issue to be considered as having three potential phases, although not every individual may need all three.

- Phase 1 – To address the barriers to employment without required job search commitments.
- Phase 2 – The second is when the person is sufficiently job ready to engage in job search (with on-going support).
- Phase 3 – The continuation of support in after the transition into work has occurred.

This raises issues about the delivery of new ALMP type services to these groups, how they follow through these phases, how are the multiple problems/domains addressed, is it only one organisation or many, and how are organisations funded and incentivised to focus on work outcomes (which are not normally the focus of many agencies in health and social services areas).

The evolution of thinking and policy intervention in the UK across these areas has encountered a number of problems and evolutionary steps, reflecting the issues laid out above. The first steps were to create New Deal programmes for recipients of social assistance and sickness + disability benefits in 1998. These were on an entirely voluntary basis. Employment transitions for volunteers were frequent (around 50% in 6 months of starting) but volunteering was low and returns to welfare common. The attempts to get the Benefits Agency (which dealt with social Assistance and Incapacity benefits) and Job Centre who dealt with unemployed to work together on this failed. So they were merged – very reminiscent of the Qualification programme joining up agenda).

Work Focused Interviews (compulsion to discuss returning to work) increased participation but it was still low. The Gregg Review highlighted these alternative approaches (Gregg, 2008) recommending the former approach for those on sickness and disability benefits and lone parents with younger children, under a programme entitled Progression to Work. Gregg also recommend the latter fast-tracking approach for those presenting with wider addiction, homelessness etc in the first instance. However, a strong emphasis of the report was that arbitrary rules may not be efficient in this allocation. So that attempts to test these boundaries should be made. In particular he suggested that alternative regimes should be tried to test the boundary and profiling to see if this call could be individualised. This flexibility has been placed inside the Qualification Programme model but this does make assessment of the Programme and different areas implementation difficult because of varying client groups.

The Progression to Work group would have a strong emphasis on engagement and joint ownership of the return to work journey, another feature which stands out in the Qualification Programme.

Recognising this multiple dimensional problem, the UK has started a number of interventional pilots to help those most at risk of social exclusion:

Adults at risk of Chronic Exclusion.

These 12 Pilots are designed to improve service provision and support to secure better outcomes for adults who face chronic exclusion. The Pilots will run for three years from mid-2007 promoting both system change and practical help for people to improve their ability to engage with mainstream services. This requires solutions which are targeted, localised and tailored to the

needs of individuals and families. It maintained that these problems will not be solved by a 'one size fits all' approach. There are no key findings as yet.

The three categories of pilot are:

- **System change** – Recognising the mixed and multilayered character of the target group's needs, four Pilots aim to simplify the complexities associated with several separate statutory services (particularly housing, benefits, health and the criminal justice system) and offer co-ordinated support.
- **System navigation** offering practical help to people to access several social services at one time.
- **Transition points** offering a range of support to help people to negotiate difficult times in their lives such as leaving prison, care or fleeing domestic violence.

Problematic Drug Users

There are an estimated 350,000 heroin and crack cocaine users on benefit. We need to help these people overcome their dependence, take control of their lives and get back into work.

DWP will pilot an approach in which claimants with a drug dependency that is a barrier to employment will be required to sign up to a rehabilitation plan that will outline how they will engage with the help that is available to them to overcome their addiction.

Where claimants take up treatment voluntarily, they will be offered a Treatment Allowance and a place on a new drug and employment support programme which will provide integrated and personalised support for problem drug users on JSA or ESA. This allowance will be paid as long as individuals maintain their treatment and take advantage of the additional support available, and will remove some of the normal conditions of entitlement for benefit to allow drug users to focus on recovery. For example, this will mean that those on JSA will not be required to sign on or show that they are actively seeking work.

Advisers who suspect a claimant is using drugs can also refer the claimant to an assessment with a treatment adviser. If the claimant refuses to attend this on the grounds that they do not use drugs they will be offered the opportunity to take a drugs test. If this is negative no further action will be taken to sanction individuals.

This new regime will be facilitated by new drug co-ordinator posts in Jobcentre Plus in England funded by Department of Health. There are co-ordinators in each district who will establish close links with Drug Action Teams and treatment providers in their area.

Legislation is passing through Parliament to allow these powers to be enacted.

Ex- Offenders

DWP through Jobcentre Plus, provide a range of specific help for ex-offenders. These include:

Employment and Benefit Surgeries – Jobcentre Plus Advisers in every prison work in partnership with other agencies to offer help with sorting benefits, retaining jobs, on entry and finding work; training and identifying suitable benefits on leaving.

Freshstart – Employment Benefit Surgery Advisers arrange New Jobseeker Interviews to claim Jobseekers Allowance at the prisoner's home Jobcentre on release, to help speed up the receipt of benefit and ensure early engagement with Jobcentre Plus, to receive help in looking for work.

Rapid Reclaim process – A shortened process is used for claiming Jobseekers Allowance, Income Support and Incapacity Benefit by Jobcentre Plus, if the prisoner claims within 26 weeks of their last claim and their circumstances have not changed. This includes simpler and shorter forms.

The report on the Qualification Programme leaves a number of questions unclear.

First, the evaluation seems to be unable to say how successful the programme was relative to what happened in the absence of intervention – what is the comparison group? Second, how were multiple agencies with responsibility to address the problems that people have brought together, if at all? Third, was there any post-job entry or on-going support? Fourth, how was the focus on employment obtained where organisations are not focused on that as an outcome – e.g. health services, homeless services etc.