



Prepared for the Welfare Expert Advisory Group

Obligations and Sanctions Rapid Evidence Review

Paper 6: Voluntary Intensive Case Management

November 2018

ISBN: Online 978-1-98-854173-0

Executive summary

An approach that might help minimise the need for obligations and sanctions is use of **intensive case management on a voluntary basis** as a means of supporting and facilitating behaviours or policy goals sought by Government.

This approach is sometimes accompanied by targeting and eligibility criteria that aim to increase the extent to which intensive case management, which can be costly, is accessed by those for whom it will make the most difference.

In this rapid review we present **five case studies** of selected intensive case management services that have been made available to welfare benefit recipients, either on a voluntary basis, or with an intentional approach of making minimal use of sanctions.

The case studies include services currently or formerly made available or trialled in the United Kingdom (UK), Canada, the United States (US) and New Zealand (NZ):

- The New Deal for Lone Parents (a former UK programme)
- The Compass programme (a former NZ programme)
- Self-Sufficiency Project – Plus (a former Canadian trial)
- Intensive Placement and Support (first trialled in the US, and available in a range of countries and some parts of NZ)
- Intensive Client Support (a current NZ trial).

In each case, the intervention involved one-to-one case management, and was designed to positively engage clients and provide advice and assistance to help them overcome practical and psychological challenges associated with finding and maintaining paid work, accessing support services, and claiming in-work entitlements.

In most of the case studies, intensive case management was **effective in increasing time spent off benefit and/or in employment**, and (where studies are available) generally **experienced as helpful** by recipients. In most cases, **lower benefit system costs more than offset programme costs** (where estimates are available).

Purpose

This rapid review summarises evidence from case studies of intensive case management services made available to welfare benefit recipients. In four of the five case studies, the service was available on a voluntary basis. In one case study (Intensive Client Support), the service was mandatory but designed to involve minimal use of sanctions.

The case studies were selected to be included if effectiveness was assessed using at least one randomised controlled trial (RCT) or at least one quasi-experimental study with

a method for taking into account the effects of more motivated clients self-selecting into the programme. Brief summaries of findings on client experiences of the services are included in the review, where studies are available.

Summary table

Programme / trial	Outcomes sought	Target group	Additional criteria for receipt	Site of delivery	Worker: client ratio	Maximum duration	'Work first'?	Impact evaluation method	Evidence on effectiveness
The New Deal for Lone Parents (NDLP) (UK) From 1997 to 2009 - Voluntary	Improve prospects and living standards by increasing paid work Improve job readiness to increase employment opportunities	Sole parents not in work or with part-time work hours	No additional criteria. From 2001, all non-working sole parents and sole parents working fewer than 16 hours were eligible and invited	Job Centre	Not specified or measured Staff viewed a caseload of 25 to 40 as optimal	No maximum duration specified No set pattern to participation and long gaps between interviews were allowed for	No - sought to increase job readiness as well as paid work	Several quasi-experimental studies	Increased movement off main benefit Increased employment Income support savings outweighed programme costs
COMPASS (NZ) From 1994-95 to 2003 - Voluntary	Increase steps to improve employability Increase employment Reduce benefit receipt Reduce Government spending	Sole parents and widows receiving welfare benefits	Open to any sole parent on benefit Those on benefit for a year or more and with a youngest child aged 5+ were sent an invitation	Benefit agency	Not specified	No maximum duration specified	No - sought to increase participation in education, training or work	Quasi-experiment	Increased movement off benefit into employment Income support savings outweighed programme costs

Programme	Outcomes sought	Target group	Criteria for receipt	Site of delivery	Worker: client ratio	Maximum duration	'Work first'?	Impact evaluation method	Evidence on effectiveness
<p>Self-Sufficiency Project – Plus (SSP-Plus) (Canada)</p> <p>From 1992 to 1995</p> <p>- Voluntary</p>	<p>Increase employment</p> <p>Reduce benefit receipt</p>	<p>Sole parents receiving Income Assistance (IA) for 12+ months (included people with disabilities)</p>	<p>Open to anyone in the target group who wanted help to find and/or retain work</p>	<p>Benefit agency</p>	<p>Not specified</p>	<p>No maximum duration specified</p> <p>Strong emphasis on continued support post-placement</p>	<p>Yes</p>	<p>RCT with 3 arms:</p> <p>(i) Control</p> <p>(ii) Temporary earnings supplement (up to 3 years)</p> <p>(iii) Temporary earnings supplement plus voluntary employment services</p>	<p>Adding an offer of employment services to the offer of the supplement (ie comparing (iii) with (ii)) increased take-up of the supplement</p> <p>After 4 years, it also increased full-time employment, reduced IA receipt, and led to a large increase in earnings and income</p> <p>No estimate of cost effectiveness</p>
<p>Intensive Placement and Support (IPS) (tried in the US and several other countries, available in some parts of NZ)</p> <p>From 1996 onwards</p> <p>- Voluntary</p>	<p>Increase employment</p>	<p>People with severe mental health disorder</p>	<p>Open to anyone in the target group interested in working: 'zero exclusion'</p>	<p>Public mental health or addiction service</p>	<p>1:20</p>	<p>Unlimited</p> <p>Strong emphasis on continued support post-placement</p>	<p>Yes</p>	<p>Several RCTs</p>	<p>Increased employment and earnings</p> <p>Modestly increased quality of life</p> <p>Costs exceed the cash value of the wages from employment gained, but IPS represents a more efficient use of resources than traditional vocational services</p>

Programme	Outcomes sought	Target group	Criteria for receipt	Site of delivery	Worker: client ratio	Maximum duration	'Work first'?	Impact evaluation method	Evidence on effectiveness
<p>Intensive Client Support (ICS) (NZ)</p> <p>From 2015 onwards</p> <p>- Mandatory but intentional approach of minimising use of sanctions</p>	<p>Increase sustainable, full-time employment</p> <p>Improve education levels</p> <p>Improve work readiness</p>	<p>Jobseekers aged 18-29 or 30- 39 with early and/or long-term benefit receipt</p> <p>(In an extended version of the trial the age range has changed to 25-39)</p>	<p>Administrative data used to identify 2 target groups 'Early Entrants' and 'Entrenched Beneficiaries'</p>	<p>Benefit agency</p>	<p>1:40</p> <p>(In an extended version of the trial the ratio has changed to 1:60)</p>	<p>No maximum duration specified</p>	<p>No</p> <p>- 'stair-casing' is emphasised</p>	<p>RCT</p>	<p>Overall after 24 months: Increased time off benefit, in employment, and overseas</p> <p>For Entrenched Beneficiaries: Income support savings outweighed programme costs; Increased time with 'unknown' status</p> <p>For Early Entrants: No significant impact; Income support savings do not outweigh fiscal programme costs</p>

The New Deal for Lone Parents (former UK programme)

NDLP was a voluntary programme of support piloted in 1997 and introduced nationally in October 1998. It aimed to help and encourage sole parents receiving benefits to improve their prospects and living standards by taking up or increasing hours of paid work, and to improve their job readiness to increase their employment opportunities (Evans, Eyre, Millar & Sarre, 2003).

The programme focused on providing sole parents with practical help with finding work, accessing training, making the transition to work, and maximising in-work incomes. Personal Advisors also provided 'better-off calculations' of the financial costs and benefits of work. For most participants, engagement with NDLP was fairly brief – 45% had only one meeting with a Personal Adviser, although most had some additional contact by letter and telephone. Caseloads were not specified or measured, but staff viewed a caseload of 25 to 40 as optimal (Evans et al., 2003).

The programme was initially rolled out to claimants whose youngest child was aged over five years and three months. Sole parents with children below this age were eligible to participate in NDLP, but not invited to participate by letter. From 2001, all non-working sole parents and those working fewer than 16 hours became eligible, regardless of their claimant status, and were invited to take part in the programme. Introduction of mandatory Personal Adviser interviews from 2001 significantly increased participation in NDLP (Evans et al., 2003; Cebulla, Flore & Greenberg, 2008).

Seven to nine percent of eligible lone parents joined NDLP (Cebulla et al., 2008). Those most likely to participate in the programme had higher qualifications, shorter claim durations, and more recent work history than average, and were less likely to have young or multiple children, or a health problem or disability (Evans et al., 2003).

A 2008 report reviewed results from a number of UK quasi-experimental impact evaluations, including two evaluations of NDLP (Cebulla et al., 2008). Both NDLP studies estimated that participation in NDLP increased the proportion of participants exiting benefit by between 20 and 25 percentage points measured over three to nine months. NDLP also increased movement into employment, but the size of the impact, particularly for sustained employment, was smaller than the size of the impact on movement off benefits. The review found that NDLP's impacts:

- were greatest in the early months after participation, greater for existing claimants than for new claimants, and appeared larger for more disadvantaged lone parents, such as those claiming benefits for longer
- were larger than those found for mandatory interviews, but smaller than those found for the Working Families Tax Credit (Cebulla et al., 2008).

One further impact study included additional control variables and other methodological changes (Dolton & Smith, 2011). This study estimated that participation in NDLP increased the probability of being off benefit by 17 percentage points for participants who had already been on benefit for at least 66 weeks. For those with shorter durations, the increase was 5 percentage points. The authors concluded that the large impact for those with long durations is likely to have represented a 'one-time windfall' which occurred in the context of a lack of effort to encourage employment in the past and new financial incentives. They saw the 5 percentage point estimate as the best guide for future policy making (Dolton & Smith, 2011).

Savings to the government were estimated to be twice the programme costs, and cost effectiveness held under a range of assumptions due to the low cost of the programme (Evans et al., 2003 p92). NDLP cost of around £400 per participant (Cebulla et al., 2008).

In qualitative studies and client surveys, reactions to participating in the NDLP varied. The initial evaluation found generally positive reactions (Evans, 2003). In other studies, some found it helpful and others felt anxious and 'under scrutiny' (Graham & McQuaid, 2014). A small minority of participants thought that the programme was mandatory, and there was some administrative blurring between mandatory meetings and NDLP meetings (Evans et al., 2003 p40-42).

The NDLP was adapted a number of times (Dolton & Smith, 2011; Graham & McQuaid, 2014) and discontinued in 2009. From that date, it was subsumed into the Flexible New Deal, which was replaced in 2011 by the Work Programme – a contracted payment-for-results welfare-to-work programme (Department for Work and Pensions, 2012).

COMPASS (former NZ programme)

The voluntary COMPASS programme was piloted beginning in 1994-95 and made available nationally to around 13% of sole parent Domestic Purposes Benefit recipients from 1997 to 2003 (a period in which work testing applied). COMPASS was expanded nationwide as part of a 1996 reform that introduced work and training obligations for clients with older children, cut rates of personal income taxes and introduced a new tax credit in an effort to improve the financial incentives to work faced by sole parents and other low-income families.

COMPASS was intended to assist sole parent beneficiaries to take steps towards employment by providing them with individual counselling and help to access childcare, education and training assistance, and advice on benefit abatement provisions, tax credits, childcare subsidies, and Training Incentive Allowance. Dedicated COMPASS Coordinators worked in close co-operation with local employment service officers (Nixon & McCulloch, 1994).

A quasi-experimental evaluation of the COMPASS pilot used survival analysis techniques applied to administrative data from pilot and comparison sites. It estimated that the programme was successful in increasing the rate of movement off benefit, and into training or education. The estimated reduction in benefit payments exceeded the costs of delivering the programme and additional expenditure on Childcare Subsidy and Training Incentive Allowance that resulted from participation (Colmar Brunton Research, 1995; Rochford, 1995). An update of the pilot evaluation found that COMPASS increased participants' probability of cancelling benefit for employment by 1.4 times, and that the impact of the national roll-out was similar (Colmar Brunton Research, 1997).¹

A survey of participants found that most (63%) expressed overall satisfaction with the programme (19% expressed dissatisfaction). Just over half (53%) reported COMPASS had some or a lot of impact for them personally (26% reported it had little or no impact). Māori participants viewed COMPASS more positively than non-Māori. Participants appreciated one-to-one contact with a single staff member, and saw the service as more friendly and helpful than the traditional frontline service. Staff were also

¹ It should be noted that the quality of linked administrative data and level of sophistication in quasi-experimental methods has improved considerably since these studies were undertaken.

supportive of the approach (Colmar Brunton Research, 1995; Colmar Brunton Research, 1997; Rochford, 1995).

In 2003, work obligations for sole parents were removed as part of a move to a case management approach that aimed to support this group into sustainable paid employment as their individual circumstances and parental responsibilities allowed. Work obligations were replaced with a requirement to participate in developing Personal Development and Employment Plans (PDEPs). Caseloads were reduced and case managers worked with clients to identify and record their training, employment and personal development goals and agreed action steps.² Provision of COMPASS as a separate voluntary programme ended at that time (MSD, 2007).

Self-Sufficiency Project – Plus (Canada)

The Canadian Self-Sufficiency Project began in 1992. It offered a sizeable monthly cash supplement to sole parents who had received Income Assistance (IA) for more than a year, contingent on their finding full-time employment and leaving IA. Participants had a year to find work and could receive the supplement for up to three years as long as they were in work. No other restrictions (for example, on health status) were imposed. Those eligible included disabled sole parents receiving Income Assistance (Michalopoulos et al., 2002).

This case study focuses on a variant of the programme (SSP-Plus) where participants were offered voluntary employment services in addition to the supplement.

“SSP-Plus employment services were designed to build a bridge between long-term IA recipients and the world of work. SSP-Plus program group members were offered a range of employment services: an employment plan, a resumé service, job club and other workshops, job coaching, and job leads. SSP-Plus program staff collaborated with program participants on individual employment plans, outlined the steps that participants could take to find appropriate, supplement-eligible jobs, and followed up to see if progress had been made. They helped participants create effective resúmes and cover letters, and taught them how to make credible calls to prospective employers. They counselled them before job interviews and “debriefed” them afterward. They organized and ran job-search clubs and other workshops and offered one-on-one tutorials in job-search methods. All SSP-Plus program group members were also assigned a job coach, who was trained to provide coaching in three specific areas: job search, job retention, and job advancement.

After SSP-Plus program group members found employment, job coaches focused on job retention — recommending child care providers and transportation services, relieving program group members’ first-day jitters, and sharing tips for getting along with supervisors and co-workers. When a program group member’s attitude seemed to be a problem, job coaches suggested improvement. Supplement takers who held onto the jobs with which they had originally taken up the supplement received a small push in the direction of better jobs and higher wages. Job coaches sent the currently employed “better-paying” job leads. They also encouraged program group members to seek out increased opportunity with current employers and suggested techniques for requesting raises and promotions. Job leavers were encouraged to launch new job-search campaigns as soon as possible. Job coaches offered them job-search help, sent new job leads, and advised job leavers about how they might improve their chances of keeping the next job they found.” (Lei & Michalopoulos, 2001)

² Non-compliance with the PDEP process resulted in partial reductions in benefit payments with full, backdated reinstatement upon compliance.

Employment plans, resumé services, and job clubs tended to be used before the supplement was taken up. Use of job coaching and job leads usually occurred after the supplement was taken up, most often by phone – 90% of those who had taken up the supplement and 73% of those offered SSP-Plus overall received some job coaching (Lei & Michalopoulos, 2001).

SSP-Plus was evaluated as part of a RCT. Outcomes for those who were offered SSP-Plus were compared with (i) those who were offered the supplement only, and (ii) a control group who participated in regular welfare services.³ There were around 300 people in each of the three participant groups. After a 54-month follow-up period, the addition of SSP-Plus voluntary employment services:

- significantly increased the percentage taking advantage of the supplement – those offered SSP-Plus services were 16 percentage points more likely than those offered the supplement only to have received at least one supplement payment (53% compared with 37%).
- significantly increased full-time employment and reduced IA receipt – in the fourth year, the average monthly full-time employment rate among members of the SSP-Plus group was 7.4 percentage points higher than the rate among members supplement-only group and IA receipt was 11.0 percentage lower
- led to a large increase in earnings and income compared to the supplement-only group (Michalopoulos et al., 2002).

The time pattern of effects was very different for the supplement-only and SSP-Plus groups.

- In the first four years, the financial incentive of the supplement significantly increased full-time employment and earnings and reduced IA compared to the control group. These impacts declined, however, and by the fifth year of follow-up (after the supplement ended) were not statistically significant.
- In contrast, the offer of services did not have an *incremental* impact over and above the impact of the offer of the supplement until the fourth year.

The authors concluded that the offer of voluntary intensive case management may produce stronger impacts than financial incentives on their own, but these effects may not be apparent in the first 2-3 years. Further study with larger samples was recommended. Cost effectiveness was not assessed due to the small size of the study (Michalopoulos et al., 2002).

Individual Placement and Support (IPS)

IPS is a well specified integrated supported employment approach for people with severe mental illness (many of whom are supported by benefits). In high fidelity implementations, employment specialists are integrated into mental health services, and offer one-to-one help to find and maintain employment, with a maximum caseload for a full-time employment specialist of 20 or fewer active clients (Becker, Swanson, Reese, Bond, & Mcleman, 2015).

³ During random assignment, there were some larger differences than usual between the SSP Plus and supplement-only groups. To account for these differences, impact estimates were adjusted using statistical regression techniques (Michalopoulos et al., 2002).

IPS is based upon eight principles that inform practice:

- competitive employment is the primary goal
- everyone who wants it is eligible for employment support ('zero exclusion')
- job search is consistent with individual preferences
- job search is rapid, beginning within one month
- employment specialists and clinical teams work and are located together
- employment specialists develop relationships with employers based upon a person's work preferences
- support is time-unlimited and individualised to both the employer and the employee
- welfare benefits counselling supports the person through the transition from benefits to work (Becker, Swanson, Reese, Bond, & Mcleman, 2015).

The model was first trialled in the United States in 1996, and there have been a number of RCTs in a range of countries since then. In systematic reviews and meta-analyses (Modini et al., 2016; Lockett, Waghorn, Kydd, & Chant, 2016; Marshall et al., 2014), and a Cochrane review (Kinoshita et al., 2013), IPS has consistently demonstrated significantly more effectiveness than the best locally available alternative approaches in helping people with severe mental illness into work, with evidence for higher rates of competitive employment, more hours worked, more weeks worked per year, and higher wages.

Few studies have examined non-vocational outcomes including mental state, quality of life and costs (Kinoshita et al., 2013). A 2016 systematic review and meta-analysis of current evidence on the effectiveness of re-employment programmes, including IPS, for unemployed people with severe mental health problems found few positive effects on non-vocational outcomes. While the programmes had a modest positive effect on the quality of life, no evidence was found for any effect on functioning and mental health (van Rijn et al., 2016). Few studies of IPS have assessed client satisfaction (Viering et al., 2015).

In a multi-centre European RCT (Knapp et al., 2013), IPS was more effective than standard vocational services for every vocational outcome studied, and in a partial cost-benefit analysis, IPS produced better outcomes than alternative vocational services at lower cost overall to the health and social care systems. The difference between the cost of the intervention and the value of the employment achieved (valued at the expected gross wage in the UK for someone moving into employment following welfare benefits support because of sickness or disability) averaged:

- -£9,440 for those in the IPS group
- -£25,151 for those in the vocational rehabilitation control group.

The negative signs show the costs of intervention and support was greater than the monetary value of the employment gained for both groups, but IPS represented a more efficient use of resources than traditional vocational services (Knapp et al., 2013). The study did not provide cost-benefit ratios.

IPS services have been operating in NZ for some years but are not widely implemented (Lockett et al., 2018). MSD is currently funding and evaluating two new prototypes. A number of past NZ IPS initiatives have shown encouraging results, including positive

employment outcomes for Māori when compared to international IPS benchmarks (eg Browne et al., 2009).

Intensive Client Support (current NZ trial)

The ICS trial started in March 2015. It tested a new approach to helping Jobseeker Support (JS) clients who were expected to face multiple barriers to welfare independence move towards sustainable employment. Distinctive features of the initial trial included a low 1:40 case-load ratio and dedicated Intensive Client Support Managers (ICSMs) who worked intensively on a one-to-one basis with their clients. The expectation is that ICSMs use a 'stair-casing' approach (ie progressive steps or achievements) to help clients overcome a range of barriers to welfare independence (Hall, Herdina & Henshaw, forthcoming), and take a holistic approach that focuses on clients' overall wellbeing, including physical, mental, spiritual and whānau health, informed by the te whare tapa whā model (Durie, 1998; Ministry of Health, 2017).

Unlike traditional work-focused case management, ICS is a 'non-compliance' model, which means ICSMs makes only limited use of standard obligation failures for clients, and use of sanctions is minimised. Apart from providing hardship assistance, ICSM do not undertake income support administration.

The ICS trial is an RCT, and selection to treatment and control groups is data-driven based on administrative data held by MSD (rather than case manager referral or self-selection). To date, results are available for the two initial target groups. These were:

- 'Early Entrants' — JS clients aged between 18 and 29 who first entered the benefit system aged 16 or 17, or as young parents (236 in the treatment group and 320 in the control group)
- 'Entrenched Beneficiaries' — JS clients aged between 30 and 39 who first entered the benefit system under the age of 20, and have spent a significant length of time on benefit (369 in the treatment group and 525 in the control group).

Impacts were assessed over a two year follow-up using linked and de-identified administrative data in the Stats NZ Integrated Data Infrastructure. Across the two target groups overall, compared to the control group, those in the treatment group spent 53 more days off benefit (a 7 percentage point increase in the share of time in the two year follow-up spent off benefit). The treatment group also spent:

- less time on benefit and not employed (44 fewer days, a 6 percentage point decrease in the share of time)
- more time in employment and off benefit (26 more days, a 4 percentage point increase)
- overseas (12 more days, a 2 percentage point increase).

The results include an 'unknown' category of off-benefit outcomes for clients. The treatment group overall did not spend significantly more time in this category, but the Entrenched Beneficiary sub-group did (20 more days, a 3 percentage point increase).

This category includes a range of possible situations and more work could be done to understand whether these results indicate unintended outcomes. Possible situations include time spent:

- in activities that have not been able to be identified because records for the same person (eg in education data) were not successfully linked up in the Integrated Data Infrastructure
- in self-employment which, due to lags in self-employment income reporting, was not fully captured in the 'employed' category
- in a relationship and supported by a partner - ICS may have impacted on the stability or declaration of relationships
- without income as a result of a sanction or stand down. The treatment group was more likely to leave benefit within 13 weeks of being assigned to ICS than control group members, and although the model was designed to make minimal use of sanctions, appear more likely to have left for reason of 'non-compliance'. Having left benefit, most leavers returned during the first year. Increased transitions on and off benefit may have been associated with increased exposure to gaps in income as a result of sanctions and stand downs.

At the two year mark, the ICS trial provided significant cost savings to MSD for clients in the Entrenched Beneficiary group with \$2.71 saved for every dollar spent.

The programme was not cost effective for the Early Entrant group, and there was no significant impact on time on benefit for this group. The Early Entrant *control group* received a more intensive service and greater staff time than the Entrenched Beneficiary control group. For the Early Entrants, limited difference ICS made to the intensity of support received appears to have resulted in ICS making no significant difference to outcomes over, and above 'business-as-usual'.

Clients interviewed in qualitative studies reported feeling encouraged by the supportive, non-judgemental approach of their ICSM. ICS was experienced as helpful, providing a sense of direction and purpose, often previously lacking. Many clients interviewed had no prior experience of supported goal setting. Positive personal relationships developed with their ICSM contrasted with previous negative case manager interactions, and helped clients have more positive attitudes to Work and Income generally (Hall et al., forthcoming; Gravitas, 2017).

All ICSMs interviewed were positive about the service and its impact on their clients. The service allowed them to build rapport and develop trusting relationships with the majority of their clients. While most of their clients appeared to respond well to the opportunity ICS provided, not all clients could be helped. All case managers had a small number of clients who they could not contact or who refused to engage. ICSMs also noted that they may not always be the most appropriate person to instigate change for some clients (such as those embedded within gangs), and some may respond better to whānau or community interventions specific to their needs (Hall et al., forthcoming; Gravitas, 2017).

When it started in 2015, the ICS trial was set to run for three years. Based on promising early results from the RCT, funding was expanded. In March 2018, an extended and adapted version of the trial, Intensive Client Support-Extension (ICS-X), incorporated, and replaced, the ICS trial.

Limitations

The case studies selected are not a comprehensive collection of relevant studies.⁴ However we found no existing systematic evidence review focused on the effectiveness of voluntary intensive case management approaches for people receiving welfare benefits which could form the basis for a more comprehensive rapid review.

In addition, the available impact studies have some limitations.

- In some cases the trials are small and as a result it is possible that statistical tests fail to detect a true impact. The chance of making this kind of error increases as the sample size decreases. For example, in the SSP Plus, with around 300 members in each research group, the differences between the outcomes of the groups are not statistically significant unless they are quite large. Lack of statistical significance does not necessarily mean that the service did not affect an outcome.
- For the most part, studies focus on employment and benefit receipt. Impacts on wider measures of the wellbeing of participants and society overall are not well studied.
- The studies rarely examine whether intensive case management of some people adversely affects other groups (ie whether employment gained by service participants came at the expense of someone in the baseline service or someone else in the population).
- Each study relates to a particular time and context, and results may not be generalisable to contemporary settings. For example, for the NDLP, Dolton & Smith (2011) concluded that the very large impact for those with long durations was likely to have represented a 'one-time windfall' which occurred in the context of a lack of effort to encourage sole parents into employment in the past and new financial incentives, and that the more generalisable impact estimate was more modest in scale. This might also apply to COMPASS and SSP-Plus, which relate to a similar period in the evolution of policy for sole parents.
- With the exception of IPS and NDLP, there is an absence of study replication, although taken together the case studies do constitute a developing evidence base.

Conclusion

In most of the case studies, voluntary intensive case management was effective in increasing time spent off benefit and/or in employment, and (where studies are available) generally experienced as helpful by recipients. In most cases, lower benefit system costs more than offset the costs of the programme (where estimates are available). IPS is a notable exception. In that case study, a recent partial cost-benefit analysis estimated the cost of delivering IPS was greater than the cash value (estimated in terms of wages) of the employment gained, but IPS represented a more efficient use of resources than traditional vocational services.

The design of the services that feature in these case studies, for the most part, predates the recent focus on applying behavioural insights to social services and their delivery.

⁴ For example, we exclude the recent NZ trials of the voluntary Sole Parent Employment Service and Mental Health Employment Service (MSD, 2016). Engagement and retention in these two externally contracted case management trials was low, and results from an RCT did not show an increase in clients' time spent off main benefit beyond what was achieved through MSD-delivered case management approaches.

Within the new frameworks emerging as part of that focus (eg, Richburg-Hayes et al., p87) they could be characterised as high-intensity individual-level behavioural interventions. Each was designed to positively engage and assist groups of clients facing labour market disadvantages to overcome practical and psychological challenges associated with finding and maintaining paid work, and to help reduce the complexity of accessing support services and claiming in-work entitlements.

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