

# Activity Agreement Pilots – trialling different approaches to re-engaging young people not in education, employment or training (NEET): Evaluation of the 2009-10 extension

Sue Maguire, Centre for Education and Industry (CEI), University of Warwick and Becci Newton, Institute for Employment Studies (IES)

Research Team: Harriet Fearn, Joy Oakley, Ceri Williams, Linda Miller, and Tom Levesley (IES)

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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INSTITUTE FOR EMPLOYMENT STUDIES  
Sovereign House  
Church Street  
Brighton BN1 1UJ

Tel. + 44 (0)1273 763400  
Fax + 44 (0)1273 763401

[www.employment-studies.co.uk](http://www.employment-studies.co.uk)

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## Summary

### Introduction

Activity Agreements (AA) have been piloted in eight areas of England between April 2006 and are due to end by March 2011 and were designed to help re-engage young people (aged 16 or 17) not in employment, education or training (NEET). Young people (and for a two-year period in some areas, parents) were offered a weekly allowance, in return for agreeing to a plan and completing activities to integrate them back into learning. The Activity Allowance of £30 per week (and for a two-year period in some areas, £20 per week) was payable for up to 20 weeks. A second 12-month extended period of trialling the Activity Agreement began in April 2009 (known as Pilot 3) and was accompanied by the introduction of a new policy model (Model 4). The change to the implementation was designed to increase take-up rates among vulnerable young people who were defined as NEET, as well as to test and develop approaches to support a raised participation age (RPA).

From April 2009, the delivery model was changed to focus on vulnerable young people categorised as NEET, and specifically:

- young Jobseekers Allowance (JSA) claimants who were referred without any waiting time to the AA, although this group did not receive the financial incentive
- vulnerable groups such as young carers, looked-after young people, those working with Youth Offending teams and Social Care teams, and young people with Learning Difficulties and/or Disabilities (LDD) amongst others. These vulnerable groups must have worked with another agency or the mainstream Connexions service for five weeks prior to referral to the AA.
- long-term NEET young people who had spent 26 weeks without participating in employment, education or training, and for whom the process of engagement with the AA could take place between weeks 21 and 25 of being NEET.

### Key findings

- The AA tested the effectiveness of offering a combination of measures, namely financial incentives, intensive support and individualised learning to re-engage the NEET group.
- Financial incentives, such as the AA weekly payment made to young people, acted as a **powerful engagement tool**.
- The AA was successful in pioneering innovative and flexible approaches to learning and learning activities. As the AA moved into Pilot 3, the demand for **individualised programmes of learning** appeared to increase, in order to meet the complex needs of vulnerable and long-term inactive groups of young people.
- Due consideration will need to be given within RPA planning to the **high level of competence** among operational staff that is needed to work with the hardest to reach and the hardest to help groups of young people.

- Within Pilot 3, the majority of AA participants had entered via the **six weeks vulnerable category rule**, and a significant number of programme entrants fell into more than one of the approved categories. The shift towards focusing the AA largely on vulnerable groups of young people had led most pilot areas to undertake more in-depth assessments of young people's needs prior to them entering the programme. These assessments focused on their learning abilities and needs, as well as a risk assessment of their behaviour and conduct.
- Young people entering the AA under the **26-week rule** were long-term NEET and were described as being the most difficult group to engage and support, since they were often entrenched in inactivity. While young people in the vulnerable groups category had a specific barrier or barriers to overcome, the long-term NEET group had often tried or rejected all other types of intervention.
- **JSA rules for under 18s** and access to the AA were too dependent upon both local interpretation of JSA entitlement rules and the ability of Jobcentre Plus (JC+) staff and AA managers/advisers to forge local partnership working arrangements. Significant differences existed between local areas in terms of their success in establishing effective and consistent working arrangements.
- Respondents welcomed the flexibility that the **10 per cent rule** offered them, since it provided the opportunity for young people with specific needs who fell outside the prescribed list of vulnerable categories, to access the programme without having to wait a further 20 weeks.

## Methodology

The research consisted of two elements:

- **Implementation studies:** The implementation studies provided a detailed, longitudinal and qualitative account of the perspectives of different stakeholders involved in the delivery of AA. Two roundtable discussions with Connexions advisers and managers who were involved in the delivery of the AA across the lifetime of the pilot were conducted. In addition, between three and seven stakeholders were interviewed in each pilot area (depending on the size and complexity of each pilot), using a combination of face-to-face and telephone interviews.
- **Case studies:** Three themed case studies built on the strategic overview provided by the implementation studies and focused on:
  - the interaction between AA, JSA and other financial entitlements
  - young people with Learning Disabilities and/or Difficulties (LDD)
  - perceived additional value of the AA.

## **Local management and delivery arrangements**

The targeted nature of the AA in particular on young people from vulnerable groups and JSA recipients led to an increased reliance on referrals from other support agencies, such as YOS (Youth Offending Service), Leaving Care teams, housing departments, teenage pregnancy/ parents support services, Sure Start centres, youth services and social services. All pilot areas reported that this had been achieved by extending and strengthening their links with local support agencies. The degree to which partnership working existed between AA staff and specific support agencies varied both within and between pilot areas and was **heavily dependent upon local collaborative working arrangements**.

## **AA activities**

The focusing of the AA on vulnerable groups, JSA recipients and young people who were long-term NEET, resulted in a shift in the types of activities that young people completed as part of their programmes. The increased personal and social needs of many AA participants led to a greater emphasis on the intensive support offered by PAs, as well as an 'individualisation' of many activities offered to young people.

## **The local stakeholders' perspective**

Pilot 3 had not significantly impacted on local stakeholders, since, in the case of many agencies and providers, a focus on meeting the needs of young people from vulnerable groups had developed through the introduction of Pilot 2/Model 3 delivery. Stakeholders who had become involved in the AA during the course of Pilot 3 were positive about the AA delivery model. Some respondents, in particular providers, would have welcomed stronger links within the 'AA provider group', in order to establish a network to exchange ideas and expertise.

Where stakeholders worked more closely with the AA and understood the entry criteria, intervention at six weeks NEET for vulnerable groups was welcomed. Some concern was expressed about the much later intervention (at 26 weeks NEET) for those young people without previously identified vulnerabilities. Stakeholders felt that young people would become entrenched in inactivity and much harder to help as a result of later intervention.

Providers continued to be positive about the AA offer, and there were numerous examples of how activities had been tailored to meet the needs of vulnerable young people who were NEET. There was a perception that Pilot 3 had supported groups of young people with more complex barriers than were present in previous cohorts. Among providers, there appeared to be an increased focus on providing accreditation to young people for the activities that they had completed.

There was some evidence of increased collaboration having resulted from the introduction of Pilot 3, which built upon links established through Pilot 2/Model 3 delivery. However, some support agencies noted that their working relationships with Connexions could be further strengthened, particularly where there had been changes to staffing within Connexions.

## Evidence from the themed case studies

- The evidence suggests that the AA supported **young people with a range of LDDs**. While finding suitable activities had been challenging, it had been possible to establish specialist support in most cases.
- While the desires and ambitions of young people with LDD did not vary greatly from young people participating in earlier AA delivery models, it was apparent that school experiences had often been difficult. The flexibility of the AA and regular reviews with AA advisers appeared to be well structured, which enabled young people with LDD to develop confidence and self-esteem and to cope better with their conditions.
- AA pilot areas welcomed the inclusion of a separate target to include **young people on JSA** within Pilot 3. It was reported that young people on the AA and in receipt of JSA comprised between 7 and 11 per cent of the Pilot 3 AA cohort. Most JSA recipients did not remain on the AA for long periods, with the average length of stay on the programme being approximately 10 weeks.
- The evidence suggested that the focus on vulnerable young people within Pilot 3 made a clearer case for **the additional value of the AA**, through its targeting of specific groups of young people for support. Agencies often viewed the AA as a 'last option' since it did not directly contribute to NEET reduction targets. This acted to ensure that only those who would not readily engage through other means were referred.
- Providing support for transport costs was felt to be a vital element of AA operation. This encouraged young people to use public transport and to travel outside their normal boundaries.
- Accessing literacy and numeracy skills development was a key concern for AA delivery. Whether this was possible at no cost to the pilot was highly variable within and between pilot areas.

## Conclusions and looking forward to the RPA<sup>1</sup>

The delivery of AA Pilot 3 built upon the knowledge, skills and experience that had developed since the initiative's inception in 2006. By focusing AA delivery on young people in vulnerable groups, those in receipt of JSA and young people who were long-term NEET, this delivery model had:

- concentrated resources on those most in need
- simplified entry points and entry criteria
- strengthened links between AA delivery and other support agencies, thereby engendering inter-agency working, and promoted the sharing of resources, including data sharing
- recognised that huge variation exists within and between localities with regard to young people's entitlement to and receipt of benefit, and in terms of how programmes such as the AA were received by JC+ staff

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<sup>1</sup> The Raising of the Participation Age (RPA) policy will require all young people in England to remain in some form of accredited education or training to the age of 17 by 2013 and to the age of 18 by 2015.



- identified that vulnerable young people cannot be classified as a homogeneous group, as they comprise a number of sub-groups, which often have differing needs
- created an increasingly 'individualised' initiative, which recognised that young people in vulnerable groups require an intensive and personal approach to re-engagement.

The piloting of AA, including Pilot 3, highlighted some key issues which will need to be addressed in order to accommodate the needs of young people in the NEET group, including vulnerable young people, within RPA planning.

## Financial incentives

The AA payment comprised two components: firstly, the weekly payment that was made to the young person, who had successfully completed their activities, and secondly, a Discretionary Fund (DF), which was managed by pilot managers and advisers to purchase provision, equipment and transport costs, dependent upon individual needs. Financial incentives also supported mapping and tracking of young people within the NEET group. Findings from the AA evaluation suggested that introducing means-testing would be detrimental to the engagement of vulnerable groups, since an EMA-style application procedure lacks the immediate responsiveness which an AA-style allowance offered.

The **interaction between any proposed post-16 education and training allowance** and other **benefit entitlements** should to be fully explored. The AA evaluation highlighted glaring inconsistencies in the application of regulations with regard to young people's ability to claim benefits, in particular Job Seeker's Allowance (JSA) and Income Support (IS).

## Individualised approach to learning

The evaluation evidence highlighted that post-RPA there would be a continued demand for a programme such as the AA, which would be required for young people who failed to 'fit into' the mainstream offer. Aligned to this issue is how a programme such as the AA would fit into **foundation learning**. Concerns surrounded the funding of provision, which appeared to relegate programmes such as the AA to pre-vocational programmes, regardless of a young person's needs.

Finally, valuable lessons were felt to have been learnt from the AA approach to brokering provision. This was considered to be important not only for the RPA agenda but for the **commissioning role** that local authorities assumed for post-16 education and training from April 2010.

## Intensive support

It was widely reported that AA advisers<sup>1</sup> needed additional skills and competences to those demonstrated by PAs in mainstream Connexion Services. These included highly developed counselling skills, the ability to manage financial and management information (MI) data requirements, and brokering and negotiating skills (in order to fulfil the requirement of brokering provision to meet individual needs). It was also felt that, given the nature of the

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<sup>1</sup> Pilot areas recruited staff as dedicated personal advisers (PAs) or key workers (KWs) to work with young people.

target groups in Pilot 3, the demands made on AA advisers had extended their role in terms of offering intensive support to young people and offering an increasingly 'individualised' approach.

### **Being called 'NEET'**

Evidence from the evaluation of the AA pilots would suggest that measures need to be in place which:

- **define vulnerable groups** (including long-term inactive young people) within the NEET population
- offer **intensive personalised programmes**, which include a financial incentive to secure their engagement and participation, impartial personal support and tailored learning over a specified period of time
- **facilitate access** to mainstream education, employment and training options.

As well as targeting this option at 16- and 17-year-olds, due consideration needs to be given to the growing volume of **18-year-olds** who increasingly fall into the NEET category. Finally, the needs of **young people who drop out** of education, employment or training warrant attention, as they may comprise a significant proportion of the RPA population who will require on-going monitoring and support.

# 1 Introduction

Activity Agreements (AA) have been piloted in eight areas of England since April 2006 and are due to end by March 2011 and were designed to help re-engage young people (aged 16 or 17) not in education, employment or training (NEET). Young people (and for a two-year period in some areas, parents) were offered a weekly allowance, in return for agreeing to a plan and completing activities to integrate them back into learning. The Activity Allowance of £30 per week (and for a two-year period in some areas, £20 per week) was payable for up to 20 weeks to 16- and 17-year-olds. A number of different entry points onto the programme were trialled, based on the number of weeks a young person had been NEET, prior to starting the programme. In addition to the allowance, a personally negotiated contract (the Agreement), which outlined specific steps the young person should take to move into education, training or employment in return for access to financial support, was developed between a AA adviser or key worker (known as an AA adviser hereafter) and the young person. Young people received continuous support from their AA adviser throughout the process. As part of the Activity Agreement, a flexible programme of personally tailored activities for the young person was agreed between the adviser and the young person. These activities could be part-time or bite-sized, part of mainstream provision or commissioned through the Connexions Partnership, and may have included basic skills provision, vocational tasters or personal development activities as well as bespoke activities.

A number of research reports have emanated from the evaluation of the Activity Agreement Pilots over a three-year period:

- Maguire, S., Newton, B., Fearn, H., Huddleston, P., Levesley, T., Miller, L., Oakley, J., Usher, T., Williams, C. and White, C. (2010) *Activity Agreement Pilots – Evaluation Of The 2008-2009 Extension*. Department for Children, Schools and Families. DCSF-RR201.
- Maguire, S., Thompson, J., Hillage, J., Dewson, S., Miller, L., Johnson, C., Newton, B., Bates, P. and Page, R. (2009) *Activity Agreement Pilots Process Evaluation*. DCSF-RR095.
- Tanner, E., Purdon, S., D’Souza, J. and Finch, S. (2009) *Activity Agreement Pilots Quantitative Evaluation*. DCSF-RR096.
- Newton, B., Levesley, T., Oakley, J., Fearn, H. and Johnson, C. (2009) *Activity Agreements and Small Step Progression; Activity and Learning Agreement Pilots Programme Theory Evaluation*. Working Paper 5. DCSF-RR098.
- Newton, B., Johnson, C. and Fearn, H. (2009) *Participation in Activity Agreement Provision; Activity and Learning Agreement Pilots Programme Theory Evaluation*. Working Paper 3. DCSF-RR097.
- Hillage, J., Johnson C., Newton, B., Maguire, S., Tanner, E. and Purdon, S. (2008) *Activity Agreements Synthesis Report*. DCSF-RR063.
- Maguire, S., Thompson, J., Hillage, J., Dewson, S., Miller, L., Johnson, C., Newton, B., Bates, P. and Page, R. (2008) *Evaluation of the Activity Agreement and Learning Pilots Process Evaluation: Year One Report*. DCSF-RR027.

- Johnson, C., Newton, B., Usher, T. and Hillage, J. (2008) *Incentivising Participation in Activity Agreements; Activity and Learning Agreement Pilots Programme Theory Evaluation*. Working Paper 1. DCSF-RR028.

## 1.1 AA Pilot 3

A second 12-month extended period of trialling the Activity Agreement Pilots began in April 2009 (known as Pilot 3) and was accompanied by the introduction of a new policy model (Model 4). The change to the implementation was designed to increase take-up rates among vulnerable young people who were defined as NEET, as well as to test and develop approaches to support a raised participation age (RPA). The objectives in Pilot 3 were to:

- test the effectiveness of brokerage and the AAs as a tool for re-engaging vulnerable young people now and within the context of RPA
- monitor and understand how Pilot 3 was managed and implemented in different pilot areas and to highlight good practice and any problems in the process with a view to informing the current NEET situation and RPA
- understand what worked (or did not work) within Pilot 3: to understand how vulnerable young people respond to agreements and brokerage and to understand for whom, in what circumstances, and in what respect the intervention has worked for the 'stock' of NEET and to inform how the approach would work for RPA
- assess the effectiveness of collaborative/joint working with other agencies and third-sector organisations and provide good practice evidence.

From April 2009, the delivery model was changed to focus on vulnerable young people categorised as NEET, and specifically:

- young Jobseekers Allowance (JSA) claimants who were referred without any waiting time to the AA, although this group did not receive the financial incentive
- vulnerable groups such as young carers, looked-after young people, those working with Youth Offending teams and Social Care teams, and young people with Learning Difficulties and/or Disabilities (LDD) amongst others. These vulnerable groups must have worked with another agency or mainstream Connexions service for five weeks prior to referral to the AA
- long-term NEET young people who had spent 26 weeks without participating in employment, education or training, and for whom the process of engagement with the AA could take place between weeks 21 and 25 of being NEET.

## 1.2 Methodology

The research consisted of two elements:

- implementation studies, and
- case studies.

### 1.2.1 Implementation studies

The implementation studies provided a more detailed, longitudinal and qualitative account of the perspectives of different stakeholders involved in the delivery of AA. Two roundtable discussions with Connexions advisers and managers who were involved in the delivery of the AA across the lifetime of Pilot 3 were conducted. In addition, between three and seven stakeholders were interviewed in each pilot area (depending on the size and complexity of the implementation), using a combination of face-to-face and telephone interviews. The stakeholders group varied in each area, but typically included local Connexions managers, as well as representatives from Jobcentre Plus (JC+), the voluntary and community sector, local authorities and children's trusts. In total, 38 interviews were completed.

### 1.2.2 Case studies

Three themed case studies built on the strategic overview provided by the implementation studies and focused on:

- **The interaction between AA, JSA and other financial entitlements:** This case study explored the relationship between the AA, Jobseeker's Allowance (JSA) and other benefits, in terms of the range of financial support available to young people and how they interact. The approach was to hold a one-day managers' master-class where the relationship between different types of benefits was assessed and the challenges and opportunities for the local delivery of the AA to interact with agencies such as Jobcentre Plus were discussed in considerable depth. Managers were also engaged in an activity to identify how financial support arrangements might be delivered in the context of the policy to Raise the Participation Age (RPA) in education and training.
- **Young people with Learning Disabilities and/or Difficulties (LDD):** This case study explored how the AA met the needs of young people with LDD. It used a nested-case research approach, whereby young people were interviewed about their circumstances and experience of the AA, and, if they gave permission, their AA adviser and another support worker were subsequently interviewed to gain multiple perspectives on each young person's case. In total, 26 interviews were completed. These comprised nine interviews with young people, nine matched interviews with AA advisers, and eight matched interviews with specialist support workers or providers.
- **Perceived additional value:** This case study explored the ways in which the AA achieved additional value: firstly, through its targeting of young people who most needed intensive support and activities, and secondly, through the brokering and commissioning of suitable provision to meet their needs. It included four pilot areas and comprised an interview with each AA manager, a roundtable discussion with AA managerial and operational staff in each area, and 12 stakeholder interviews across the four pilot areas.

## 1.3 Outputs from the evaluation of AA Pilot 3

During the course of the evaluation period, two working papers were produced by the research team for the former Department for Children, Schools and Families (DCSF). The purpose of the working papers was to provide rapid feedback on emerging issues from the evaluation.

The first interim working paper presented emerging findings from two strands of the research:

- the first roundtable discussions which were conducted with AA project managers, Connexions managers and operational staff in the eight pilot areas. The fieldwork was completed in September and October 2009.
- the first set of telephone interviews with local stakeholders in the eight pilot areas. In total, 21 stakeholder interviews were completed in the first phase of work. The fieldwork was completed between September and November 2009.

The second interim working paper presented emerging findings from the three themed case studies, which were undertaken as part of the AA Pilot 3 evaluation (see Section 1.2).

## **1.4 Report structure**

The next section of this report (Chapter 2) describes the management and delivery arrangements for AA Pilot 3. Chapter 3 examines stakeholders' perceptions. Chapter 4 presents the findings from the case studies. Finally, Chapter 5 reports the conclusions and recommendations emerging from the research.

## 2 AA Pilot 3 – the focus on vulnerable groups

### 2.1 Introduction

AA Pilot 3 built upon a substantial body of knowledge and expertise that existed within the eight pilot areas with regard to AA delivery. The analysis of the data from roundtable discussions with AA project managers, Connexions managers and operational staff reinforced some of the key messages which have been identified and published as part of the evaluation of the AA pilots, most notably the importance of the key components of the initiative: financial incentive coupled with intensive support and individualised learning packages<sup>1</sup>. However, the focus within this chapter will be to highlight the benefits and challenges that emerged during the course of Pilot 3 delivery. In particular, the emphasis on concentrating the AA on vulnerable groups within the NEET population will be explored, in relation to managerial and operational issues.

### 2.2 Differences in local management and delivery arrangements

The introduction of AA Pilot 3 concentrated AA delivery on young people who were defined as vulnerable, such as young carers, looked-after young people, those working with Youth Offending teams and Social Care teams, and young people with Learning Difficulties and/or Disabilities (LDD), and who were more likely to require additional support. While AA managers and Connexions operational staff had been apprehensive about the challenges surrounding access to, and support of, the most hard to help and hard to reach groups, the implementation and delivery of Pilot 3 was less problematic than envisaged.

Entry points onto the AA had simplified under Pilot 3 delivery arrangements and included:

- young people with a specified vulnerability who could enter the programme having demonstrated that they had worked with another agency or mainstream Connexions service for five weeks prior to referral to the AA and young people
- young Jobseeker's Allowance (JSA) claimants who could be referred without any waiting time to the AA, although this group did not receive the financial incentive
- long-term NEET young people who had spent 26 weeks without participating in employment, education or training and with whom the process of engagement with the AA could take place between weeks 21 and 25 of being NEET

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<sup>1</sup> Maguire, S., Newton, B., Fearn, H., Huddleston, P., Levesley, T., Miller, L., Oakley, J., Usher, T., Williams, C. and White, C. (2010) *Activity Agreement Pilots – Evaluation Of The 2008-2009 Extension*. Department for Children, Schools and Families DCSF-RR201.

Maguire, S., Thompson, J., Hillage, J., Dewson, S., Miller, L., Johnson, B., Newton, B., Bates, B. and Page, R. (2009) *Evaluation of the Activity Agreement Pilots Process Evaluation: Final Report*. Department for Children, Schools and Families DCSF-RR095.

Hillage, J., Johnson, C., Newton, B., Maguire, S., Tanner E. and Purdon, S. (2008) *Activity Agreements Evaluation Synthesis Report*. Department for Children, Schools and Families. DCSF-RR063.

- young people who did not fall into one of the specified vulnerable groups categories could form up to 10 per cent of AA target starts.

The majority of participants had entered via the vulnerable category rule and a significant number of programme entrants fell into more than one of the approved categories. In the majority of cases, proving a young person's contact with an approved agency was unproblematic. However, some respondents argued that for young people who self-referred and who had had no prior contact with other agencies, it was a barrier to accessing the programme. They were expected to register with the Connexions Service and had to wait for five weeks before entering the programme, despite meeting the criteria of having a specified vulnerability. This rule was designed to enable mainstream intervention in the first instance, and, as such, to reduce deadweight. In general, it was felt that the AA had continued to pick up young people who had largely been forgotten by the education and training system, in particular, those who had 'slipped through the net', such as young people not registered on school rolls and young people who had recently moved to the area since leaving school. The AA provided a valuable and positive intervention to hidden groups within the NEET population.

*'I feel that sometimes we pick up the people that have just been left. I've got two young people at the moment, one who hasn't been at school since Year 8, one since Year 7. They haven't had the home school learning, they've got no GCSEs, got nothing, also they've been at home for so long that actually getting them out to an (AA) activity and getting them on a bus is really, really difficult. But we have the power to get them a bus pass and go on a bus with them and do something. And the parents think it's fantastic because somebody is actually doing something with them. But someone should have picked them up when they were 15.'*

AA adviser

The shift towards focusing the AA largely on vulnerable groups of young people had led most pilot areas to undertake more in-depth assessments of young people's needs prior to them entering the programme. These assessments focused on their learning abilities and needs, as well as a risk assessment of their behaviour and conduct. For example, one pilot area had introduced a referral form, which ensured that the referring agency had undertaken an assessment of needs for each young person, including safeguarding issues. In another pilot area, basic skills assessments were undertaken for all young people entering the programme. Within Pilot 3, there was an increased emphasis on assessing young people's suitability, as well as their eligibility for AA. Through this increased emphasis on prior assessment, some pilot areas had experienced a reduction in drop-out rates among groups of young people, where attrition rates would have been expected to have been high.

Young people entering the AA under the 26-week rule were long-term NEET and were described as being the most difficult group to engage and support, since they were often entrenched in inactivity. While young people in the vulnerable groups category had a specific barrier or barriers to overcome, the long-term NEET group had often tried or rejected all other types of intervention.

*'Because they're usually NEET for longer, I find that they're harder to engage. The vulnerable young people are vulnerable for a reason, and they usually want to engage in something they can't because of their circumstances, whereas when they're 26 weeks ....it's usually because they don't want to do anything else ... they're harder to engage because they're really reluctant and that's why they're NEET for so long, because they don't want to do much.'*

AA adviser



Long-term inactivity was also linked to a family history of worklessness, where the benefits of participation in education, employment or training were difficult to cultivate among young people.

*'And it's not just their behaviour, it's the generation, after generation, after generation. It's a historical thing. So 26 weeks of doing nothing, following their parents doing nothing ....It's a definite learnt behaviour ...'*

AA project manager

Respondents welcomed the flexibility that the 10 per cent rule offered them, since it provided the opportunity for young people with specific needs who fell outside the prescribed list of vulnerable categories, to access the programme without having to wait a further 20 weeks. The 10 per cent rule was utilised to include:

- young people who had been excluded from school or who had not attended regularly
- young people who had behavioural issues at school or who suffered from low levels of self-confidence/self-esteem
- pregnant teenagers
- young people who had been bullied at school
- young people who had been part of School Action Plus
- young people who had mental health problems
- young people with a chaotic family lifestyle
- young people who were undertaking 'referral orders', which excluded them from the 'young offender' category
- young people at risk of offending.

### **2.2.1 Young people in receipt of JSA**

There was significant variation, both within different localities in each pilot area and between individual pilot areas, with regard to young people's ability to access JSA below the age of 18. In some pilot areas, it was reported that only young people in severe hardship, ie those who were homeless and estranged from their families, were able to claim JSA. In other areas, young people who remained at home and who were 'under threat' of estrangement were in receipt of JSA. In some localities, JC+ staff were reported to favour offering Income Support (IS) instead of JSA to young people who were still living at home. This enabled parents to continue with their receipt of child benefit and tax credits (see also Case study 2 in Section 4.2).

- JSA rules for under 18s and access to the AA were too dependent upon both local interpretation of JSA entitlement rules and the ability of JC+ staff and AA managers/advisers to forge local partnership working arrangements. Significant differences existed between local areas in terms of their success in establishing effective and consistent working arrangements.
- It was reported, in some pilot areas, that the lack of an AA payment incentive to JSA recipients resulted in staff being unable to offer an inducement (ie a carrot) to young people, to either participate in the programme or to attend activities which had been set up for them as part of their programme. It was suggested by some respondents that an

- Many respondents felt that young people in receipt of JSA were hard to motivate and to engage in terms of their participation and retention on AA. This was attributed to the lack of additional financial reward that was available to encourage their participation on AA, as well as to the difficult personal and practical problems that young people on JSA often faced.
- Encouraging AA participation was most successful among young people who were making an initial claim for JSA, as opposed to those who had been in receipt of JSA for a considerable period of time. In some cases, the AA was presented as an alternative option to JSA receipt, in particular among young people who were still living at home, and the application of this strategy in one local authority area had significantly reduced the proportion of JSA claimants who were under 18. It was widely asserted that young people were not encouraged to relinquish their JSA claim in favour of AA payments, since this would result in severe hardship for many young people.

Some young people were drawn to AA participation in order to access specific types of training. The two examples that were cited were driving theory and construction site training programmes.

### **2.2.2 Local management and delivery arrangements**

Over the course of the four-year pilot, the management and operational delivery arrangements of the AA remained consistent and stable, despite the disbanding of Connexions Partnerships, which, in some pilot areas, had coordinated the management of the AA across a cluster of LAs. Where this had occurred, a central AA team was retained and staff operated the programme across the region. It was managed by one area which acted as 'the lead LA'. In three areas, the AA was not managed directly by Connexions. In two areas, the AA was managed within local authority mainstream services and in one pilot area, AA management and delivery was contracted out to 'a not-for-profit organisation'. The benefit of the AA type delivery model, regardless of whether it was located within Connexions, local authority services or contracted out, was that pilot areas cut across individual local authority control, thereby averting the risk of the programme becoming too narrow and localised.

Some degree of staff turnover did occur, predominantly among AA advisers and support staff. In some areas, this was attributed to the pilot status of the initiative and the uncertainty that surrounded future funding and job security. Invariably, staff moved to permanent jobs within Connexions Services or local authorities.

It was widely reported that AA advisers needed additional skills and competences to those demonstrated by PAs in mainstream Connexion Services. These included highly developed counselling skills, the ability to manage financial and management information (MI) data requirements, and brokering and negotiating skills (in order to fulfil the requirement of brokering provision to meet individual needs). It was also felt that, given the nature of the target groups in Pilot 3, the demands made on PAs had extended their role in terms of offering intensive support to young people and offering an increasingly 'individualised' approach.

Within Pilot 3, AA adviser caseload sizes varied between 15 and 20 young people at any one time. In some areas, this reflected a reduction in case load size to accommodate the extra time resource needed to support young people with often complex needs.

*'The kind of work you have to put in has increased even if our caseload has got smaller. Because some of them have more issues. It's not just a case of this young person's been out, left school and wants a job. This young person may be pregnant ... and may be involved in drugs and is homeless, blah, blah and wants a job.'*

AA adviser

### **2.3 The focus on inter-agency working**

The targeted nature of the AA in particular on young people from vulnerable groups and JSA recipients led to an increased reliance on referrals from other support agencies, such as YOS (Youth Offending Service), Leaving Care teams, housing departments, teenage pregnancy/ parents support services, Sure Start centres, youth services and social services. All pilot areas reported that this had been achieved by extending and strengthening their links with local support agencies. The degree to which partnership working existed between AA staff and specific support agencies varied both within and between pilot areas and was heavily dependent upon local collaborative working arrangements. In one pilot area, a member of staff from YOS had been funded to work as part of the local AA team to develop closer links between community restorative justice programmes and progression onto a positive activity, ie AA. In addition to agency referrals, young people entered the programme through:

- referrals from Connexions mainstream PAs and outreach workers
- being identified through client databases maintained by Connexions Services, although reliance on this method had declined in significance, since some prescribed vulnerabilities were not always recorded on the CCIS<sup>1</sup> database.
- direct marketing to young people. However, given the targeted nature of the programme, marketing and publicity for Pilot 3 had largely concentrated on AA staff briefing local partners through presentations and meetings and producing leaflets which explained changes to the eligibility criteria.
- 'word of mouth' recommendation. While peer referrals still existed, this method had also declined, due to the introduction of more stringent entry criteria. In some pilot areas, it was reported that some young people and parents had found the entry criteria difficult to understand.

Collaborative working between AA advisers and other partners was often achieved on a 'something for something' basis. Support agencies referred young people to the AA and, in turn, entry to the AA was classified as a 'positive outcome' for many agencies such as YOS. However, there was an inherent tension running through this working arrangement. AA staff were keen to establish that the AA did not become a 'dumping ground' for difficult clients from agencies which might view the programme as a mechanism to achieve their own delivery targets.

Since AAs are individualised programmes, and consist of series of developmental activities rather than formal education or training, participants continue to be classed as

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<sup>1</sup> Client Caseload Information System (CCIS) holds information on young people aged from 13 to 19 in order to assess progress on measures including reduction in the proportion NEET. Local authorities have overall responsibility for the system and delegate its running to local Connexions partnerships.

NEET until they progress to mainstream learning, training or work. This was problematic for many agencies, including Connexions Services, since referrals to the programme could not be viewed as an immediate positive outcome, in terms of achieving their statistical targets. This remained a significant issue and there was a widespread consensus that it remained a barrier to the programme receiving more referrals and could be remedied by re-classifying AA participants as in 'EET' (education, employment or training). Some referral agencies and their advisers had failed to recognise the importance of promoting the AA as a 'stepping stone' back into EET.

## 2.4 AA activities – what has changed?

The focusing of the AA on vulnerable groups, JSA recipients and young people who were long-term NEET resulted in a shift in focus on the types of activities that young people completed as part of their programmes. The increased personal and social needs of many AA participants led to a greater emphasis on the intensive support offered by AA Advisers, as well as an 'individualisation' of many activities offered to young people. Hence, in many areas, there was a move away from group activities such as Job Clubs to more 'one-to-one' activities and a tailoring of provision to meet individual needs. Activities such as confidence building, presentation skills, numeracy and literacy programmes became increasingly focused on meeting individual requirements. The nature of the client group also led to placing young people on work experience becoming more complex and risky, since many were not 'work ready'. Therefore, there was an increasing reliance on the need to offer on-going support to young people once they had embarked on a short period of work experience. This was aimed at ensuring that the young person benefited from the programme and completed it. On-going monitoring of placements also enabled employers to be supported and averted the risk of placements breaking down.

*'It's not just getting them on it [work experience] but keeping them there and not alienating the employer.'*

AA local manager

Discretionary fund (DF) spending was also increasing to meet additional support costs and associated travel and equipment needs. The AA delivery model made discretionary funding available for each participant in order to enable the pilot areas to commission individualised activities and specialised support to meet the needs of young people. The fund was also designed to be used to cover travel and other expenses. This funding was configured to enable pilots to fill gaps in local support and activities and there was no expectation that every participant would require this funding.

The drive to increase accreditation outcomes from the AA appeared to have been largely successful, with pilot areas re-negotiating contracts with providers on the basis of them offering recognised qualifications at the end of programmes of learning. In many areas, this process was not as difficult to negotiate and to achieve with providers as was initially feared. Most provision continued to be delivered by private and voluntary providers, since they continued to offer the flexibility, adaptability and immediate availability that was needed to meet requirements. While some mainstream provision was accessed, the DF provided the additional support which enabled young people to participate, for example assistance with travel and equipment costs.

*'Very broadly, we're probably about 20 per cent of mainstream provision, 80 per cent of voluntary and private because to get something that matches what you want immediately and has got the right attitude in the people who are delivering, all*

*the flexibility, the ability to bespoke it to the individual and all that, you're looking at about 80 per cent private and voluntary and the mainstream can't deliver.'*

AA adviser

Young people were reported to have valued qualification accreditation, since it represented their first positive achievement, in terms of acquiring an educational or training outcome. It also raised the profile of the activities available within AA, which helped to sell the initiative, in particular among mainstream PAs, some of whom had been reluctant to refer young people to the initiative, since it did not directly reduce Connexions' NEET targets.

The relationship between AA activities and the delivery of Foundation Learning was beginning to be explored in some pilot areas. Some respondents felt the current funding model within Foundation Learning would limit AA delivery to literacy, numeracy and employability skills. It was argued that by offering other accredited qualifications as part of achieving Level 1 or 2 outcomes, this would restrict a young person's ability to move on, since their funding entitlement under the current arrangements would already have been spent. In essence, other training providers would not recruit AA graduates who had achieved higher level qualifications, as there would be no financial incentive for them to do so.

The AA continued to be perceived as a unique programme, which focused on meeting individual needs. The emphasis on an individual focus was felt to be more acute and needed, given the targeted nature of the programme within Pilot 3.

*'The difference between us and E2E [Entry to Employment] provision or Preparation for Progression is that we are not a sausage factory, the young person does not go through this, this, this. Yes, there are certain things that they had got to go through to sign up. Yes, there are things that we want and that the key workers now know, understand and appreciate ...we've got a range of options that are discussed and negotiated with the young person and that it's a menu and there's things coming in and out all the time. So it isn't static.'*

AA adviser

## **2.5 Value for money**

Respondents were asked if the AA offered value for money (VfM) and how local areas were seeking to achieve economies as part of Pilot 3 delivery.

In some areas, qualification accreditation was being used as a tool to measure VfM and distance travelled. Seeking formal accreditation for AA activities had, in many cases, forced AA staff to re-appraise their contracts with local providers, which had led to improvements to delivery, including accreditation. Some respondents felt that the selection of provision had become more straightforward, as a result of encouraging wherever possible, a requirement for accreditation. This had included offering young people units towards NVQ qualifications, as well as Level 1 and 2 outcomes. The accreditation offer within AA provision was wider than the qualification base offered within the former Learning and Skills Council's (LSC) Section 96, since it included training in areas such as health and safety.

The extent to which the AA itself offered VfM provoked some debate. It was widely asserted that the socio-economic benefits of removing some young people from short-term and long-term inactivity far outweighed the cost of the programme. Working with vulnerable groups within Pilot 3 had presented an even greater challenge, as far as engaging young people

who had otherwise failed to interact with Connexions and other agencies, and successfully moving a proportion of the cohort into positive outcomes, were concerned. The importance of intensive support and guidance to address specific needs, which was facilitated by small caseloads, was highlighted as a crucial factor in engaging young people from vulnerable groups, although it was recognised to be costly. Also, the Discretionary Fund enabled PAs to broker bespoke provision and to offer help, such as assistance with transport costs, which was crucial to meeting the individual needs of young people.

With regard to outcomes from AA, respondents pointed to other government-led programmes, such as E2E (Entry to Employment) and New Deal, and queried whether the success achieved within the AA, in terms of working with the NEET group and achieving over 50 per cent<sup>1</sup> movement into positive outcomes, could be achieved within these programmes.

## 2.6 Conclusion

- While AA managers and Connexions operational staff had been apprehensive about the challenges surrounding access to, and support of, the most hard to help and hard to reach groups, the implementation and delivery of Pilot 3 had been less problematic than envisaged.
- It was widely asserted that, given the nature of the target groups in Pilot 3, the demands made on advisers had extended their role in terms of offering tailored support to young people and offering an increasingly 'individualised' approach.
- The '10 per cent' rule was welcomed as a strategy to help engage young people who fell outside the prescribed list of vulnerable groups.
- The pilots had successfully identified and helped young people who were not previously known to local services, and who were not therefore in receipt of any other forms of support.
- There was an increased reliance on referrals to the AA from other support agencies, eg YOS (Youth Offending Service), Leaving Care teams, housing departments, teenage pregnancy/parents support services, Sure Start centres, youth services and social services.
- The drive to increase accreditation outcomes from the AA was reported to have been largely successful, with pilot areas re-negotiating contracts with providers on the basis of them offering recognised qualifications at the end of programmes of learning. In many areas, this process was not as difficult to negotiate and to achieve with providers, as was initially feared. Young people valued qualification accreditation, since it represented their first positive achievement in terms of acquiring an educational or training outcome.
- In terms of manoeuvring inactive vulnerable groups of young people towards engagement with support services and participation in positive activities, the AA was perceived by respondents to offer value for money. While it was recognised that intensive support and tailored learning were expensive commodities, these two facets of the programme were required to support the needs of young people who had failed to engage through mainstream interventions.

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<sup>1</sup> See MI data analysis presented in the Appendix.

## 3 The local stakeholders' perspective

### 3.1 Introduction

This chapter draws together the views of local stakeholders involved in the delivery of the AA. A total of 38 interviews were completed. Sixteen of these were with staff from a range of agencies which could refer young people to the pilots, which included the Youth Offending Service (YOS), Leaving Care and Transition Support teams and Jobcentre Plus, while 22 discussions were held with the providers of activities such as volunteering, literacy and numeracy support, and development activities such as outward bound activities. The stakeholder interviews were completed in two stages: at an early stage in the implementation of Pilot 3, and towards the end of the funding period. This enabled the research to track over time the development and understanding of Pilot 3.

The stakeholder sample as a whole did not demonstrate a particularly detailed understanding of the new delivery model, other than those directly involved in its management (eg local Connexions managers and operational staff). The focus on working with vulnerable young people had developed in the first extension year (as part of Pilot 2) and since this model operated in all but one of the pilot areas, the impact of introducing Pilot 3 appeared minimal. In general terms, stakeholders valued the AA as a strategy to address the needs of vulnerable young people in the NEET group. It was also apparent from their feedback that the AA did not compete with other initiatives, rather it added a 'tool into the kit' for working specifically with vulnerable groups. The AA was felt to provide a valuable, small-step approach to re-engagement in learning, training or work.

### 3.2 Support agencies

Representatives of agencies with responsibility for different groups of vulnerable young people understood that the AA could provide support to the young people they worked with after the first five weeks spent NEET. The opportunity for intervention through the AA was appreciated since without the AA *'there is little else on offer'*. The AA had become a preferred solution since it offered tailored support and activities. There was a concern that if a young person did not have the capacity to engage even in the small steps offered by the AA, then no other support intervention or provision existed. This view was most pronounced among Special Educational Needs (SEN) workers, who often worked across the 13 to 25 age range. These specialist professionals noted that the needs of the SEN group encompassed, in addition to learning disabilities and/or difficulties (LDD), mental health conditions such as depression, anxiety and in some cases psychoses, which meant support needs were particularly high. With this group, re-engagement might be staged through a number of 'false starts' and failed attempts depending upon the extent to which mental health conditions were stabilised.

For many of the young people receiving help from support agencies, provision such as E2E was deemed to be inappropriate in the short term. This was because it was too time-intensive (young people were not able to commit to the required 16+ hours per week), they did not have the requisite entry qualifications (these could include a requirement for entry level 2 or 3 in English or mathematics) or the provision required integration into a group (which some young people were not yet prepared to undertake). Without exception,

therefore, all respondents from support agencies were highly positive about the AA and its role within the availability of local provision.

Since their client groups were entitled to intervention at six weeks NEET, many agencies were not aware of 26-week NEET intervention criteria for those who had not been identified as vulnerable. Where respondents had awareness of this, they felt that waiting 26 weeks to provide support was not justified, and it was not beneficial for young people to wait so long before intervention.

*'For the mainstream, ultra NEET group, 26 weeks is simply too long. They are too distant at that point for any kind of quick turnaround work. You're saving up difficulties, and making it harder to [bring about] change.'*

Local Connexions manager

Jobcentre Plus extended their implementation of protocols to encourage inter-agency referral to ensure young people received the support they were entitled to. Immediate referral to the AA meant that young people could receive intensive support, and gain access to a wide range of activities, which would support their progression into work or learning.

*'It's a two-way referral process with Connexions identifying young people entitled to financial support via JCP, and JCP identifying young people entitled to the support available through the AA. Each JCP [in this pilot area] now has a Vulnerable Young Person Lead so Connexions have a single point of contact in each locality and this ensures that young people receive their first appointment within 48 hours and their benefits are rapidly put in place.'*

JC+ adviser

### 3.2.1 Working with different types of vulnerability

It was apparent that the flexibility offered by the AA meant it was suitable and appropriate, in the view of stakeholders, for the young people with whom they worked, most notably:

- **Young people with LDD:** The AA proved to be a useful intervention for many young people in this group. Specifically, support to access public transport systems and through this to gain greater independence was particularly important. A side-benefit of the AA was that parents would come to understand the capabilities of their child in terms of travel and managing money. The specialists felt that outcomes for this group were likely to be more mixed than among other vulnerable groups. This was particularly the case with young people who had mental health conditions which might continue to present a problem following their participation on the AA.
- **Young care leavers:** Young people who are not in foster homes receive a financial allowance equivalent of Jobseeker's Allowance in addition to their housing costs. Further to this, an entitlement exists to claim a Personal Education Allowance (PEA), which may be used to supply some form of discretionary learning activity that a parent might pay for, such as one-to-one support. Some specialists questioned the extent to which the AA financial incentive acted as an inducement to this group, given the range of financial incentives that were already available to them. One respondent noted that activities made available through the AA meant that spending from the PEA could be deferred until the young person had reached a point where they were able to sustain a progression into learning or training. Activities that supported independent living, such



as healthy eating, cooking and managing money, were particularly appreciated alongside pathway-type activities which would lead young people to learning or work.

- **Young offenders:** Among specialists connected to the Youth Offending Service there was a consensus that their client group required positive activities, and staged steps towards learning or training. The AA was helpful since it allowed young people to build up confidence and move towards engagement in, for instance, E2E provision. Often this group had struggled at school and had not gained qualifications. The opportunity to gain certificates and accreditation through the AA acted to boost their confidence. The flexibility of the AA, alongside the interaction that was possible between YOS and AA advisers, meant that arrangements could be made to enable young people to meet the requirements of both the AA and community, reparation or other orders.
- **Young asylum seekers:** It was reported that this was a 'group who need to be engaged and integrated into society and [AA] seems a really good way of doing it'. Those referred to the AA were often young people illiterate in their own language, who needed intensive support to engage and complete qualifications such as English as an Additional Language (EAL). It was noted that the needs of this group of young people were often overlooked in local areas, and not all were recorded within Connexions NEET figures.
- **Young JSA claimants:** The AA was felt to be beneficial to young claimants, since it complemented rather than duplicated the provision that JC+ advisers could make available, which tended to be focused on the needs of those aged over 18. The AA was useful since it focused on young people's motivation and time-keeping, which would mean that, when they found work, they were more likely to sustain it. However, there was felt to be a risk that the AA, unless it were mainstreamed, could become lost in the raft of initiatives brought in by the Department for Work and Pensions (DWP), in response to rising youth unemployment, despite being aimed at a younger age group than most DWP youth interventions.

*'In April 09 we got a memo which set out that the AA would be about the most vulnerable and disadvantaged. However, it's coming at the same time as a lot of other initiatives such as the Day 1 offer and Young Person's Guarantee, so we are doing what we can to raise awareness of it [the AA] – and to sort out its fit for young people [we encounter].'*

JC+ external relations manager

### 3.3 Providers

Most providers were positive about the AA and many had been involved in the delivery of AA activities for some time. However, few demonstrated any detailed understanding about the introduction of the new delivery model. This could be attributed to their role, which focuses on the delivery of activities as opposed to recruitment to the AA.

Some providers noted that an increased number of young people with complex barriers, and who were more disadvantaged, had been referred to their activities during Pilot 3. Some respondents expressed concern that information had not been available from AA advisers that would have allowed them to provide sufficient individualisation, to assess risk and to safeguard young people and themselves. Examples were given where providers did not receive information about a young person's LDD and a young person's history of knife carrying. However, it was acknowledged that AA advisers would not in all

cases have had access to detailed individual information since this sometimes depended on disclosure from other agencies.

*'Since Easter, the cases coming through are really quite complex. It's everything. Most have some dyslexia-type issues but others are autistic, some have ADHD [Attention Deficit and Hyperactivity Disorder] linked with literacy difficulties. One had been assessed as having ADHD. However, Aspergers had been overlooked and to our mind that was their greater barrier. A few have been to specialist schools but even there not had the best support, and no reports seem to follow them. We're picking up the ones the system has failed.'*

LDD specialist provider

In contrast to previous years' delivery of AA activities, there was an emphasis on providing formally accredited activities (ie through examination boards) rather than informal certificates of activity completion (ie offered by the provider). The ability to offer formal accreditation depended upon the type of activity offered: health and safety, forklift and similar types of training could be accredited, whereas activities, for instance in the construction sector, that had been tailored to provide a shorter, less intensive or taster experience, more frequently resulted in a certificate from the provider. While one provider had explored whether their tailored construction activity could be accredited, the relevant examination board was concerned that the activity did not entail sufficient guided study to achieve accreditation.

*'We looked at giving them an [examination] board certificate, but the guided learning hours were far too much. The board weren't happy for us to concentrate them down to enable the young people to actually collect those. So we're stuck really with what we've got because of the length of time we can give them [as part of AA].'*

Provider in construction sector

While the flexibility of the AA was an important part of the offer for support agencies, it was challenging for some providers to manage. They were concerned that since young people might join an activity at any point during their AA, and leave if a positive outcome was achieved, time was not always available to ensure that young people gained the support they needed, and had opportunity to gain qualifications. This was particularly the case amongst specialist LDD providers, and those delivering basic skills support. A consensus emerged that providing learning in small steps, such as one- or two-day tasters, was valuable in allowing young people to experience training and make choices about their interests.

The providers had a broader range of views, when compared to the support agencies, about the value of the AA as a tool to re-engage young people. The private and voluntary sector providers relied more heavily upon the AA as a funding source, and welcomed the opportunity to extend their 'offer' to a new group of young people. They were pleased to be able to tailor their offer to meet the needs of vulnerable groups of young people, and to be able to refer eligible young people they encountered to the AA. Some larger public providers offered their own provision for the NEET group, which in their view was more flexible and responsive than the AA. However, it was apparent that their understanding of the other component parts of the AA programme was generally more limited.

### 3.4 Links with Connexions

The majority of respondents spoke positively about their links with Connexions, although some noted that the quality of interaction could depend on the adviser with whom they liaised. There were few reported problems with contracting arrangements (providers) and none with procedures to refer young people to the AA (agencies and providers). Similarly, monitoring procedures, particularly the collection of information about attendance, which was shared between providers and Connexions, appeared to work well.

In general terms, respondents from various support agencies tended to reduce their involvement when young people were participating on the AA and allowed AA advisers to support them. As one put it: *'too much intervention can be a bad thing'* since it might discourage a young person from becoming more independent. It was apparent that support workers continued to have a role in young people's cases during AA participation. For instance, they might lead the interaction with parents providing feedback on activities and progress, and/or conduct separate reviews of progress with the young person to ensure they were developing ideas for their direction after the completion of the AA. Staff from Youth Offending Services had the greatest continued contact, although this often resulted from their involvement in the young person's need to complete a reparation or other type of order alongside the AA.

During the first round of research, few respondents appeared to have much knowledge of strategies to support young people at the end of their AA experience. Consequently, it was felt that Connexions could supply more information at the exit stage, particularly for young people who were not progressing into a positive destination. The support workers interviewed as part of the second round of research appeared to have played a greater role in planning for young people's transition following the completion of the AA, whether this was into a positive outcome or a return to their own organisation's support. However, some support workers reported that a stronger emphasis could be placed upon transition arrangements, to set a greater expectation among young people that they would progress into work, training or learning.

*'The advisers tend to notify me when young people leave or complete their AA, particularly where an EET outcome has not been achieved as that ensures that we can step back in and support them.'*

Support worker in Youth Offending team

It was apparent that the extent to which networking was on-going between Connexions and the other organisations involved in the AA relied upon the commitment of individual AA advisers. Changes to staffing had sometimes been detrimental to this process. Some respondents felt that more could have been done to sustain collaboration through staff changes. This might involve attending team meetings or greater contact by telephone.

A stakeholder from Jobcentre Plus revealed some very positive work towards improved inter-agency working to support young JSA claimants. While the AA had provided only part of the momentum to the achievement of this, increased collaboration had led to an improved understanding about what each organisation did and the ways in which they could work together.

It was also apparent from other stakeholders that Pilot 3 had introduced a greater focus on joint working for young people's benefit and demonstrated the contribution of the AA to other policy agendas such as Every Child Matters. As an example of this, a Connexions

local manager noted that, since April 2009, 27 young people had been involved in the Common Assessment Framework (CAF<sup>1</sup>) process.

### 3.5 Collaboration with other agencies

Connexions provided a 'hub' to facilitate inter-agency working for the AA, and consequently this often meant that the AA had not provided the impetus for the providers and other services to collaborate between themselves. Despite this finding, some respondents felt they had widened their network as a result of involvement in the AA.

*'I think it has actually [brought us into contact with other agencies/providers], we've had various talks and so forth ... but we've never actually utilised or cross-fertilised with any other organisations.'*

Provider

More frequently, stakeholders were critical of the lack of integration between the agencies and providers for the AA, and some noted that other projects, such as those to prevent disengagement during Key Stage 4, had greater impact in achieving this outcome. While some respondents reported that they sat on the multi-agency steering group for the AA, some small private and voluntary sector providers often found it difficult to commit resources to do this.

Most respondents would have found it beneficial if AA staff had placed greater emphasis on encouraging closer links between stakeholders involved in AA. This would have facilitated the sharing of good practice, and knowledge about what works for different groups, as well as promoting greater cohesion of the initiative at local level. It may also have better ensured that lessons were learned from the AA once its funding period ended, and further embedded good practice locally.

### 3.6 Marketing and publicity material

The stakeholders, as a group, believed that the best way to raise awareness of the AA with agencies and providers was through personal contact. Staff working within specialist support teams felt that attendance at key events such as team meetings increased knowledge of, and support for, the AA. However, some appreciated that this would be demanding on AA advisers' time, which might be better focused upon ensuring young people's needs were met.

There was also a consensus that personal contact between professional staff was the best means to market the AA to young people, not least since Pilot 3 was far more targeted in its approach. There was an appreciation that contact was best achieved through collaborative working between support agencies and Connexions. While it was agreed that mail-shots were largely ineffective, a number of respondents felt that providing young people with a leaflet, as a record of an initial discussion, gave them some background information while they made the decision about committing themselves to the AA. This type of information would also be a useful resource for parents and carers to draw upon.

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<sup>1</sup> The CAF aims to improve integrated working by promoting coordinated service provisions ([www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/)).

### **3.7 Meeting the needs of vulnerable young people not in employment, education and training in the future**

The AA was felt to have played an important and valuable role in meeting the needs of vulnerable young people in the NEET group and, in the view of most stakeholders, it supported young people who had few other options.

*'I am absolutely terrified of the prospect of the AA being taken away. The young peoples' lives are chaotic and they are not ready to access formal training. The AA is a fantastic stepping stone to progression into EET.'*

Connexions adviser in YOS team

In the stakeholders' view, the AA was penetrating, and subsequently supporting, groups of young people who were hard to reach, and often hard to help. The personalisation offered by the AA was important to its success, since it could be tailored to meet different needs. The support offered by AA advisers was highly valued by respondents. Understandably, some stakeholders perceived greater progress had been made with some groups than with others; for example, it was acknowledged that the AA would not achieve in-roads into tight knit, closed communities such as those of travellers, without the support and guidance of other workers who were active in those communities. Stakeholders were also aware that achieving 'success' in terms of securing positive EET destinations could be quite mixed, although they attributed this to the complex barriers presented by some young people. Despite this, many cited examples where young people who had completed the AA had progressed into work, training and learning.

There was a variety of views about whether the AA had become embedded in the local education and training infrastructure. One positive example was of the AA model being proposed as part of the 14-19 framework within one local authority. In contrast, other respondents felt that since the AA was not well known, it demonstrated that it had not sufficiently embedded. The AA was also felt to have suffered from being perceived as a short-term pilot that would disappear from the NEET support landscape once its funding had ceased.

### **3.8 AA and the policy to raise the participation age**

Without exception, the stakeholders felt that there would need to be a programme, such as the AA, as part of provision under the Raising the Participation Age (RPA) policy. Generally the RPA policy was felt to be a good idea, although there was a recognition that some young people who did not currently make a transition to learning and training would require support to do so under RPA.

Respondents were concerned about the potential demands within RPA policy for all young people to undertake a minimum 16 hours per week of learning or training. The AA had been successful and was valued because it had been flexible and allowed young people to build towards this goal rather than demanding it from the start of their re-engagement. Changing the time-intensity of the offer would, in the view of stakeholders, diminish the flexibility offered by the AA. However, some respondents argued that the AA should have placed greater emphasis on achieving transition and progression into EET outcomes, which would in turn have made a stronger case for its continuation under RPA.

### 3.9 Conclusions

- Overall, Pilot 3 had not significantly impacted on local stakeholders since, in the case of many agencies and providers, a focus on meeting the needs of young people from vulnerable groups had developed through the introduction of Pilot 2/Model 3 delivery. Stakeholders who had become involved in the AA during the course of Pilot 3 were positive about the AA delivery model. Where stakeholders worked closely with the AA and understood entry criteria, intervention at six weeks NEET for vulnerable groups was welcomed.
- Concern was expressed about the later intervention (at 26 weeks NEET) for young people without previously identified vulnerabilities. It was felt that this group would become entrenched in inactivity, and much harder to help, as a result of later intervention.
- Providers continued to be positive about the AA offer, and there were numerous examples of how activities had been tailored to meet the needs of young people who were NEET. There was a perception that Pilot 3 had supported groups of young people with more complex barriers than were present in previous cohorts. Among providers, there appeared to be an increased focus on providing accreditation to young people for the activities that they had completed.
- There was evidence of increased collaboration having resulted from the introduction of Pilot 3, which built upon links established through Pilot 2/Model 3 delivery. Some support agencies noted that their working relationships with Connexions could be further strengthened, particularly where there had been changes in staffing.
- All of the stakeholders felt that there was a role for AA-type provision under RPA. However, there was a lack of clarity about the policy, and particularly whether any allowance would be made for participation at fewer than 16 hours per week, at least as an intermediate step, for young people who were at risk of disengagement.

## **4 Case studies**

### **4.1 Introduction**

This chapter reports on the three themed case studies, which build upon the strategic overview provided by the implementation studies. The case studies centred on issues of key policy interest and covered:

- the experience of young people with Learning Disabilities and/or Difficulties (LDD), who participated on AA, which is reported in Section 4.2
- the interaction between AA, JSA and other financial entitlements, which is presented in Section 4.3
- the perceived additional value of the AA, which is detailed in Section 4.4.

Contrasting research methodologies were employed to complete the three case studies.

### **4.2 Case study 1: AA and young people with Learning Disabilities and/or Difficulties**

This section explores findings from the nested case study research undertaken in one pilot area with young people who had a learning difficulty and/or disability (LDD). As part of this study, nine young people, their AA advisers (nine respondents) and specialist support workers or providers (eight respondents) were interviewed, in order to gain a full understanding of the AA experience for young people with LDD. The study commences with a contextual overview about the area in which the case study was located. The following sections explore young people's experiences prior to joining the AA, and their routes of entry into the programme. Activity programmes and the support young people received are then reviewed. Finally, the impact of the AA on this group of young people is explored alongside the lessons that were learnt from their experiences.

#### **4.2.1 The local context**

The research was undertaken in a large metropolitan city, in an AA sub-region in the north of England. Data published by the local Learning and Skills Council (LSC), in its '14-19 Strategic Analysis 2009', showed that young people with LDD made up one in four (25 per cent) of the NEET group in the region. The report also noted that the proportion of LDD students attending FE colleges in the city was below the regional average.

The pilot area provided information about the LDD group derived from the CCIS (Client Caseload Information System). Amongst the cohort tracked on this system across the pilot area (based on 46,838 individuals), 12 per cent were classified as having an LDD. Within the city, which was the focus of the case study, the proportion of the tracked cohort with an LDD was 10 per cent.

The AA participant data for the pilot area showed that 44 per cent of the AA group was recorded as having an LDD, with 87 per cent of young people having had no statement of

special education needs. Further data made available by the pilot area based on the AA participant group in the city, showed that the largest proportion (36 per cent) of those recruited to the LDD category did not have a specified condition, although a majority of these (81 per cent) had been subject to School Action or School Action Plus<sup>1</sup>. In addition, emotional and behavioural difficulties were experienced by 19 per cent of LDD participants, and 18 per cent were recorded as having Moderate Learning Difficulties (MLD). Mental health difficulties, Attention Deficit Disorder (ADD) or Attention Deficit and Hyperactivity Disorder (ADHD) and dyslexia each accounted for five per cent of the participant group in the city. Among the 159 young people defined as having a LDD in the city, 18 per cent had multiple learning difficulties.

#### 4.2.2 Experiences prior to the AA

Young people's experience of school varied. A small number of respondents reported that they had either enjoyed school or were neutral about their experience, for example noting that school was 'alright'. More frequently, young people were negative about their school experience and some had struggled with their relationships with teachers, who were perceived to represent authority figures. Most young people had completed and achieved a small number of low-grade GCSEs while at school. A small proportion of respondents had left school early without achieving any qualifications.

In most cases, an LDD had been identified during their school years<sup>2</sup>, which included dyslexia, dyspraxia as well as moderate learning difficulties (MLD) and attention deficit and hyperactivity disorder (ADHD). This had led to varying types of support being received. One young person moved to a specialist school, while others had received intensive support from school staff. In some instances, the support given was considered to be inadequate: a young person with ADHD felt that his teachers had not understood his condition and assumed he was 'messing around'.

A few young people were not assessed as having an LDD while at school and consequently had found their school experience challenging. An LDD was later identified during initial assessments for the AA. This resulted in the identification of dyslexia in one case, and impulsive behaviour potentially related to ADHD in two other cases.

*'When we first do the sign up we do various different sheets, and one of them is the needs analysis ... We ask the young person about any learning difficulties that they have and any barriers they have to learning, things like that. So, that is where we get that first information to add on what we already know about them on the core system.'*

AA adviser

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<sup>1</sup> There is a staged process towards providing additional support to young people at school who have a SEN identified. The initial step is School Action, where a basic level of individual support is delivered by school staff. As part of this an Individual Education Plan may be developed. If a young person does not make sufficient progress under School Action support, external consultants, such as specialist teachers or speech and language specialists, may be brought in to further support their development. This is known as School Action Plus.

<sup>2</sup> While this appears to conflict with the data presented in Section 4.2.1, there was no attempt to draw a representative sample for this case study due to the small number in the sample (ie nine cases).



AA advisers found that young people who had LDD identified at an early stage in their schooling were more accustomed and accepting of the LDD 'label'. Consequently, this group tended to make greater progress in understanding and managing their condition, while participating on AA. The specialist providers reported that when young people's needs had been overlooked in school, this had served to diminish their confidence in their ability to achieve. Later assessment and confirmation of LDD meant that some young people were relieved to find an explanation for their difficulties at school.

Just over half of young people in the sample had entered the NEET category immediately following school. The remainder of the group had attempted to progress to college but experienced 'false starts'. A small number had enrolled at college and had subsequently been asked to leave due to non-attendance. One young person had attempted to enrol on a college course and on arrival at college had been informed that the course had been withdrawn. One young person had completed a one-year course and achieved an NVQ Level 1. He had hoped to progress onto a Level 2 programme but was told that places were limited and he did not receive an offer of a place on the course. He attributed this outcome to his LDD, which was perceived by staff as him demonstrating a lack of focus and interest. Most young people lived at home with one or both parents, although one respondent had lived independently for two years. Those living at home reported that their families were very supportive of their AA participation and their attempts to progress into a positive outcome. Families were also supportive of their LDD.

#### 4.2.3 Joining the AA

Most young people had found out about the AA through Connexions, which they had attended in order to seek for support after leaving school and to help them decide on their next steps. Within the pilot area, a list of young people potentially eligible for the AA was regularly circulated to AA advisers, and it was their duty to follow up with mainstream Connexions advisers and other agencies to fully assess young people's suitability for the AA. The majority of the sample had been recruited to the AA in this way.

One young person was working with the Youth Offending Service (YOS) and an AA adviser was seconded to the YOS team. It was through this joint working arrangement that the young person was referred to the AA. The YOS worker reported that the majority of the young people they worked with had an LDD, such as a learning disorder, impulsive behaviour or a lack of social skills, although in many cases they had not received a formal assessment.

**Box 1:** Jane left school at the age of 16 with aspirations to start a hairdressing course at college. She enrolled, and attended the course for around five months. During this time, she became involved in anti-social activities which led to her withdrawal from college and her involvement with the YOS. Discussions between a YOS worker and an AA adviser, led to the AA being offered to Jane. The YOS worker felt that Jane required guidance to lead her into positive behaviours and to overcome the challenges of her LDD. Jane had difficulties with concentration and while she had not had a formal assessment, it was believed that her difficulties related to ADHD and impulsive behaviour. Her AA ran in parallel to her anti-social behaviour order and provided opportunities to engage in positive activities of her own choosing. Jane was offered and took up specialist intensive support for her LDD, which she felt had helped her to cope with formal environments such as the classroom situations, as well as improving her concentration. She was intending to re-start her college course in hairdressing. Jane felt that without the AA she would have breached her behaviour order through missed appointments and poor time-keeping.

The AA was perceived to be an attractive option, primarily because young people recognised the importance of gaining qualifications, which they felt would enable them to progress to college or improve their chances of work. Other reasons for AA participation included 'having something to do' to relieve the boredom of staying at home.

The AA incentive payment was an important factor in their decision to join the programme, together with the activities and support that would be available. Young people felt the incentive was a fair reward for the hours that they had put into their Agreements and it enabled them to go out at the weekend having 'earned the time off'<sup>1</sup>. Young people understood that if they missed activities, then they would not receive their weekly payment and they were comfortable with the 'something for something' ethos within the AA.

*'You don't have to do stuff if you don't want to, they don't moan at you. If you don't say no, or you don't turn up to something, they don't moan at you. You don't get your money. If you want the money you have to do it [what you agreed to do].'*

Young person

#### 4.2.4 Content of the Activity Agreements

Young people had engaged in activities that helped them to cope with their LDD. This included strategies to cope with ADHD and impulsive behaviour, as well as specialist support for dyslexia and MLD. In some instances, a key activity was ostensibly related to some other form of development, such as musical skills, although through these activities young people developed increased confidence and improved social skills.

*'It is not a project where you come and you are doing a music workshop. It is underpinned with building your self-esteem, confidence and many other things.'*

Specialist provider

The support offered to young people was often delivered on a one-to-one basis, or in small groups, and addressed the problems that some faced with formal learning environments and learning itself. As part of their AA, most young people gained or were working towards accreditation in literacy and numeracy. They liked having a choice over their participation in activities and not being pressurised into doing any that they did not want to do.

Activities included vocational and employment skills activities, such as taster activities in beauty therapy, forklift driving, outdoor sports and health and safety training, as well as activities designed to develop young people's employability, including careers advice, CV development, and job search skills. Advisers noted that a key focus within AA delivery was on building self confidence and addressing barriers related to young people's LDD and other personal or social factors.

*'I do think [young person] needs a lot more than 20 weeks to be worked with because you ... can inform somebody but it's impossible to change their attitudes and behaviours over such a short period of time, although it does give some food for thought, you know, "actually I am capable of doing this". Because he is capable*

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<sup>1</sup> A full analysis of the role of the financial incentive can be found in: Johnson C., Newton B., Usher T., Hillage J. (2008), *Incentivising Participation in Activity Agreements*. Activity and Learning Agreement Pilots, Programme Theory Evaluation Working Paper 1 DCSF-RW028.

*of achieving his goals; he just doesn't believe it himself. So it's about giving them faith in themselves really.'*

Specialist provider

Advisers reported that activities tailored to meet the individual learning or training needs of young people with LDDs were challenging to find, and the time involved in sourcing suitable activities could lead to young people's disengagement from the programme. Despite these difficulties, specialist support had been established through links with FE Colleges and voluntary sector providers. In addition, AA staff had also developed activities to fill some of the gaps in activities that they perceived to exist. One example included an activity which was designed to improve thinking skills among young people with impulsive behaviour which was felt to be a particular problem in some disadvantaged communities within the city where inter-generational inactivity and unemployment existed. An AA local manager led this as a one-to-one intervention, and depending on the young person's response, would negotiate with them to progress onto a longer-term activity for managing ADHD.

*'It takes a lot of training to get individuals to start actualising this process in their lives and it goes a lot further than the old 'count to 10' which really changes nothing. It's a journey to take from stopping and thinking and then making the decision about what to do.'*

Specialist provider (AA local manager)

What had been more challenging in some instances, however, was negotiating agreement with young people to participate in certain support activities. For example, an adviser identified that specialist ADHD support might assist a young person who displayed impulsive behaviour. Unfortunately, the young person was not willing to attend this activity since they did not want to take on the 'label' of ADHD.

*'Once the learning difficulty is identified the next crucial part in it is to actually engage the young person to understand the importance of addressing that learning difficulty. Many of them don't like to be labelled ... and it is sometimes a battle to say to them, look we think you'd benefit from A, B or C, but again some of them do and some of them you have to work hard.'*

AA adviser

**Box 2:** Chris left a special school before completing GCSEs and had difficulties getting on with authority figures. While at school, he was diagnosed as having ADHD, although he felt that his condition was not fully understood. A friend suggested that he should contact Connexions, which he did, and this resulted in his referral to the AA. He was keen for a second chance to gain qualifications. His AA adviser reported that it was challenging to get Chris fully engaged in AA, due to his LDD. Chris undertook a careers advice session, although an incident with his behaviour ended this prematurely. He also attended a one-off session, which was led by a specialist, to help him understand and manage his impulsive behaviour. The specialist felt that Chris required more intensive support. More immediately, Chris was able to attend a taster session at a college. He was asked to leave due to his behaviour. By the time the intensive behavioural intervention had been sourced, Chris changed his mind about doing the activity. Despite his difficulties, he was hoping to progress onto an apprenticeship and was positive about his experiences on the AA.

#### 4.2.5 Support while on the AA

Young people appreciated the support they received from their AA advisers and had worked with the same adviser during the course of their AA entitlement. They recognised that their weekly sessions provided an opportunity to discuss practical issues surrounding their participation in activities, as well as a chance to talk through any concerns or fears that they might have. They also recognised the value of the meetings in tracking the progress they were making. Confidence levels had increased as a result of the one-to-one interaction. Young people felt they were able to talk about personal issues, and issues relating to their LDD, since the discussion was confidential.<sup>1</sup>

*'What we say is between me and her and there's stuff she write on the computer but the personal stuff she keeps to herself and that.'*

Young person

Overall, the role of specialist providers in the planning and structuring of the AA was less clearly identified by young people with LDD. They were pleased with the support they had received and found the specialist support activities particularly helpful in terms of managing their LDD. It was apparent that in most cases, AA advisers and specialist providers did not liaise on a regular basis in order to support the broader AA experience.

Specialist support workers had a greater role in planning and managing the AA experience. For example, the young person working with the YOS team was aware that the two agencies, YOS and Connexions, had liaised about the AA programme and it was apparent that he had found this to have been a supportive mechanism:

*'If I turn around to [YOT worker] and say something, she'll say "oh I might talk to [AA adviser] about that" ... Like the hairdressing stuff, I told [YOT worker] that for the course I need my hairdressing stuff and she said I'll see if [AA adviser] can get you any funding for it.'*

Young person

Advisers reported that young people recruited through Pilot 3 required more intensive support than those recruited to previous AA models, and support needs varied greatly depending on the young person's LDD and other barriers.

*'They need a bit more handholding. You've got to accompany them more to different events than we previously did .... They're nearly all dependent on you taking them to places, waiting for them, bringing them back, that sort of thing.'*

AA adviser

A dyslexia specialist stated that the support young people needed largely revolved around building their confidence and equipping them with strategies to manage their LDD. A key component within the activity programmes was instilling a sense of achievement and creating a positive learning environment. Among young people with ADHD and impulsive behaviour, the concern of the specialist was to develop 'thinking skills' and to encourage young people to improve their decision-making skills. While it had taken time to source, the AA team leader had found a provider who could provide a longer-term intervention to meet this need.

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<sup>1</sup> For more information on the role of support offered by the advisers see Newton, B., Johnson, C., and Fearn, H., (2009) *Participation in Activity Agreement Provision, Activity and Learning Agreement Pilots Programme Theory Evaluation*, Working Paper 3 DCSF-RR097.

#### 4.2.6 Impact of the AA

Young people had achieved, or were working towards, literacy and numeracy qualifications, and health and safety certificates. Some young people had also attended taster programmes, which in one case had led a young person to move into a full-time college course. Taking part in AA activities had improved young people's self confidence and many respondents were making longer-term plans about their future, which included starting their own businesses and gaining apprenticeships. The AA appeared to have raised their aspirations.

*'I'm more confident now than I used to be. I'm really shy and I wouldn't before just go up to people and talk to them, but just now I've just been round all the offices talking to people – I wouldn't have done that before.'*

Young Person

Most young people in the sample felt that the AA had improved their social skills by encouraging them to mix with new people, which in turn had boosted their self confidence and willingness to engage in learning or training. Similarly, AA advisers and specialist providers and support workers reported that a key change among young people participating in the AA was improved confidence and more highly developed social skills. While 20 weeks was often considered to be an insufficient period of time to address barriers many young people with LDD faced, the AA could equip them with strategies and skills to continue making progress towards achieving an EET outcome.

**Box 3: Sarah** left school with few qualifications having not had her SEN identified. Her confidence was low. She had hoped to start a beauty course at college but had not met the entry requirements. She went to Connexions looking for ideas about what to do next. She was referred to the AA since Connexions identified that she might have an LDD. When she started the AA, she had an LDD assessment and this established that she had dyslexia. Sarah completed a programme with a specialist dyslexia provider and gained literacy and numeracy qualifications. She also completed a manicure taster activity, which acted as confirmation that she wanted to continue with her ambitions to enrol on a beauty therapy course at college. The AA boosted her confidence and helped to expand her social circle. She felt the specialist dyslexia support was the most useful activity within her programme. Her AA adviser noted that since joining the AA, her self-belief had increased considerably. The specialist dyslexia provider reported that she had made significant progress during the course of the 20-week programme, although it was felt that she would need additional support throughout her college course.

#### 4.3 Case study 2: Interaction of AA with Jobseeker's Allowance and other benefit entitlements

This section provides a summary of data collected from the AA managers' master-class, which was held at the University of Warwick on 19/20 January 2010. While the focus of discussion was on the interaction between JSA entitlement and AA participation, some feedback was obtained about young people's receipt of other benefits and payments, in particular, Income Support, Leaving Care Allowance and Care to Learn.

### **4.3.1 Links with Jobcentre Plus**

The relationship between AA pilot areas and local Jobcentre Plus (JC+) was largely dependent on links between individual members of staff within local offices. Consequently, the quality of referral systems, data exchange and understanding about AA delivery was reported to be patchy, parochial and lacking in consistency both within and between pilot areas. There was a widely held view that there was also a lack of strategy both at national and local level about how the relationship between JC+ and AA delivery should work.

Since most AA pilot areas cover a large number of Jobcentre Plus offices, difficulties existed in sustaining reliable links across multiple sites. The route to establishing local relationships had been through AA managers and advisers working with JC+ managers and Under 18s advisers to promote AA delivery. However, the reported high staff turnover among Under 18s advisers, in particular, had resulted in a 'churn' in relationships, which was reported to have undermined efforts to promote a coherent understanding about AA.

In four AA pilot areas, staff secondments had initially existed and were viewed in most cases to have been a positive step in terms of cementing relationships between JC+ and Connexions, in order to enhance AA delivery. This involved staff from JC+ working within Connexions Services and this practice was still operational in two pilot areas. Pressure on staffing levels had forced JC+ staff in two pilot areas to withdraw from secondments.

In other pilot areas, where secondments had not been in existence, AA managers and staff held regular briefing sessions with JC+ staff to provide updates on regulations changes and /or AA advisers worked alongside Under 18s advisers to interview young people who might be eligible for the programme.

The system of preparing lists of eligible young people to take part in the AA by Connexions staff to send to JC+ to conduct benefit checks was still operational and worked efficiently in three pilot areas. In one pilot area, this system had been abandoned, in favour of undertaking individual assessments of young people between AA advisers and nominated Under 18s advisers by telephone, since the numbers entering the programme had decreased. Two pilot areas reported significant issues with JC+ with regard to the transfer of electronic data. The Department for Work and Pensions (DWP) introduced stringent security protocols in order to safeguard the personal data of its clients, including a requirement that only 'gsi'<sup>1</sup> email addresses could be used to share personal data. While DWP considered such measures to be necessary, this caused practical difficulties which have yet to be resolved.

### **4.3.2 AA and Job Seeker's Allowance (JSA)**

AA pilot areas welcomed the inclusion of young people on JSA within Pilot 3. It was reported that young people on the AA and in receipt of JSA comprised 7–11 per cent of the Pilot 3 AA cohort. Most JSA recipients did not remain on the AA for long periods, with the average length of stay on the programme being approximately 10 weeks. This was attributed to the pressure faced by many Under 18s advisers to meet targets to move young people to a positive EET destination within eight weeks, and the AA was not included within this definition.

There was wide variation both within and between pilot areas in terms of young people being eligible to claim JSA. In some areas, young people 'at risk' of estrangement, as well

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<sup>1</sup> Government Secure Intranet

as young people who were estranged from the family home, were eligible to apply, while in other areas the rules were more rigidly applied to include only young people who are homeless.

Young people in receipt of JSA who entered the AA were broadly described as more difficult to motivate and to sustain on the programme. While some respondents felt that this was attributed to their benefit receipt and the absence of an AA allowance to motivate them, others felt that young people on JSA often had complex issues, such as housing problems, which made their commitment to and participation on the programme more difficult to fulfil. This was borne out by evidence that young people 'at risk' of estrangement, ie still living in the family home, were easier to engage on the AA in terms of keeping appointments, completing activities and achieving EET outcomes.

Problems had occurred for some young people in receipt of JSA, while participating on AA, when activities exceeded their hours of learning entitlement. Young people had their benefit withdrawn for participating in, for example, a fork-lift truck training course, since the course required them to attend in excess of 14 hours each week. This issue highlighted again that local misunderstanding about the composition of the AA programme, which largely came about through staff in both agencies not effectively working together, ultimately penalised young people.

AA managers reported that they had no accurate record of the number of 16-18 year olds in their areas claiming JSA, which presented a problem in terms of assessing the proportion of young people in the group who were accessing AA.

### **4.3.3 AA and Income Support (IS)**

The 'churn' of young people between JSA and IS claims was described by one AA manager to be 'a bit murky'. The numbers of both young people in receipt of IS, and in receipt of IS and participating on AA, were unknown. There was a recommendation that these data should be collected.

Eligibility for IS was largely concentrated among young people who have left education or training or those who were in transition between programmes of learning or training. It was widely asserted that young people in receipt of IS were not subject to stringent follow-up by benefit agency or JC+ staff, in comparison to the JSA group, since they were not classified as 'actively seeking work'. For this reason, young people may remain on IS without any intervention for considerable periods of time. Reviews were conducted between periods of every six weeks to 22 weeks. In some areas it was described to be a 'book stamping exercise', while in other offices, formal reviews were conducted. Consequently, the depth and degree of IS reviews were variable.

One respondent felt that young people in receipt of IS could be better supported on AA, since they were not under the same pressure from JC+ to move as quickly as possible into an EET destination. This enabled AA staff to have a greater period of time and more flexibility to work with young people, in order to address their barriers to participation.

### **4.3.4 Care to Learn**

There was a consensus that Care to Learn was difficult to utilise for AA participants, since most childcare arrangements were not flexible enough to accommodate AA programmes of learning with their variable timings and lengths. In contrast, many nurseries offered

block-booked full or part-time places, which were unsuitable for AA participants. However, some areas had supported young people to make Care to Learn applications.

The Discretionary Fund was often used to buy childcare for AA participants, which was sourced from activity providers, and/or to offer 'mums and babies' provision. This had proved to be reasonably successful.

#### **4.3.5 Leaving Care Allowance and AA**

There was a mixed reaction to paying young people both the Leaving Care and AA allowances simultaneously. One AA pilot manager expressed strong concerns about giving unsupervised young people, who had recently left local authority care, significant amounts of money on a weekly basis. Issues around safeguarding the interests of young people had arisen in one pilot area. There was a consensus that greater support was needed, in order to ensure that young people could effectively manage their financial independence.

*'The problem really, for those young people, is not the amount of money that they have, it's the lack of support they have and the fact that the rug gets pulled from under them and everything that they've known that's safe and secure has gone overnight.'*

AA pilot manager

#### **4.4 Case study 3: Perceived additional value of AA**

Within four pilot areas, a case study was completed to assess the perceived additional value of the AA. This section explores the additional value of the AA through its targeting of young people who most needed intensive support and through the brokerage and commissioning of suitable activities and support to meet their needs. Other means through which the AA was considered to deliver additional value are also presented. The analysis is based upon discussion with pilot managers, roundtable meetings with delivery staff and interviews with key stakeholders.

##### **4.4.1 Targeting support available through the AA**

The focus on vulnerable groups within Pilot 3 delivery was felt to demonstrate the additional value of the AA, in that working with vulnerable young people necessitated extensive liaison with agencies and providers, as well as more intensive support to individuals. Despite this shift in focus, it was reported that adviser case-loads had remained largely unchanged from previous delivery models. Some concern was expressed among delivery staff about the increased resource that inter-agency working required. It was identified that not all agencies were able to support young people in the way AA advisers could, or that young people did not want to work with other agencies. However, the importance of the inter-agency approach to the support of young people was confirmed by stakeholders, who recognised that this made best use of existing support resources, and ensured young people received the help they needed from the most appropriate source.

*'We work in a multi-agency way, so we have a network to draw upon but the AA builds on that. The AA staff will meet with young people here and if they have particular issues can bring in specialists to support them. Gradually we can*



*encourage young people to make the step into mainstream support via whatever agencies they need. It's about organisations working together in young people's interest.'*

Manager, third sector youth outreach organisation

Since the AA did not remove young people from the NEET register, agencies that could make referrals would first seek to broker young people into provision which was categorised as having an EET outcome, since this would assist with the achievement of their NEET reduction targets. Hence, the AA was often seen as the 'final option' for some groups of vulnerable young people.

*'On what we achieve and do, providers say, statutory Connexions say, the Youth Offending Service are saying to me that although you're excellent ... you have to be our last choice because you're not an EET outcome. If we can move them straight across to another organisation on our books which is EET and that's what we're measured on, we have to refer them there.'*

AA adviser

In some cases, delivery staff were uncomfortable that targeting the support available through the AA meant it was no longer possible to recruit some young people in the NEET group. However, this process ensured that young people who were referred to the AA would not readily make the transition to EET through mainstream Connexions support and thereby could be reducing the potential for 'deadweight' within the AA. Stakeholders reported that the AA filled a gap in the existing levels of support available to young people who could not, for reasons of their vulnerability, readily engage with mainstream education and training. In this sense, it acted as a bridge to mainstream provision and particularly E2E programmes. This linkage had led some pilot areas to carefully consider the content of E2E provision to ensure that AA activities would be complementary rather than duplicative of E2E elements.

*'Some young people go in [mainstream FEC provision] and they're not ready to do it ... That's no disrespect to the people who are delivering it ... I think, if they've had issues at school ... they're feeling quite vulnerable ... If they feel that there are other people there a bit brighter than them, if they can't read and write or they're having problems ... The AA gives them that little bit of time to think, it gives them time to have a bit more one-to-one support.'*

Local JC+ manager

The discretion to offer a place on the AA to young people who did not fall within the prescribed vulnerability categories was considered to be important and was carefully managed. This opportunity had enabled pilot areas to reach young people who had informally left education at a young age and who had not been identified or supported by other agencies. It also enabled the AA to help young people who were at risk of offending. Offering mechanisms through which young people could make steps towards a positive outcome to avoid spiralling into negative behaviours, which in the case of crime would incur the costs of the justice system, was felt to be an important way in which the AA delivered cost-saving efficiencies.

*'There is value in the investment [via AA], because people become more expensive for various reasons when they become adults. Social needs ... having children, then housing. There's more likelihood of crime and disorder activity taking place because of their disaffection. So there's a whole range of social issues that come*

*about if people are allowed to drift in a kind of twilight world of NEETness, without being addressed.'*

Provision manager, Learning and Skills Council

Since it was possible to recruit young people to the AA from a range of vulnerable categories, it was anticipated that all groups who were eligible would receive an offer of a place. However, it was considered necessary that some form of assessment was made to ensure young people were in a position to re-engage and would benefit from AA. This assessment largely related to young people's mental health and well-being, although their level of engagement with their referral agency was also considered. Young people suffering from severe mental health conditions such as depression or anxiety were often not felt to be in a position to engage effectively with the structure of the AA programme<sup>1</sup>. More preparatory work was required which could be led by referring agencies such as child and adolescent mental health services (CAMHS). Ensuring that young people were sufficiently able to engage with steps towards positive outcomes meant that the AA could be focused upon achievement of an EET outcome with a group of young people who it was possible to motivate.

Where a young person was offered and accepted a place on the AA, the perceived benefits included enhanced coordination between the agencies involved in their case, more regular tracking of their status, and greater emphasis on support to prepare for learning, training or employment than they would receive from other agencies. Despite the AA being perceived to be 'a last resort' for some support agencies, the intensive support and personalised activity programmes were highly appreciated. It was recognised that AA staff provided a level of support that was not available elsewhere and which complemented the work of the referring agency. It was also reported that the agencies recognised that the AA helped build young people's capacity to sustain an EET destination.

*'They [referring agencies] see the AA as getting the young person more well-rounded to be able to be sustained on the next thing, which works to our benefit because it's a natural progression but it gives us time to address the time-keeping and building things up slowly.'*

AA adviser

#### **4.4.2 Activities and commissioning**

The proportion of AA activities which were paid for as opposed to being available at no cost either from public, private or voluntary sector organisations was explored with pilot managers, in order to estimate cost efficiencies. Their estimates varied, but suggested that the majority of activities were funded by the AA (potentially between 60 and 80 per cent).

#### **Activities available at no cost to the AA**

The nature and availability of cost-free activities varied considerably between and within pilot areas. Examples of cost-free activities included volunteering and work placements,

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<sup>1</sup> This confirms earlier findings from the AA evaluation published in Newton, B., Johnson, C. and Fearn, H. (2009) *Participation in Activity Agreement Provision; Activity and Learning Agreement Pilots Programme Theory Evaluation Working Paper 3* DCSF-RR097.

outward bound and sports activities, taster and short-course programmes for a range of vocational subjects, and activities focused upon the needs of specific groups such as lone parents or young offenders. However, it was apparent that variations existed between local authority areas, depending on the composition and make-up of local provision. It was reported that as a result of the networks that AA staff had established with local providers, they were often first to hear about free places (ie courses which were funded through other sources) which AA participants might access. However, in two pilot areas, providers had attempted to charge the AA for activities for which the provider could draw down public funding.

*'We had one provider who'd just secured funding for new NEET provision and then tried to charge us for putting people on and I just kept saying "no, and no" and had to explain the rules about double funding about ten times before they got the message.'*

AA local manager

More frequently, where providers were funded to target certain groups, the AA became a source of referrals, demonstrating the value of inter-agency work. Some staff expressed a concern that such activities were often in receipt of time-limited funding and therefore did not offer a sustainable solution in the future. Examples given of this approach included courses which had received funding from the European Social Fund (ESF).

*'We've been approached by providers, saying "I've got some funding, I need your help for recruitment." So we've been a recruiting body which has been fantastic, but their funding is one-off, short-term, so that's not sustainable.'*

AA local manager

## **Funded activities**

AA delivery staff placed high value on the discretionary fund (DF) since it enabled the brokerage of activities and support which was responsive to young people's needs. Use of the DF was carefully managed and attempts were made to source activities available at no cost in the first instance. The DF had been used to commission activities, including highly individualised activities and skills development, which were not available within mainstream provision, as well as intensive support such as coaching and mentoring. Where a young person had an interest in pursuing a high-cost activity, such as forklift training, this might be agreed for a future stage of their AA. In the first instance, they were expected to demonstrate their commitment by undertaking lower-cost or free-of-charge activities, which would address basic and social skills development. By using activities available at no cost, the AA was able to divert DF to meet more specialised support requirements. However, one stakeholder noted that the DF did not provide sufficient support to meet young people's needs and that through other funding streams, such as ESF, they might be able to access more activities than they would through AA.

*'We've been spending less per young person because we've been able to access ESF provision, which has taken the burden off our budget. That's where we've been able to [shift funding so that young people can] access the more expensive provision like mentoring and Life Coaching, and Anger Management.'*

AA local manager

The AA had, through the activities it funded, introduced bite-size, modular provision for young people. The emphasis on providing Qualifications and Credit Framework (QCF)

accredited learning as part of Pilot 3 was felt to be a key factor in the assessment of the additional value of the AA. However, concern was expressed about the value, beyond giving young people a sense of achievement, of the unitised accreditation for some activities. It was felt there was a lack of clarity, and mapping, concerning 'the fit' for unitised accreditation within, for example, Foundation Learning. If this information was available, a clearer identification of the additional value of AA activities to participants' transitions would have been possible.

*'There's a place for non-accredited provision, because some people just need the opportunity to engage, to be with other people, and to gain confidence [but] you don't necessarily need to accredit that [although] there are examples of accreditation for making a journey in the right direction, and improving attendance and behaviour. So you've got a kind of soft accreditation but in the long run young people need a qualification and accreditation in order to progress. So it's finding a bridge between the non-accredited, soft provision through to the harder stuff in the mainstream providers. Which is where foundation learning's coming in but it's more bent towards the qualification side than the non-accredited side.'*

Provision Manager, Learning and Skills Council

Pilot areas reported that they had, over time, developed a more 'learner-led' model which was responsive to the needs of individuals. This was felt to provide a more cost-effective model of AA operation which could be taken forward within the planning and funding of mainstream provision.

*'We used to put courses on and hope we could fill them ... we do it the other way now. We try and find what the interests of young people are and then put something on, once we know ... which is opposite to how any external funding works really; they put a course on and try and get numbers.'*

AA local manager

It was also reported that there was insufficient 'roll-on, roll-off' provision within mainstream provision, which meant that activities were not available at the time when AA participants required them. By funding the activities that young people needed, when they wanted them, the AA could build a programme that enabled young people to make positive steps, without delay.

*'There was always a group of young people for whom [provision in the mainstream] wasn't the right thing, it didn't have the appeal, or they didn't fancy the idea of being in a building with lots of people ... some kind of activity that was more tailored ... that was going to draw them towards being better qualified, and therefore employable, was worthwhile ... because the Activity Agreement had structure, and a formality about it, it allowed funding to be used in an effective way.'*

Provision manager, Learning and Skills Council

While staff perceived that many benefits resulted from the ability to commission activities for young people taking part in the AA, within Pilot 3 there had been an increasing focus on the quality of delivery, and the extent to which providers were truly able to meet the needs of vulnerable young people. Enhanced procedures of risk assessment were reported in addition to undertaking a closer examination of the feedback received about the programme from young people and providers.

## Spotlight on support for literacy and numeracy skills

The costs of literacy and numeracy support were a key concern for AA staff, since there was high demand for this intervention among AA participants. Availability of this support, and its cost, varied between and within pilot areas. Where pilots needed to pay for this support, the cost could range from £35 to £65 per hour, even where it was delivered by mainstream providers. Staff were aware that, if viewed in a simplistic way, funding this support could be perceived as duplicative of the mainstream.

*'There's a conflict around our value for money because we provide literacy and numeracy. That should be something we don't provide but we have to until the rest of the system delivers in an appropriate way for these groups. We don't provide anything that we can get free, but young people aren't able to access that [provision] either at an appropriate time or level or in an appropriate way and that will always skew the value for money thing.'*

AA adviser

There were particular challenges to using publicly funded literacy and numeracy development for AA participants. These overlapped with AA staff concerns for other types of activities for Pilot 3 participants, and surrounded:

- availability, since support was often linked to the academic year
- intensity of delivery, since young people participating on the AA required flexibility in the number of study hours each week
- delivery mode, since vulnerable young people required small group learning opportunities, and increased one-to-one support
- place of learning, since many young people required alternative environments in order to build confidence to engage with the mainstream further education sector.

The provision of literacy and numeracy courses at a level to meet young people's needs was also a concern in some pilot areas. At the lower and higher ends of the attainment spectrum, there were reported to be gaps in publicly funded provision. This included entry level literacy and numeracy courses as well opportunities to (re-) sit GCSE examinations without undertaking a further period of study.

One respondent was acutely aware of the cost of this type of literacy and numeracy support and felt that the AA was under-funded given the targets it had been set for the progression of its participants.

*'If you look at what one Key Skills costs on a national level, that's £500 per subject and they're [AA] are asking us to do two or three subjects for £400. It just doesn't match up.'*

Provider

The high cost of accessing this support from the mainstream meant that AA delivery staff sought to commission the voluntary and community sector to deliver suitable provision. The derived benefits from this approach surrounded the greater control pilot areas had over how the support was delivered, which resulted in it being tailored more closely to meet the needs of young people on the AA. There was, however, evidence that cooperation with other agencies was leading to additional value for AA participants, since some agencies were able to offer some activities which the AA could then add to, in order to provide a holistic support programme to meet young people's needs.

*'Because YOS have a lot of their own provision, their own Basic Skills tutor, for instance, that means we can maximise the activities because a YOS young person can access Basic Skills through YOS and that frees up their discretionary fund to do other stuff that YOS don't offer.'*

AA local manager

The high cost of completing learning disability and difficulty assessments was noted in some pilots. These were felt to be imperative to ensuring young people's barriers were identified. The high incidence of non-statemented AA participants noted in Case study 1 (Section 4.2), illustrated the necessity of making initial assessment procedures more widely available. Furthermore, it was regarded to be fundamental that the evidence arising from assessments was passed on if a young person made a transition into learning or training, in order to ensure that their support needs continued to be met.

#### **4.4.3 Other means through which the AA offered additional value**

A further, crucial factor in the assessment of the additional value of the AA was felt to be its support for young people's transport costs, in particular in rural areas. Where activities were organised at some distance from a young person's home, this encouraged them to use public transport systems and to travel outside their normal boundaries. It was reported that independent travel further developed their capacity to engage in EET activities in the future.

The use of DF to support young people's progression by purchasing specialist equipment that they needed for college was also noted by delivery staff. While it was recognised that this might be understood to duplicate college hardship funding, purchasing equipment in advance of the college start allowed young people to 'blend in' on arrival, rather than feel 'different'. Applying for college hardship funding would not be possible until some weeks into the course, which may have led to the risk of some young people feeling 'alienated' and dropping out of learning.

## **4.5 Conclusions**

### **Young people with LDD**

- The evidence suggested that the AA supported young people with a range of LDDs. While finding suitable activities had been challenging, it had been possible to establish specialist support in most cases.
- The specialist support received by young people with LDD formed part of their AA, and complemented the on-going help they obtained from referral agencies.
- While the desires and ambitions of young people with LDD did not vary greatly from those of young people participating in earlier AA delivery models, it was apparent that school experiences had often been difficult and this had dented young people's confidence in learning. The flexibility of the AA, and the regular reviews, appeared to be well structured, which enabled young people with LDD to develop confidence and self-esteem and to cope better with their conditions.
- Where young people were unwilling to accept the identification of an LDD, this would delay their referral to specialist provision. Since the maximum time available for AA

support was 20 weeks, such delays could reduce the time available for the specialist to support their need. This was particularly the case among young people without stated needs or a prior recognised LDD.

### **Young JSA and other benefit recipients**

- With regard to JSA/IS recipients, the relationship between AA pilot areas and local JC+ was largely dependent on links between individual members of staff within local offices. Consequently, the quality of referral systems, data exchange and understanding about AA delivery was reported to be patchy, parochial and lacking in consistency both within and between pilot areas.
- AA pilot areas welcomed the inclusion of a separate target to include young people on JSA within Pilot 3. It was reported that young people on the AA and in receipt of JSA comprised 7–11 per cent of the Pilot 3 AA cohort. Most JSA recipients did not remain on the AA for long periods, with the average length of stay on the programme being approximately 10 weeks.
- There was a consensus that Care to Learn was difficult to utilise for AA participants, since most childcare arrangements were not flexible enough to accommodate AA-style programmes of learning with their variable timings and lengths. In contrast, many nurseries offered block-booked full or part-time places, which were unsuitable for AA participants.

### **Perceived additional value of the AA**

- The evidence suggested that the focus on vulnerable young people within Pilot 3 delivery made a clearer case for the additional value of the AA, through its targeting of specific groups of young people. Agencies often viewed the AA as a 'last option' since it did not directly contribute to NEET reduction targets. This acted to ensure that only those who would not readily be engaged through other means were referred.
- Inter-agency working increased the tracking of young people, as well as the emphasis on learning, training and employment in their support. This set the AA apart from the activities of the referring agencies and enabled it to complement, rather than duplicate, their work.
- Within Pilot 3 delivery, there was an increased need for small-group, and one-to-one support that often could not be accessed at the point of need within mainstream provision. In addition, mainstream funded provision was not always available in an environment or at a level suitable for vulnerable young people's needs.
- AA staff were alert to opportunities for free activities and there was evidence of staff providing referrals to publicly funded provision which aimed to target certain groups. Careful decision-making was applied to purchasing expensive activities, to ensure that young people were committed prior to brokering them into these.
- Providing support for transport costs was felt to be a vital element of AA operation. This encouraged young people to use public transport and to travel outside their normal boundaries. DF also provided support for transition into EET destinations, by meeting the costs of equipment needed by some young people who embarked upon further learning or training.

- The emphasis on providing Qualifications and Credit Framework (QCF) accredited activities was felt to offer an objective demonstration of the value of the AA, since the distance travelled by young people as part of their AA was now more clearly demonstrated. However, concern was expressed about the value of some forms of accreditation to the transition of young people to mainstream learning.
- Accessing literacy and numeracy skills development was a key concern for AA delivery. Whether this was possible at no cost to the pilot was highly variable within and between pilots. Linked to this, the high cost of assessments for learning difficulties and disabilities was a cause of concern, particularly since assessments would underpin the ability of a young person to make a transition to the mainstream.



## 5 Conclusions and looking forward to the RPA

### 5.1 Introduction

This final chapter presents feedback from respondents on retention and the achievement of EET (education, employment or training) outcomes from AA Pilot 3 delivery and the contribution it made to meeting the needs of some young people in the NEET group. The report culminates with some conclusions and recommendations and looks in particular at lessons learnt which can inform policy development relating to the implementation of the Raising of the Participation Age (RPA) from 2013.

### 5.2 AA vulnerable groups: retention and achievement

AA managers and their operational staff were asked if retention rates and the proportion of EET outcomes achieved at the end of the programme had significantly changed during the course of AA Pilot 3 delivery. Feedback suggested that retaining young people from vulnerable groups on AAs relied heavily on the intensive support which was provided by AA advisers. It was argued that young people who are 'harder to reach, harder to engage and harder to place' required AA advisers to be more creative in their approach, both in terms of sustaining young people on the programme and in preparing them for their next step.

The offer of **accredited learning** as part of the AA programmes was found to be attractive to young people. While increased emphasis has been placed on securing accredited qualification outcomes from AA participation, as part of Pilot 3 delivery, the importance of quantifying soft outcomes should not be understated. **Measuring distance travelled**, in terms of improved self-confidence, willingness to engage, and enhanced self-esteem, was viewed as a vital measure of the success of the AA, in particular among young people from vulnerable groups.

Most young people are suspended from the AA as a result of the '**three strikes**' rule. Pilot 3 suspension and retention rates varied between pilot areas. In some areas it was reported that they had increased, largely due to the nature of the target population, while in other areas, it was reported that little variation had occurred. There were mixed views among staff about whether an exclusion clause should be imposed on a programme targeted at the most disadvantaged groups of young people. The majority view was that if young people failed to turn up and breached their agreements, then it was imperative that they learnt that this invoked consequences, ie the withdrawal of their payment or, if persistent, suspension or termination from the programme. This was considered to be a valuable lesson in preparing them for the 'real world'. Some respondents argued that drop-out rates were heightened because some young people who were referred to the AA were not ready or willing to participate.

In some areas, it was pointed out by AA managers and delivery staff that **young people in receipt of JSA** and on an 'agreement only' AA were under pressure to leave the programme after eight weeks to enter an EET destination. In order to meet targets, JC+ Under 18s advisers tried to move AA participants 'on', since the programme was not classified as a positive outcome. This could lead to young people being placed in jobs or

training which did not fully meet their needs or expectations and resulted, in some cases, in them returning as benefit claimants within very short periods of time.

**Progression rates** in most areas stood at over 50 per cent entry into EET outcomes. This progression rate was higher than expected, given the target population. The reduced number of employment opportunities for young people due to the recession was also an area of concern, in terms of achieving positive outcomes from AA participation. Many young people moved into education or training programmes, most notably E2E. In some areas, the expansion of apprenticeships, in particular within local authorities, had opened up enhanced training opportunities.

The average **length of stay on the AA** was reported to be between 11 and 13 weeks. While some pilot areas had invoked the option of extending some young people's stay on the AA beyond 20 weeks, in other areas this facility had not been utilised. A small number of young people completed a second AA, although this opportunity was used in one pilot area for those who had left the programme to move into employment and had subsequently been made redundant.

Both the **September and January Guarantees**, which ensure that a suitable place in learning is available, had broadened the entry points to education and training provision and the number of places available to young people, including those who had completed the AA. Concern remains about the lack of flexibility that exists within the learning infrastructure, which was perceived not to be changing quickly enough to accommodate the needs of a wider cohort of learners. This was linked to mode of delivery, which was heavily weighted towards group learning.

### 5.3 The contribution of AA Pilot 3 in meeting the needs of the NEET group

The delivery of AA Pilot 3 had built upon the knowledge, skills and experience that had developed since the initiative's inception in 2006<sup>1</sup>. By focusing AA delivery on young people in vulnerable groups, those in receipt of JSA and young people who were long-term NEET, this delivery model had:

- concentrated resources on those most in need
- simplified entry points and entry criteria
- strengthened links between AA delivery and other support agencies, thereby engendering inter-agency working, and promoted the sharing of resources, including data sharing

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<sup>1</sup> Maguire, S., Newton, B., Fearn, H., Huddleston, P., Levesley, T., Miller, L., Oakley, J., Usher, T., Williams, C. and White, C. (2010) *Activity Agreement Pilots – Evaluation Of The 2008-2009 Extension*. Department for Children, Schools and Families. DCSF-RR 201.

Maguire, S., Thompson, J., Hillage, J., Dewson, S., Miller, L., Johnson, B., Newton, B., Bates, B. and Page, R. (2009) *Evaluation of the Activity Agreement Pilots Process Evaluation: Final Report*. Department for Children, Schools and Families DCSF-RR095.

Maguire, S., Thompson, J., Hillage, J., Dewson, S., Miller, L., Johnson, C., Newton, B., Bates, P. and Page, R. (2008) *Evaluation of the Activity and Learning Agreement Pilots Process Evaluation: Year 1 Report*. Department for Children, Schools and Families DCSF-RR027.

- recognised that huge variation exists within and between localities with regard to young people's entitlement to and receipt of benefit, and in terms of how programmes such as the AA were received by JC+ staff
- identified that vulnerable young people cannot be classified as a homogeneous group, as they comprise a number of sub-groups, which often have differing needs
- created an increasingly 'individualised' initiative, which recognised that young people in vulnerable groups require an intensive and personal approach to re-engagement.

## **5.4 Challenges and lessons learnt and implications for the RPA**

The piloting of AA, including Pilot 3, highlighted some key issues which will need to be addressed in order to accommodate the needs of young people in the NEET group, including vulnerable young people, within RPA planning. The AA tested the importance of the effectiveness of offering a combination of measures, namely financial incentives, intensive support and individualised learning, to re-engage the NEET group. The effectiveness of these components is considered below, together with the status of the NEET group post-RPA. Also considered is a potential conflict of interest between engaging and supporting the needs of the NEET group and the drive to increase post-16 participation and training rates and increase qualification attainment outcomes.

### **Financial incentives**

Financial incentives, such as the AA payment, acted as a powerful engagement tool. They also supported the mapping and tracking of young people within the NEET group. Findings from the AA evaluation would suggest that introducing means-testing would be detrimental to the engagement of vulnerable groups, since an Education Maintenance Allowance (EMA) style application procedure lacks the immediate responsiveness, which an AA style allowance offered. In addition, EMA assessment procedures were criticised for failing to recognise changes in family circumstances which occurred between annual assessments and left some young people without financial support if their parents' income dramatically changed. It was widely asserted that introducing means-testing to vulnerable groups would create a barrier not only to financial support but also to the individual support and tailored activities that are provided as part of programmes such as AA.

The interaction between any proposed post-16 education and training allowance and its other benefit entitlement needs to be fully explored. The AA evaluation highlighted glaring inconsistencies in the application of regulations with regard to young people's ability to claim benefits, in particular JSA and IS. Moreover, the ability to undertake re-engagement programmes such as AA, which did not constitute full-time learning or training, need to be examined. Currently, there is a tension between young people's participation on programmes which were designed to facilitate their progression towards achieving an EET outcome, such as AA, and the pressure on JC+ staff to reduce their claimant count.

The receipt of multiple allowances by young people, in particular those leaving care, warrants review, since there was concern in AA Pilot 3 evaluation evidence about giving unsupervised young people, who had recently left local authority care, significant amounts of money on a weekly basis without appropriate support and advice.

## Individualised approach to learning

The AA was successful in pioneering innovative and flexible approaches to learning and learning activities. Mainstream provision was largely too entrenched in offering college, group-led courses, which acted as a barrier to many young people who were fearful about formal learning situations. As the AA moved into Pilot 3, the demand for individualised programmes of learning appeared to increase, in order to meet the complex needs of vulnerable and long-term inactive groups of young people.

The evaluation evidence highlighted that post-RPA there would be a continued demand for a programme such as the AA, which would be required for young people who failed to 'fit into' the mainstream offer.

*'Because it's ludicrous to think that just because they pass a law that all 17-year-olds are in learning by 2013, that they're all going to meekly go into it. We know that it is not going to happen and we know that there needs to be alternative provision in place and to me that is where the AA fits into the picture.'*

AA local manager

Respondents in the AA pilot areas were sensitive to the cost of delivering a programme such as AA. It was argued that as well as the increased emphasis on targeting the initiative at the most 'in need' groups, due consideration could also be given to offering the programme in areas of England which have the highest NEET populations, hence restricting its roll out. Aligned to this issue is how a programme such as the AA would fit into Foundation Learning, since tensions were beginning to emerge within AA Pilot 3 delivery. These surrounded the funding of provision, which appeared to relegate programmes such as the AA to pre-vocational programmes, regardless of a young person's needs. This was because the completion of a full or part NVQ programme could reduce their ability to move onto mainstream funded training programmes as their funding allocation would have been utilised.

Finally, valuable lessons were felt to have been learnt from the AA approach to brokering provision. This was considered to be important not only for the RPA agenda but for the commissioning role that local authorities have assumed for post-16 education and training from April 2010. Since Connexions staff had held the 'purse strings' for commissioning and brokering AA provision, a great deal of good practice was considered to have been achieved, which could be useful to local authorities. The need to achieve a greater degree of flexibility and a more individualised approach to learning were thought to be baseline requirements within RPA planning.

*'... it needs to raise its game ...if there's lots of effort going into working with hard to help, hard to reach groups of young people. They [providers] need to change their game in terms of how they integrate these young people into whatever provision they're having, because we all know from years of bitter experience, if you don't fit ... 36 weeks, you're out ... so I think there's some work to be done on that entry to EET options.'*

Connexions manager

## Intensive support

The intensive support offered to young people within AA, in particular, within Pilot 3, was felt to be a crucial requirement to encourage and sustain young people's engagement. One group of respondents pointed to the voluntary nature of AA participation and

questioned whether relationships between advisers and young people may be compromised, given the compulsion attached to the RPA. However, in the early stages of the AA evaluation, fears that the function of AA advisers in monitoring and withdrawing the AA payments would undermine their advocacy role, subsequently proved to be unfounded<sup>1</sup>.

It was widely reported that AA advisers needed additional skills and competences to those demonstrated by PAs in mainstream Connexion Services. These included highly developed counselling skills, the ability to manage financial and MI data requirements and brokering and negotiating skills (in order to fulfil the requirement of brokering provision to meet individual needs). It was also felt that, given the nature of the target groups in Pilot 3, the demands made on PAs had extended their role in terms of offering intensive support to young people and offering an increasingly 'individualised' approach. Due consideration will need to be given within RPA planning about the high level of competence among operational staff that is needed to work with the hardest to reach and the hardest to help groups of young people.

### **Being called 'NEET'**

The vexing issue of young people remaining NEET while participating on the AA challenged its delivery, in that agencies were reluctant to refer to the programme because it did not signal a change in status and hence did not reduce their NEET targets. Also, where young people were claiming JSA, JC+ staff were keen to move them on from AA, as the programme did not constitute a positive EET destination. The tension between meeting the needs of vulnerable groups of young people who fail to respond to mainstream learning, work or training by offering alternative curricula, and ensuring that young people 'move on' and achieve education, employment and training outcomes, will challenge RPA planning and delivery.

Evidence from the evaluation of the AA pilots would suggest that measures need to be in place which:

- define vulnerable groups (including long-term inactive young people) within the NEET population
- offer intensive programmes, which include a financial incentive to secure their engagement and participation, impartial personal support and tailored learning over a specified period of time
- facilitate access to mainstream education, employment and training options.

As well as targeting this option at 16- and 17-year-olds, due consideration needs to be given to the growing volume of 18-year-olds who increasingly fall into this category. Finally, the needs of young people who drop out of learning, training and employment warrant attention, as they may comprise a significant proportion of the RPA population who will require on-going monitoring and support.

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<sup>1</sup> Maguire, S., Thompson, J., Hillage, J., Dewson, S., Miller, L., Johnson, B., Newton, B., Bates, B. and Page, R. (2009) *Evaluation of the Activity Agreement Pilots Process Evaluation: Final Report*. Department for Children, Schools and Families DCSF-RR095.

## **Appendix: Management information analysis**

For Pilot 3, two sets of administrative data were made available to the evaluation. The first of these was the collated and aggregated AA Management Information (AAMI), which provided details of the pilot area target profiles, rates of recruitment, rates of the AA offer being declined, suspensions from AA, as well as the destinations of participants. These data were comparable to those available in previous years of the evaluation, although the closest relationship between models existed between Pilot 2/Model 3 and Pilot 3/Model 4, since both targeted vulnerable groups of young people.

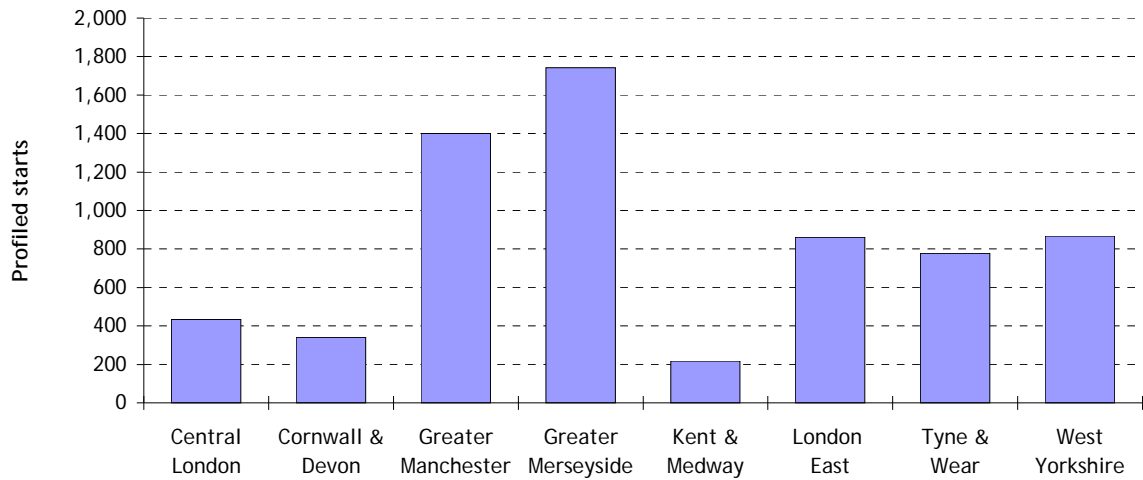
The second set of data was a new set collected for Model 4, which is termed AA Participant Data (AAPD). This captured at the outset of AA entry, information about each participant's often multiple vulnerabilities and/or disadvantages, as well as their gender, race and qualifications. These data also contained information about qualifications gained as part of AA participation. There were some differences in the way that pilots collected and recorded these data, therefore some of the analysis relies upon a subset of the AAPD.

This appendix combines an analysis of these two sets of AA administrative data. However, it must be noted that it was not possible to fully reconcile both sets of data. The number of cases reported between datasets varied, and while procedures were followed to remove duplicate cases from the AAPD, the number differed from that recorded in the AAMI. The analysis must therefore be seen as indicative of the characteristics and qualification outcomes of AA participants. In the analysis, the totals reported in the tables may not always sum to 100 since rounding has been applied.

### **Target profile for Model 4**

At the start of Pilot 3 delivery, pilot managers were asked to determine a month-by-month profile for the number of young people to be recruited onto AA. The profile was created on the basis of estimates of the local eligible population and trends in recruitment established during Pilots 1 and 2. As in previous years, profiles were also contingent upon staff capacity. Pilot managers reported that there had been some variation between pilot areas in the way in which the local eligible population was estimated. The profiles are shown in Figure A.1 and this illustrates considerable variation in the planned scale of work between pilot areas, although some pilot areas were considerably larger in population size and geographical spread.

**Figure A.0.1: AA Profile by pilot area**



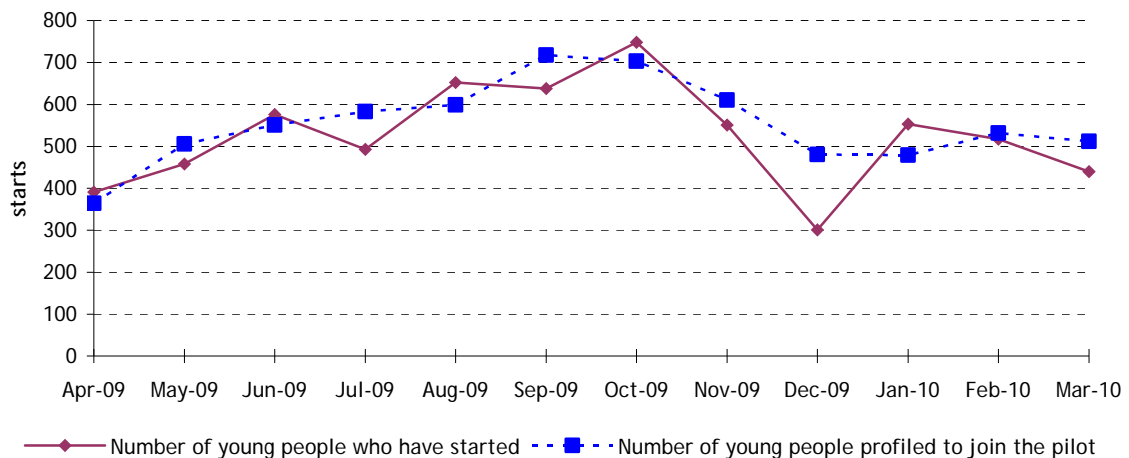
Source: AAMI (end of March 2010)

### Inflows to the AA

Based on analysis of the AAMI, 6,318 young people started on the AA in Pilot 3, compared to a profile of 6,638. It was reported by managers that the reason for not achieving full profile was that some capacity was lost mid-year, since at that stage, the AA was scheduled to end in March 2010. While pilot managers had built a wind-down period into their profiles, they reported that staff retention became an issue, together with some reluctance to recruit young people into a programme that was coming to an end.

There was a notable recruitment peak in recruitment in October 2009 (Figure A.2) and then a drop-off in recruitment due to planning the wind down of the project. There was a subsequent spike in recruitment in January 2010, which coincided with the 26-week NEET point for those who had left school the previous summer.

**Figure A.0.2: Number of AA starts**



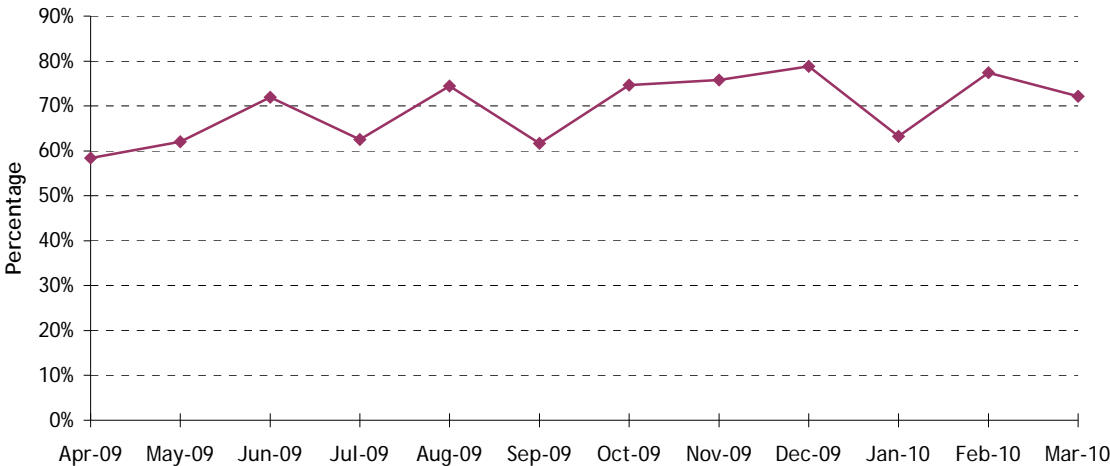
Source: AAMI (end of March 2010)

**Proportion of young people who took up the AA offer**

The evaluation assessed the take-up of the AA offer against the number of offers made. The AAMI showed that 6,318 young people started on the AA in Pilot 3 while 2,440 rejected the offer of the AA. The take-up of offers showed an increasing trend in the hit-rate<sup>1</sup> of the offers made, starting at just below 60 per cent of offers resulting in successful starts and ending with over 70 per cent of offers being successful. This was a similar pattern to the ‘vulnerable group’ category in Pilot 2, which also started and ended at similar points.

However, underpinning this figure was variation between pilot areas, with lows of 7 per cent and highs of over 130 per cent of their target in some pilot areas. In the latter example, the take up rate had exceeded the number of offers made, which had occurred due to a lag in preceding months between the number of offers made and take-up rates (ie young people required longer than a one-month period between an offer being made and taking up that offer).

**Figure A.3: Take-up of AA offers**



Source: AAMI (end of March 2010)

**Why young people rejected the AA**

Table A.1 shows the reasons why young people rejected the offer of the AA. This highlights that the financial incentive remained the most frequently cited reason to reject the offer. The second most frequently recorded reason to reject the AA was that categorised as ‘other reasons’, followed by ‘complex personal reasons’. In comparison with Pilot 2/Model 3, the financial incentive and ‘other reasons’ were the most commonly cited by young people who rejected the AA. However, more young people in Pilot 2/Model 3 rejected the AA because of complex personal issues, or being a teenage parent.

Discussions with pilot managers suggested that the financial incentive might be identified as a reason by young people who did not wish to elucidate other, underlying reasons, for rejecting the AA.

<sup>1</sup> The hit rate was calculated by looking at the number of starts in the period as a percentage of the number of offers made in the same period.



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**Table A.1: Reasons for rejecting the offer of the AA (% of group who reject the AA)**

	<b>Model 4</b>	<b>Model 3</b>
Not Interested due to inadequacy of financial support	34	39
Other reason	29	16
Complex personal issues	10	12
Personal circumstances - teenage parents	10	14
Other personal circumstances	7	4
Personal circumstances - illness/health reasons	5	9
Personal circumstances - pregnancy	4	5
Personal circumstances - young carers	1	1
Not Interested for reasons of transport	0	1
Personal circumstances - religious grounds	0	0
<b>N</b>	<b>1,126</b>	<b>410</b>

*Source: AAMI (end of March 2010)*

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### **Young people who were ineligible for AA**

Where young people were found to be ineligible for the AA, the reasons for this were recorded in the AAMI and these are presented in Table A.2. The most frequently cited reasons for ineligibility for Model 4 and Model 3 were the inability to make contact with young people, or that young people were no longer NEET. This is an interesting finding since both delivery models were largely dependent on other local agencies to refer young people to the AA. However, it was reported by some pilot managers that lists of potentially eligible young people (ie those NEET), which were maintained by Connexions, continued to be used throughout the delivery of Models 3 and 4. Over the course of the evaluation, the accuracy and currency of these data have been disputed by pilot managers and advisers, a point which may be illustrated by the data presented in Table A.2.

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**Table A.2: The reasons why young people are ineligible for AA (% of the group who were ineligible)**

	<b>Model 4</b>	<b>Model 3</b>
Unable to contact	44	46
No longer NEET	32	25
Planned start date in a positive outcome	9	4
AA not suitable - onward referral	8	6
Claiming benefit	5	17
Unable to secure relevant suitable provision	1	1
<b>N</b>	<b>1,026</b>	<b>500</b>

Note: The categories for ineligibility reflect those made available in the AAMI for recording ineligibility; Unable to contact is likely to reflect inaccurate or out of date information arising from Connexions maintained lists of young people NEET.

*Source: AAMI (end of March 2010)*

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## Composition of the participant group

The AAPD recorded 6,377 'starts' during Pilot 3. Analysis of the characteristics of this group showed that:

- the majority of young people starting the AA were male (58 per cent)
- 15 per cent were from non-white ethnic backgrounds
- around one-third (34 per cent) had spent 26 weeks or more NEET, prior to engaging with the programme.

Table A.3 shows the spread of the starter group across the categories of vulnerability defined by DfE. This shows that the largest groups of those starting the AA were young offenders (18 per cent), and those in receipt of Jobseekers Allowance, who participated on an agreement only basis (18 per cent).

The second highest participant group were young people identified as having an LDD at some point subsequent to completing compulsory schooling (17 per cent). This was followed by young people with housing problems, including those who were homeless (13 per cent). 'Multiple barriers' were recorded for 22 per cent of all participants.

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**Table A.3: AA starters by vulnerable category**

<b>Factor</b>	<b>%</b>
Supervised by YOT	18
Agreement only- JSA claims	18
LDD did not receive a SEN statement at school	17
Accommodation issues	13
LDD - received a statement while at school	8
Parent caring for own child	8
Local factor (see note below <sup>2</sup> )	7
Substance misuse	5
Care leaver	4
Looked after in care	4
Traveller	3
Carer (not own child)	3
Asylum seeker	1
<b>N:</b>	<b>6,378</b>

Notes: (1) Percentages rounded to the nearest decimal place.

(2) Local factor represents the 10 per cent of the caseload that managers could sanction as vulnerable who did not fit within the categories defined by DfE.

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*Source: AAPD 2010*

About one-quarter of all participants had no qualifications when starting the programme (26 per cent) and a further quarter had entry-level qualifications (24 per cent). Fifteen per cent of AA participants had qualifications at Level 2 or above.

## Gains from AA participation

While no systematic information was collected about the 'soft outcomes' achieved by young people as part of their AA, such as increased levels of self confidence, data was collected on qualifications outcomes as a measure of 'distance travelled'. This information was recorded in the AA Participant Data (AAPD) and is shown in Table A.4.

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**Table A.4: Qualifications gained as a result of AA participation**

<b>Qualifications gained on AA</b>	<b>Frequency</b>	<b>Percent</b>
No qualifications gained	3,618	76
Level 1	653	14
Level 2	422	9
Entry level	73	2
Level 3	29	1
<b>Total</b>	<b>4,795</b>	<b>100</b>

Note: (1) Percentages rounded to the nearest decimal place

Source: AAPD 2010

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Analysis of these data showed that during the course of the programme, a quarter of participants gained a qualification. Among this group, over half had gained a Level 1 qualification (55 per cent), one-third (36 per cent) had gained a Level 2 qualification, and the remainder had achieved a Level 3 qualification (3 per cent) or an entry level qualification (6 per cent).

One-third (34 per cent) of those who gained a qualification while participating in the AA achieved a higher level qualification than they had previously achieved. Furthermore, participants with the highest level entry qualifications were more likely to achieve additional and higher qualifications while participating on the programme.

## Destinations

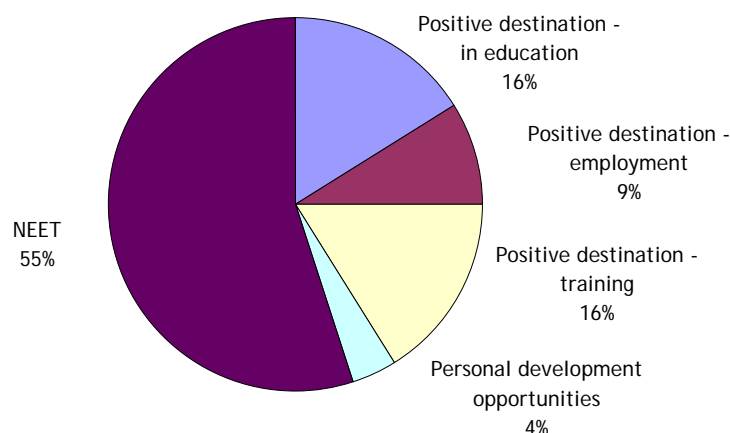
The destinations of young people leaving the AA were recorded in the AAMI. Data categories allowed that young people might be recorded as achieving a positive destination immediately following their AA participation, or as remaining NEET. For those who remained NEET, their status was tracked at 13 weeks and updated by the pilot areas. Since the young people who immediately achieved a positive destination following the AA were not tracked at 13 weeks, it is not possible to combine the two rates of progression.

### Immediate destinations

By the end of March 2010, a total of 4,560 young people had left the AA. The destinations of this group of leavers, by classification, are shown in Figure A.4.

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**Figure A.4: Destinations immediately following the AA**



*Source: AAMI (end of March 2010)*

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Nearly two thousand young people (n=1,872) had progressed immediately from the AA into a positive destination<sup>1</sup>, ie 41 per cent of the group leaving the AA. Of these, 77 per cent went into learning and training, 23 per cent into employment.

To add some context to this, 36 per cent (545 young people) achieved a positive destination immediately following the AA as a result of engaging through Pilot 2/Model 3. For this earlier model, 204 young people went to education (37 per cent), 111 to employment (20 per cent), and 230 to training (42 per cent).

DfE did not include participation in Personal Development Opportunities (PDO) as a formal positive destination. However, engagement in these activities is suggestive of some improvement in young people's degree of participation, in comparison to remaining NEET. In addition to the outcomes above, 30 young people immediately left AA Model 4 to a PDO. To put this in the context of Pilot 2, 46 young people progressed from Model 3 to complete a PDO.

A trend existed for outcomes to improve over time throughout the second extension year of the AA (although a peak was evident in September 2009, which was likely to be an effect of the start of the academic year). There was also a dip in positive outcomes in December 2009, which would be expected as employers and colleges shut down for the Christmas period.

### **Young people who did not progress to a positive destination**

Table A.5 shows the distribution, across the NEET destinations defined by DfE, of young people who remained NEET immediately following AA Model 4 participation, compared with Pilot 2/Model 3. The '*unemployment*' category included those young people seeking employment, those with a start date agreed for EET and young people waiting for an E2E placement. The '*not available*' category included young people with ill-health or a pregnancy, and those who had moved away. The *not NEET or EET* category included asylum seekers and young people in custody.

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<sup>1</sup> Positive outcomes are: employment with or without training, education or training.

**Table A.5: Destinations of young people not in EET following the AA (% of group remaining NEET)**

	Model 4	Model 3
NEET - Unemployment	81	76
NEET - Not available	14	16
Other	4	8
<b>N</b>	<b>2,516</b>	<b>931</b>

Note: The 'other' category included asylum seekers and young people in custody. The second column does not sum to 100 due to rounding error

Source: AAMI (end of March 2010)

- Among Model 4 participants, of those leaving to a NEET destination, 81 per cent were categorised as unemployed and 14 per cent were deemed 'not available' for work or learning because of their circumstances which included ill health or care responsibilities. Of those who were unemployed:
  - 75 per cent seeking employment or training
  - 11 per cent waiting to start an EET destination
  - 10 per cent not yet ready for work or learning, and
  - 4 per cent requiring a placement at or below Level 2.
- To add some context to these data, Model 3<sup>1</sup> post-AA NEET destinations showed that 76 per cent of young people were categorised as unemployed and 16 per cent were 'not available'. Of those who were unemployed:
  - 77 per cent seeking employment or training
  - 13 per cent recorded as not yet ready for work or learning
  - 8 per cent waiting to start an EET destination, and
  - 2 per cent requiring a placement at or below Level 2.

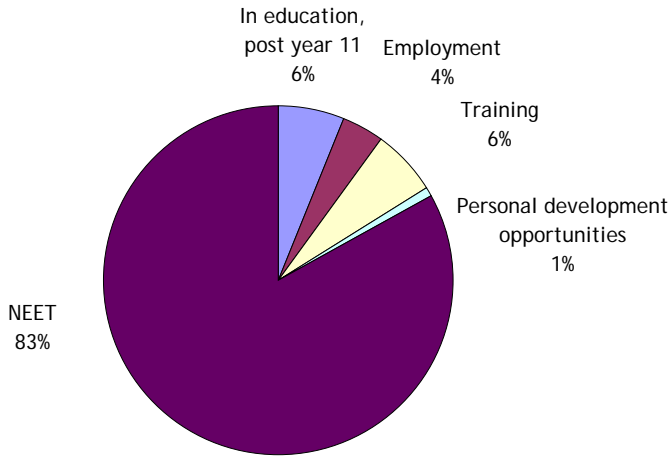
### Destinations at the 13-week tracking point

Young people who remained NEET following AA participation were tracked at 13 weeks after leaving the programme to review their status (see Figure A.5). 16 per cent of Model 4 AA participants who remained NEET at the end of the AA had achieved a positive destination by the 13-week tracking point (compared to 11 per cent for Model 3).

Since young people who left the AA and who progressed immediately into positive outcomes were not tracked at 13 weeks later, the evaluation cannot comment on the sustainability of their AA outcomes and the additional effect of the 13-week post-AA outcomes.

<sup>1</sup> Model 3 was delivered as part of AA Pilot 2 and targeted a slightly more limited range of vulnerable young people NEET than Model 4

**Figure A.5: Destinations of young people, NEET post-AA, when tracked at 13 weeks**



Note: includes positive outcomes at the 13-week tracking point only for those NEET immediately following AA participation.

Source: AAMI (end of March 2010)

Of the 16 per cent of AA participants (n=430) who had achieved a positive destination by the 13-week tracking point, 36 per cent were in training, 34 per cent were in learning, 22 per cent were working and nine per cent were engaged in a PDO.

While for the large majority of young people in this group their NEET status did not change within the 13-week period following their AA participation, the focus of the programme had changed in terms of its concentration on vulnerable groups of young people. Within this context, it can be reported that the proportion of positive destinations at the 13 week tracking point for Pilot 3/Model 4 represented an increase of five percentage points on that achieved by Model 3. This proportion also compares favourably with Models 1a and 1b in Pilot 2, which achieved 19 and 18 per cent positive destinations at this point respectively and were not targeted to support vulnerable young people.

Despite the programme’s increasing focus on the most vulnerable groups within the NEET population and the complexity of the barriers to their re-engagement in learning, training and employment at a time when an economic downturn was also constraining youth employment, the AA managed to maintain a level of outcomes commensurate with those seen in previous years. It should also be noted that since the data do not capture soft outcomes and sustained contact with Connexions and support services, some key achievements of the AA cannot be reported.

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