Assisting the most disadvantaged job seekers

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ABSTRACT

The increasing interest in active welfare policies internationally combined with a growing recognition that many jobseekers are not being well served by conventional welfare to work models based on rapid labour market attachment and minimum cost interventions, is resulting in an increasing focus on programs that address personal barriers to employment, as well as providing vocational assistance. This paper examines the literature regarding disadvantaged job seekers and barriers to employment in areas such as poor health and physical disability, mental health, domestic violence, substance abuse and lack of social support. It then looks at the policy context and program approaches in Australia, the United States and the European Union. Common elements of good practice are highlighted and implications for PSP in Australia are identified.

There is a growing recognition amongst policy makers in OECD countries that welfare recipients facing significant disadvantage in the labour market require greater assistance than can be provided by regular labour market programs. For many people in this group the inability to gain employment is not simply the result of a lack of effort or motivation, but comes about through an interaction of employment and educational history combined with a range of personal issues which may include substance abuse, criminal records, chronic health problems or physical disabilities, homelessness, psychological disorders and mental illness.

This paper examines the literature around prevalence and impact of barriers, such as those described above, on disadvantaged job seekers. It then looks at the policy context and program approaches in Australia, the United States and the European Union.

Barriers to employment amongst the most disadvantaged job seekers

There is variation in the terminology used to describe the group of disadvantaged job seekers being discussed here. Descriptions include: ‘hard-to-employ’ (Brown 2001), ‘vulnerable to exclusion’ (European Foundation 2002), ‘very marginalised’ (O’Donnell 2003). However there is an emerging agreement that this group face barriers to participation that need to be addressed along with their lack of employment.

Danziger and various colleagues, who figure prominently in the barriers to employment literature, suggest that in the US the majority of female welfare recipients who go into jobs do not last a year in them (see Danziger et al. 2000b). They identify specific characteristics strongly linked with those unable to maintain employment after leaving welfare: not having
graduated from high school, lacking prior work experience and having more than three children. Many other researchers agree that certain demographic characteristics are associated with detachment from the labour market (see for example Gardiner & Fishman 2000).

However Danziger et al. (2000b) conclude from their study of over seven hundred former single mother welfare recipients in Michigan that the presence of barriers is a significantly better predictor of employment than a model that only includes traditionally measured variables, such as education, work experience and welfare history. Instead they refer to an expanded barrier model (beyond just human capital barriers) in which six major barriers are negatively and significantly associated with being employed at least 20 hours a week (the minimum compliance requirement for Michigan welfare): having few work skills, having four or more perceived experiences of workplace discrimination, lacking access to transportation and meeting the screening criteria for depression, drug dependence or poor health.

**Multiple barriers**

The presence of one personal barrier to employment may not be unmanageable, but US research demonstrates that multiple barriers can cause fragmented labour market experience; and that this is particularly so when the barriers derive from different barrier categories (Danziger et al. 2000b, Olson & Pavetti 1996). For example Danziger et al. (2000b) suggest that having a physical health problem may warrant regular visits to a doctor and mean absence from work or restrict job search time, and if combined with transport problems, this could represent a very real impediment to work or job search. They note that the higher number of barriers experienced, the lower the probability of employment.

An experience of multiple barriers is more prevalent in some demographic groups than others. For example, consistent with international research, lone mothers in Australia receiving income support and are four times more likely than partnered recipients to face multiple psychological, personal and social barriers (Butterworth 2003a). In general, it is the experience of multiple barriers to employment that is shared by different vulnerable groups, rather than the types of barriers they face (European Foundation 2002).

**Barriers as an approach**

With recognition that some welfare recipients require greater assistance than can be provided by traditional welfare to work policies, approaches have emerged that recognise barriers to employment and seek to address these either prior to or at the same time as subjecting participants to regular employment-focused welfare to work requirements. However, due to the wide range and complexity of issues being handled, measuring and evaluating outcomes can be difficult.

A significant danger with the barriers approach is its potential to put an undue emphasis on individuals and their ‘inadequacies’ and draw attention away from structural changes of contemporary labour markets. While policies that recognise and meet the needs of the most disadvantaged jobs seekers can deliver significant social and economic benefits, to achieve a real reduction in disadvantage and exclusion these must be integrated with macroeconomic policies that ensure sufficient work is available, and a framework of employment regulation and institutions that promote an inclusive labour market. In addition to this, a focus on addressing barriers can displace the importance of tangible material assistance and supports (Gardiner & Fishman 2000; Anderson, Halter & Gryzlak 2004).
An obvious benefit of the barriers approach is that it recognises obstacles to employment and legitimates the activity of working on barriers and of achieving non-economic outcomes. Further, Butterworth proposes that identifying barriers can actually provide an incentive for action (2003a). He believes helping people better manage and address barriers represents a path towards improved outcomes for disadvantaged clients (2003c).

On a practical level Danziger et al. (2000b) write that stratification of the number of barriers faced may assist in determining the level of intervention required. They also suggest that reducing for example one or two identified barriers faced by a person could potentially improve employment outcomes at a relatively modest cost. Butterworth (2003c) also sees potential cost savings in program models that address barriers such as mental illness, as he feels it could be simpler and less expensive than addressing many human capital related barriers.

**Barriers and their effect on employment**

Discussion of barriers faced by job seekers and the way in which they affect participation is complicated by the interplay between barriers and the sheer number of them. The literature refers in the main to the correlation between various barriers and disadvantage in employment. There is a concentration on prevalence of barriers among different groups with generally limited information about how barriers actually impact on employment. The following section attempts to address these employment impacts focusing on barriers other than the much researched human capital and vocational barriers.

**Poor health and physical disability**

Poor health and physical disability are widely discussed barriers to work (see for example Gardiner & Fishman 2000; Brown 2001; Carlile et al. 2002; Stapleton & Burkhauser 2003). Overall those with disabilities are less likely to work than those without (Brown 2001). As with other barriers, there is wide variation in the intensity of the impact on working. Some people with disabilities or poor health cannot work at the same capacity as others and others could not reasonably be expected to work (Stapleton & Burkhauser 2003). For some, the type and acuteness of their disabilities ensure that full-time work is improbable without intensive supports, while others require fewer work supports to obtain and remain in employment. Activity limitation and work disability are due to a vast range of causes (Gardiner & Fishman 2000; Brown 2001).

While mental health is sometimes included with physical health and disability as a barrier (eg Gardiner & Fishman 2000), in this paper they are treated as separate barriers.

**Mental health issues**

Butterworth (2003b) estimates about one-third of Australian income support recipients have a diagnosable mental disorder in any 12-month period. This represents a 66 per cent higher prevalence than among Australian adults not receiving income support. He also notes that the prevalence of clinical anxiety and depressive disorders among lone mother recipients is three to four times the national average. Butterworth (2003c) suggests it likely that both factors of welfare receipt and mental illness reflect and interact with other underlying barriers such as early abuse/trauma and poverty.

The growing literature on mental health and employment and universally suggests that mental illness can mean great difficulty finding and maintaining employment (see for example Evans
Kerr, Hill and Pavetti (2000) provide the most useful illustration of the ways in which mental illness can represent a barrier to a person’s ability to work. For example:

- The symptoms, developmental deficits, side effects of medications and behaviours associated with some mental illnesses such as loss of concentration, irritability, fatigue, and anxiety can be difficult to control in a work environment. These can affect quality of work and work relationships.
- Work relationships can also be complicated by interpersonal problems (see also Jayakody, Danziger & Pollack 2000).
- Mental health conditions may cause interruptions in education and work that create skill and knowledge deficits and leave many in entry-level, low-wage jobs. These jobs are less likely to offer the flexibility needed to accommodate the often sporadic and changeable nature of mental illness.
- The stigma associated with mental illness makes it less likely that those affected will seek treatment or ask their employer to accommodate their needs.
- Discrimination is a serious problem for those with mental illness in searching for, and remaining, employed: some employers are hesitant about employing them (see also Evans & Repper 2000, Brown 2001).

Experience of violence

Employment opportunities can be indirectly affected by the experience of domestic violence through its link with poor mental and physical health (Butterworth 2003a). Brown (2001) outlines some other more direct ways in which domestic violence can impact employment. For example, intimidation can ensure the victim does not take steps toward employment. Emotional abuse and controlling behaviour—commonly part of domestic violence—can take the form of subtle sabotage, for example refusing to assist with transport or childcare, or damaging or hiding clothing or other necessary work items. Lack of domestic support can make it difficult to cope with problems that might affect work. At work, abusive partners can make their presence felt by physically appearing or constantly phoning.

Particularly where abuse is current, managing it and the fear for health and safety of the victim (and their child(ren) where applicable) will cause any focus on employment goals to fade (Brown 2001). Polit et al. (2001) found in their US study of almost four thousand mothers who are current and former welfare recipients that those with higher employment stability were less likely to have been abused in the prior year.

In contrast, however, Danziger et al. (2000b) found that there was no significant association between exposure to domestic violence and vulnerability in the labour market.

Substance use or dependence

Brown (2001) estimates the prevalence of substance abuse among the US welfare recipient population to be between 5 and 60 per cent (p. 9). It is quite widely agreed, however, that harmful substance use or dependence disorders are generally highest among welfare recipients (Olson & Pavetti, 1996, Jayakody et al. 2004), but that its real prevalence is unknown because substance use is a covert activity and most attempts at measurement are reliant on self-reporting (Jayakody et al. 2004).
In a US study of substance-dependent women, about 82 per cent reported no stable pattern of work in the preceding three years. They experienced on average five barriers to employment, with rates two or three times higher than women with no substance use disorder. These barriers included domestic violence, mental health problems and legal problems (Morgenstern et al. 2003).

Atkinson et al. (2001) found that the probability of employment for chronic drug users was significantly influenced by perceptions of self-competencies as well as by barriers faced. This group also experiences higher levels of anxiety and depression (Butterworth 2003b).

The impact of this barrier can result in the creation of other barriers. Jayakody et al. (2004) write that substance abusers convicted of illegal drug possession, use, or distribution can result in ‘one strike and you’re out’ rules, including a lifetime exclusion from food stamps and permitted eviction of public-housing tenants. Another effect on work for substance-dependent people is the time required for treatment. Almost all women in the sample (97.9%) were denoted as requiring an intensive level of substance use treatment, which is defined, in part, as at least 20 hours per week of treatment services. For about a third of the women, their problem was critical enough to demand inpatient detoxification or rehabilitation (21–28 days) before referral to outpatient care (Morgenstern et al. 2003). Mitchell, Betts and Epling (2002) raise concern that stable meaningful employment or education becomes improbable for the increasing numbers of young people experiencing coexistent mental health and substance dependent issues. They suggest the impact of long-term unemployment would reinforce their problems and exacerbate their poor mental health.

**Lack of social support**
One barrier not discussed widely was lack of social support. However it was deemed important in the studies referred to subsequently. In two US studies of women into facing barriers to employment this was particularly noted. In one study, women who were able to find and maintain steady employment had been able to offset work-related expenses (such as child-care, transport, medical care and work clothing) that can ensure the costs of working outweigh the benefits with extra support such as free child-care provided by friends or relations (Anderson, Halter & Gryzlak 2004). Participants in the other study stressed that families and other social backing were essential to their success after leaving welfare and guaranteed sources of material and psychological support (Danziger et al. 2000a).

Furlong and Cartmel (2004) propose that having social and cultural capital gives young people strong advantages in the labour market. They find that recurrent unemployment is heavily influenced by a person’s family and social networks that can provide valuable types of support and can overtly affect patterns of recruitment.

While family and other connections were seen to be a useful in gaining and maintaining employment, in one UK study of people with multiple barriers to employment almost all participants spoke of alarming histories of family and other social relationships (Dean, MacNeill & Melrose 2003) which led to the danger of ‘being led astray by their dysfunctional families or by peer group pressures’ (Dean 2003, p. 447).
Assistance to job seekers with barriers to employment

Policy contexts

The Personal Support Programme (PSP) was introduced in June 2002 and replaced and expanded the previous Community Support Program (CSP). The PSP was the first program put in place under the Australians Working Together welfare reform process, formally acknowledging that some people cannot benefit from welfare-to-work strategies, without first dealing with their non-vocational barriers (Carlie et al. 2002). The PSP approach is strongly shaped by the Reference Group on Welfare Reform report (2000) recommendations that the income support system must recognise the need for support but also be underpinned by an objective of increasing economic and social participation.

The PSP is delivered by contracted providers and is administered by the Department of Family and Community Services. It aims to ‘provide assistance to people with multiple, non-vocational barriers enabling them to achieve outcomes that are relevant and appropriate to them’ (FACS 2002, p.4). These outcomes are expected to be matched to the abilities, capacities and circumstances of the participants. Compared with programs operating in other countries, it is relatively prescriptive in specifying both the type and intensity of intervention, and there is little room for modification of the program at a local level.

In the US, by comparison, States have considerable flexibility in the use of federal funds to develop programs to assist clients facing barriers to employment, resulting in a wide variety of approaches. They do however have to meet broad funding requirements such as the five-year individual time limits on the receipt of Federal assistance (although they can impose shorter limits) and must achieve specified increases in participation rates (Wagner, et al. 1998). Federal funds are available under TANF (Temporary Assistance for Needy Families) and can be used to provide income support, work incentives or transitional support, as well as employment and employment-related services.

TANF was introduced in 1996 after the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which transformed welfare support from ‘a permanent support into a transitional subsidy’ (Wagner, et al. 1998). Strict work requirements have been implemented and all individuals, including those facing multiple barriers who were previously exempt, now face a five-year time limit on the receipt of Federal income support, whether cumulative or in one block (Office of Inspector General 2002). At the same, eligibility for Supplemental Security Income, provided to people facing physical or mental health problems, has become stricter, resulting in only the very severely disabled being exempt from becoming self-sufficient. As Dion et al (Dion, et al. 1999) describe, ‘PWORA is rooted in the fundamental assumption that regardless of background or circumstance, all able-bodied adults are capable of gainful employment’ (Dion, et al. 1999, p.2) and has as its primary objective the promotion of self-sufficiency and the reduction in welfare rolls.

As with the TANF funding in the US, considerable flexibility is provided to develop programs at the local level in the EU, however these have to be consistent with broad policy guidelines. Funding is primarily allocated through the European Social Fund under the EQUAL initiative, part of which focuses on ‘facilitating access and return to the labour market for those who have difficulty being integrated or re-integrated’ (European Commission 2000a). There are currently around 430 projects across the EU that aim to enhance
employability by developing work and social skills, self-confidence and adaptability in the labour market (European Commission 2000b).

The goals of the European Social Fund are informed by the European Employment Strategy, which in turn is informed by the EU’s strategic vision of long-term economic growth, full-employment, social cohesion and sustainable development in the knowledge economy (O’Donnell, et al. 2003). The European Employment Strategy has ten specific guidelines, two of which are particularly relevant for the development of policies for individuals with barriers to employment. Guideline 7 is to ‘promote the integration of and combat discrimination against people at a disadvantage in the labour market’, and guideline 8 is to ‘make work pay through incentives to enhance work attractiveness’ (European Commission 2003, p.8).

While these guidelines are not prescriptive, member states are required to conduct their employment policies in a way that will achieve the objectives and priorities for actions and set out their strategy for doing so in their annual National Action Plans for employment.

The result is that programs to assist individuals facing barriers are promoted through both the direct funding of the EQUAL initiative and the European Employment Guidelines with which member states must align their policies. This framework provides a broader commitment to job seekers facing barriers than exists in Australia or the US. It also places a strong emphasis on the achievement of social inclusion and cohesion, rather than simply promoting self-sufficiency and reduced welfare case loads as can be seen in the US. The social inclusion approach has some similarities with the goal of increasing social and economic participation in the Australian PSP; however in the Australian case there is no broader commitment to the reducing social exclusion of vulnerable groups and individuals in the labour market.

**Program approaches & research**

**Australia**

The PSP is based on a case management model emphasising strong connections with, and referral to, appropriate local services. PSP providers deliver the following core services:

- counselling and personal support involving regular contact, guidance, assistance, personal support and confidence/self-esteem building
- referral to, and coordination with, appropriate local services, and advocacy with other agencies as required
- practical support to attend interviews and appointments
- outreach activities involving bringing participants to services or taking services to participants
- assessment involving strategies to establish goals, plans and objectives (FACS 2002).

Participants are streamed into PSP after being assessed by Centrelink as being unable to benefit from regular labour market assistance, delivered through the Job Network. They are placed into PSP for a two-year period and an action plan is developed with a case manager with the aim of addressing identified barriers and facilitating increased economic and social participation. This objective includes employment and education outcomes, but is significantly broader to also encompass social or soft outcomes relevant to the participant such as increased socialisation, improved family relationships or increased confidence.
Participants are exempt from activity test requirements applicable to other job seekers whilst in the program, and there is little pressure on participants to make a transition to employment.

Instead the program model focuses on addressing barriers before moving into employment, rather than concurrently although outcome payments are made if participants are placed into work. However, PSP participants are actually precluded from accessing employment assistance available to other job seekers through the Job Network and there is very minimal funding for accessing training and education. Within PSP there are no specific employment initiatives such as supported work placement, and connections to employers and industry are absent.

Participants exit the program once they have completed two years, or earlier if they gain employment or education, enter an alternative labour market program or withdraw voluntarily. Those finishing PSP who are judged to be ready for employment will receive assistance through the Job Network, Disability Employment Assistance or Commonwealth Rehabilitation Services. Others move on to the Disability Support Pension, or may just be exempt from activity test requirements and become ‘inactive’. A continuation of barrier-specific intensive support is likely only through Disability Employment Assistance or Commonwealth Rehabilitation Services; however in both instances there is no continuation of the goals, plans, or objectives developed during PSP.

**United States**

Although TANF funding provides considerable flexibility in the design and operation of employment assistance programs, the five-year life-time time limit results in most programs placing primary emphasis on moving all clients rapidly into employment. Unlike in the Australian system, where clients with multiple barriers are effectively quarantined from the work first approach operating through the Job Network, the rapid employment focus remains for clients with barriers in the US system. What is evident, however, are attempts to modify these services to better meet the needs of clients with barriers.

Brown (2001) suggests that three broad approach have been developed in the US context in recognition of the additional support required by this client group:

- modified work first
- supported work
- the incremental ladder

Under the modified work first approach, case managers and participants develop employment plans, as under the work first approach; however there is greater flexibility to incorporate diverse additional activities such as treatment or personal support, education or other activities. There is also greater emphasis on links with local providers such as mental health or substance abuse agencies, and barrier-specific post-employment services. The aim is to pursue employment and barrier-related activities simultaneously, and if this is not possible to address barriers as a direct step towards finding employment.

The supported work approach provides individuals with employment experience in real world settings as a transitional step. Gaining employment is still the primary focus but a broader range of issues, including ‘hard’ and ‘soft’ skills, are seen as a legitimate step along this path.
It is usually operated in a highly structured work environment with close supervision and gradually increasing expectations.

The incremental ladder model aims to support people as they take gradual steps towards employment. It also recognises that some people will be unable to directly enter unsubsidised employment, and the lower ‘rungs’ may include activities such as child-care responsibilities or addressing health problems.

A range of other strategies have also been developed in US programs for working with clients facing barriers. These include: (Bliss 2001; Brown 2001; Centre for Law and Social Policy 2003)

• financial incentives or ‘making work pay’ strategies which pay earnings or welfare supplements or allow clients to retain more of their benefit when they move into employment
• transitional benefits such as child care, health insurance and post-employment case management
• increased focus on job retention and advancement through intensive follow-up and support services
• transitional jobs schemes which place participants in short-term publicly subsidised jobs combining work, skill development and support services.

In contrast to the PSP in Australia, all of these approaches have a primary focus on the gaining of employment, rather than a broader goal including increased social participation.

Of particular interest is the strong connection to the labour market that is maintained with almost all US programs working with clients with multiple barriers. Thirty-six out of fifty states report that they strive to keep the program’s primary focus on employment (Office of Inspector General 2002). This is due in part to the restrictions on Federal cash assistance and the more punitive attitude towards welfare in general; however it also reflects a belief that support to families or individuals with barriers is not incompatible with rapid labour market entry and that work and work-related activities can be an important part of a client’s therapy (Pavetti, et al. 1996). Work-based strategies for clients facing barriers to employment include paid work experience programs, and transitional jobs programs in public, private and supported work environments (Pavetti, et al. 2001).

Research

A review of state strategies for working with hard-to-place clients carried out by the US Office for the Inspector General in all 50 states found that most states screen all clients for domestic violence, substance abuse, physical disability and chronic health problems, and that over half use a formal tool or instrument to identify a wider range of barriers. All states utilise partnerships with other organisations or agencies in assisting clients to address barriers; however, most states do not have specific strategies for assisting clients with more than one barrier to employment (Office of Inspector General 2002).

Other research has suggested that, despite state flexibility to develop services needed by local populations, most recipients with barriers are not receiving the needed additional services.
Screening is inadequate in most cases and even when it is adequate often does not result in barriers being addressed (Goldberg 2002).

Research reviewing the evaluative evidence from a range of programs has identified the following elements as important in the successful delivery of programs to this client group: (Brown 2001; Dion, et al. 1999; Pavetti, et al. 1996)

- flexibility to respond to the varied and complex needs of clients facing barriers
- strong partnerships with community agencies that can provide necessary support services
- specific and ongoing staff training to allow better understand and support of clients needs
- reduced staff case loads and more intensive case management
- clear expectations reinforced with financial penalties
- use of employment or community participation activities to increase work related skills and self esteem
- ongoing support to clients after employment is obtained
- creating a positive context and using a strengths-based approach.

Overall, the US approach aims to promote self-sufficiency and reduce reliance on welfare, rather than broader goals such as reducing poverty and exclusion or increasing social participation, and this is reflected in the high poverty rates of those who leave welfare (Polit, et al. 2001). There is a strong focus on active welfare and employment assistance for all, and an attempt to rapidly move people into employment, with post-placement used as a means to assist people to manage barriers and stay off welfare.

**European Union**

The program approaches to working with groups facing barriers in the EU context are shaped by the recognition of the broader goals than simple employment, in particular the objective of promoting social inclusion. This results in a greater emphasis and recognition of soft outcomes in program design and a broader range of interventions. The soft outcomes commonly targeted by programs operating under INTEGRA (the forerunner to EQUAL) initiatives included attitudinal outcomes, life skills, and other transferable skills more related to work, such as communication, language or problem-solving skills (ESU 1998).

Both the INTEGRA and now EQUAL initiatives have advocated the use of a pathways approach, which recognises that barriers faced are often complex and cumulative, and can originate in a wide range of spheres (O’Donnell, et al. 2003).

The concept of ‘pathways to integration’ implies that successful integration into the labour market – particularly for the most vulnerable groups – is based on a multistage integration process which takes place at several levels. It involves integration on the economic, social and cultural levels. The approach integrates different types of expertise and involves a process of co-ordinating and managing the input of relevant services, agencies and employers (European Commission 2000c, 2).

The pathway approach encompasses five main interventions:

**Contacting and motivating participants:** aims to facilitate opportunities for engagement with target groups through methods such as effective outreach
Developing skills: focuses on quality training, and development of vocational skills, as well as basic skills in areas such as literacy and communication.

Ensuring support for social and cultural needs: recognises broader outcomes than employment alone and aims to empower participants to become active citizens and fully participate in society.

Providing employment and career guidance services: aims for delivery of these services in a flexible and client-focused manner meeting the specific needs of disadvantaged clients.

Developing employment progression measures: seeks to secure the move into employment and provide ongoing support including assessment of progress, personal planning, evaluating and recording learning outcomes and supporting mentors and supervisors. (O’Donnell, et al. 2003)

Another notion which has shaped program development for individuals facing barriers is that of empowerment. The empowerment approach aims to link strategies for inclusion with strategies for employment (European Commission 1999). It has been defined as moving to a state of inclusion:

the development of capacity and opportunity to play a full role, not only in economic terms, but also in social, psychological and political terms (ESU 2001, p.3).

The empowerment concept was identified as crucial by many INTEGRA projects; and it is now a core theme in the EQUAL initiative, with all projects required to show that it is an integrated part of their approach. It involves recognising that individuals need additional support to utilise newly acquired skills to control and overcome barriers they face, and that these individuals are often excluded from formal and informal information networks about employment and training opportunities. Projects aiming to empower individuals will aim to address elements such as:

- quality of life: accommodation, health, finance management
- wider employment support: basic skills, social skills, communication, team working
- personal development: confidence, motivation, self-identity, initiative taking
- participation: opportunities to participate in project design, delivery and evaluation; access to childcare, access to information and support to use it for decision making (ESU 2001).

In terms of connection to the labour market, the EU approach aims for significantly closer links than are seen in Australia under PSP, but does this as part of much broader approach than the US work first model which emphasises rapid labour market entry as the predominant goal. The EU approach emphasises employer involvement and cooperation with business and industry in general as an important aspect of developing effective pathways (European Commission) and also places significant emphasis on the acquisition of skills and access to lifelong learning for disadvantaged groups (European Commission 2003). Support and training are seen as a means to participate in broader society rather than just a path to employment (European Foundation 2002). While the notion of activation does play a key role in EU employment and welfare policy, there is an intention that it be linked to empowerment of individuals and promotion of social inclusion rather than used as a means to cut welfare rolls and force people into poor-quality jobs (European Foundation 2003).
Research and good practice

A review of projects utilising a pathway approach by the European Commission found that a number of elements are important for their success.

- coordination and networking of all relevant agencies and actors to provide a coherent range of easily accessible services
- remedial and pre-vocational training
- guidance and counselling based on a personalised flexible approach where the individual is seen as an equal partner
- monitoring and support throughout the integration process through mechanisms such as mentoring, tutoring, and personal support (European Commission 2000c)

Another study looking at projects in the UK found that the use of a pathway approach was appropriate for disadvantaged clients, and that the development of soft and practical skills alongside vocational skills was an important feature of interventions. However, a key area of weakness was found to be inadequate linkages with employers (O’Donnell, et al. 2003).

In broader research looking at good practice in projects working with disadvantaged clients, the following factors have been identified as important.

- recognising multiple and complex needs of vulnerable clients
- developing high quality intensive programs for clients with the most diverse and complex needs
- involving end-users in program design, implementation, operation and monitoring
- providing access to a wide range of local support services
- underpinning programs with adequate resources in terms of: people, money and information
- adapting coordination arrangements to the needs of clients
- promoting inclusion with the commitment of all actors
- utilising partnerships for action involving clients, public, private and non-government sectors (Ditch and Roberts 2002; Employment Support Unit 2000; European Foundation 2002; European Foundation 2003).

It is also suggested that knowledge of vulnerable and excluded groups and program effectiveness needs to be improved, through better qualitative and quantitative data collection, and ongoing evaluation and monitoring that takes into account the multi-dimensional nature of client needs (European Foundation 2003).

Conclusion

Personal barriers affecting many disadvantaged people receiving welfare are a major impediment to employment and social inclusion more generally. The increasing recognition of the prevalence and impact of such barriers is resulting in a rethinking of the employment assistance programs and an attempt to redesign these to achieve improved outcomes.
However, as can be seen above, the development of effective programs to assist welfare recipients facing personal barriers will be strongly influenced by the underlying policy context and program rationale. The objective in the US, for example, of reducing welfare rolls and promoting self sufficiency results in quite different approaches from those seen in Europe where a broader objective exists of facilitating social inclusion and reducing disadvantage. Despite this difference, several common elements emerge as being important to the success of these approaches. In working with clients the approach should be flexible enough to accommodate clients’ complex and varied needs, provide intensive personal support and utilise staff that have specific and ongoing training. The program model should be based on strong partnerships with a wide range of local support services to which clients can be referred, use a strengths-based approach, and provide ongoing barrier specific client support extending to job placement, retention and advancement.

In the light of learnings from programs in the EU and US, a number of elements are worth noting in relation to the Personal Support Programme in Australia that may reduce its effectiveness. These include:

- lack of connection to the labour market or involvement of employers and industry
- lack of access to employment-focused assistance developed specifically for clients facing barriers – transitional jobs programs for example
- lack of recognition of the need to provide ongoing intensive support to clients to obtain, sustain and advance in employment after exiting PSP
- underdeveloped linkages and integration with other labour market programs
- inability of clients to access mainstream employment services whilst on PSP
- lack of ongoing and specific training to PSP staff.

Despite these shortcomings PSP does recognise the necessity of providing support which is broader than simply employment assistance, and provides disadvantaged job seekers with an opportunity to address underlying issues rather than simply being pushed into employment. The program objectives of increasing social and economic participation are also more likely to achieve positive social justice outcomes than the narrow work first approach prevalent in the US.
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