

Ability Programme Evaluation 2018-2021

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Quality Matters



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atá faoi mhíchumas barr
a gcumais a bhaint amach
Supporting young people
with disabilities
reach their potential

Ability



Quality Matters
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Key Terms

Term	Definition
Ability CRM	CRM refers to 'Customer Relationship Management' system. The Ability CRM is a database maintained by Pobal used by service providers to track and report on activities and outcomes for programme participants.
Case Closed	'Case Closed' is a term used to describe the point in time when a participant exited the Ability Programme. Throughout the report, this may be referred as 'upon exiting the programme' or 'at case closed'.
Hard Outcomes	The term 'hard outcome' is typically used to describe change that can be objectively observed such as attaining employment or undertaking education. For the purposes of this evaluation, the Ability Programme defined the following as hard outcomes: 1. Attaining paid employment, 2. Progressing into education, 3. Obtaining a qualification or 4. Attaining a meaningful voluntary role in the community.
Population	A 'population' is a group of individuals with a shared characteristic. In statistics, the term population refers to the group of individuals from which a statistical sample is drawn for a study. In this evaluation, the word 'population' refers to all programme participants who engaged with the Ability Programme.
Programme Participant	'Programme participant' refers to a person with a disability between the ages of 15 and 29 who was engaged with the Ability Programme. The term 'participant' is also used throughout the report.
Sample	In statistics, the term 'sample' refers to a selected proportion of the whole group being studied (population). This group is intended to be representative of the full population. In this report, the word 'sample' refers to the group of programme participants who were randomly selected to complete a soft outcome tool survey at three different points over the course of the evaluation. For more information on the sample, please see the Appendix Item 9.
Service Provider	In this report, the term 'service provider' refers to the 27 organisations offering services and supports to people with disabilities under the Ability Programme.
Service Provision Matrix	A bespoke data collection tool was co-created by the Research team and service providers. The matrix consists of 19 coded programme components across four categories: 1. Client and family engagement, 2. Education and skill building, 3. Work experience and meaningful social roles and 4. Employer engagement. Each programme component had three to four options. Together, these categories and options defined the ways in which the service could be provided. A copy of the matrix can be found in Appendix Item 3.
Soft Outcomes	The term 'soft outcome' is typically used to describe changes which are harder to objectively observe such as changes in attitudes, beliefs, growth in personal development or workplace or life skills. Further information on the 'soft outcome tool' used is available below.
Soft Outcome Tool	A bespoke 'soft outcome tool' was co-created by Quality Matters and the Ability Programme service providers and validated as part of this study. The tool measured three components: 1. Confidence and communication, 2. Goal setting and motivation and 3. Independence. The soft outcome tool can be found in Appendix Item 4. The creation of this bespoke tool was required as following a review of existing soft outcome tools, service providers could not identify a tool which accurately measured the soft outcomes they considered important to the programme.

Executive Summary

1.1 Introduction

This is the final report in the three-year evaluation process of the Ability Programme. The Ability Programme ran from 1 July 2018 until 31 August 2021¹ and provided funding to 27 service providers across the Republic of Ireland. The Ability Programme had an overall budget of up to €16m from 2018 to 2021, was co-financed by the European Social Fund (ESF) and the Department of Social Protection (DSP) and administered by Pobal. The 27 recipient organisations worked with people with a variety of disabilities between the ages of 15 and 29. The programme aimed to support participants to develop personal and work skills through the provision of a range of person-centred supports. Its overall goal was to support participants to progress in education or training, attain meaningful social roles and/or secure employment. A total of 1,946 programme participants had enrolled in the Ability Programme as of 3 February 2021.

This evaluation assessed whether the programme achieved its core objectives (see Table 1 below). It sought to understand which types of interventions, services and activities were most effective in supporting people with disabilities to build skills or progress into education or employment.

The mixed methods study included qualitative and quantitative approaches. Central to the study was a bespoke validated soft outcome tool to measure changes in soft skills which was informed by a literature review and co-created with service providers. A bespoke tool was also co-created with service providers to collate the elements of the diverse service provision models used by service providers. The data from these two tools, alongside the data collected in the programme CRM, allowed a detailed analysis of how much change was achieved in both soft skills and final outcomes for the participants. An analysis ('Logistic Regression' and 'Odds Ratio') of the data also assessed which aspects of the various service delivery models were most likely to result in positive outcomes.

The views of stakeholders (programme participants and service providers) were also a key part of the study. This qualitative data was collected through interviews with 30² programme participants and all 27² service providers. Interviews aimed to identify good practice, as well as gaining insight into the previous challenges experienced by participants and their goals for engaging with the programme. In addition, 66 employers participated in interviews or a survey which asked about perceived barriers to hiring people with disabilities, the types of supports necessary for overcoming these barriers and the benefits or outcomes they experienced as a result of participating in the Ability Programme.

The evaluation drew on data from many of the programme participants. Data on soft skills was analysed for a random sample of 329 programme participants across all 27 providers. Hard outcome findings were based on data from 1,019 programme participants which included 690 participants who had exited the programme and 329 who had the soft-outcome tool applied³.

¹ The Ability Programme was extended by two months to allow organisations to conclude the operational elements of their funded projects and allow some additional lead time to exit participants from the programme.

² All service providers were invited to participate in an interview at baseline, midpoint and endpoint. All providers participated in at least one interview with 20 providers engaging in an interview at all three points.

³ Hard outcomes are only documented in the Ability CRM at case closed. In order to increase the amount of data available for this analysis on hard outcomes, the Research team included questions relating to hard outcomes at the end of the soft-outcome tool questionnaire completed by programme staff. Therefore, hard outcome data was available and analysed for all Ability Programme participants who exited the programme (n=690) and everyone in the sample of participants receiving the soft outcome tool who also completed the tool at the endpoint (n=329).

1.2 Programme Objectives: Key Findings

The Ability Programme had four primary objectives. The table below outlines the key findings under each of these four programme objectives and this evaluation has shown that each was achieved by the programme.

Table 1 Overview of programme objectives and key findings

Objective	Key Findings
<p>Objective One: Assist young people with disabilities to develop the confidence and independence required to participate in education, training and employment.</p>	<p>Of the 329 participants who were included in the sample for this study, 74% improved their soft skills as a measure by their total score on a soft outcome survey tool. Participants increased their skills in the following areas:</p> <ul style="list-style-type: none"> • 71% increased confidence and communication • 70% increased goal setting and motivation • 55% increased independence
<p>Objective Two: Support young people with disabilities who are not in education, employment or training to access and participate in these areas.</p>	<p>Of the 1,019 programme participants with data available on hard outcomes, 32% progressed into education⁴ or training, 42% gained a qualification, 25% obtained paid employment⁵ and 15% obtained a voluntary social role.</p>
<p>Objective Three: Build the capacity of mainstream employment services, education, and training providers to support the progression of young people with disabilities.</p>	<p>Collecting data directly from employment services (i.e., INTREO (the Public Employment Service) or EmployAbility (services which provide employment support for people with a health condition, injury, illness, or disability)) and education and training providers was outside of the scope of this evaluation. However, the study showed that providers were implementing good practice in their engagement with employers and education providers and that a number of new and innovative approaches had been developed regionally throughout the programme.</p>
<p>Objective Four: Build the capacity of employers to recruit and retain young people with disabilities within their workforce.</p>	<p>Of those surveyed, 88% of participating employers reported that they are now more likely to hire people with disabilities in the future as a result of participating in the Ability Programme. Employers reported experiencing a wide variety of benefits including (but not limited to) the following:</p> <ul style="list-style-type: none"> • 96% increased understanding and appreciation of the benefits of diversity and inclusion in the workplace • 69% improved staff morale and Corporate Social Responsibility (CSR) • 57% improved communication and information sharing among staff • 55% improved teamwork and cooperation among staff

The evaluation identified ten good practices used in the Ability Programme which employers found most helpful when recruiting, hiring, and maintaining employment for staff with disabilities.

⁴ This may be an underrepresentation of the total number of programme participants who achieved this outcome upon exiting the programme as 'in education or training' and 'in employment' are mutually exclusive in the Ability CRM. Therefore, providers were advised to 'select the primary outcome' if a participant was both 'in education or training' and 'in employment' upon exit.

⁵ See previous footnote.

1.3 Good Practice and 'What Works'

Nineteen good practices were identified in the evaluation through extensive stakeholder consultation and data analysis. The key principles underpinning all good practices, as identified in the literature and through the research, are to 1) ensure the individualisation of training supports, 2) enable participants to be in the driver's seat in terms of their goals and supports, 3) highlight the need for creativity in teaching and when trying to engage people, 4) focus on the importance of interspersing learning with real workplace experience and 5) support employers to create more accessible and welcoming workplaces if diversity goals are to become meaningful.

In addition to good practice described by stakeholders during interviews, the quantitative data analysis also identified a number of practices which increased the likelihood of participants achieving successful outcomes:

- Providing a case management approach⁶ increased the likelihood that a participant increased their soft skills or acquired a Quality and Qualifications Ireland (QQI) qualification. (QQI is an independent State agency responsible for promoting quality and accountability in education and training services in Ireland).
- Providing paid work experience increased the likelihood that a participant progressed into employment
- Developing a formal service plan with goals, actions and dates increased the likelihood that a participant progressed into education
- Supporting a participant to attain a voluntary social role in their community increased the likelihood that a participant would attain a QQI qualification. However, a participant who attained a voluntary social role in their community were less likely to have entered paid employment when they exited the programme.

1.4 Overview of Recommendations

The evaluation identified 24 detailed recommendations which are divided into three categories:

- 1. Recommendations for service providers who are supporting people with disabilities to progress into education, training or employment:** These recommendations are aimed at service providers funded under the previous Ability Programme and service providers delivering under any new programme. They are also relevant to other service providers working with a similar target population to assist them becoming more work ready.
- 2. Recommendations for future programme planning and design:** These recommendations provide specific examples of how learning from this research can be integrated into future programme planning.
- 3. Recommendations for the wider policy environment:** These recommendations acknowledge that programmes operate within a broader policy context and system which impact their work. These recommendations include policy or system-level solutions identified in the thematic analysis of stakeholder interviews.

⁶ Case management includes coordinating with employers and other service providers working with the individual. This approach necessitates a collective action plan agreed across providers focussed on the individual.

Introduction

1.5 Overview of the Ability Programme

This is the final report in the three-year evaluation process of the Ability Programme. This report was preceded by a baseline report in April 2020 and a midpoint report in December 2020.

The Ability Programme ran from 1 July, 2018 until 3 August 2021 and provided funding to 27 service providers across the Republic of Ireland. The Ability Programme had an overall budget of up to €16m from 2018 to 2021, was co-financed by the European Social Fund (ESF) and the Department of Social Protection (DSP) and administered by Pobal. The 27 recipient organisations worked with people with a variety of disabilities between the ages of 15 and 29.

The Ability Programme aimed to support participants to develop personal and work skills through the provision of a range of person-centred supports. The overall goal of the programme was to support programme participants to progress in education or training, attain meaningful social roles and/or secure employment. The Ability Programme had four primary objectives:

1. Assist young people with disabilities to develop the confidence and independence required to participate in education, training and employment
2. Support young people with disabilities who are not in education, employment, or training to access and participate in these areas.
3. Build the capacity of mainstream employment services, education, and training providers to support the progression of young people with disabilities
4. Build the capacity of employers to recruit and retain young people with disabilities within their workforce.

1.6 Overview of the Evaluation

The evaluation assessed whether the programme achieved its objectives and sought to understand which types of interventions, services and activities were most effective in supporting people with disabilities to build skills or progress into education or employment. The evaluation measured the extent to which service providers supported participants to attain four hard outcomes:

1. Attain paid employment
2. Progress into education
3. Obtain a qualification
4. Attain a meaningful voluntary role in the community

The study also measured the degree to which a random sample of programme participants increased their soft skills in areas such as confidence and communications, goal setting, motivation, and independence. Qualitative engagement with services users and providers was incorporated as part of a literature review and statistical analysis to identify good practice and learning for supporting people with disabilities to progress into education, training or employment.

The evaluation was underpinned by the following specific research questions:

1. How many programme participants achieved a hard outcome (i.e., progressed into employment, education or training or a voluntary role in their community)?
2. How many programme participants obtained/improved their soft skills (i.e., confidence levels)?
3. What works? (i.e., which interventions had the most success?)
4. Were certain subsets of the population (demographics) more successful than others?
5. What are the most common challenges experienced by programme participants in progressing to education or employment?
6. What are the most common challenges for service providers in assisting programme participants to progress to education or employment and what is considered to be good practice in overcoming these obstacles?

7. What kind of supports and services do employers find helpful when recruiting and retaining employees with disabilities?
8. What learnings have service providers had throughout the programme?
9. Were there any programmatic lessons learned which could inform the disability sector and potential future programmes?
10. What is considered to be best practice for supporting people with disabilities to progress into education or employment?

The findings also provide quantitative and qualitative evidence of what works when implementing disability employment programmes and will contribute to a national and international body of knowledge on this topic. In addition, it is anticipated that the evaluation findings will be used to inform future programme planning and service provision.

1.7 Overview of Methodology

Overview

The mixed method study included qualitative and quantitative approaches and used two bespoke tools which were informed by a literature review and co-created with service providers. These tools include a 'Service Provision Matrix' to document the various approaches to service delivery implemented across the 27 providers and a soft outcome tool which measures changes in soft skills such as confidence and communications, goal setting, motivation, and independence.

The evaluation included three periods of data collection and analysis: baseline in 2019, midpoint in April in May 2020 and endpoint, primarily in November and December 2020⁷. The findings from the baseline and midpoint data collection and analysis are shared in separate reports. This report outlines the approach and findings for the endpoint data collection and is a summative report for the full evaluation.

Summary of Stakeholder Engagement

The results of this evaluation are based on data collected from service providers, programme participants and employers across the three-year evaluation. See Table 2 below for an overview of the number of participants engaged at each stage of the evaluation process.

⁷ Ability CRM data was exported in February 2021.

Table 2 Overview of stakeholder engagement

Stakeholder	Interviews	Survey or Tool	Hard Outcome Data
Programme Participants	30 programme participants were interviewed between midpoint (20) and endpoint (10).	A random sample of 329 participants completed a soft outcome tool at baseline and at endpoint.	1,019 programme participants had hard outcome data available at endpoint.
Service Providers	All 27 providers participated in at least one interview and 20 providers participated in three interviews ⁸ .	26 providers completed a survey at endpoint to further validate and rank the good practices identified in interviews.	N/A
Employers	Three employers participated in an interview at midpoint. This information, combined with feedback from service providers, supported the development of an employer survey.	66 employers participated in a survey at the endpoint which asked about perceived barriers to hiring people with disabilities, the types of supports necessary for overcoming these barriers and the outcomes they experienced.	N/A

Qualitative Data

As described in Table 2 above, qualitative data was collected primarily through interviews with 30 programme participants and the 27 service providers. Interviews aimed to identify good practice as well as gain insight into the previous challenges experienced by participants and their goals for engaging with the programme. Interviews were semi-structured, and each interviewee was provided with interview questions in advance. This approach meant that providers could discuss the interview topics with their staff and share experiences and ideas prior to interview and they were actively encouraged to do so. Programme participants were also given an opportunity to review and discuss the topics with their families and bring notes to the interview if they wished.

Quantitative Data

This summative evaluation utilised data captured in the Ability CRM as well as data collected using two bespoke tools co-created with service providers: a service provision matrix and a validated soft outcome tool. These tools and the Ability CRM provided a substantial amount of data both on the soft and hard outcomes programme participants achieved. Data on soft skills was analysed for a random sample of 329 programme participants across all 27 providers. Hard outcome findings were based on data from 1,019 programme participants which included 690 participants who had exited the programme and 329 who had the soft-outcome tool applied⁹, including a mixture of active and past participants.

⁸ All service providers were invited to participate in an interview at baseline, mid-point, and endpoint. All providers participated in at least one interview with 20 providers engaging in an interview at all three points.

⁹ Hard outcomes are only documented in the Ability CRM at case closed. To increase the amount of data available for this analysis on hard outcomes, the Research team included questions on hard outcomes at the end of the soft outcome tool questionnaire to be completed by programme staff. Therefore, hard outcome data was available and analysed for all Ability Programme participants who exited the programme (n=690) and everyone in the sample of participants receiving the soft outcome tool who completed a tool at endpoint (n=329). This section presents the findings on hard outcomes.

'Logistic Regression' and 'Odds Ratio' analysis was used to identify the effectiveness of a range of different programme approaches. In addition, quantitative data was analysed to provide a variety of descriptive statistics including counts and percentages of participants who achieved each of the outcomes.

For more information on the methodology and limitations

For more detail on how participants were sampled, how each data set was analysed, including detail on the statistical tests performed as well as a complete set of challenges and limitations, please see the full 'Methodology' chapter in Appendix Item 6.

1.8 Contents of this Report

This summative report provides a profile of programme participants, a summary of the types of services being provided, an overview of the outcomes attained as well as good practice and data on programme factors most likely to result in positive change.

Following introductory sections, **chapter two** includes a demographic profile of all the participants enrolled in the Ability Programme as of 3 February 2021, as well as a demographic profile for the sample of participants who completed the soft outcome tool. This chapter also includes findings on the experiences and ambitions of programme participants reported in interviews.

Chapter three includes a summary of the service provision approaches as well as case studies from two service providers.

Chapter four contains findings on programme participants' soft and hard outcomes. It includes results of the analysis of data gathered via the soft outcome tool administered to a sample of programme participants at baseline and endpoint. It also presents the findings from data captured in the Ability Programme CRM for participants who had exited the programme. In addition, this chapter contains findings from programme participant interviews and the results of the logistic regression which identifies which service delivery approaches are most likely to result in positive outcomes.

Chapter five presents the findings on barriers, support needs and outcomes for employers.

Chapter six presents the good practice findings of the thematic analysis of interviews with service providers, employers, and programme participants as well as data from a focus group and survey with service providers and a survey of employers.

Finally, the **report Conclusion** outlines the key findings and is followed by a set of recommendations.

In addition, a **literature review**, a full **methodology chapter**, a **summary of a validation study** for the co-created bespoke soft outcome tool, alongside a number of **data collection tools and findings tables** can be found in the Appendix of the report.

2 Ability Programme Participants' Profile

2.1 Overview

This chapter describes the Ability Programme participants who were included in the evaluation and whose perspectives and experience were key to the evaluation of the programme. It outlines programme participant demographic characteristics, their self-reported challenges prior to participating in the Ability Programme such as progressing into education, training and employment and their goals for participating in the Ability Programme. Collectively, these perspectives provide evidence of the importance of the Ability Programme supports for the participants.

The demographic section describes participants' characteristics such as gender, age, disability type, location, educational background, and employment status. It also includes a summary of the demographics of all Ability Programme participants¹⁰ compared to the 329 participants who undertook the soft outcome tool at baseline and endpoint.

The participants' demographic summary is followed by a description of the challenges that programme participants have experienced in the past in relation to progressing into education, training or employment and what they hope to achieve by participating in the Ability Programme. It also provides insights into what outcomes participants hoped to achieve by participating in the programme and how these compared to the objectives of the Ability Programme. This section is based on findings from a thematic analysis of ten¹¹ programme participant interviews carried out at the evaluation endpoint and 20 programme participant interviews, and four family member interviews carried out at midpoint.

Findings on outcomes and programme participants' perspectives on good practice in service provision are included in chapters 4 and 6 respectively.

2.2 Demographics of Ability Programme Participants and Evaluation Sample

Overview

This section of the report provides the demographic characteristics of all Ability Programme participants as recorded in the Ability CRM and compares them with the sample group of participants for whom soft outcome data was collected at the endpoint. At the time of writing, the total number of participants who had been enrolled in the Ability Programme and captured in the Ability CRM database was 1,946. 329 programme participants were included in the 'sample group with soft outcome data' from across 27 service providers. In this section, the 'sample group with soft outcome data' will be referred to as 'the sample' and the wider group of all participants will be referred to as 'the population.'

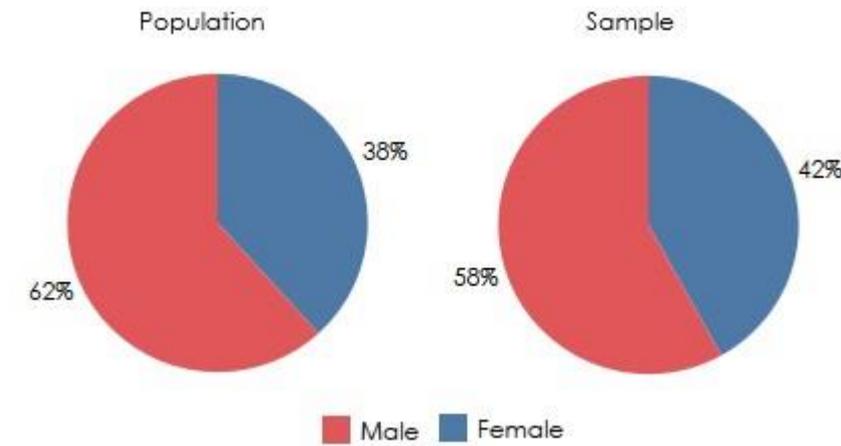
Gender

Of all programme participants, 62% (n=1,201) were male and 38% (n=745) were female. In the sample of participants with soft outcome data, 58% (n=191) were male and 42% (n=138) were female.

¹⁰ As of 3 February 2021, when data was exported from the Ability CRM.

¹¹ 20 programme participants across 15 providers were sampled to be invited to participate in an endpoint interview. Of those 20, 10 participants completed an interview across 10 service providers. Of the 10 who were selected but did not participate, four were contacted but declined to participate and six had left the programme and did not respond to contact from the service provider

Figure 1: Gender of programme participants



Age

The majority of the population and the sample were over the age of 18 and the most common age range was 18 – 24 within both the total population (57%, n=1,126) and the sample (49%, n=161). In comparison to the population participant data (36%, n=692), the sample group had a higher percentage (50%, n=165) aged 25 or older.

Figure 2: Age breakdown of all participants and in the sample group



County of Residence

Overall, programme participants were relatively evenly spread between County Dublin and Munster with approximately one third of programme participants living in each of these regions. 28% reported being from Leinster (excluding Dublin) and 9% of programme participants lived in the Connaught/Ulster region.

In the sample group, 34% of programme participants were located in County Dublin and 35% in Munster. 21% of programme participants reported living in Leinster (outside of Dublin) and 10% of programme participants lived in the Connaught/Ulster region.

Figure 3: County of origin of services users in the population and sample group

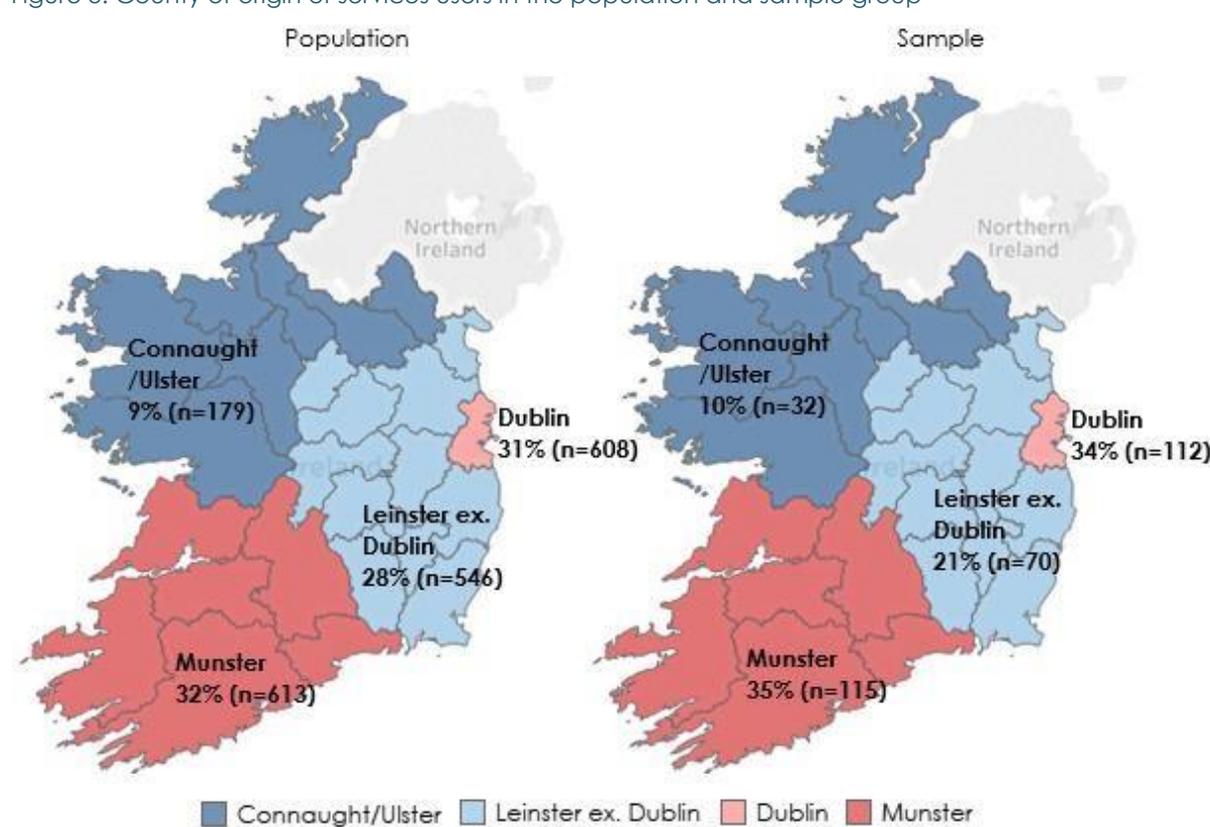
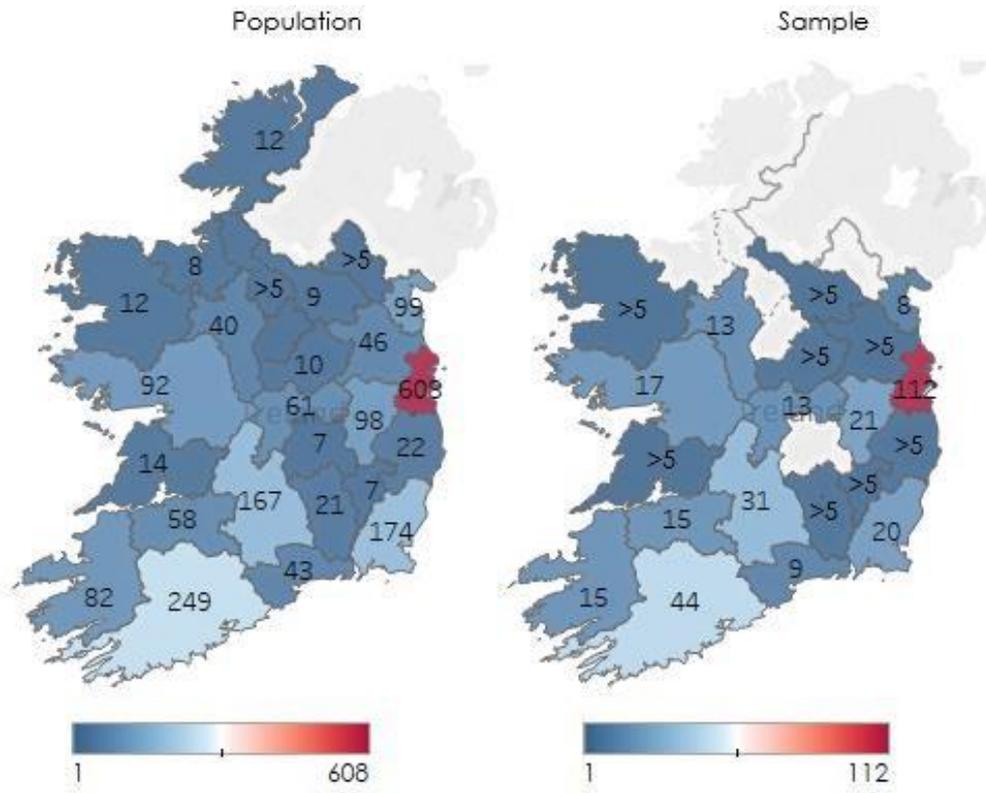


Table 3 County of origin of services users in the population and sample group

Origin of Programme Participant	Population (Endpoint)	Sample Group
Dublin	31% (n=608)	34% (n=112)
Leinster (excluding Dublin)	28% (n=546)	21% (n=70)
Munster	32% (n=613)	35% (n=115)
Connaught/Ulster	9% (n=179)	10% (n=32)

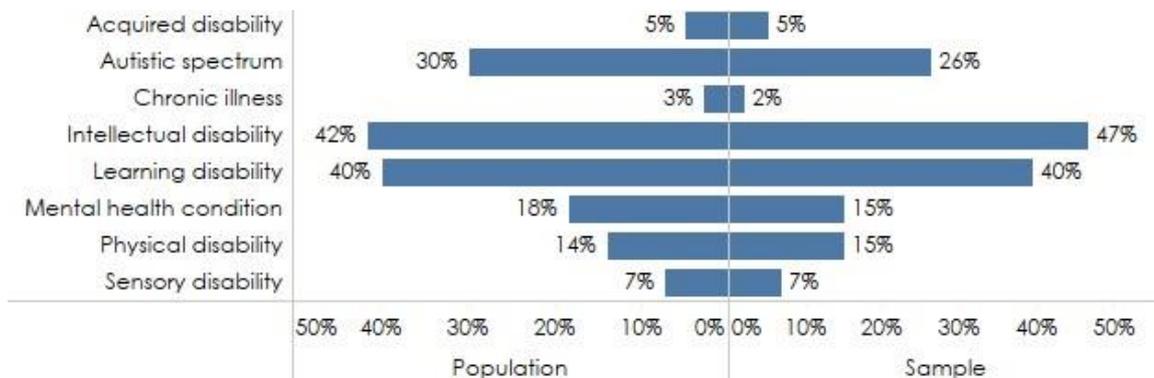
Figure 4: Programme participant's county of origin (population n=1,946, sample n=329)



Type of Disability

Programme participants were asked to report the type of disability they have and were able to select more than one in instances where a participant may have multiple disabilities. Of all participants in the programme, the most common disability types reported were intellectual disability (42%, n=809) and learning disability (40%, n=776). The same two disability types were the most common in the sample group with 47% of participants with an intellectual disability (n=154) and 40% with a learning disability (n=130). The frequencies for each disability type represented in the sample are within 5% of those reported for the population. See - Figure 5 below for more detail.

Figure 5: Type of disability reported by programme participants



Number of Disabilities

57% (n=1,122) of all programme participants reported having one disability and 43% (n= 821) reported having more than one disability. The same proportions were recorded for the sample group. Compared to the population data, all sample group participants were within 2% on reporting their number of disabilities. See Table 4 below for more detail on the number of participants with more than one disability.

Table 4 Overview of number of disabilities reported by participants at endpoint

No. of Disabilities	Population	Sample Group
One disability	56% (n=1095)	55% (n=182)
Two disabilities	30% (n=585)	31% (n=101)
Three disabilities	8% (n=165)	10% (n=33)
Four disabilities	3% (n=51)	2% (n=5)
Five disabilities	1% (n=18)	1% (n=3)
Six disabilities	>1% (n=5)	0% (n=0)
N/A	1% (n=27)	2% (n=5)
Total	100% (1,946)	100% (329)

Disadvantage

Programme participants were asked whether their background¹² included being a minority and/or whether they were from outside of Ireland or if they experienced 'living in poverty or material deprivation'¹³. As can be seen in the Table 5 below, less than 10% of programme participants in both the population and the sample group reported that they were from a disadvantaged background. 18% of the population group reported experiencing any of the options under 'other disadvantage'¹⁴ compared to 12% of the sample group.

Table 5 Reported disadvantage

Areas of Disadvantage	Population	Sample
Disadvantaged Background	7% (n=134)	7% (n=22)
Other Disadvantage	18% (n=342)	12% (n=41)
Reported Both	3% (n=51)	2% (n=5)

¹² 'Is your background status any of the following (check all that apply): migrant, minority or a person with a foreign background'

¹³ 'Other disadvantage' Do any of the following apply to you (check all that apply): substance abuser, ex-offender, did not complete primary education, living in a jobless household, living in a single adult household with dependent children, living in poverty or material deprivation, homeless or affected by housing exclusion.'

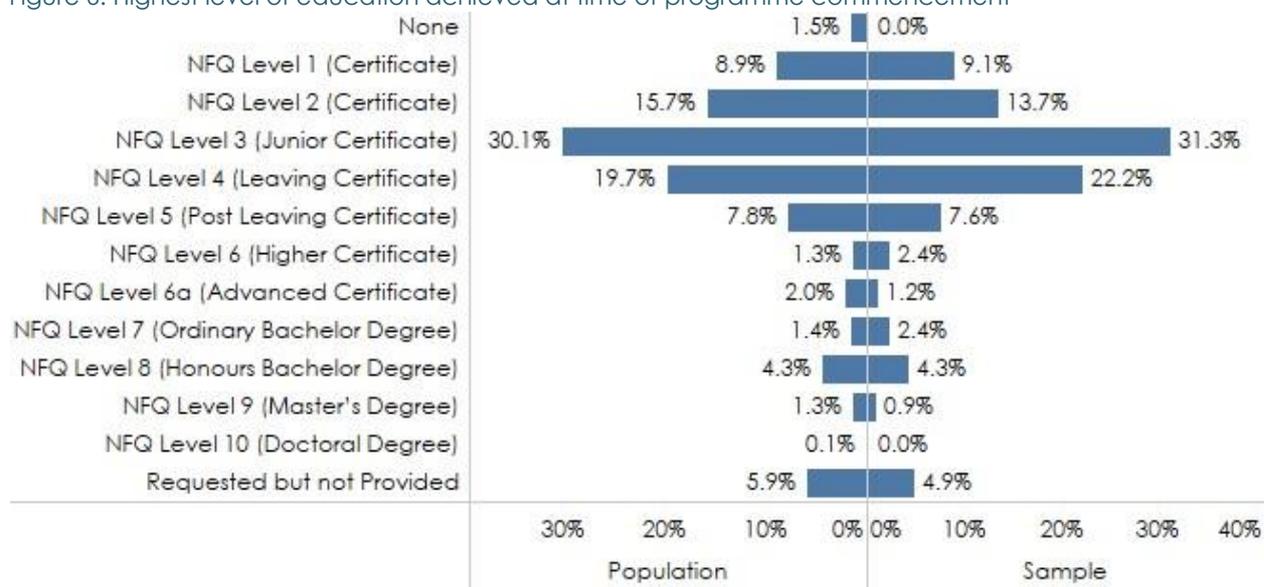
¹⁴ Based on Pobal's experience in other programmes, this is a commonly under reported data point as many programme participants choose not to answer this question on their registration form.

Education

Data on the highest level of education achieved was collected from all participants prior to entering the programme. The majority (55%, n=1,064) of all programme participants reported that they had a Junior Certificate qualification (Level 3) or lower on the National Framework of Qualifications (NFQ), a 10-level system used to describe qualifications in the Irish education and training system. 29% of programme participants (n=573) reported that they had achieved a Level 4 to Level 6 qualification on the NFQ (Leaving Certificate to Higher/Further Education Award) and 7% (n=139) of programme participants reported they had achieved a qualification between Level 7 and Level 10 on the NFQ (Ordinary degree to PhD).

In the sample, over half (54%, n=178) of programme participants reported that they had a Junior Certificate qualification or lower on the NFQ. 33% (n=110) of programme participants reported that they had achieved a qualification between Level 4 to Level 6 on the NFQ (Leaving Certificate to Higher/Further Education Award) and 7% (n=25) of programme participants reported they had achieved a qualification between Level 7 and Level 9 on the NFQ (Ordinary degree to master's degree).

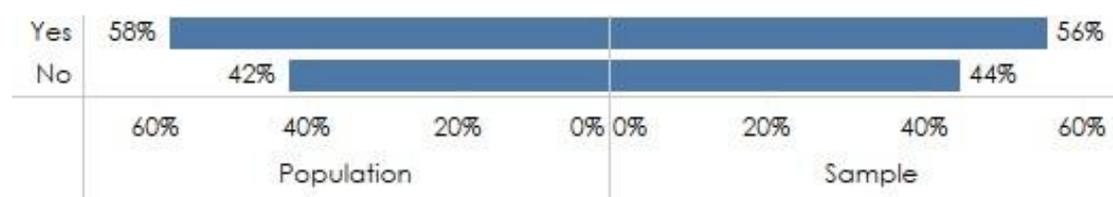
Figure 6: Highest level of education achieved at time of programme commencement



In comparison to the population, 1% fewer programme participants with the Junior Certificate or lower were represented in the sample group, 2% more programme participants with a qualification between Level 4 and 6 on the NFQ and the same percentage of programme participants who reported having a qualification between Level 7 and 10 on the NFQ.

In addition, Programme participants were asked if they had been home-schooled or attended special education classes/schools. 3% percent of participants in the population (n=44) and 2% in the sample group (n=6) reported that they had been home-schooled. 58% percent of population participants (n=1,036) reported that they had attended special education classes or schools and 56% of the sample group (n=155) reported that they had attended special education classes or schools.

Figure 7: Attended special education class/school

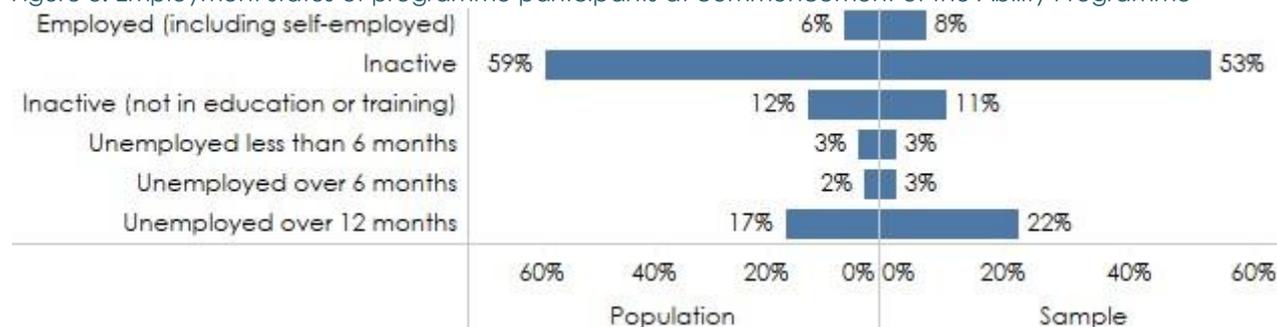


Employment Status on Commencement of the Ability Programme

On commencing the Ability Programme, all programme participants were asked to provide their employment status. 6% (n=121) of the entire population of participants reported that they were employed. 22% of participants reported that they were unemployed between less than six months to over 12 months (n=354) and 71% of participants reported being inactive¹⁵ or inactive and not in education or training (n=1,391).

In the sample, only 8% (n=25) of participants reported that they were employed. 28% of participants reported that they were unemployed between less than six months to over 12 months (n=93) and 64% of participants reported being inactive (n=211).

Figure 8: Employment status of programme participants at commencement of the Ability Programme



In comparison to the population, proportionally similar numbers of participants in the sample group reported being employed (+2%). 6% more programme participants reported being unemployed in the sample group compared to the population and 7% fewer in the sample group reported they were inactive.

2.3 Past Experiences and Future Ambitions

Overview

Interviews were completed with a sample of 10¹⁶ programme participants at endpoint and a sample of 20 participants and four family members at midpoint (see the Methodology section for the sampling approach). Interview participants were asked to describe any barriers or challenges to accessing

¹⁵ 'Inactive' refers to persons who are not employed and are not seeking employment. Students are included in the 'inactive' category, unless they are part-time and registered for unemployment payments, in which case they are recorded as 'unemployed'

¹⁶ 20 programme participants across 15 providers were sampled to be invited to participate in an endpoint interview. Of those 20, 10 participants completed an interview across 10 service providers. Of the 10 who selected but did not participate, four were contacted but declined to participate and six had left the programme and did not respond to contact from the service provider.

education or employment that they or their family member experienced prior to joining the Ability Programme. They were also asked to share what they hoped to achieve by participating in the programme. This information, along with the findings of the literature review, provide context for the programme and aims to increase understanding of the unique experiences and aims of Ability Programme participants and how they compare to the literature and objectives of the programme. Eight themes were identified across these interviews which are outlined below with illustrative quotes from interviewees.

Whether participants in the programme experienced outcomes aligned with the aims described below can be found in chapter six of this report which details the soft and hard outcomes experienced by programme participants, including increasing a number of the soft skills described in this section as well as hard outcomes such as attaining employment.

Self-reported Challenges to progression prior to joining the Ability Programme

Theme 1: Participants identified a lack of access to suitable, meaningful employment prior to joining the programme

Six participants at endpoint and seven participants and two parents at midpoint identified a lack of access to employment, including suitable or meaningful employment, as a challenge that participants had experienced prior to joining the programme. According to participants, this was due to issues such as a lack of opportunities relevant to their skills, abilities and interests or tokenism. One participant also reported that they were unsure as to whether they had to disclose their disability when applying for a job and worried that doing so made them less likely to be called for an interview.

[My main challenge has been] finding the right place to work. I have been sending out CVs for 2 or 3 years. Getting nowhere in the end. It was quite rough for a few years. I was in a course, and I'd gotten my qualifications that I needed, and then I was offered voluntary work at first.

(Endpoint Programme Participant)

Many of those who commented on this mentioned having previous employment or work placement experiences which were often precarious, unsuitable, or lacked meaning and responsibility and so were considered tokenistic rather than genuine opportunities which undermined their value:

I had some work experience in school and worked in an office, but it wasn't really work, I just played games on the computer mostly.

(Midpoint Programme Participant)

Two parents mentioned the lack of capacity of employers to effectively employ people with disabilities as a contributing factor to the poor access to employment opportunities:

[People with disabilities] are not really accepted by employers. I don't think employers understand them well enough or don't have the staff that are trained to work with people with disabilities.

(Midpoint Parent)

Participants also stated that they did not know what options or supports were available to them or how to ensure the right fit between employers and their specific needs. They also did not know what was appropriate to disclose to potential employers.

Not knowing what programmes to help are out there. Not knowing how to find the information you want. There was so much that I wouldn't have known if it wasn't for Ability. I didn't know what I didn't know, and I didn't know how or where to find the information. Before I knew about the programme, there was no support available. I didn't know how to approach employment when you have a disability, are you supposed to tell the employer that you have a disability? Can you ask for help?

(Endpoint Programme Participant)

Theme 2: Programme participants reported past experiences of a lack of appropriate supports in schools

Two endpoint participants and seven midpoint participants, as well as two parents, identified the failure of schools to appropriately accommodate people with disabilities as a challenge in the past. The challenges in the school environment included a lack of resources and a lack of skills or understanding of participant needs and how to meet them:

Back in school the teachers couldn't really help you and all the students had to finish the test at the same time and they wouldn't give you extra time

(Endpoint Programme Participant)

Two endpoint participants stated that they consistently got placed in lower-level courses than they felt capable of being in. The fact that they had to convince others of their ability to complete courses frustrated them and impacted their confidence.

A big challenge was trying to convince people that I was able to go on and do courses... Even myself, it was hard to reassure myself that I was capable of going forward and achieving the qualifications even though I have a disability.

(Endpoint Programme Participant)

Theme 3: Participants had previously experienced bullying and isolation in education settings

Bullying or isolation at school or college was identified as a challenge which had an impact on personal wellbeing and could also contribute to participants leaving courses early. This was highlighted by three endpoint participants and six programme participants and one parent at the midpoint stage.

I was bullied a lot throughout college and school, and I was assaulted by another student in the college and once on the bus. I think I was misunderstood, and I was in a toxic environment which made me feel agitated.

(Midpoint Programme Participant)

In interviews, eight participants discussed how they valued the conditions that were created in the Ability Programme environment where they felt safe and could relax.

Ability does not tolerate bullying and makes me comfortable. I have not been bullied at all in this programme and I have two supporting friends, and one of them I met in Ability.

(Midpoint Programme Participant).

Everyone who comes here has a difficulty, whether it's mental health, an intellectual disability, or trouble reading and writing. Everyone helps

everybody and is kind to each other. Everyone has their own issues here and just accepts each other's differences.

(Midpoint Programme Participant)

Theme 4: Participants reported that in the past personal challenges including motivation, confidence and mental health were barriers to engagement in employment or education

In addition to problems encountered in work and educational environments, five endpoint and four midpoint participants reported personal difficulties which made engaging in work and education challenging. These included one or more of the following: motivation, timekeeping, challenges with public transport, shyness, or mental health. For example, participants discussed feeling anxious interacting with new people which made them feel uncomfortable in large group settings or when starting a new programme or job.

I have social anxiety and I struggled to get out of bed.

(Midpoint Programme Participant)

Challenges with transport included both a lack of convenient routes and schedules for public transport in participants' areas and a lack of confidence travelling alone navigating timetables and travel routes.

All of the challenges reported by participants and their families in this section align with the findings of the literature review and with what providers reported as barriers for participants in the baseline report. Providers addressed the challenges described in the four themes above through a number of good practices described in Chapter 8.

Aims of Participating in the Ability Programme

Theme 5: Almost all participants hope to secure employment after the programme

At endpoint, 7 interview participants reported that they would like the Ability Programme to help them get a job and at midpoint, 19 participants and one parent stated that their hope for after the programme was acquiring employment. The majority of participants interviewed between midpoint and endpoint (87%, n=26) were clear on whether they hoped for full or part-time employment and the sector in which they would like to work:

My goal is to get a part time job. I would like to learn how to work in the stables and do the coffees and work the till.

(Midpoint Programme Participant)

I want to get a job. I want to be a personal trainer in a gym. I have worked in two community centres and two gyms.

(Endpoint Programme Participant)

This finding has important implications for programme design as this study found that providing paid work experience increased the likelihood of a participant progressing into employment. Therefore, programmes should aim to incorporate paid workplace experience when employment is a goal of the participant. This is discussed further in the report under outcomes, good practice and is also a key recommendation.

Theme 6: Participants hoped for a better social life after the programme

Two endpoint participants and four midpoint participants discussed their hopes for extending their social circles and making new friends after the programme. These were important reasons for them wanting to join the Ability Programme:

*I would like to do more social events and the chance to hang out with friends.
(Midpoint Programme Participant)*

I would like to have a better social life.

(Endpoint Programme Participant)

When invited to comment on which aspects of the programme they valued, 12 participants across midpoint and endpoint mentioned the opportunity to try new activities, have new experiences and to socialise and make friends.

It has helped me socially, meeting up with new people and doing activities and communicating with them.

(Endpoint Programme Participant)

This participant goal, which is in addition to employment and education, influences programme design. The data analysis completed in this evaluation found that participants attending a service provider where a mix of facilitated group activities and referrals to social activities were offered were more likely to increase their soft skills in areas such as confidence and communication and goal setting and motivation than participants in programmes only signposting and referring to social activities.

This was also supported by feedback from service providers who observed that supporting participants to engage in group social activities increased their overall engagement with the programme. According to service providers, it also helped participants to minimise or lessen their anxiety, build friendships, increase interpersonal skills and enhance self-awareness.

Theme 7: Participants hoped for increased independence on completion of the programme

Three endpoint and three midpoint participants stated that they hoped to be more independent on completion of the programme. Examples of how participants described 'independence' included having their own money that they could choose how to spend, travelling on their own and managing their time in the way that they wanted. Three participants specifically mentioned that they would like to get a home of their own and one person wanted to get a driving license:

Maybe to get a flat of my own.

(Midpoint Programme Participant)

There are some webinars coming up on housing which I am looking forward to learning about. I would like in the next year or two to get a house and I think the webinar [from Ability] will be helpful. The information can be so hard to find.

(Endpoint Programme Participant)

Theme 8: Participants aimed to build on skills gained in the programme to pursue new goals in education and personal development

- Three programme participants stated they were interested in further study (midpoint and endpoint participants)
- Three participants stated that they hoped to have a better understanding of their own interests after the programme (midpoint and endpoint participants)
- One participant stated that they hoped the improvements in their mental health would continue after the programme (midpoint participant)
- One participant wanted to improve their confidence (endpoint participant)
- One participant wanted support in getting a self-published book noticed (endpoint participant)

Overall, the aims of participants outlined in the eight themes above were generally aligned with the objectives of the programme and with what both the literature review and providers have described

as good practice to achieve those objectives. Participants also identified future goals they would continue to progress after completion of the programme which would use the skills, they had developed over the duration programme itself.

2.4 Summary

A total of 1,946 programme participants have enrolled in the Ability Programme across 27 service providers and 690 of these participants have left the programme¹⁷. The majority of programme participants are male, (aged 18 or older (and reported being either *unemployed over 12 months* or *economically inactive* at the time of enrolling in the Ability Programme. Participants had a range of educational backgrounds and types of disability, with a little less than half having two or more disabilities. The most common types of disabilities reported were intellectual disability and learning disability. Overall, it was determined that the randomly selected sample of participants was representative of the population and provided an unbiased reflection of the population.

Two samples of participants were interviewed at midpoint (n=20) and endpoint (n=10) to identify the challenges they previously experienced when trying to access education, training or employment and to record their goals from participating in the Ability Programme. Programme participants experienced a number of barriers including a lack of access to opportunities, a lack of supports in school, bullying and personal challenges with mental health and motivation. These challenges reflect the findings of the literature review and the views of service providers. Participants reported joining the Ability Programme to receive support in overcoming these barriers and aimed to obtain employment, progress into further education, increase their social life and experience personal development. The aims of participants are generally in alignment with the objectives of the programme as well as what the literature review and service providers regarded as important.

2.5 Summary of Ability Service Provision Models Overview

This section of the report provides an overview of the various approaches to service provision being implemented by the 27 Ability service providers. This study sought to identify which approaches to service delivery were the most effective at supporting participants to progress into education, training or employment. In order to do so, it was necessary to define and categorise the models being implemented by each service provider. In other words, to be able to answer, 'what works,' the evaluation first had to define 'what' was being implemented. While the literature review identified a set of general programme model components often implemented by services working to support people with mental health challenges and disabilities into employment, there is limited research on the specifics of what works best in the day-to-day implementation of these strategies. The ambitious qualitative and quantitative methodology used in this evaluation sought to provide robust analysis of the concrete impact of different approaches and add to the international literature on what works.

To define and measure the various approaches to service delivery, the Research team co-created a service provision matrix with providers which consists of 19 coded programme components across four categories: 1. Client and family engagement, 2. Education and skill building, 3. Work experience and meaningful social roles and 4. Employer engagement.

This chapter includes a summary of the findings from service provision matrices completed by each service provider as well as two case studies to illustrate how programmes operate in practice.

The information presented in this chapter describes the services and supports provided to participants to achieve the outcomes described in chapter six. It also explains the approaches to service delivery that are analysed in a regression analysis in that same chapter to identify which approaches are most likely to be successful in supporting participants to achieve outcomes.

¹⁷ As of February 3, 2021, when data was exported from the Ability CRM.

2.6 Service Provision Approaches

Overview

This section provides an overview of the various service provision approaches being implemented by the 27 Ability service providers. Seven programmes submitted minor changes to their service provision matrix between midpoint and endpoint. An updated copy of the service provision matrix with revised frequencies of the number of providers implementing each approach can be found in Appendix Item 3. This appendix item also indicates which of the approaches were found to be significant predictors of achieving outcomes. An updated description of provider approaches from the midpoint report is included below.

The approaches that were found to be the most common among providers did not change between baseline, midpoint, and endpoint. The most common approaches being implemented the service providers are outlined in the 'Summary' of this section.

Frequencies are reported below for each type of approach being implemented by service providers in relation to:

- Client and family engagement
- Education and skill building
- Work experience and meaningful social roles
- Employer engagement

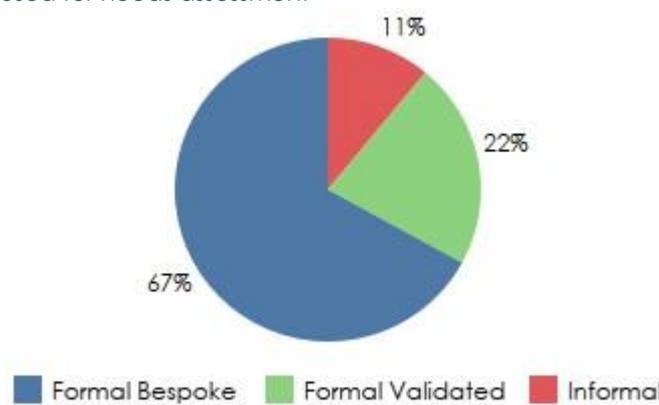
Service provision approaches

Client and family engagement

Needs assessments and action plans

The majority of service providers (89%, n=24) are utilising formal needs assessment processes which incorporate either a bespoke tool or validated tool with participants. The remaining 11% (n=3) of providers are implementing an informal needs assessment process which does not utilise a common tool.

Figure 9: Types of tools used for needs assessment



All but one provider was supporting the development of formal action plans which include written goals and approximately half of providers (56%, n=15) included detailed actions/steps for the identified goals.

One-to-one supports and family engagement

All service providers are providing some form of one-to-one supports to participants. Providers are split between two approaches with 56% (n=15) offering key-working with structured supports such as meeting regularly at scheduled times and undertaking formal reviews of action plans. The other 44% (n=12) are providing a case-management approach which builds on a key-working approach. Case management approaches extend to leading various service providers to work with an individual in a

coordinated way and may include facilitating interagency meetings. The majority of service providers (96%, n=26) facilitate one-to-one sessions at set intervals (i.e., every month, every two weeks etc.) with all but one offering sessions at least once a month. One service provides one-to-one sessions as requested or required by a participant rather than scheduling sessions.

In terms of family engagement, 33% (n=9) do not usually engage with family members unless a challenge arises or the family requests information. A little more than half of service providers, 67% (n=18), provide structured engagement with parents (i.e., meetings at induction or planning phases) and three providers provide supports both to families and the participant.

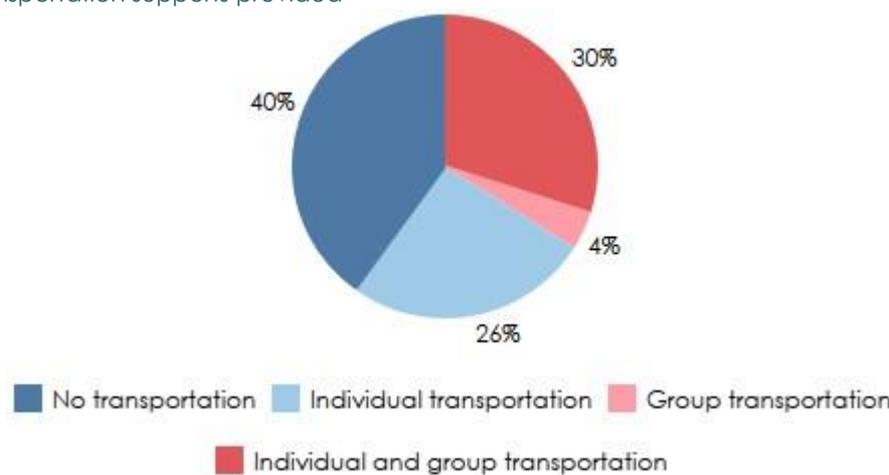
Mental Health

Approximately half of service providers (56%, n=15) provide some type of mental health supports with 22% (n=6) providing individual supports, 11% (n=3) providing group supports and 22% (n=6) providing both individual and group supports.

Transportation

60% percent (n=16) of service providers offer some type of transportation supports. Support provided included individual transportation or financial support for transportation to the service, classes or work placements, group transportation to programme activities only or a combination of the two. 40% (n=11) do not provide transportation supports directly but can signpost the participant to relevant supports.

Figure 10 Transportation supports provided



Support to engage in social activities

To support participants to engage in social activities, slightly less than half of service providers (44%, n=12) provide a mix of providing individual referrals to external activities and clubs and hosting in-house group social activities. 14% (n=4) are equally split between providing only one or the other. 41% (n=11) do not provide any direct supports for social activities but can signpost participants to other relevant services.

Schools transition support

In total, 52% (n=14) of service providers provide some form of school transition support planning. 33% of service providers (n=9) collaborate with schools to provide transition planning supports to participants in school. 15% (n=4) take this a step further and lead transition services, with their staff delivering these supports onsite in schools. One service provider offers support to school staff working on transition supports. Almost half of the service providers (48%, n=13) do not provide transition support but will signpost participants to other services when needed.

Education and skill building opportunities

Most service providers support their participants to take part in both accredited and non-accredited courses.

Non-accredited work readiness and life skills courses:

- Every service provider offers non-accredited work readiness and life skills programmes of some description
- 67% (n=18) of these offers programme-based group training delivered in-house
- 11% (n=3) offer mainstream¹⁸ courses in-house with two providers (7%) providing external mainstream courses
- 15% (n=4) provide a combination of programme based and mainstream courses

Accredited work readiness and life skills courses:

- 63% (n=17) of service providers deliver accredited work readiness and life skills courses
- Of these, 22% (n=6) provide programme-based group training only
- 26% (n=7) offer external mainstream courses only, while one provider (4%) offers in-house mainstream courses
- 11%(n=3) provide a combination of programme based and mainstream courses
- 37% (n=10) do not provide any accredited work readiness and life skills courses

Non-accredited vocational skills and trade training:

- 85% (n=23) of service providers offer non-accredited vocational skills and trade training
- 52% of service providers (n= 14) offer programme-based group training delivered in-house
- 26% (n=7) offer mainstream courses, with 7% (n=2) offering the course in-house and 19% (n=5) outsourcing the courses
- 7% (n=2) provide a combination of mainstream and programme-based courses
- 15% (n=4) do not provide accredited work readiness and life skills courses

Accredited vocational skills and trade training:

- 74% (n=20) of service providers offer some form of accredited vocational skills and trade training
- 19% (n=5) offer programme-based group training delivered in-house
- 41% (n=11) offer external mainstream courses
- 15% (n=4) offer a combination of programme-based and mainstream courses
- 26% (n=7) of service providers do not provide any accredited vocational training

¹⁸ Mainstream courses are courses which are also open to non-Ability Programme participants and/or the general population

Work experience and meaningful social role opportunities

Paid work experience:

- 52% of service providers (n=14) offer paid work experience
- 7% of service providers (n=2) offer short-term work trials which last a few weeks or less
- 30% (n=8) support participants to obtain longer term positions with the role being contingent on the person being in the Ability Programme service
- 15% (n=4) support participants to obtain mainstream employment positions which are not contingent on enrolment in the Ability Programme
- 48% (n=13) do not provide paid work experience

Unpaid work experience:

For unpaid work experience which takes place in an environment where other people are paid:

- 52% (n=14) of service providers offer short-term trials which last a few weeks or less
- 33% (n=9) support programme participants to obtain longer term positions with the role being contingent on the person being in the Ability Programme service
- 15% (n=4) do not offer unpaid work experience¹⁹

For voluntary roles in the community where other people also volunteer (i.e., a charity or church group):

- 30% (n=8) of service providers offer short-term trials which last a few weeks or less
- 22% (n=6) support programme participants to obtain longer term positions with the role being contingent on the person being in the Ability Programme service
- 30% (n=8) support service users to obtain long-term voluntary roles which are not contingent on enrolment in the Ability Programme
- 19% (n=5) do not offer voluntary community-based roles

Employer engagement

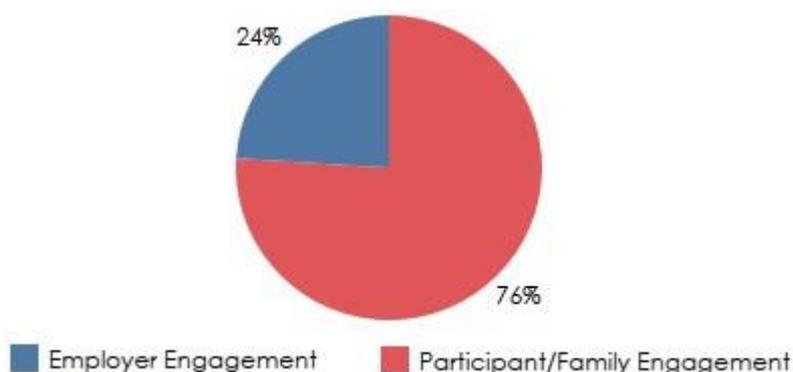
Service providers varied in the amount of dedicated staff time provided to programme participants and family engagement versus employer engagement. When asked what percentage of staff time is dedicated to participant engagement, responses ranged from 30% to 100% with an average²⁰. Accordingly, reported percentages of staff time spent on engaging employers ranged from 0% to 70% with an average time of 24%²¹.

¹⁹ One service provider selected more than one answer for this question and has not been included in the analysis for this question only.

²⁰ The mode, or most common breakdown of time, (reported by five service providers or 19% of all services) was 70% participants and family engagement and 30% employer engagement. The joint equal most common staff time breakdown (five service providers or 19% of all services) was 75% participants and family engagement and 25% employer engagement.

²¹ Four providers changed their breakdown of staff time spent on participant engagement vs employer engagement between midpoint and endpoint with three providers decreasing the time spent with employer by 10% and one reducing from 30% to 0%. This change was reported as being a result of the Covid-19 pandemic. No providers changed their approach to employer recruitment or training and support between baseline and endpoint.

Figure 11 Average staff time dedicated to employers v participant/family engagement



The majority of service providers (73%, n=19) provide ongoing training and support and 27% (n=7) provide one-off²². When recruiting employers, 31% (n=8) recruit an employer based on the interests of a participant and 8% (n=2) recruit a large range of employers who are interested in the programme and then match to them participants' interests. Almost two-thirds (62%, n=16) provide a combination of those approaches. Almost half of service providers (48%, n=13) provide both ongoing training and support and implement a combined recruitment approach.

2.7 Case Studies from Two Service Providers

Overview

Case studies were developed to further explore and understand good practices identified as part of the interview process and to identify and share lessons learned by service providers over the course of the programme. They also paint a picture of what the service provision models defined and categorised in the service provision matrix look like in practice.

At midpoint, case studies were developed for five service providers selected using a purposive sampling method to ensure a representative sample of the various programme types, target populations and locations was selected. Two of the five service providers were selected using the same sampling approach for follow-up consultation to update their case study. Each case study includes an overview of the service and highlights the aspects of the programme which staff consider to be unique and essential. Services provided to employers have also been highlighted in the updated versions.

A diagram outlining the participant's journey through the programme, including what services and supports they received to achieve various soft and hard outcomes, can be found for each case study in Appendix Item 7.

The following two case studies were developed following a site visit which included a focus group with staff and an interview with the manager at midpoint, followed by a phone interview to update the written summary and an interactive online consultation to update the diagram at endpoint. There were several similarities across both case study sites in that they both encouraged individual responsibility and decision-making as early and as often as possible and implemented a holistic approach to identifying and meeting needs which may include (but are not limited to) progressing into education or employment. In addition, both provided supports to employers to secure work placement and/or mainstream employment opportunities for their participants.

²² One service provider reported that they were not yet working with employers under the theme of 'employer engagement'.

Walkinstown Green Social Enterprises Limited (WGSEL)

Overview

Walkinstown Green Social Enterprises Limited (WGSEL) is based in Dublin and supports young adults between the ages of 18 and 29 with intellectual disabilities or autism to obtain training and work experience and ultimately progress into employment.

Key aspects of the programme

The WGSEL team considers the following elements of their programme to be essential components of what they do:

- **Place and train approach** – WGSEL utilises a supported employment model to provide training and skill building within a real-world work context from the beginning of the programme. The work placement gives the participant a clear structure, schedule, purpose, and context for learning and practising new skills while also adjusting to building new routines. The initial work placement is unpaid, often onsite or in a partner organisation, while participants are learning before transitioning into mainstream paid employment based on their skills and interests.
- **Continuous employer supports** – WGSEL offers disability awareness training and onsite supports to employers when they take on a participant and also continues to check in regularly even when intensive hands-on supports are no longer needed. Being available to answer questions or help troubleshoot if an issue arises ensures that both employers and programme participants have a safety net and feel supported. This approach increases the sustainability of mainstream employment and prevents the participant from losing their job over minor issues which can easily be resolved with brief, short-term ad hoc support as needed.
- **Collaborative key working approach** – While each participant has a primary staff member who they engage with regularly, the WGSEL staff team is highly collaborative and cooperative behind the scenes. Each staff member has about six or seven team members with relevant experience, expertise, connections, and contacts who they can liaise with as required. Both the collaboration and the diversity of roles on the team were seen as essential components of their model. Roles across the WGSEL team include job coaches, vocational skills trainer, employability skills trainer and in-work support workers.

Practices which have been well received or found to be effective with programme participants

WGSEL has found two practices to be well received and effective in working with participants: ensuring alignment in expectations between families and the participants and making the work placement as close to real life as possible.

Aligning expectations

In the first meeting with the programme participant and their families, WGSEL explains the programme and then focuses on understanding the power dynamic between the parents and participant and each of their expectations from the programme. To do so, WGSEL separates them naturally through the meeting, asks them each the same questions and then compares and discusses answers as a group until everyone is on the same page. This practice ensures that both the participant and their family members understand what they are signing up for, want to participate in the programme and have shared expectations which are aligned with the purpose and approach of the programme.

Realistic work placements

It is important that the work placements are as realistic as possible to be effective as part of a 'place and train' approach. While adaptations made as needed, there is no special treatment provided to the participants from the Ability Programme. Participants receive contracts, work agreements and must follow the same procedures as everyone in the organisation such as requesting time off. The support provided focuses on ensuring the participant knows where to go if they need to take a break, knows who to talk to at work if they have an issue and knows that they can call a job coach in case of an emergency, as a back-up plan or in a moment of panic such as missing the bus and not knowing what to do in that instance. Providing reduced support and slowly phasing it out over time is effective

in supporting the programme participant to transition between the initial work placement on training and skill building into mainstream employment.

Practices which have been well received or found to be effective with employers

Disability awareness training

Disability awareness training which increases confidence and knowledge of how to appropriately and effectively support a participant/co-worker with a disability is the core component of the employer training. This training is tailored to meet the needs of each employer and the individual participant they are hiring.

Job carving

WGSEL works with employers to tailor the role to the skills and interests of the participant rather than trying to fit the participant into an open role 'as is.' This ensures an alignment between the participant's skills, talents, interests and their role and responsibilities which increases satisfaction for both the participant and the employer.

Strong relationships and communication

It is essential for both the employer and participant to know that they can call on WGSEL anytime an issue arises, even after on-the-job supports have been phased out. This provides both parties with additional peace of mind while they are developing their confidence in working through issues if they arise. The earlier and more often an employer calls, the better, which helps to avoid minor challenges developing into bigger issues.

These relationships and communication practices were found to be particularly important during COVID-19. Employers called WGSEL to support them in explaining their COVID-19 response to participants which kept the lines of communication open between all parties and helped ensure participants were rehired when restrictions were lifted.

Adaptations to the programme based on lessons learned

WGSEL has not made any major changes to the programme but is flexible and adaptive to the individual needs of employers and participants such as communication practices or scheduling needs. For example, one of the work placements initially only offered full-time options but was adapted to also offer part-time placements as some of the programme participants preferred to work part-time.

Web-based services and supports

In response to COVID-19, WGSEL provided their usual supports and services online and utilised 'Padlet', a digital tool similar to a notice board where both participants and instructors can post and interact using content such as videos, documents, and other resources. 'Padlet' was used to deliver training modules in employability skills, returning to work during COVID-19 and a variety of vocational training. WGSEL plans to integrate this into their traditional programme offerings after the pandemic as it was very well received and offered flexibility for the participant in that they could complete their training independently, with support or as a blended approach. Planned further developments in this area include:

- Inclusive recruitment and retention practices training modules for employers to access
- Addition of 'Tovuti' - an online training platform used for eLearning, which will be interactive, accessible and include a virtual and augmented reality component to provide a gamified virtual work experience simulation.

COVID-19 response training for programme participants and materials for employers

WGSEL developed 'Return to Work' training on 'Padlet' which included a comprehensive checklist of practices to prepare participants for returning to work such as a digital badge and certificate which could be shown to an employer. Knowing that participants had been trained in COVID-19 good practice enabled employers to feel confident welcoming participants back to work. The training was also shared with employers to use with their wider staff and was very well received.

Irish Wheelchair Association (IWA)

Overview

The Irish Wheelchair Association (IWA) is a national organisation working with people between the ages of 18 and 29 who have a physical disability including (but not limited to) wheelchair users who would like to build job-seeking and employability skills. IWA implements a holistic, person-centred coaching model which supports participants to become independent job seekers and employees. In addition, IWA provides training and supports to employers who hire their participants.

Key aspects of the programme

The IWA Ability Programme team considers the following elements of their programme to be unique and essential components of what they do:

- **National** - They have a national remit and travel to the participant to provide services and supports regardless of where they are located in the Republic of Ireland.
- **Holistic coaching model** - They implement a holistic coaching model, delivered by Quality and Qualifications Ireland (QQI) trained coaches, which fosters independence and empowers the participants to set the pace and act in any area of their life where they want to see changes including (but not limited to) progressing into employment.
- **Employer supports** - They provide employer training and supports tailored to the unique needs of each individual employer as opposed to a general pre-set employer training.

We want them to get a job, if they're ready for it, but that could be a year, two years down the line. And not everyone, but most people, would say, 'my social life isn't great' and so we look at that as well because your social life is just as important as your working life.

(Service Provider)

Practices which have been well received or found to be effective with programme participants

The following components of the programme have been found to be particularly well received or effective when working with programme participants:

Coaching approach

Over time, programme participants gain a sense of empowerment and independence as a result of coaching. Clear boundaries are set between families and participants. Family members are told that they can only come to the first meeting and then it is up to the participant to decide what they share with their families after that. The service continuously asks probing questions and offers supports but is never directive in what a participant should or should not do. It often takes time for participants to adjust to this non-directive approach but is perceived to be effective in building independence.

Coaching sessions were virtual during the COVID-19 restrictions. Participants were sent tutorials and detailed instructions on how to use their chosen platform and practice runs were completed before coaching sessions. A hybrid of in-person and virtual supports will continue to be offered as this was well received by many participants and reduced the amount of transport time required by staff.

Our programme is about empowerment and independence and letting them know that they are in charge of their own life ... it's a lightbulb moment for the client: 'Oh, Mom and Dad doesn't have to decide when my next

appointment is, I can say when I want to go, I can say what I want to do next and what my goal is, it doesn't have to be mom telling me.' We see them, acknowledge, and understand that they can make their own decisions in their life. That is what coaching is all about.

(Service Provider)

Mock Interviews

The programme invites each participant to do two mock interviews with staff before they interview for a job. Whenever feasible, the interview panel includes staff members the participant has not yet worked with in order to make it as real an experience as possible. The participant receives feedback following the first interview and can then apply what they have learned in the second interview. The participants have given very positive feedback about this process and how helpful they have found it to be. Staff report that the second interview always shows a marked improvement and the amount of preparation the participant has done in advance is apparent. Mock interviews were completed virtually during COVID-19 which gave participants good insight into what real-life virtual interviews for remote work would be like. Regional group workshops in addition to the core one-to-one coaching support provided, the IWA provides regional workshops on career development and skills such as CV preparation whenever they identify a group of Ability Programme participants in a shared geographic region. These workshops give participants an opportunity to socialise and engage in peer learning from other people their own age who are having similar experiences. Group sessions have been so well received by participants that one of the regional branches of the IWA where the groups were held has developed a young person's social group building from the Ability Programme workshops.

Text message reminders

Job coaches schedule web texts for participants who request reminders of what their goals are or when they have important meetings coming up. A reminder involves sharing the participants' goals such as 'I will go to bed by 10.00pm so that I can get up and attend my course.' Participants appreciate this service which is particularly useful for programme participants with short-term memory challenges.

Short-term work placements

Participants and employers mutually appreciate short-term placements to first try a role out and assess the fit for a role before making a bigger commitment.

Webinar series

The IWA began facilitating regular webinars on topics requested by programme participants to build skills and provide opportunities for participants to interact, socialise and learn from each other. Participants share their experiences and advice with each other on topics such as disclosure to employers, what to wear to interviews and networking. Participants reported that they have made friends through these webinars and appreciate the opportunity to hear the experiences of peers who have successfully gained employment through the Ability Programme as it inspires them and makes them believe that it can happen for them too.

Practices which have been well received or found to be effective with employers

The following components of the programme have been found to be effective when working with employers:

Short-term work placements

As described above, short-term work placements, which allow both the employer and participant to try out the arrangement and assess the fit for the role before making a long-term commitment, have been mutually beneficial and well received by both employers and participants.

Tailored employer centred approach

The IWA provides tailored and bespoke training and supports to each employer depending on their interests and needs and the needs of the programme participants being placed with them. This includes a matching process to ensure a good fit between a participant and employer.

Remote work

The IWA supported participants to apply for and engage in remote work during the pandemic and found that it was very well received by both employers and participants as it reduced challenges with accessibility and transport and 'levelled the playing field' during interviews for wheelchair users as their wheelchairs were not visible during web-based interviews. This increased participants' confidence during interviews and gave them the choice of if and when to disclose their disability.

Adaptations to the programme based on lessons learned

The IWA has made the following adaptations to the programme since its inception:

- **Developing regional career development workshops in addition to one-to-one coaching –** The IWA found that ad hoc regional group workshops were very well received and has therefore begun to offer more group-based sessions whenever there are clusters of participants in each geographic location. In addition, they are also seeking out existing groups already meeting for another purpose and offering to attend and provide employment services to them.
- **Changing approach to employer recruitment –** The IWA has changed from an approach of recruiting employers to have a selection of options for participants to choose from to recruiting specific employers identified by participants when they are ready to begin the recruitment process. While having work placements readily available to offer participants demonstrated that working is an option for them and provided encouragement, it was ultimately deemed to be an inefficient approach as often roles were unable to be matched due to a lack of participants enrolling in a particular geographic area.
- **Increasing marketing –** The IWA found it necessary to increase their marketing to raise awareness and understanding that the IWA Ability Programme is free to participants and available to anyone with a physical disability, not only to wheelchair users.
- **Virtual supports and remote work –** The IWA made a number of adaptations to their service as a result of COVID-19 restrictions such as offering coaching sessions virtually, providing webinars and supporting participants to seek and obtain remote employment, each of which is described above in more detail. All these adaptations have been found to be effective and very well received and will therefore be integrated into their model moving forward.

2.8 Summary

The 27 Ability service providers are all delivering different variations on a service provision model. Of note is that no two providers implement the same combination of activities and services. The services provided by the Ability Programme providers are in alignment with good practices found in the literature review²³. While no common overall model was identified, some approaches were more common than others. The approaches to service provision found to be the most common among service providers were consistent between baseline, midpoint, and endpoint, with only minor differences. To summarise the detailed breakdown of approaches to service delivery described earlier in this chapter, the following supports are being implemented by over 50% of the service providers:

- 96% facilitate one-to-one sessions at set intervals (i.e., every month, every two weeks etc.)
- 89% implement a formal needs assessment process which utilises either a bespoke (67%) or validated tool (22%)
- 73% provide ongoing training and support to employers
- 67% provide structured engagement with family members (i.e., meetings at induction or planning phases and as when needed or requested)
- 62% undertake a combined approach to employer recruitment which includes both recruiting individual employers based on the individual participant interests and recruiting a large pool of employers and then matching participants to available roles
- 67% provide non-accredited programme-based group training for work readiness and life skills courses
- 56% offer key-working and structured supports which includes meeting programme participants regularly at scheduled times and undertaking formal reviews of action plans
- 56% develop formal plans with goals and detailed actions
- 52% provide non-accredited programme-based group training for vocational skills and trade training
- 52% offer paid work experience ranging from short-term trial placements to mainstream employment
- 52% offer unpaid short-term work experience in an environment where other people are paid (i.e., a local business in the form of short-term trials lasting a few weeks or less)

A service provision matrix which includes the number and percentage of service providers implementing each approach can be found in Appendix Item 3.

Two service providers participated in an interactive web-based workshop to update their case study from the midpoint stage. What was evident across both case study sites was the encouragement of individual responsibility and decision-making among participants as early and as often as possible, as well as implementing a holistic approach to identifying and meeting needs which may include (but not be limited to) progressing into education or employment. In addition, both provided supports to employers to secure work placement and/or mainstream employment opportunities for their programme participants. In addition to these case studies, a thematic analysis was performed on interview responses from service providers to gain a wider understanding of good practice. This information is included in the 'Good Practice' chapter six of this report.

²³ The literature reviews included in this report identified a common set of general programme components that service providers are working on to get people with mental health challenges and disabilities into employment. These included providing case management, skill building, work experience and employer supports. In general, the types of services and supports being offered by the Ability Programme service providers are in alignment with the literature review. However, the literature review does not contain detailed guidance of good practice in relation to implementation techniques at the level of detail that is being measured in this evaluation. There is limited research available on the specifics of what works best in the day-to-day implementation of the general programme components identified in the literature review. Therefore, this evaluation could potentially provide valuable learning to the general field.

3 End-Point Programme Participant Outcomes and Predictors of Positive Outcomes

3.1 Overview

This section of the report provides the findings on the achievement of soft and hard outcomes experienced by programme participants. It includes results of the soft outcome tool administered to a sample of participants at baseline and endpoint, as well as themes emerging from interviews. Also outlined are findings on hard outcomes which draw from data from the Ability CRM for participants who have exited the programme and the results of a variety of statistical analyses including logistic regression with odds ratios. The regression analysis was used to identify which, if any, approaches to service delivery were found to be predictors of achieving each of the outcomes.

This chapter addresses whether the programme is reaching the following programme objectives and research questions one through to six²⁴:

- **Objective one:** Assist young people with disabilities to develop the confidence and independence required to participate in education, training or employment.
- **Objective two:** Support young people with disabilities who are not in education, employment, or training to access and participate in these areas.

3.2 Outcomes Reported by Programme Participants

Overview

At endpoint, a sample of 10²⁵ programme participants were asked how the Ability Programme has helped them and what changes they have experienced as a result of participating in the programme. This section shares the results of a thematic analysis of the soft and hard outcomes reported by participants. Where the findings from 20 interviews undertaken and reported on at midpoint were in alignment with the endpoint findings, this is indicated. Many of these findings validate the findings of the quantitative analysis also included in this section.

Outcomes reported by participants as a result of participating in the Ability Programme

1. Participants developed workplace skills

Six interviewees stated that the Ability Programme has helped them to develop the skills and experience which are important in helping them find employment or volunteering opportunities. Job club and gaining understanding of workplace behaviour were highlighted as examples of this. Four participants at midpoint also commented on specific workplace skills they developed as a result of engaging in the programme.

I have been doing job clubs, learning about workplace behaviour like what is appropriate and inappropriate behaviour at the workplace. The weekly job clubs have helped.

(Endpoint Programme Participant)

²⁴ See the chart in Appendix Item 6 for a full list of the research questions.

²⁵ 20 programme participants across 15 providers were sampled to be invited to participate in an endpoint interview. Of those 20, 10 participants completed an interview across 10 service providers. Of the 10 who were selected but did not participate, four were contacted but declined to participate and six had left the programme and did not respond to contact from the service provider.

2. Participants developed their confidence in relation to work, public speaking and self-advocacy

Six participants reported that they gained more confidence and increased their ability to express themselves clearly and stand up or advocate for themselves. Nine participants at midpoint also reported that their confidence had increased.

*Before the programme, I was never confident. I never stood up for myself.
(Endpoint Programme Participant)*

My confidence has improved an awful lot. My skills in participating and speaking up in a group and for myself in relation to what I need has improved big time... I found the group work where we discuss strategies really helpful. I had some hard years before Ability.

(Endpoint Programme Participant)

3. Participants reported increased social connection and networking

Six participants reported that the Ability Programme helped them to network, make friends, improve their social skills and reduce feelings of isolation. This was also the most commonly reported finding from midpoint participants with 15 participants also reporting this.

It has widened my social circle. I wouldn't have a lot of friends in my age group, it has helped me.

(Endpoint Programme Participant)

4. Participants accessed employment or work experience

When asked what had changed for them as a result of participating in the Ability Programme, four participants noted that as a result of the programme, they had accessed employment. This was also reported by three participants at midpoint.

I got a new job, and they helped the company to get subsidies which takes some of the pressure off for me. I now get the time and supports that I need to do my tasks, mostly more time, that is the main thing.

(Endpoint Programme Participant)

5. Participants completed a course and/or accessed qualifications

Four participants reported progressing into education or training or obtaining a qualification such as taking a course with the local Education and Training Board (ETB), completing Health and Safety or First Aid training and other certification needed for their workplace. This was also true for eight participants at midpoint, who noted that an outcome of the programme for them was that they remained in education, completed a course, or accessed a qualification as a result of their participation in the programme:

I have been doing online courses. I did health and safety courses and got a certificate.

(Endpoint Programme Participant)

6. Participants increased their clarity in relation to their goals as well as increasing hope and motivation

Four participants stated that participating in the Ability Programme had helped them to develop increased clarity on what their interests were and what they would like to pursue in terms of employment or education.

[My job coach] helped me to understand what I want to do in the future career wise. They went through stuff with me and helped me look through colleges and places for work experience.

(Endpoint Programme Participant)

In addition, two participants at endpoint and six participants at midpoint reported that the Ability Programme increased their sense of hope and motivation generally and also about future employment opportunities.

Meeting other people with disabilities and seeing how they are getting on in life and seeing that they are doing okay gives me reassurances. I met some people older than me, and it was really good to see learn what they are doing and what their experience has been. It's hard to know what kind of stage of life you should be at and what is expected of you when. It helped me know what was possible and gave me reassurance that I was doing ok which took away a lot of stress.

(Endpoint Programme Participant)

7. Participants reported increased independence as a result of participating in the programme

Four participants at endpoint and seven participants at midpoint reported an increase in independence as a result of participating in the programme. Two participants at endpoint also spoke about increasing their civic engagement by taking an opportunity to vote.

[The Ability programme] gives you an opportunity and platform to voice your opinions. They ask us share about our experiences of existing laws and policies in real life as opposed to what is says on paper.

(Endpoint Programme Participant)

3.3 Soft Outcome Quantitative Data Findings

Overview

This section provides the results of an analysis of data from the soft outcome tools which was completed by a sample of 329 participants. The tool was collaboratively developed by the Research team alongside service providers and then validated through a number of statistical tests (see Appendix Item 1). The tool contains 20 items scored between 1 and 5, split between three domains.

Each of the three domains consisted of between four and ten items and were categorised as follows:

- 1) Confidence and communications
- 2) Goal setting and motivation
- 3) Independence

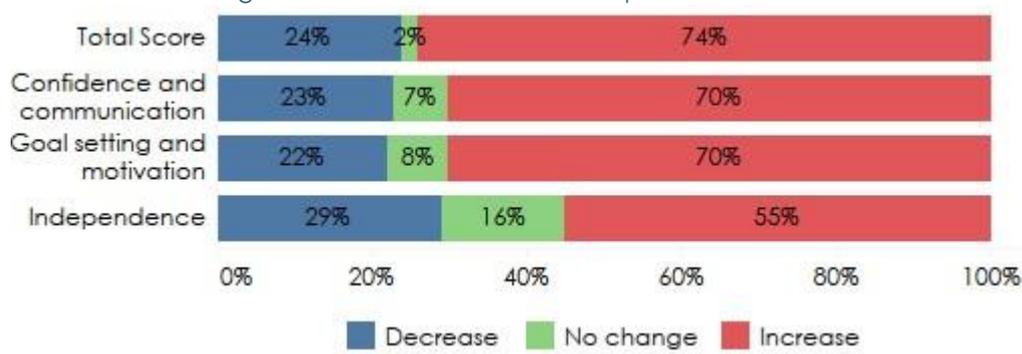
This chapter of the report is supplemented by Appendix Item 5 which provides additional technical detail on the statistical analyses performed and the results of this analysis.

Change in scores between baseline and endpoint

Three-quarters of participants (n=242) who completed the soft outcome tool at baseline and endpoint increased their overall score. The majority of participants also increased their scores in each of the three subdomain levels²⁶ (See Figure 12 below).

²⁶ As a result of the validation testing on the soft outcome tool, the number of subdomains or constructs being measured were reduced from five at baseline to three at midpoint and endpoint. While none of the questions were removed or altered in any way, they were reorganised and collapsed into fewer domains at the data analysis stage. For the comparison between baseline and endpoint, all baseline data was re-categorised and reanalysed at the in order to facilitate the comparison across domains.

Figure 12: Overview of change in scores from baseline to endpoint



The total tool mean baseline score was 58.3 rising to a mean endpoint score of 66.1. These scores indicate that participants' soft skills were significantly higher after participating in the Ability Programme²⁷.

Of the 242 participants who increased their total score between the baseline and endpoint tests, 11% (n=26) improved their score in one domain, 35% (n=85) improved their score in two domains and 54% (n=131) improved their score in all three domains. Of those who increased their score, the average increase in score was 13.2 points. Further information on the range, mean, median, mode and standard deviation of baseline, endpoint and change scores can be found in Appendix Item 5.

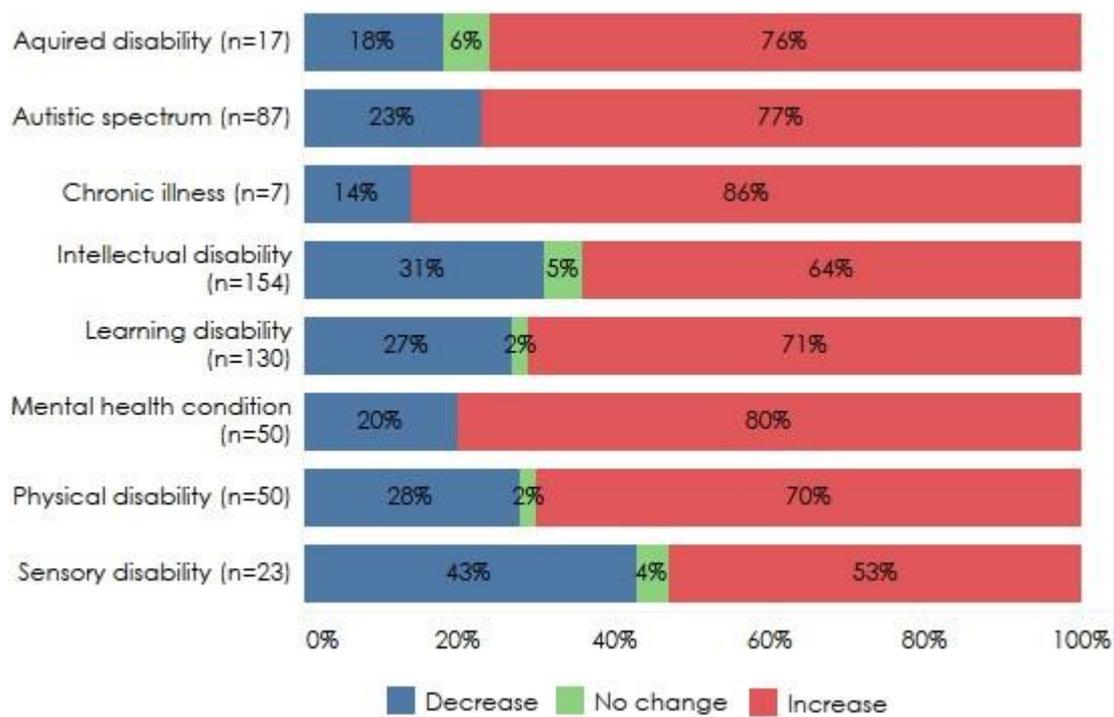
Scores by Disability Type

The figure below displays a breakdown of the change in total score by disability type²⁸. Between 64% and 86% of participants in each disability category increased their score, with the exception of sensory disability, where 53% of participants increased their score. Less than one third of participants in each disability category had a decrease in score, with the exception of sensory disability, where 43% of participants had a decreased score. The majority of participants for each disability category increased their score between baseline and endpoint.

²⁷ A paired samples T-test found that the changes in scores reported by participants between baseline and endpoint were statistically significant across all three domains as well as for the overall tool score.

²⁸ The results of A Chi-Square tests indicate that a participant's change in score was independent of the type of disability they have but not independent of the number of co-occurring disabilities they have. Results indicated that people with one disability were statistically more likely to increase their score on the soft outcome tool than participants who had more than one disability.

Figure 13: Disability type by change in total score



Predictive factors for soft outcomes

Overview

To establish which factors most influence outcomes, a Logistic Regression Analysis²⁹ was used. This test estimates the probability that a certain characteristic (i.e., disability type) or approach to service delivery (i.e., receiving key-working or case management) makes a certain outcome more or less likely to occur. Overall, all 26 items were assessed based on soft outcomes³⁰. These 26 factors are referred to in the rest of this section as 'predictors.'

The items found to be statistically significant predictors of whether a participant improved their soft skills are described below. A detailed breakdown of every predictor variable tested for each outcome can be found in Appendix Item 5.

Factors which increased the likelihood of improved soft outcome scores

Only two items were found to be significant predictors of an increase in the soft outcome score when other potential predictors were included in the analysis (adjusted regression):

- **Approach to 1-2-1 supports:** Participants whose organisations implement a case management approach were 155% more likely to increase their total score than participants whose organisations provide a key-working only approach. Case management builds on key-working methodologies to also include leading service provision on an agreed interagency action plan

²⁹ A Logistic Regression Analysis is a statistical test which analyses the relationship between a categorical dependent variable (i.e., outcome) and one or more independent variables (i.e., demographic characteristic or service delivery approach). This test estimates the probability that a certain predictor variable makes a certain outcome more or less likely to occur.

³⁰ 26 variables were explored in an unadjusted model. Following this, an adjusted (multivariate) logistic regression and odds ratio model was applied to independent/predictor variables which met the pre-determined inclusion criteria. The inclusion criteria are as follows: 1. statistically significant at the $p < 0.1$ level in the unadjusted model 2. Not overly correlated with other independent variables and had a variance inflation factor (VIF) of 4 or lower 3. Had a statistical power of .70 or higher 4. Were relevant to the outcome variable based on the researcher's understanding of both the literature review and programme service provision.

and coordinating across a range of services including the employer. A description of these two different approaches can be found in the service provision matrix in Appendix Item 3.

- **Number of disabilities (control variable):** Participants with one disability were 200% more likely to increase their total soft outcome score than participants with more than one disability.

When looked at individually (unadjusted model), several variables were found to be significant predictors of soft outcomes. However, these were no longer significant when accounting for the influence of the other predictors (adjusted model)³¹. While three variables were found to be significant predictors in the unadjusted model only, these are worth noting and testing in future research as they were significant for the total score and two or more subdomains:

- **Assessment of client need:** Participants with service providers who offer formal assessment of participant needs with either a bespoke or validated assessment tool were more likely to increase their total score, as well as their score in every subdomain, than those whose service providers informally assessed client needs without a tool.
Action planning: Participants whose service providers offer formal action plans which document goals and actions were more likely to increase their total score than participants whose service providers complete action plan without actions clarified. This was true for the total score as well as scores in: 1) Confidence and communication and 2) Goal setting and motivation.
- **Supports for social activities:** Participants with service providers who offer a mix of facilitated group activities and referrals to social activities were more likely to increase their total score and scores in confidence and communication and goal setting and motivation than participants in programmes which only signpost and refer to social activities.

3.4 Hard Outcomes

Overview

For the purposes of this evaluation, the Ability Programme defined the following as hard outcomes: 1. Attain paid employment, 2. Progress into education, 3. Obtain a qualification or 4. Attain a meaningful voluntary role in the community. Hard outcomes are documented in the Ability CRM when a participant exits the programme. Since many programme participants had not yet exited the service at the time of the final evaluation, the Research team included questions on hard outcomes at the end of the soft-outcome tool questionnaire to increase the amount of individual level data available. This was completed by programme staff on behalf of all participants³². This resulted in hard outcome data being available for all participants who exited the programme (n=690) as well as all participants in the sample who completed the soft outcome tool (n=329). This section presents the findings on hard outcomes from both of these data collection approaches.

Hard outcomes reported

Of the 690 participants who had exited the programme and the 329 programme participants in the sample, the following hard outcomes were reported:

³¹ The logistic regression for the soft outcomes had much smaller samples than the analysis for the hard outcomes which could have impacted the number of variables found to be statistically significant. Further research on the predictors of soft outcomes would be beneficial.

³² It was deemed appropriate to combine these data sets as both answer the question of whether the outcome was attained. For the purpose of the analysis, it does not matter if it was attained while still active or at case closed. A small difference in the data sets is that at case closed, two of the hard outcomes (in education and in employment) are mutually exclusive and on the soft outcome tool, they were not mutually exclusive. Since only 7% of participants in the sample were reported as being both in employment and in education and the sample closely reflects the population, the Research team does not believe it will have a significant impact on the analysis.

Table 6 Frequency of hard outcomes achieved by participants

Long-term Outcome	Population of Cases Closed (n=690)	Sample of Participants (n=329) (Reported by Staff Alongside the Soft Outcome Tool)	Total (n=1019) (Sample and Closed Cases Combined)
In Education or Training	31% (n=214) ³³	33% (n=107)	32% (n=321) ³⁴
Gained a QQI Qualification	35% (n=243)	57% (n=189)	42% (n=432)
In Employment	23% (n=156) ³⁵	29% (n=96)	25% (n=252) ³⁶
In Volunteer or Social Role	12% (n=84)	21% (n=70)	15% (n=154)
No Hard Outcome Reported	19% (n=133)	24% (n=80)	22% (n=213)

The data in Table 6 shows that a significant number of participants achieved a hard outcome over the course of the programme, with a quarter of all participants being in employment at the time of the evaluation and a third being in education or training. However, the maintenance of these achievements was considered to be contingent on continued supports in some instances. In a survey, service providers estimated that approximately 34% of participants currently in employment would be at risk of losing their position if the supports being provided through the Ability Programme were not available to them. Similarly, they estimated this would be 47% for those in education or training and 31% for those in a voluntary role in their community. Further information on the service provider estimates is available in Appendix Item 5.

To assess the outcomes of the programme over time, service providers follow up with participants six months after they exit the programme. Figure 14 below presents the results of follow up assessment. As can be seen in the figure below, six month follow up data regarding hard outcomes was not available for at least 67% of participants who had exited the programme. This was due to the challenges faced by service providers in contacting and assessing participants after they have left the programme.

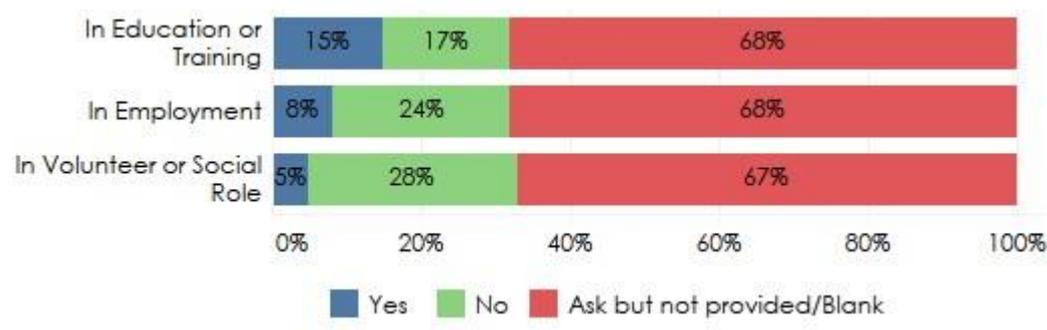
³³ The count for this outcome under cases closed may be an underrepresentation of the total number of service users who achieved this outcome upon exiting the programme as 'in education or training' and 'in employment' are mutually exclusive in the Ability CRM. Therefore, service providers were advised to 'select the primary outcome' if a participant was both in education or training and in employment upon exit. These outcomes were not mutually exclusive in the data for those in the sample and 23 participants were both 'in education or training' and 'in employment'.

³⁴ This is the total number of people who either had 'in education or training' selected as their primary outcomes at case closed or had 'yes' selected for the question 'service user is currently enrolled in a QQI accredited education/training course' on the questionnaire completed by service providers alongside their soft outcome tool.

³⁵ See footnote 42 above.

³⁶ This is the total number of people who either had 'in employment' selected as their primary outcomes at case closed or had 'yes' selected for the question 'service user is currently working in paid employment that is not time limited or contingent on being in Ability' on the questionnaire completed by service providers alongside their soft outcome tool.

Figure 14: Hard outcomes reported at 6-month follow-up



Predictive factors for hard outcomes

Overview

To establish the relationship between participants' demographic factors, the type of service received and the hard outcomes³⁷ of 'in employment,' 'obtained a Quality and Qualifications Ireland (QQI) qualification' and 'in education or training' a Logistic Regression³⁸³⁹ analysis was used. As described above, this test estimates the probability that a certain characteristic or approach to service delivery makes a certain outcome more or less likely to occur. Overall, all 27 items, were assessed⁴¹ for hard outcomes. These 27 items are referred to in the rest of this section as 'predictors.'

The items were statistically significant predictors of whether a participant achieved a hard outcome when accounting for the influence of multiple items at the same time are described below⁴⁰. A detailed breakdown of every predictor variable tested for each outcome is available in Appendix Item 5.

Predictors of paid employment

Significant predictors of a participant being in paid employment included:

- **Paid work experience:** Participants whose service provider offers long-term mainstream work placements were 336% more likely to be in paid employment than those whose service provider does not provide paid work experience. This finding was also significant in the midpoint analysis.

³⁷ A logistic regression was not performed for the hard outcome 'In a voluntary or social role' due to too small of a sample size (n=104)

³⁸ A logistic regression analysis is a statistical test that analyses the relationship between a categorical dependent variable (i.e., outcome) and one or more independent variables (i.e. demographic characteristic or service delivery approach). This test estimates the probability that a certain predictor variable makes a certain outcome more or less likely to occur.

³⁹ Variables were explored in an unadjusted model. Following this, an adjusted (multivariate) logistic regression and odds ratio model was applied to independent/predictor variables which met the predetermined inclusion criteria. The inclusion criteria are as follows: 1. statistically significant at the $p < 0.1$ level in the unadjusted model, 2. not overly correlated with other independent variables and had a variance inflation factor (VIF) of 4 or lower 3. Had a statistical power of .70 or higher and 4. Were relevant to the outcome variable based on the researcher's understanding of both the literature review and programme service provision.

⁴⁰ Unadjusted analyses were performed for each factor. Following this, an adjusted (multivariate) logistic regression and odds ratio model was applied to independent/predictor variables which met the predetermined inclusion criteria. Variables had to meet all the following criteria: 1. statistically significant at the $p < 0.1$ level in the unadjusted model, 2. not overly correlated with other independent variables and had a variance inflation factor (VIF) of 4 or lower, 3. Had a statistical power of .70 or higher and 4. Were relevant to the outcome variable based on the researcher's understanding of both the literature review and programme service provision.

- **Length of time in the Ability Programme:** The longer a person had been in the Ability Programme, the more likely they were to be in paid employment. For every additional month participants spent in a programme, they were 4% more likely to be in paid employment. This finding was also significant in the midpoint analysis.
- **Voluntary role in the community** (working with other volunteers): Participants whose service provider offers mainstream voluntary roles were 83% less likely to be in paid employment compared to participants whose service provider does not offer any voluntary work opportunities. This fact may suggest that participants who attain voluntary work have less time or inclination to move into paid work or could also be an indicator of the interaction between goals and the level of presenting needs. Participants who have higher level of needs may need additional time and supports spent on building up confidence and self-belief before they would consider paid work as an option or goal to strive for. This point would benefit from further research.
- **Engagement with parents/guardians:** Service providers who have structured engagement with parents/guardians were 58% less likely to be in paid employment than service providers who have no engagement with parents and guardians. This finding is counter intuitive, and engagement of parents could, in this instance, be acting as a proxy for level of need or independence among the participants. This point would also benefit from further research⁴¹.

Predictors for attainment of a Quality and Qualifications Ireland (QQI) or Professional Certificate

Significant predictors of a participant having attained a QQI, or Professional Certificate included:

- **Approach to 1-2-1 supports:** Participants whose service providers provide case management supports were 385% more likely to have obtained a QQI or professional certificate compared to participants in service providers who provide key-working supports only. Case management builds on key working methodologies to also include coordinating/leading service provision on an agreed interagency action plan across a range of services, including the employer. This finding was also significant in the midpoint analysis.
- **Length of time in the Ability Programme:** The longer a person had been in the Ability Programme, the more likely they were to acquire a QQI or professional certificate. For every additional month participants spent in a programme, they were 14% more likely to acquire a QQI or professional certificate. This finding was also significant in the midpoint analysis.
- **Mental health supports:** Participants whose service providers offer mental health supports were 58% less likely to have acquired a QQI or professional certificate than those whose service providers did not provide mental health supports. This finding is counter intuitive and may be a proxy for level of participant support needs.
- **Voluntary role in the community:** Participants who were offered voluntary roles not necessarily contingent with being on the Ability Programme were 352% more likely to acquire a QQI or professional certificate compared with participants whose service provider did not offer any voluntary roles.

⁴¹ A challenge in the research was that service providers and the Research team were not able to identify an appropriate method which allowed for an assessment of level of need across disability types. This is an area for future research and this data would add substantially to the analysis.

Predictors for being enrolled in a course

Significant predictors (in terms of their odds ratios) of a participant being enrolled in an accredited course included:

- **Age (control variable):** Older participants were less likely to be enrolled in a course than younger participants. For every year that participants' ages increased, they were 15% less likely to currently be enrolled in a course. This finding was also significant in the midpoint analysis. This is an intuitive finding as younger participants may still require additional training and qualifications to be eligible for the job they want, and some older participants may have previously obtained training and qualifications before joining the Ability Programme.
- **Action Plans:** Participants in service providers where an action plan with both goals and corresponding actions are provided were 235% more likely to be currently enrolled in a course than participants in service providers where broad goals are agreed without detailed actions as part of their action plan.

In addition to the above findings, it is also worth noting that when looking at each of the 27 items on their own (unadjusted model), it was found that as the total score on the soft outcome tool increases, a participant was 4% more likely to be in paid employment, 3% more likely to have acquired a QQI or professional certificate or 3% more likely to be currently enrolled in a course⁴². It is unknown if this still would have been significant if the influence of other items were considered as insufficient data was available to run the necessary analysis⁴³. Data on this variable was only available for participants who completed a soft outcome tool. This also presents a future research topic.

3.5 Summary

Many programme participants had experienced a variety of soft and hard outcomes as at the endpoint data collection process. These outcomes were analysed through a qualitative analysis of interview data and quantitative analysis of soft outcome tools data administered to a sample of participants at the baseline and endpoint and an analysis of data from the Ability CRM.

Of the 329 participants who were included in the sample for this study, 74% improved their soft skills as measured by their total score on a soft outcome survey tool. Participants increased their skills in the following areas:

- 71% increased confidence and communication
- 70% increased goal setting and motivation □
- 55% increased independence

Of the 1,019 participants with data available on hard outcomes, 32% progressed into education⁴⁴ or training, 42% gained a qualification, 25% obtained paid employment⁴⁵ and 15% obtained a voluntary social role. In addition to the above outcomes, the following benefits were reported by at least 40% of participants interviewed:

- Obtained work readiness skills
- Increased social connection
- Increased clarity in their future goals

⁴² Unadjusted regression analyses between the total score at endpoint and each of the long-term outcomes were statistically significant with the results for being in paid employment and acquiring a QQI or professional certificate significant at the $p < .001$ level and the results for being in an accredited course significant at the $p < .01$ level.

⁴³ The total score on the soft outcome tool was not included in the adjusted regression model due to lack of data for the full sample.

⁴⁴ This may be an underrepresentation of the total number of programme participants who achieved this outcome upon exiting the programme as 'in education or training' and 'in employment' are mutually exclusive in the Ability CRM. Therefore, providers were advised to 'select the primary outcome' if a participant was both in education or training and in employment upon exit.

⁴⁵ See previous footnote.

Two items were found to be significant predictors of whether a participant increased their total soft outcome score, 'number of disabilities' (control variable) and 'approach to 1-2-1 supports'. Participants with one disability were 200% more likely to increase their score on the soft outcome tool than participants with more than one disability. Participants who received a case management approach were 155% more likely to increase their total score on the soft outcome tool than participants that received a key-working approach. Several items were found to be significant predictors of whether a participant achieved a hard outcome. The largest predictor of whether a participant was in paid employment was whether their service provider offers paid work experience. Participants whose service provider offers long-term mainstream work placements were 336% more likely to be in paid employment than those whose service provider does not provide paid work experience. In addition, participants in service providers which offer voluntary roles in the community were also less likely to be in paid employment. Together, these results indicate that paid work experience should be prioritised over volunteer positions and unpaid work experience or volunteer positions whenever possible for any participant seeking to obtain employment. Participants who were in the programme for a greater duration of time were more likely to be in paid employment and/or were more likely to have acquired a QQI qualification or professional certificate than those who participated in the programme for a shorter time.

The largest predictor of whether a participant had acquired a QQI, or professional certificate was whether a participant's service provider took a case management approach to 1-2-1 supports as opposed to a key-working approach (as defined in the service provision matrix in Appendix Item 3). Participants whose service provider offered case management supports were 385% more likely to have obtained a QQI or professional certificate compared to participants in service providers who offered key-working supports which was consistent with midpoint findings.

The two items which were predictors of whether a participant was enrolled in education or training were a participant's age (a control variable) and their service provider's approach to action planning. Older participants were less likely to be enrolled in a course than younger participants. For every year that participants' ages increased, they were 15% less likely to currently be enrolled in a course. This finding was also significant in the midpoint analysis. Participants in service providers who provide an action plan, including both goals and corresponding actions, were 235% more likely to be currently enrolled in a course than participants in service providers where broad goals are agreed without detailed steps as part of their action plan.

Finally, several items were found to increase or decrease the likelihood of a participant increasing their soft skills or attaining a hard outcome when looked at in isolation of others. However, they were unable to be further assessed to determine their overall effectiveness when accounting for the influence of other items due to not meeting minimum criteria for the analysis⁴⁶. These can be found in Appendix 5 and may inform future research plans.

⁴⁶ They either had too low of power to be included in the adjusted model or too high of correlation with other independent variables.

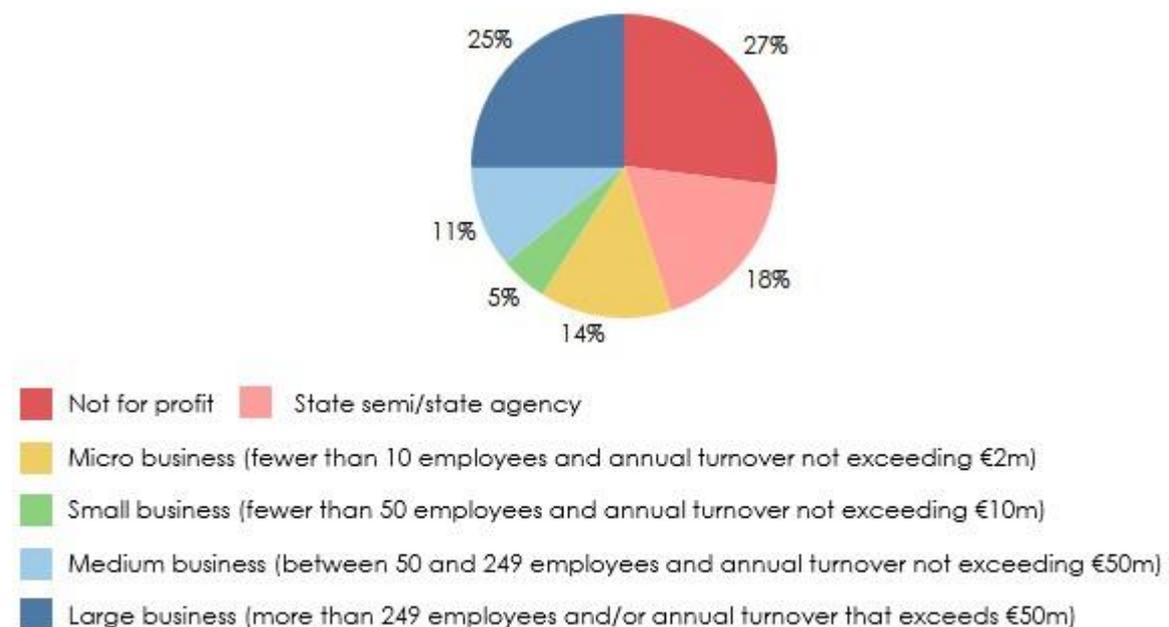
4 Findings from Employer Survey

4.1 Overview

This chapter outlines employers' perspectives on the barriers to hiring people with disabilities, supports which help employers to hire people with disabilities and the benefits to employers from participating in the Ability Programme. The information in this section is relevant to objectives⁴⁷ three and four of the Ability Programme and answers the evaluation research question, 'What kinds of supports and services do employers find helpful to recruiting and maintaining employees with disabilities?'

This chapter summarises the findings from a survey undertaken with employers engaged with an Ability Programme provider. A total of 66 employers completed the survey across a variety of size and type of business (see Figure 15 below for breakdown). Of these, 50 offered a workplace experience such as a one-day tour or a short-term work placement. 16 respondents had not yet provided a workplace experience.

Figure 15: Type of business or organisation



4.2 Barriers to Hiring people with Disabilities

At midpoint and endpoint, employers were asked to identify the main challenges they experienced in hiring people with disabilities. The following barriers are listed in ranked⁴⁸ order with items at the top of the list considered to be the largest barriers:

1. **Concerns related to the time required from their existing staff.** This included additional time management or staff may have to spend training or supporting a new staff member with a disability.

⁴⁷ Objective three: Build the capacity of mainstream employment services, education and training providers to support the progression of young people with disabilities. Objective four: Build the capacity of employers to recruit and retain young people with disabilities within their workforce.

⁴⁸ Ranking is determined by calculating a weighted score for each of the eight answer choices based on how frequently it was ranked in each of the top five positions in the survey.

2. **Concerns related to health and safety.** These concerns were related to staff being capable of responding to any health issues which could potentially arise for an employee with a disability and the high level of training needed to ensure safe practices in workplaces in areas such as kitchens.
3. **Lack of confidence in how to communicate, support or manage performance for an employee with a disability.** Participants reported that their lack of confidence stemmed from a lack of general disability awareness, acknowledged unconscious bias or stigma and highlighted employer fears of not knowing what to say or of saying the wrong thing.
4. **Concerns related to team dynamics and communications.** Participants reported that they were concerned about a lack of disability awareness and potential prejudice among staff and about whether staff would be welcoming and supportive of a co-worker with a disability, as well as fear of staff saying the wrong thing.
5. **COVID-19.** Challenges around Covid-19 were in relation to COVID-19 specific health and safety issues, social distancing measures which impacted the ability to provide support, the impact of restrictions on the number of staff needed and therefore positions available and a lack of work that could be done remotely.
6. **Concerns related to costs of reasonable accommodations that may be required by a person with a disability.** Some participants described increased costs as hard to describe or quantify at the planning phase which presented a business risk. Other respondents identified costs associated with additional staff time needed to train and manage a person with a disability and costs of equipment or modifications as potential barriers.
7. **Concerns related to insurance.**⁴⁹ Employers did not provide additional comments related to these points in open-ended survey questions. According to providers, issues with insurance were based on fears over health and safety which could result in an increase in insurance rates if anything were to happen and a lack of understanding on whether participants would be covered by insurance during a workplace experience placement.
8. **Previous negative experiences with similar programmes (e.g., EmployAbility programmes or other work placement and training programmes).** Participants reported that previous negative experiences resulted in a lack of buy in from other staff including leadership.

Several other barriers were reported by a small number of employers in the open-ended survey questions. Three respondents reported that they were unsure how to recruit people with a disability or how to effectively advertise open positions to attract applicants with disabilities (i.e., what wording to use, where to post job advertisements or how to undertake a closed recruitment process for a person with a disability). Two respondents reported having an inaccessible premises, with the same number reporting that they were unable to provide a paid position due to already being overstaffed or lacking finances.

4.3 Supports Employers Found Most Useful

Employers ranked the activities and supports in order based on how useful they are to employers interested in hiring a person with a disability. The list below starts from the most to the least useful:

1. A one-to-one information session and Q&A with a job coach or support worker including details on supports, guidance and subsidies available to employers.
2. A job coach or support worker supporting or co-facilitating the induction process to ensure the first day is a positive experience for both an employer and programme participant.
3. General disability awareness training for staff.
4. An assigned job coach or support worker to call as/if needed to provide advice and guidance on how to address any potential challenges which may arise with a programme participant.

⁴⁹ This was a challenge by employers but was ranked the second lowest from a list of options and employers did not provide additional comments, explanations or examples related to these points in open-ended questions. Service providers often cited employers' concerns on insurance as a challenge during interviews and their insights have been included here to provide additional context.

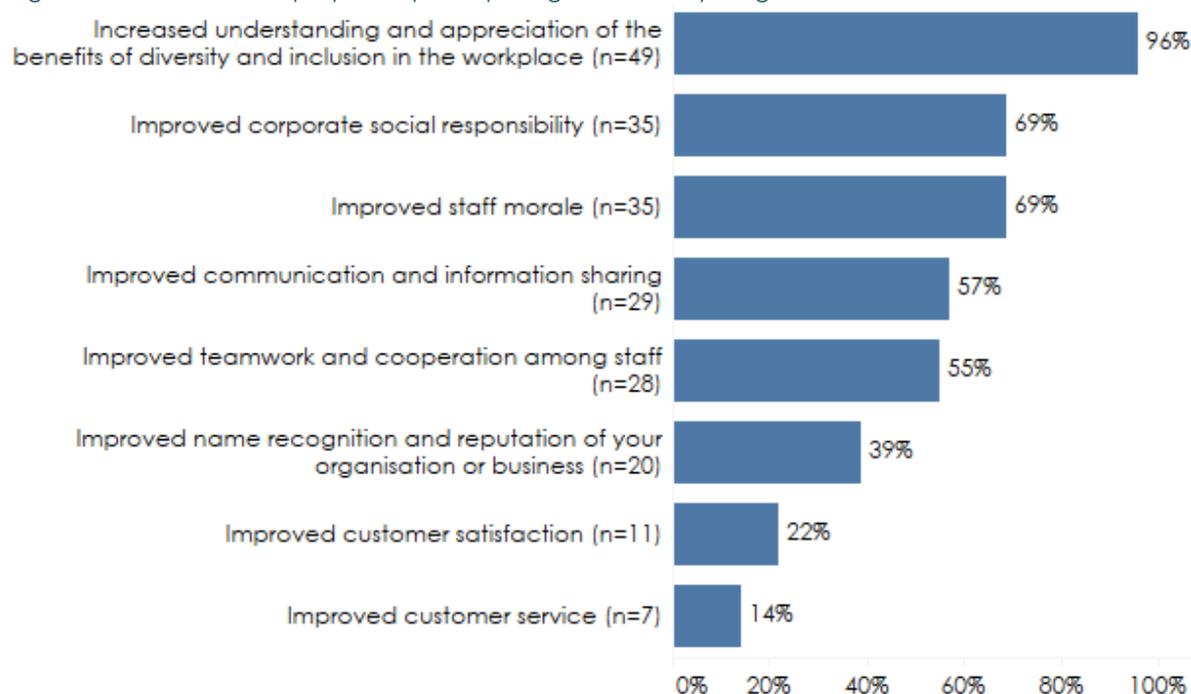
5. Group information session and Q&A on supports, guidance and subsidies available to employers who hire people with disabilities (i.e., with other employers in attendance and/or a variety of relevant representatives from insurance companies, Citizens Information, or the Department of Social Protection to answer questions).
6. Regularly scheduled check-in calls with a job coach or support worker to have open and honest conversations on a programme participant's progress and challenges.
7. Ongoing, onsite skills training and supports to both an employer and programme participant as required which are tailored to a participant's strengths and support needs.
8. Supports to adapt employee training materials and handbooks to Easy Read versions.
9. A toolkit with information on how to apply for Government grants and wage subsidy schemes.
10. Assistance in completing application forms for Government grants and wage subsidy schemes.

These rankings, along with additional suggestions and comments provided in open-ended questions included in the survey, have been triangulated with interview, focus group and survey responses from providers in the 'Good Practice' section.

4.4 Benefits of Participating in the Ability Programme

To understand the benefits of participating in the Ability Programme, employers were asked which outcomes they experienced as a result of participating in the programme⁵⁰. Employers reported experiencing a wide variety of benefits as highlighted Figure 16 below:⁵¹

Figure 16: Benefits to employers of participating in the Ability Programme



In addition to the above findings, two additional common outcomes were identified during a thematic analysis of open-ended questions in the survey:

⁵⁰ Employers varied in their level of participation. Some facilitated a work placement while others offered a one-day tour and taster session.

⁵¹ 11 respondents selected N/A for this question as they had not offered work experience. One participant who had not yet offered a workplace experience through the Ability Programme chose to still answer this question as they had recently offered a supported employment position in a previous role and felt able to answer this question. Therefore, percentages are taken out of n=51

- Improved workplace culture (29%, n=15): Employers reported that participating in the Ability Programme improved their workplace culture by increasing values such as empathy, trust, loyalty, and helpfulness among staff and encouraging teams to work together and support each other to overcome obstacles. One employer also specified that improving the workplace culture and providing a more positive environment helped to increase staff retention on their team.
- Increase in creative thinking, problem solving and innovation among the team (18%, n=9): Respondents reported that engaging in the Ability Programme improved team creativity, problem solving and innovation by helping generate new ideas, incorporate new perspectives, and advance skillsets. One employer also reported that this resulted in increased productivity of their team.

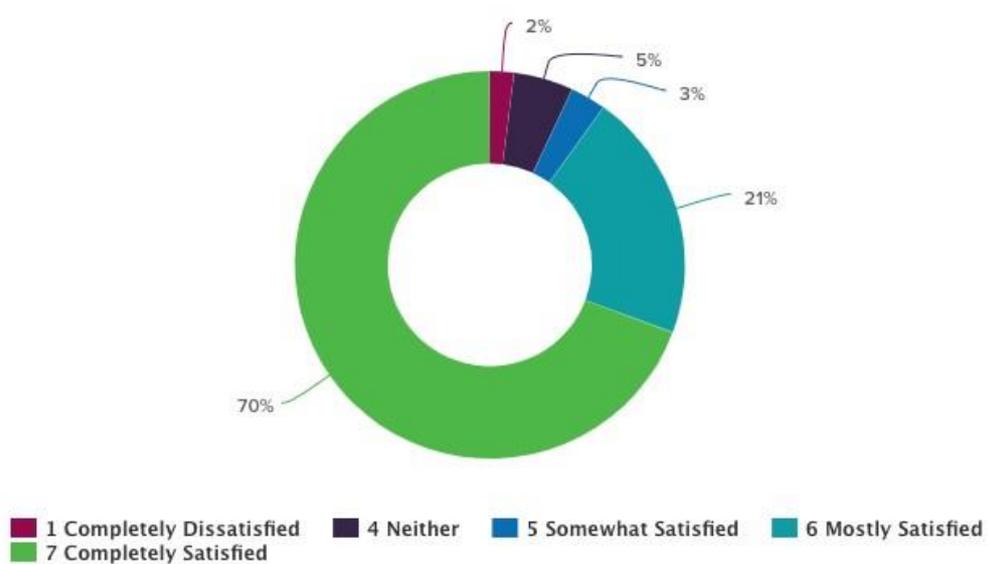
As a result of participating in the Ability Programme, 88% (n=58) of employers were more likely to hire people with disabilities in the future, with about half (47%, n=32) reporting that they were 'significantly more likely' to.

Hiring neuro-diverse candidates gives your company a competitive advantage, makes you a better company and drives innovation. Accommodations help not only the specific candidates but improve the working environment for all employees and make us better communicators.

(Employer)

Finally, 94% (n=62) of participants were satisfied with the supports they received from the Ability Programme with 70% (n=46) being 'completely satisfied.' See Figure 17 below.

Figure 17 Employer satisfaction with the programme



4.5 Summary

The top three challenges employers experienced on hiring people with disabilities were 1. Concerns about the additional time required for training or supporting a new staff member with a disability, 2. Concerns related to health and safety and 3. A lack of confidence in how to communicate, support or manage performance for an employee with a disability.

The three supports considered most useful in assisting employers to engage with disability employment programmes were:

1. A one-to-one information session and Q&A with a job coach or support worker about what supports, guidance and subsidies are available to employers who hire employees with disabilities
2. A job coach or support worker supporting or co-facilitating the induction process to ensure the first day is a positive experience for both an employer and an employee
3. General disability awareness training for staff

Employers experienced a number of benefits as a result of participating in the Ability Programme. Almost all employers (96%, n=49) reported that they increased their understanding and appreciation of the benefits of diversity and inclusion in the workplace. 69% (n=35) reported that staff morale and Corporate Social Responsibility (CSR) improved as a result of participating in the Ability Programme. Finally, a little more than half of employers reported improved communication, information sharing, teamwork, and cooperation among staff.

I would strongly encourage any workplace to reach out to [an Ability provider] and support this initiative. We found our work output increased, the reputation of our team within the company improved and our general morale improved when working with [Ability].

(Employer)

5 Good Practice

5.1 Overview

This chapter addresses the research question: 'What is considered to be best practice for supporting people with disabilities to progress into education or employment?' Presented below is a synthesis of the findings from a thematic analysis of interviews with all 27 service providers, 20 programme participants, four family members and three employers who were interviewed at midpoint or endpoint in the data collection process. In addition, emerging good practices from midpoint and early endpoint analysis were shared with service providers and employers through survey or workshops to be validated. Good practices are ordered based on a combination of:

- The number of participants who described the practice as beneficial
- Their ranked importance according to service providers and/or employers
- The strength of the evidence base across the qualitative and quantitative research and the literature review

Overarching good practice reported by service providers and the literature review is that while service provision needs to be person centred and tailored to each participant, not every good practice factor will be relevant to every programme or programme participant.

5.2 Good Practice: Skill Building and Personal Development

1. Provide social activities (i.e., social farming, arts programming, or outdoor activities) to reduce social isolation, build interpersonal skills and increase attendance in skill building courses

Service providers highlighted the importance and effectiveness of engaging programme participants in a wide variety of social and community engagement activities and ranked this as the third most important good practice for skill building and personal development. The analysis of soft skills and outcome data⁵² found participants who attended a service provider who facilitated group based social activities were more likely to have increased their soft skills be it in education or training or have attained a qualification than those with service providers who only offer signposting and referrals for external activities.

It was observed that activities such as 'Operation Transformation' a group wilderness based personal development course, social farming, a youth club, and a kayaking course were all very well received by participants and increased overall programme engagement. These types of activities help reduce anxiety, build friendships, and increase social and interpersonal skills and self-awareness. Service providers also noted that some community-based activities may not be wheelchair accessible and alternative options must be identified to ensure opportunities are available for everyone.

Social groups for Ability participants increase success in other areas. This has helped reduce their anxiety and has made them more willing to do group work in general because they know each other and are more comfortable and it's now another opportunity to socialise.

(Service Provider)

Activities like soccer and kayaking helped increase motor skills and increased their social interaction during the activity which also resulted in building friendships for some programme participants.

⁵² These findings were identified in the unadjusted regression model which is discussed in the 'Outcome' chapter. Detailed tables sharing the results of the regression analyses can also be found in Appendix Item 5.

(Service Provider)

When invited to comment on which aspects of the Ability Programme they valued, 12 participants across midpoint and endpoint mentioned the opportunity to try new activities, have new experiences and to socialise and make friends.

I am allowed to try everything. I really enjoyed the community celebration and dancing at the Eid celebration.

(Midpoint Programme Participant)

It has helped me socially, meeting up with new people and doing activities and communicating with them.

(Endpoint Programme Participant)

When asked about suggestions on how the programme could be improved, six participants suggested additional social or creative activities could be added to the programme.

There are a few things they could do more of like [sport activity], that was like once a month. I would in general like more social activities.

(Midpoint Programme Participant)

2. Support participants to increase their independence, self-efficacy, and decision-making skills by providing coaching, offering choices, and involving participants in programme design

Service providers ranked this as the most important good practice for skill building and personal development. This includes promoting participant decision making on goal setting and activity selection based on their personal interests and skills as well as choosing which communication methods they preferred such as WhatsApp, phone calls or email and how often and when to have in-person one-to-one sessions. This process of decision making can also extend to setting boundaries with parents.

To achieve this, service providers suggested that a coaching model which asks probing questions and refrains from giving advice is particularly effective. An exception to this is for higher need or non-verbal participants where a slower approach may be preferable. Service providers noted that it can take time for a participant to adjust to this approach, especially when they have come from an environment where they are not responsible for choices and consequences for those choices.

Choices can be difficult, so we practice making choices all the time. When we are going to go to a café to practice skills like buying lunch on a lunch break, we will have them pick the café we go to. We will have visuals for the logo of the café and they can pick which one they want to go to.

(Service Provider)

In addition, eight programme participants across midpoint and endpoint highlighted the importance of the supports to help them understand their options, clarify their goals, and make informed decisions based on their own needs and interests, rather than other people.

Its on-going support based on what you want. The programme says 'oh, ok school didn't work for you but here is what we can do and how we will support you to do what you want.

(Midpoint Programme Participant)

I met (worker) two years ago and having someone to chat with and bounce ideas off of was really helpful. It helped me to think through my options.

(Endpoint Programme Participant)

Service providers also reported that it is important to engage programme participants in broader programmatic decision making and service improvement processes by collecting feedback from them regularly through focus groups or role playing or including participants on an advisory committee. It was highlighted that making concrete and visible changes very quickly after receiving feedback demonstrates that participants are empowered and have control over their experiences. This builds trust between participants and service providers as well as enhancing their personal self-esteem and increasing their sense of ownership and personal responsibility in the programme. It is important to ensure that expectations are well managed in these processes as participants may make suggestions that are outside of the scope of the organisation. Examples of how service providers engage in collective feedback on the Ability Programme include:

- Having Ability Programme participants on the steering groups of Ability service providers and making it a democratic selection process
- Facilitating feedback sessions with programme participants after courses/activities
- Collecting feedback through role playing exercises where participants act as the boss and make decisions and changes to the programme
- Facilitating tutor and staff reflection sessions to discuss what they observed or have been told by participants during courses:

We get their feedback on how things are going by role playing. We say, 'ok you are the boss, you tell us what was good, what was great, what was not so good, what would you like to do less of' and then we demonstrate the following week that we make a change based on their feedback. This empowers to them and they think they can make things change and make things better. They get to decide what they do. They then feel like if they can make a small change like this then they can also make big changes.

(Service Provider)

3. Utilise a case management approach to build soft skills and address mental health and personal needs to support progression

As described in chapter four when asked what they would like to achieve by participating in the Ability Programme, participants reported that they would like to develop a number of soft skills such as increased independence, social life and self-awareness improved confidence and mental health.

Service providers reported that participants often have complex needs and require mental health and soft skills to be strengthened and further developed in addition to and if not prior to, securing education or employment opportunities. For example, participants experiencing anxiety may feel uncomfortable meeting new people and going new places and therefore, may have sporadic attendance levels both in the programme or employment. Service providers also reported that participants may require additional supports to address challenges in their personal lives such as housing issues to increase their ability to participate in the programme/take up a job. This often requires a multi-agency approach which meets more than one need at a particular time. This requires coordination, communication and collaboration across multiple organisations including those who can provide supports for people experiencing homelessness. In these instances, a case management approach is the best course of action to take. This is supported by the results of the logistic regression which indicated that a case management approach was more likely to improve soft skills, result in a qualification as compared to key-working.

A case management approach builds on key working methodologies which include working with service providers on an agreed interagency action plan and coordinating a range of services ensuring to include the employer, where relevant. This approach also involves facilitating interagency meetings as and when required.

This evaluation also found that participants with higher levels of soft skills (as measured by their score on the soft outcome tool) were more likely to be in paid employment, to have acquired a Quality and Qualifications Ireland (QQI) or professional certificate and/or to be currently enrolled in a course⁵³.

Managing new environments and new people can be particularly difficult for programme participants and cause high levels of anxiety and stress because of things like not knowing if the environment is accessible or not or having to be in big groups of people.

(Service Provider)

Work with relevant housing support services to engage with participants if they have this need. This was an issue for [approximately] 4 – 6 participants who may not have been homeless at the onset coming into the programme, but these issues arose during the programme and it was definitely necessary to engage relevant services who could support in this specific set of work.

(Service Provider)

4. Provide opportunities for peer learning and peer support to increase engagement, enthusiasm, motivation, and relationship building

Service providers reported that peer learning and peer support has been well received by programme participants. This was backed up in interviews with participants and their family members.

Meeting other people with disabilities and seeing how they are getting on in life and seeing that they are doing ok gives me reassurances. I met some people older than me, and it was really good to learn what they are doing and what their experience has been. It's hard to know what kind of stage of life you should be at and what is expected of you. It helped me know what was possible and gave me reassurance that I was doing ok which took away a lot of stress.

(Endpoint Programme Participant)

Getting to work with peers who might be ahead of them and getting to learn from each other is nice and it builds their confidence

(Midpoint Family Member)

One service provider formally offers peer learning and support by hiring past programme participants to work as peer support workers alongside tutors. Others offer one-to-one peer support or facilitate peer group discussions around positive and challenging situations. For example, if a participant recently attended a job interview or received a work placement they might discuss and celebrate this as a group which inspires others and increases motivation. Similarly, if a participant recently experienced a challenging situation at work, they might discuss it and ask peers what they could have done differently and what they should try the next time this type of situation arises.

They realised their peers had some of the same challenges and it opened up good discussions and then the young people swapped numbers and agreed to meet up later or a couple decided to join a specific course together.

⁵³ Unadjusted regression analyses between the total score at endpoint and each of the long-term outcomes were statistically significant with the results for being in paid employment and acquiring a QQI or professional certificate significant at the $p < .001$ level and the results for being in an accredited course significant at the $p < .01$ level. Total score on soft outcome tool was not included in the adjusted regression model as data on this variable was only available for the participants who completed a soft outcome tool.

(Service Provider)

When people successfully leave the programme, we invite them to be a peer support for new services users. It allows people to give back and to stay engaged. One past person started his own business and now agreed to take on a new participant as a work placement. Another participant who is leaving and is in college has agreed to show a new participant around campus.

(Service Provider)

5. Ensure skill and knowledge building is experiential and uses role playing, visuals or interactive activities to present and practice the material

Learning opportunities must be interactive and engaging and cannot simply rely on text heavy resources to increase engagement and understanding of the content for programme participants with a variety of learning styles. Examples of good teaching methodologies include role playing, video modelling, recording, and reviewing interview practice, creating art projects focusing on a particular theme or topic, using visual tools, and turning lessons into a game.

We create a role play scenario for every module we teach. We act out different scenarios and we get feedback from the programme participants on their individual experience or a challenge they had that week in a work experience or in general and we act it out and go over how to do it differently next time and then everyone can learn from their experience.

(Service Provider)

Throughout interviews, programme participants often described several interactive activities designed to build skills which they enjoyed. Examples include (but are not limited to) speaking on a local radio show to develop public speaking skills and practicing interview skills and building confidence through mock interviews.

I liked voting with my family. 'My voice, my vote'... In class we practiced how to vote, and we would bring in our polling card to class and our ID. I liked meeting [local politicians] and getting to ask them questions and take pictures.

(Endpoint Programme Participant)

6. Deliver skill building sessions such as money skills in real life situations to increase comfort in and awareness of the community

It was deemed good practice to increase participant awareness of and comfort in accessing services, amenities and supports in their community to help reduce disability stigma among the community and general public. Service providers also reported that doing so provides an opportunity to build relationships informally with potential future employers or organisations who could provide a volunteer position or work experience. When asked what they liked best about the programme, one participant gave the following reply:

I bring in eggs from home from my farm. I made a business. I started bringing in my eggs to sell and staff and other people in the group buy them. They give me advice on the business, and we use it to work on the money skills and communication. They help me to make sure I know what I am saying so that I don't lose a customer.

(Midpoint Programme Participant)

5.3 Good Practice: Supporting Progression in Education/Training

7. Collaborate with specific mainstream education providers to make case by case exceptions or accommodations for participants

Service providers reported challenges in identifying education and training programmes which were accessible to programme participants. Examples of barriers in mainstream courses include not offering supports such as Special Needs Assistants (SNAs), courses being pitched at too high a Quality and Qualifications Ireland (QQI) level or only being offered full-time at a pace which is too fast for participants. To address this, service providers suggest negotiating with local course providers to provide case by case adjustments to mainstream courses and providing in-house tutoring and education supports as required. Adjustments included adapting a course from full-time to part-time, extending timelines for assignments and accepting voice recordings for answers on assignments.

We are providing tutoring support to fill the gap in lack of SNAs in courses. We provide an average of three hours per person per week on tutoring, coaching, and making study and assignment timetables. We are also work with local HSE staff to see if they can help provide some tutoring supports.
(Service Provider)

These supports have been well received by programme participants. Highlighting the difference between their experience of the Ability Programme and previous educational experiences, participants and parents felt that the specialised supports provided to manage academic work and study were highly valuable such as extended timelines and various one-to-one supports:

If you need help with your assignments or work the staff here help you. Back in school the teachers couldn't really help you and all the students had to finish the test at the same time and they wouldn't give you extra time, but in Ability I can take more time on assignments, and you have more time to prepare for tests.

(Programme Participant)

In many cases, service providers reported a lack of local, affordable, and accessible courses in areas of interest to programme participants. To address this, service providers suggest working with local Education and Training Boards (ETBs) to develop new courses in these areas for Ability Programme participants pitched at a QQI level suitable for them and which will also be open to and appeal to the public. In addition, supporting participants to access online courses (for those who are comfortable learning online) can increase the number of options available. Two examples shared by service providers include:

- Collaborating with an ETB and other partners to develop a 'Pre-Green Cert' based on the material of the full 'Green Cert' but simplified and aimed at learners at Level 3 on the QQI Framework.
- Working with a local ETB to co-develop Level 1 courses on the QQI Framework to enable participants and members of the general public ready to move up to Level 3.

8. Offer transition supports as early as possible, ideally two years before graduation

It was noted by service providers, programme participants and the literature review that the earlier transition and progression supports are offered, the better, ideally starting at least two years before a young person leaves secondary school. Career coaching and information on options and services were identified as a gap in schools catering for particular types of disability and special needs. This was seen by service providers as being a key policy issue which requires progression at both national and local level.

5.4 Good Practice: Supporting Participants to Progress into Employment

Supports for programme participants

9. Provide work experience (paid where possible) in tandem with skills training and undertake this in a real-life context

Whether a participant's service provider offered paid work experience was found to be the largest predictor of whether a participant attained paid employment under the logistic regression model. This finding is consistent with the literature review. Teaching skills onsite during a work placement increases programme participant engagement, knowledge, and skill retention as it provides a context for applying the skills being taught. It also ensures a real-life application of the skills which include building new routines and adapting to new environments. Service providers described approaches similar to 'place and train' as being good practice in the literature review.

While providing on the job training is the most advantageous for programme participants with high needs, additional preparation and work readiness training may need to be provided prior to a work placement to ensure people with disabilities feel comfortable in a work environment and have the necessary skills to begin on the job training. Service providers state the importance of paid work experience being presented as an option to participants from the start of the programme by remaining person centred and responsive to participants' aims and interests. If participants express an interest in attaining employment, it should be prioritised over goals including those related to training and education unless they are necessary pre-requisites for a particular job. Service providers emphasised that it was crucial to avoid situations where participants are provided with a never-ending carousel of training courses which do not result in a meaningful roles or jobs.

Our focus is on now on work experience rather than career preparation. We changed from 'train-then-place' to 'train-place-train'. We changed it from 12-week training that was followed by work placement at the end to a new approach with 6 weeks training, followed by 6 weeks placement, then 4 weeks of training again. This is a very hands on experienced based training and that is tailored to their work placement and to their interests.

(Service Provider)

10. Provide interview preparation which includes mock interviews coupled with a debrief and review process

Service providers have found mock interviews followed by feedback and improvement processes to be effective in supporting programme participants to improve their interview skills and confidence. Service providers aim to involve staff members a participant has never met in the mock interview panel to ensure that the interview process feels more real for a participant. Detailed notes or videotaped interviews assist in reviewing and discussing what went well and where improvements can be made with a participant. Additional mock interviews are useful in order to practice improvements and measure progress.

After the interview prep course, we do a mock interview and we videotaped it and then have a one-to-one meeting with their tutor the next week and watch the tape and discuss what went well and what to work on and do differently next time.

(Service Provider)

Work preparation training such as CV development and mock interviews were reported by nine participants as aspects of the Ability Programme which were both enjoyable and effective.

When I was going for a job interview over Zoom my job coach and another job coach did a mock interview with me over Zoom which helped me to build up my confidence.

(Endpoint Programme Participant)

Supports for employers

11. Provide employers with a one-to-one information session and Q&A with a job coach or support worker about what supports, guidance and subsidies are available to employers who hire people with disabilities

Employers considered one-to-one supports and information sessions with a job coach or a support worker to be the most helpful support of all good practices shared with them. Employers reported that they 'don't know what they don't know' and many are not even sure how to start the process of hiring a person with a disability. Other employer supports provided alongside one-to-ones may include:

- Supports to adapt employee training materials and handbooks to allow ease of reading.
- A toolkit with information on how to apply for Government grants and wage subsidy schemes.
- Assistance in completing applications forms for Government grants and schemes.

Service providers also highlighted that communication with employers, especially during the recruiting phase, should be face to face whenever possible as employers are more likely to be open and honest about their concerns and ask questions in person.

[Ability staff] came in directly and we had a chat and I liked that a lot. Employers need the personal touch rather than a phone call. The face to face is always a good aspect to meet and understand each other. I think this is key to getting an employer to participate.

(Employer)

12. Provide general disability awareness training and training tailored to the specific workplace and support needs of the participant they will be working with.

Both service providers and employers agreed that employers need both general disability awareness training and training and supports customised and tailored to their workplace and the unique personality, communication style and support needs of the participant they are working with. Service providers reported that it is helpful for this process to include a task analysis or similar assessment from an occupational therapist.

Our finding is when we complete a Disability Awareness Training session for a team who has a person with a disability joining it, the outcome is far more successful.

(Employer)

[Employers need] guidance on how to instruct and support the person with a disability/mental health challenge.

(Employer)

13. Assess potential employers to ensure they are a good fit and committed to the mission and values of the Ability Programme

It is important to ensure that employers are a good fit for the Ability Programme by clarifying the purpose of the work placement and undertaking an informal screening process to eliminate employers who may not be sufficiently engaged to ensure a positive work experience for participants. It is recommended to do this is by meeting staff informally or formally in onsite/in face-to-face meetings. Once an employer is on board and with the permission of a participant, it is beneficial to share the goals and skills a participant hopes to work on as part of their work placement with an employer and explain how they can support a participant to build the necessary skills to ultimately achieve these goals and ambitions.

We do a mental checklist during a site visit. We observe how they are speaking to staff. What is the atmosphere when you walk in, is it friendly, are people subservient when the manager is around? What is the environment like?
(Service Provider)

Additional supports which employers found useful were facilitated events where prospective employers had an opportunity to hear from other employers about their experiences of the Ability Programme, as well as a variety of representatives from insurance companies, Citizens Information, or the Department of Social Protection to answer questions they may have.

14. Provide training to employers on accessible recruitment and interview practices

Service providers reported that traditional job postings and interview practices are often inaccessible to their programme participants and in these instances, it is necessary to provide training and supports to employers to increase the accessibility and inclusivity of both their recruitment and interview processes. Examples of these supports include making job descriptions easy to read and during interviews, offering participants the option to take a break, asking clarifying questions and allowing participants to have a support worker present if required. Employers may also need support on how to attract applicants with disabilities to work for their organisation (i.e., what wording to use in job advertisements, where to post them or how to undertake a closed recruitment process for a person with a disability).

It does not seem right to advertise a job that will only hire someone with a disability. So that makes it hard for me to find applicants with a disability. They don't apply, so how can I hire them.

(Employer)

They trained our managers and staff on how to recruit inclusively. They took us through the perspective of a candidate and what they go through when looking for a position which helped us reframe job descriptions and advertisements and the overall application process to ensure it was accessible to everyone with different levels of ability.

(Employer)

15. Develop marketing materials, including video and social media content, which include testimonials from both programme participants and participating employers

Service providers, programme participants and employers discussed the importance of having high-quality marketing campaigns, social media, and web presence to raise awareness about the Ability Programme and to recruit both participants and employers. Videos which include testimonials from programme participants and participating employers were seen as particularly effective in engaging new employers or education partners. Engaging employers in marketing campaigns was found to be a mutually beneficial process as employers could also use this material to demonstrate their activities in the areas of Corporate Social Responsibility (CSR) and community participation. Service providers also found that participants appreciate and value the opportunity to tell their story and support the organisation where they are working.

Increase awareness in regard to the type of people that can be hired through the Ability programme. The word 'disability' has connotations of problems rather than positives such as the person has triumphed over an obstacle to join a workforce.

(Employer)

Promote it more. People need this information and supports when they are in secondary school not just later when they want a job. Go in to talk to secondary school students, colleges, and tell GPs about it. It's a bit mad that I wouldn't have known about it if I hadn't mentioned to my physio that I

wanted a new job and then my physio told me about the Ability programme.
More people need to know about these programmes.

(Programme Participant)

Supports for both employers and programme participants

16. Implement a matching process to ensure that the programme participant and employer are a good fit and have a shared set of expectations for the role

Ensuring a strong match between an employer's needs and work culture and the participant's interests, personality and skills was reported as the most important step by service providers in supporting programme participants to attain paid employment. This is in line with findings from the literature review.

It is crucial to recruit employers who have positions which match the interests, skills and abilities of participants and equally, to ensure that a participant is committed to a role before placing them in an organisation. The matching process may include vocational or occupational assessments as well as facilitating short-term, in-person interactions with employers such as a one-day tours or in-house showcase events. In-person interactions, where programme participants can demonstrate their skills and abilities informally, help to dispel misconceptions and stereotypes about people or persons with disabilities. In addition, short, one-day visits give participants an opportunity to explore their interest or comfort level with a particular role or employer before making a longer-term commitment.

12 employers noted that it is important for both the participant and the employer to have a mutual understanding on agreed expectations for a role and know where to get support if needed, both from an employer and from a job coach if required.

[Employers should] sit down with the person and have a one-to-one chat on what you expect from them and what you are going to do to help support them. Everyone deserves a fair chance at proving themselves capable.

(Employer)

17. Support the induction process by arranging for a tour of the workplace to introduce the participant to their tasks and other staff prior to a work placement commencing

Supporting the induction process was ranked as the second most helpful support by employers. These supports generally start with a brief meeting between a participant, employer and an Ability Programme staff member to provide a tour of the workplace, outline work tasks, introduce staff and practice traveling to the location. In doing so, both participants and employers are prepared, comfortable and all the necessary steps are in place to ensure that a participant has a positive experience on their first day.

I think some more information on what difficulties someone with a disability is likely to have would be useful. This could be done through an early walk through of the office and consultation before work formally begins.

(Employer)

We start with a workplace tour. We do an introduction where we take the programme participant on a tour of the work placement option, and everyone gets to meet everyone, and it breaks down barriers.

(Service Provider)

18. After induction, continue to provide on-the-job-supports as needed and ongoing communication for troubleshooting. Phase these supports out gradually.

It is important that onsite support continues for an agreed period of time and any training provided is tailored to the needs of each employer and the personality and support needs of the programme participant. In addition, keeping the lines of communication open, even after all onsite supports have been phased out, allows for quick and early problem solving should any potential issues arise over time. This is particularly useful as employers noted a lack of confidence in managing HR issues as a barrier to engagement. Having on-call support from a job coach available was reported as 'invaluable' by employers.

When we hired someone, they were on site the whole time until the candidate was comfortable on site on their own and able to work independently. We also needed support teaching us how to introduce the candidate into the workplace and how to coach our team into the mind set of accepting someone into the team who thinks differently than them. That onsite support to integrate them into the team in the beginning was invaluable.

(Employer)

19. Support employers to promote relationship building and develop a support system between colleagues through models such as peer mentoring

Service providers and employers both reported that providing a friend or colleague as a peer mentor proved beneficial as it helps a participant to feel included and part of a team and fosters more independence from a job coach. Doing so also enables other employees to develop leadership skills and promotes good teamwork. Having peer support in the form of a buddy or mentor was also highlighted as 'good practice' in the literature review.

5.5 Summary

The values which outlined the various good practice examples in this chapter reflect and endorse the key lessons featured in the literature review. Good practice can contribute to national and international literature by providing detail on how these principles are applied in an Irish setting. Key principles which underpin 'good practice' include: the individualisation of training supports, the need to have participants in the driver's seat in terms of their goals and supports, the need for creativity in teaching and engagement approaches, the need to combine the application of learning with real workplace experience and the need to support employers to create more accessible and welcoming workplaces if diversity goals are to become meaningful.

6 Conclusion

6.1 Overview

This evaluation found that the services and supports provided throughout the Ability Programme are in alignment with what the literature review reports as being 'good practice' and that these services resulted in the achievement of the programme objectives.

The Ability Programme is successfully supporting participants to increase their soft skills, progress into education, obtain a qualification, employment, or a meaningful voluntary role in their community. In addition, a number of detailed good practices in an Irish context have been identified across service providers, participants and employers.

As of 3 February 2021, Ability Programme service providers had provided services and supports to a total of 1,946 programme participants.

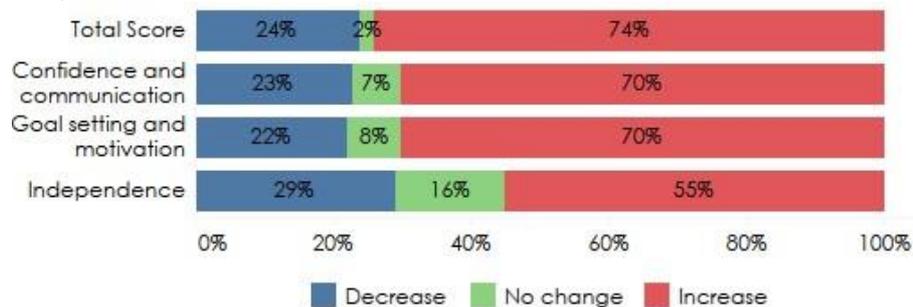
6.2 Achievement of Objectives:

The evaluation of the Ability Programme has shown that the programme reached all four of its objectives.

Objective 1: Assist young people with disabilities to develop the confidence and independence required to participate in education, training and employment

Three quarters (74%, n= 242) of participants in the sample improved their soft skills as measured by their total score on a soft outcome survey tool. Participants increased their skills in confidence and communication (71%), goal setting and motivation (70%) and independence (55%).

Figure 18 Participant scores on soft outcome tool



Objective 2: Support young people with disabilities who are not in education, employment, or training to access and participate in these areas

Of the 1,019 participants with data available on hard outcomes, 32% progressed into education⁵⁴ or training, 42% gained a qualification, 25% obtained paid employment⁵⁵ and 15% obtained a voluntary social role.

Objective 3: Build the capacity of mainstream employment services, education, and training providers to support the progression of young people with disabilities

Collecting data directly from employment services (i.e., INTREO (the Public Employment Service) or EmployAbility (services which provide employment support for people with a health condition, injury, illness, or disability) and education and training providers was outside of the scope of this evaluation. However, the study showed that service providers were implementing good practice in their engagement with employers and education providers and that several new and innovative approaches and proposals had been developed regionally throughout the programme.

Objective 4: Build the capacity of employers to recruit and retain young people with disabilities within their workforce

In a survey of employers, 88% (n=58) reported that they are now more likely to hire people with disabilities in the future, with 47% being 'significantly more likely' as a result of participating in the Ability Programme.

Several good practices were identified in the research in addition to 10 supports which employers find helpful in overcoming the challenges in recruiting, hiring, and supporting staff with disabilities. The top three supports identified were:

1. One-to-one information sessions and/or Q&As with a job coach or support worker to identify and confirm what supports, guidance and subsidies are available to employers who hire employees with disabilities

⁵⁴ This may be an underrepresentation of the total number of programme participants who achieved this outcome upon exiting the programme as 'in education or training' and 'in employment' are mutually exclusive in the Ability CRM. Therefore, providers were advised to 'select the primary outcome' if a programme participant was both in education or training and in employment upon exit.

⁵⁵ See previous footnote.

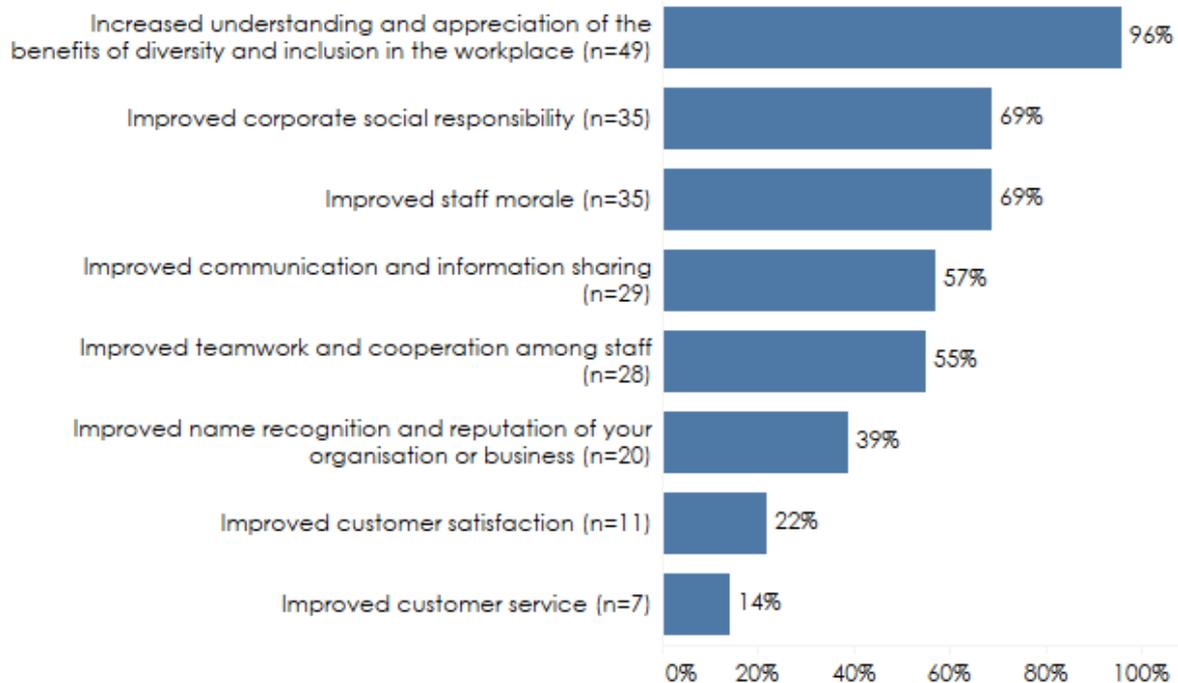
2. A job coach or support worker attending and/or co-facilitating the induction process to ensure that the first day in a new role and organisation is a positive experience for both a programme participant and an employer
3. General disability awareness training for staff

6.3 Other Programme Benefits

In addition to the successful outcomes described above, both programme participants and employers reported experiencing a wide variety of other benefits. These benefits, reported by at least 40% of participants, included: increased work readiness skills, increased social connection and increased clarity on their future goals.

The most common benefits reported by employers were: increased understanding and appreciation of the benefits of diversity and inclusion in the workplace (96%), improved staff morale (69%) and improved Corporate Social Responsibility (CSR) (69%). See Figure 19 below for further benefits reported by employers.

Figure 19: Outcomes experienced by employers



6.4 Good Practice and 'What Works'

19 good practices were identified in the evaluation following extensive stakeholder consultation. Key principles which underpin these good practices include:

- 1) Individualisation of training supports
- 2) The need to have participants in the driver's seat terms of their goals and supports
- 3) Incorporating creativity in teaching and engagement approaches
- 4) Combining the application of learning with real workplace experience
- 5) Supporting employers to create more accessible and welcoming workplaces if diversity goals are to become meaningful

In addition to good practices described by stakeholders during interviews, the quantitative data analysis also identified a number of practices which increased the likelihood of participants achieving outcomes. The following practices were found to increase the likelihood of participants increasing their soft skills or achieving hard outcomes⁵⁶:

- Providing a case management approach⁵⁷ increased the likelihood that a participant improved their soft skills or acquired a QQI qualification
- Providing paid work experience increased the likelihood that a participant progressed into employment
- Developing a formal service plan with goals, actions and dates increased the likelihood that a participant progressed into education
- While supporting a participant to attain a voluntary social role in their community increased the likelihood that a participant would attain a Quality and Qualifications Ireland (QQI) qualification, it reduced the likelihood that a participant would attain paid employment

6.5 Next Steps

The findings in this report contribute meaningfully to national and international bodies of knowledge and more specifically, good practice for supporting people with disabilities to progress into education, training and employment. The strong statistical evidence for using a case management approach, providing paid work experience, and developing participant service plans with detailed actions is a particularly important contribution to international research on this topic. This evidence base is important and unique as most existing evidence for such good practice originates from qualitative methodologies.

The next section of this report includes a set of 24 recommendations based on the findings of this study. Included are recommendations to inform future service delivery, future programme design and potential policy or system level changes in supporting people with disabilities to progress into education, training and employment or attain a voluntary role in their community.

This is the final of three evaluation reports for the Ability Programme. The results from these reports will be used by the project funders (the Department of Social Protection and the European Social Fund (ESF)), Pobal, organisations funded under the Ability Programme and their partners and relevant Government Departments and agencies providing disability focused supports and services to inform programme planning and decision-making into the future.

⁵⁶ These practices were found to be the most significant predictors in a logistic regression adjusted model.

⁵⁷ Case management includes coordinating with employers and other service providers working with the individual. This approach necessitates a collective action plan agreed across providers. In contrast, key-working restricts planning and coordination of activities provided by the programme.

7 Recommendations

7.1 Overview

Recommendations were developed based on key findings from the logistic regression analyses and the thematic analysis of interviews and survey responses from all stakeholders across baseline, midpoint, and endpoint data collection, as well as the literature review undertaken in the baseline report to inform the evaluation process. Each recommendation includes a brief rationale to explain why it is relevant. This is necessary as the recommendation may be derived from findings in the baseline or midpoint report. Stakeholders were asked for recommendations for future programming or policy change at the endpoint data collection to assist in the learning process and support the development of the recommendations. These recommendations were presented to the Ability Programme Steering Committee which includes representatives from Pobal, the Department of Social Protection, the European Social Fund (ESF) and academics.

Recommendations are organised into the following three categories:

1. Recommendations for service providers who are supporting people with disabilities to progress into education, training or employment:

These recommendations are aimed at service providers funded under the previous Ability Programme and service providers delivering under any new programme. They are also relevant to other service providers working with a similar target population to assist them becoming more work ready.

2. Recommendations for national programme design: These recommendations provide specific examples of how learnings from this research can be integrated into future programme planning and national programme design

3. Recommendations for the wider policy environment: These recommendations acknowledge that programmes operate in a wider policy context and system which impacts their work. Therefore, where relevant, policy or system level challenges or opportunities were identified in the thematic analysis of stakeholder interviews and relevant recommendations were developed

7.2 Recommendations for Service Providers

1. Key working approaches should be further developed to include case management

Rationale:

Programme participants who received case management were statistically more likely to increase their overall score on the soft outcome tool and to have acquired a qualification compared to participants who received a key-working approach. Case management includes engaging with other service providers and employers to develop a common interagency action plan. This approach also involves facilitating interagency meetings as required.

2. Action planning benefits from the use of standardised forms or processes which clarify goals, steps, dates, and responsibilities

Rationale:

The results of the statistical analyses indicate that programme participants who- received a formal plan, including goals, actions, and dates, were more likely to increase their score on the soft outcome tool and to progress into education than those participants who received a plan only identifying their goals without actions clearly defined.

3. Workers require adequate time to build trusting relationships with programme participants

Rationale:

Key first steps to working effectively with people with disabilities have been identified as forming a strong relationship and getting to know each programme participant, building trust, and offering individualised services tailored to a participant's needs

As each programme participant's needs and hopes are different, the steps to building a strong relationship vary. Some participants would like to meet for the first time in the Programme Office, while others may prefer to meet at a place in the community or in their own homes. Some participants prefer initial interactions in groups, while others prefer one-to-one communication. The number of sessions required for a participant to feel comfortable also varies.

The creation of a safe and relaxed environment was perceived to be invaluable by many programme participants alongside kind and supportive attitudes of staff. Participants frequently reported past experiences of bullying and isolation, in work or educational environments where their needs were not considered and where they did not feel at ease, welcomed, or included. Programme participants reported that they valued the conditions created by the Ability Programme where they felt safe and relaxed. Participants also appreciated the reliable, kind, supportive, warm, and welcoming attitudes of staff who worked on the programme.

In addition, service providers consistently reported the need to build relationships and trust with programme participants to ensure that they are meaningfully engaged in the programme. Building strong relationships between staff and participants was also named as a good practice in the literature review.

4. Paid work experience alongside on the job training should be prioritised for participants who would like to work

Rationale:

As outlined in the 'Good Practice' section, paid work experience was found to be the most significant predictor of whether a participant attained paid employment. This finding is consistent with the midpoint results and what has been reported in the literature review which identified a 'place and train' model as good practice. Given the majority of programme participants interviewed had a goal of attaining paid employment, this is an important consideration in terms of future programme design.

5. Voluntary work should be prioritised for participants who are not aiming for paid employment

Rationale:

Programme participants who had a voluntary role in their community were statistically more likely to have increased their soft skills or to have attained a Quality and Qualifications Ireland (QQI) qualification than those participants with no volunteering role.

6. Preparing for next steps for people with disabilities two years before the end of secondary school is beneficial

Rationale:

It was noted by service providers, programme participants and the literature review that the earlier transition and progression supports are offered to people with disabilities, the better, ideally starting at least two years before a young person leaves secondary school. These supports should also engage with family members. Many service providers reported that families and programme participants lack accurate information on their rights and full details of the services and entitlements available to them. For service providers, a particular challenge in terms of engagement is that some families are afraid that by participating in the Ability Programme or getting a job, they may lose vital supports and services such as the Disability Allowance (DA) or Health Service Executive (HSE) day services.

7. Blended approaches (in-person and online) and increased accessibility and should be an option especially rurally

Rationale:

Experiences during COVID-19 demonstrated that online training and supports helped to overcome transport challenges. This form of delivery also increased social engagement for some programme participants who usually only experienced 1-2-1 in-person supports. Online learning and supports resulted in increased access to resources and courses in a wider variety of locations and these models were less resource intensive. Service providers and participants also reported that job interviews and work were more accessible for some programme participants, particularly those in a wheelchair. However, ideally, a blended approach is needed as web-based supports were not appropriate for everyone and where possible, programme participants should have the option of in-person supports if they better suit their learning style or social needs. Methods and supports to engage people in a digital environment also need to be individualised, for example, providing additional equipment such as special headphones, dongles or tablets to participants who require these supports.

8. Service providers should support programme participants and their families to develop common goals

Rationale:

Service providers viewed alignment of expectations between parents and programme participants as a precursor to identifying and achieving goals. This can be supported by discussing values and boundaries with families, facilitating peer-to-peer chats (including between families), sharing stories from past participants of the Ability Programme, and explaining and agreeing the service provision model. It is also important to provide families with information on their rights, entitlements, and services available to them to allay their concerns that their children will lose other benefits and be worse off if they engage with a service provider or in employment.

Families and participants can also have unnecessarily low expectations or aspirations of what is possible in terms of employment opportunities. By comparison, some families may have unrealistic expectations of what a service can provide or how quickly outcomes can be achieved. These findings are consistent with the literature review which also highlighted the importance of appropriately managing the expectations of programme participants and how long it may take them to achieve these goals.

9. A local multi-disciplinary advisory committee can assist with interagency work and referrals

Rationale:

Service providers suggest engaging local branches of relevant referral agencies including HSE services, Employability, ETB, DSP/INTREO, and local agencies on steering/advisory groups or committees to support the establishment of a programme. This can aid referrals and establish local referral pathways. The goal of these groups or committees is to increase referrals to a programme, raise awareness of and access to local relevant supports and services increase collaboration and reduce competition and duplication of work. The size and format of these groups or committees may vary depending on the size and structure of an organisation and programme. For example, these groups or committees may be a sub-group of a wider organisational steering committee. Well established programmes may then engage other agencies through individual meetings, specific project partnerships and co-delivered initiatives.

Service providers also suggest having an interdisciplinary team in place which includes staff with diverse skill sets such as coaching, tutoring, community development, social care and sales or business development skills. This team should, where possible, also have access to specialist skill sets such as clinical psychology, occupational therapy and speech and language specialists.

10. Service providers should budget for transport costs where required

Rationale:

Service providers and some programme participants identified the lack of suitable transport as a barrier throughout the evaluation. The analysis found that participants whose service provider supplied transportation were more likely to increase their goal setting and motivational scores on the soft skills

assessment tool than participants whose service provider did not supply transportation⁵⁸. To address transportation issues, service providers should ideally allocate a budget for transport which allows for individualised case by case support within the parameters of funding schemes.

11. Service providers should ensure that they are implementing the 19 good practices from this report

Rationale:

As 'good practice' recommends the provision of person-centred supports, not every good practice factor will be relevant to every programme or programme participant. This report identifies 19 good practices which have been developed following extensive stakeholder and participant consultation and statistical analysis of quantitative data validated by service providers. Good practices for attaining employment were also validated by participating employers. These include (but are not limited to) promoting activities to support social engagement, implementing a coaching model, providing opportunities for peer learning, facilitating mock interviews with a debrief and review process, establishing a matching process between programme participants and employers and providing on-the-job supports (i.e., a supported employment model).

7.3 Recommendations for National Programme Design

12. Future programmes should reduce or abolish current age range restrictions

Rationale:

Service providers received many referrals outside of the mandatory age range of the programme. Service providers consistently reported a demand for their services from people outside of the target age range across baseline, midpoint, and endpoint interviews. This demonstrates a need for additional employment supports for people of all ages in communities. Service providers attribute this demand to:

- A lack of transition supports in schools catering for particular types of disability and special needs results in people with disabilities not knowing or realising that work or attaining employment is an option for them until they are older
- Neuro-diverse individuals, particularly women, may not be diagnosed with a condition until later in life
- Acquired disabilities may occur later in life

In addition, service providers and the literature review report that the earlier transition and progression supports are offered, the more effective they are.

13. Future programmes should base eligibility on a needs assessment rather than an existing diagnosis

Rationale:

Programme participants may not have received a formal or up-to-date diagnosis and can be on a waiting list for a formal assessment for over a year. The current system means that a delay in one aspect of the system (i.e., assessment or diagnosis) prevents access to other supports. In addition, service providers reported that programme participants, especially those with mental health challenges, may be hesitant to identify as having a disability as this can be stigmatising for them. It was acknowledged that Pobal was responsive and adapted to address this challenge for Ability Programme participants by accepting support letters from mental health service providers as relevant evidence of a participant's need and suitability for the programme.

⁵⁸ This result was identified in an unadjusted logistic regression but was not significant in an adjusted model which accounted for other variables.

14. Ensure newly funded projects have adequate lead time to become operational prior to having to meet targets

Rationale:

New service providers reported experiencing challenges meeting targets in the first year of the Ability Programme for various reasons such as the amount of time it took to start a new programme, recruit, and hire staff and to network and build relationships and brand recognition in the community to receive referrals. New programmes needed to build awareness and trust in their programme before gaining referrals and enrolments.

15. Complete a 12-month follow-up evaluation to capture outcomes occurring after this evaluation

Rationale:

A follow-up evaluation should build on the statistical model used to strengthen the evidence base for good practice. As the Ability Programme has been granted a two-month extension to allow organisations conclude the operational elements of their funded projects and allow some additional lead-in time to exit all participants from the programme, the evaluation is ending before the programme has completed and the outcomes for some participants will not be captured in the evaluation. In addition, there is a lack of longitudinal data available on good practice in supporting people with disabilities to progress into education and employment within the literature review, especially specific to Ireland. The Ability Programme has a unique opportunity to capitalise on a robust dataset and innovative research methodology (attaining data on soft outcomes, hard outcomes, service approach and demographics and connecting this to qualitative data). This approach has the potential to significantly contribute to an international understanding of what works best in this area.

In future research and evaluation, it would be beneficial to develop a means of defining primary and secondary disability types or level of need to further understand what works for different people's needs or requirements. The Ability CRM should also be adapted so that outcomes are recorded for programme participants when they are achieved rather than only when exiting the programme.

16. Replace the pilot programme approach with ongoing and sustainable funding

Rationale:

This evaluation demonstrated that the Ability Programme was successful and that the approaches used as part of the programme reflected good practice in the literature review. The programme was also held in high regard and provided valuable supports to both participants and their families. The level of outcomes achieved indicate that the programme is ready to move from a pilot footing to a more sustainable long-term programme. In addition, the statistical analysis found that participants who were in the programme for longer were more likely to be in or to have attained paid employment and/or were more likely to have acquired a Quality and Qualifications Ireland (QQI) qualification or professional certificate than those whose duration in the programme was shorter.

17. Continue to evaluate attainment of soft and hard outcomes in future programmes

Rationale:

The study found that as soft skills increase, a programme participant is 4% more likely to be in paid employment, 3% more likely to have acquired a QQI or professional certificate or 3% more likely to be currently enrolled in a course⁵⁹. Service providers also reported that the development of soft skills and addressing mental health needs are necessary prerequisites to building and strengthening work

⁵⁹ Unadjusted regression analyses between the total score at endpoint and each of the long-term outcomes were statistically significant with the results for being in paid employment and acquiring a QQI or professional certificate significant at the $p < .001$ level and the results for being in an accredited course significant at the $p < .01$ level. Total score on soft outcome tool was not included in the adjusted regression model as data on this variable was only available for the participants who completed a soft outcome tool.

readiness. In addition, when asked what they would like to achieve by participating in the Ability Programme, participants reported that they would like to develop a number of soft skills such as increased independence, improved confidence and mental health, increased self-awareness, and social life.

18. Future funding should prioritise programmes aligned with good practice and regional spread

Rationale:

The good practices identified in the research have a robust evidence base across the literature review, qualitative research, and the regression study. Embedding these into programme selection criteria may encourage critical engagement with this evidence base.

Future research should explore whether some service models are best provided locally and whether some specialist services need to be provided nationally (i.e., for specific disability profiles).

7.4 Recommendations for the Wider Policy Environment

19. A national policy should be developed to ensure that Ireland reflects good practice in the transition from school into further education or employment for people with disabilities

Rationale:

The literature review and service providers highlight that supporting people with disabilities to think about careers and opportunities as early as possible in a school environment is important to increase progression. Ideally, this should start two years before leaving school. However, according to service providers, there is often a lack of career guidance and transition supports available in schools catering for particular types of disability and special needs in Ireland. Similarly, service providers were not aware of any agreed national policies to include a provision for career guidance in these schools. This finding is consistent with findings from a review of national career guidance policies and frameworks completed by Indecon in 2019⁶⁰. While there is no national policy in this particular area, it was acknowledged that a relevant action item is included in the 'Comprehensive Employment Phase Two Action Plan 2019- 2021'⁶¹.

Ensuring the necessary information, career guidance and transition supports are provided consistently and to a high standard requires collaboration between the Department of Education, the Department of Further and Higher Education, Research, Innovation and Science, the Health Services Executive (HSE) and/or the Department of Children, Equality, Disability, Integration and Youth.

20. An employer quality assurance or benchmark to show commitment to employing people with disabilities would be beneficial

Rationale:

This idea was suggested by multiple service providers during interviews. Developing a quality or assurance of benchmark system could streamline and reduce the duplication of work. Programmes such as the Ability Programme and those implemented by regional disability organisations as part of their core service delivery all aim to identify, recruit and screen potential employers and provide basic

⁶⁰ Indecon Review of Career Guidance Final Report 2 April 2019. This report includes the following relevant statement on page vi "There are no guidance counsellors allocated to [special] schools and in Indecon's opinion there is merit in policy providing enhanced provision for career guidance training for teachers in special needs schools, and also in enhancing the access of such schools to wider career guidance supports." Accessed: <https://www.education.ie/en/Publications/Education-Reports/indecon-review-of-career-guidance.pdf>

⁶¹ Item 1.3: "Provide access to all school leavers requiring specialist supports to an appropriate transition programme" Comprehensive Employment Strategy Phase Two Action Plan 2019- 2021. Accessed: <https://www.gov.ie/en/publication/59d403-comprehensive-employment-strategy-action-plan-2019-2021/>

disability awareness training. Establishing a quality assurance system could also ensure an increased level of confidence that employers aligned to these programmes have shared values and will provide meaningful roles for participants. It may raise awareness of the benefits of hiring a person with a disability, while also helping employers to promote their inclusive practices to their clients and customers, which, in turn, could increase their motivation to engage with these programmes.⁶²

21. A national media campaign is needed to raise and increase awareness of the benefits of hiring people with disabilities

Rationale:

Stakeholders who participated in the evaluation recommended that additional resources be assigned to develop a national awareness campaign across relevant Government Departments including the Department of Enterprise, Trade and Employment and the Department of Social Protection. It would be beneficial to build on existing practices and resources and use multimedia to promote incentives available for the employment of people with disabilities. It was suggested that such a campaign would aim to:

- Reduce the stigma associated with and allay concerns on employing people with disabilities
- Encourage both private and public employers to hire people with disabilities and ensure that the public sector is aware of the 6% hiring target set in the '*Comprehensive Employment Strategy for People with Disabilities 2015-2024*'
- Signpost employers to existing online resources where comprehensive information on the various employment schemes and supports and FAQs on areas of concern for employers⁶³ are readily available
- Signpost families and employers to Ability service providers and other programmes that they can reach out to for support accessing education or employment.

A need for increased promotion and awareness of the benefits of hiring people with disabilities, the Government supports and subsidies available and the national programmes and initiatives such as the Ability Programme were reported by participants, employers, and service providers during interviews both at midpoint and endpoint.

22. Continue to proactively monitor progress on meeting the target for public bodies to employ 6% of staff with disabilities

Rationale:

Service providers suggested that the multi-departmental team⁶⁴ implementing the '*Comprehensive Employment Strategy for People with Disabilities 2015-2024*' further defines success for the statutory public service employment target of hiring 6% of staff with disabilities⁶⁵. Mechanisms to ensure accountability and the inclusion of people with high levels of need were considered to be useful additions.

Half of service providers reported in a survey that in their experience, public sector employers have been less likely to hire people with disabilities in paid positions than private sector employers, despite

⁶² Service providers suggested that this could build on a recent new initiative led by Business in the Community Ireland, 'ELEVATE, The Inclusive Workplace Pledge.' The purpose of this Pledge is (1) to practically demonstrate commitment by Irish business to building an inclusive workforce and (2) to act as a catalyst for wider, ⁶³ Service providers suggested that this could include collaboration with Employers for Change, an initiative launched in March 2021, by Taoiseach, Micheál Martin, as a result of the Comprehensive Employment Strategy for People with Disabilities 2015-2024. This is a pilot project, funded by the Department of Children, Integration, Equality, Disability, Inclusion and Youth (DCEDIY) and run by the Open Doors Initiative. For more information: <https://www.employersforchange.ie/> and <https://www.opendoorsinitiative.ie/>

⁶⁴ Led by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

⁶⁵ The target was originally set at 3% in the Disability Act 2005 and expanded to 6% by 2024 in the Comprehensive Employment Strategy for People with Disabilities 2015-2024.

the 6% target outlined in the 'Comprehensive Employment Strategy for People with Disabilities 2015-2024'. Service providers reported two primary barriers to reaching this target. The first is a lack of disability awareness and a lack of buy-in for hiring people with disabilities across civil and public services. The second is that the nature of the standard civil servant recruitment process, managed by the Public Appointments Service, is generally incompatible with an individualised hiring process whereby an employer could match a programme participant to a particular role or tailor the tasks and responsibilities to a specific applicant (i.e., job carving). For example, according to service providers, the Public Appointments Service only advertises and recruits for full-time positions while some applicants with a disability may require part-time roles.

It was acknowledged that the Oireachtas Work Learning (OWL) programme⁶⁶ was a promising approach which may help address this issue, particularly if it is extended. OWL is an applied learning, development, and socialisation programme for young adults with an intellectual disability which is supported by the Public Appointments Service.

23. Offer employers incentives, including tax incentives for hiring people with disabilities in roles with no minimum hour requirements

Rationale:

People with disabilities, particularly those with higher support needs, may only be able to work limited hours each week and therefore, are often unable to avail of existing schemes such as the Community Employment (CE) Scheme or the Department of Social Protection (DSP) Wage Subsidy Scheme (WSS)⁶⁷ which have minimum weekly hour requirements. To incentivise employers to hire people with disabilities who may have more complex needs, service providers have suggested a number of options:

- Find ways to accommodate people with disabilities to work reduced hours on CE Schemes
- Reduce the hour requirement from the Wage Subsidy Scheme from 21 hours to eight or ten hours
- Provide a tax incentive for all employers who employ people with disabilities regardless of the number of hours worked by the employee

Services providers acknowledged that in its current form, the primary purpose of the WSS is to promote sustainable roles in the open labour market rather than facilitate casual employment. However, service providers felt that a lower 'hours worked per week' requirement or an alternative tax incentive would enable them to engage and encourage more employers to take up with WSS. A more flexible scheme would also provide life-enhancing work opportunities to a broader population of people with disabilities, many of whom may have higher support needs and who can only work a small number of hours per week. Such a development would acknowledge, in real terms, the significant personal

⁶⁶ The Oireachtas Work Learning (OWL) programme is an applied learning, development and socialisation programme for young adults with an intellectual disability. The Houses of the Oireachtas Service is facilitating the OWL programme in collaboration with KARE and WALK and supported by the Public Appointments Service. Accessed: <https://www.oireachtas.ie/en/how-parliament-is-run/houses-of-the-oireachtas-service/equality-diversityand-inclusion/owl-programme/>

KARE, an organisation which promotes inclusion for people with intellectual disabilities

WALK, an organisation where people with intellectual disabilities are supported to live self-determined lives within socially inclusive communities

For more information: <http://www.kare.ie/> and <https://www.walk.ie/>

⁶⁷ The Wage Subsidy Scheme (WSS) is run by the Department of Social Protection (DSP). Its aims are to increase the employment of persons with a disability in the open labour market by providing a financial subsidy to private sector employers. It has been designed to create sustainable roles rather than casual employment. In order to be eligible, employers must provide between 21 and 39 hours of employment per week to the worker with a disability and the contract of employment must be for a minimum of six months. For more information: <https://www.gov.ie/en/service/37c057-wage-subsidy-scheme/>

wellbeing benefits a four to 12 hour working week would provide some people with disabilities, namely through social inclusion and an enhanced sense of purpose and meaning. While several other beneficial supports and grants are available to employers and programme participants⁶⁸, a significant number of people with disabilities who can only work several hours per week are ineligible and unable to benefit from these programmes.

24. A national interdepartmental transportation strategy for people with disabilities is required Rationale:

The issue of transport is complex and multi-faceted and requires an interdepartmental strategic response to improve access to public transportation for people with disabilities, particularly in rural areas. Common barriers shared by service providers included:

- Inconvenient pick up and drop off locations located far from participant homes
- Limited bus routes with poor links between certain areas of the community
- Poor timetables which often only cover peak commute times
- Only private options exist for many people, and these can be prohibitively expensive
- Limited or unavailable wheelchair access

Without convenient, accessible, and affordable transportation, some participants cannot regularly attend the Ability Programme or other services or engage in social activities. Lack of transportation is also a barrier to gaining employment as it presents scheduling and attendance issues.

⁶⁸ DSP provides a wide range of income and employment supports which have been designed to assist both jobseekers and existing employees with disabilities, and employers seeking to hire a person or support an existing employee with a disability.



Ability Evaluation: Appendices

2021

Report produced by:



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1. Appendix 1: Soft Outcome Tool Validation

a. Soft Outcome Tool Validation

Overview

An exploratory validation study was completed at baseline to identify if the bespoke soft outcome tool that was co-created by Quality Matters and the Ability Programme service providers was a valid and/or reliable tool. An additional validation analysis was performed at the midpoint using a logistic regression.

Methodology

To ascertain if the tool had appropriate construct validity and internal consistency a number of statistical tests were applied at baseline data collection to a randomly selected sample of 363 individuals who completed the soft outcome tool without leaving any of the questions blank. To assess criterion validity, a logistic regression was performed with mid-point scores on the tool against the hard outcomes using the sample of 283 participants who submitted complete soft outcome tools as both baseline and midpoint.

Validity

The tool was assessed for three types of validity, content validity, construct validity and criterion validity.

Content validity: Content validity, meaning, how well items in the tool 'appear' to be related /relevant to the construct being measured, was explored at the development stage, by sharing the domains and corresponding question items with a focus group of representatives from each Ability Service provider to discuss and revise the question categorisation and wording. In addition, the tool was piloted with six providers, with five of them administering the tool to two participants and one administering it two three and providing further feedback on the domains and questions. This process resulted in a tool with domains and questions informed first by the literature and then intentionally revised by a wide selection of service providers with many years of experience in the field.

Construct validity: Construct validity, meaning how well a tool actually measures what it claims to measure, was measured by exploring the interrelationships among the items in the tool to identify which group together under common themes relevant to the construct. This was done by performing a Principal Component Analysis. First, in order to assess whether a Principal Component Analysis (PCA)⁶⁹ was an appropriate test to use, Kaiser–Meyer–Olkin (KMO) measure and Bartlett's Test were applied to the data set. These tests assessed and verified the PCA sampling adequacy for the analysis.

A PCA was then conducted on the 20 items in the tool with orthogonal rotation (varimax) to obtain eigenvalues for each domain in the data. A further PCA was conducted to ascertain the loadings of each item onto each domain.

Criterion validity: Criterion validity, the extent to which the results of the tool being developed are related to an outcome or other relevant criterion. This was measured at the mid-point using Logistic regression tests were used to compare the total score of the participants at the midpoint against three hard outcomes (participants being in paid employment, having acquired a QQI or profession certificate and whether participants were currently in an education course). This was carried out to ascertain as to how well scores on the tool can predict relevant future behaviours or outcomes.

⁶⁹ Other multivariate analysis considered besides the PCA was running a Factor Analysis. However, the PCA was selected as in a well-designed study with a sufficient number of subjects, Factor Analysis and PCA will typically produce similar results, but PCA is considered more reliable as it always produces a factor solution. (Plichta, Stacey Beth, 1965-. (2013). Munro's statistical methods for health care research. Philadelphia, Pa; London: Wolters Kluwer Health/Lippincott Williams & Wilkins)

Reliability

The tool's reliability was assessed by measuring the tools and internal consistency which measures how well different items on a tool that are intending to measure the same construct give the same or similar results. This was assessed using the Cronbach's Alpha test. This test was selected because it is a common approach that only requires that the tool be delivered once and does not require a "re-test" process.

Results of statistical analyses

Construct Validity

The KMO test indicated a result of .94 and all KMO values for individual items were above the acceptable limit of .5. In addition, the Bartlett's test of sphericity, $\chi^2 = 105.71$, $p < .001$ (4.89e-14), indicated that correlations between items were sufficiently large for PCA to be applied. These results indicate that the data is appropriate for analysis using a Principal Component Analysis (PCA)⁷⁰.

A principal component analysis was conducted on the 20 items with orthogonal rotation (varimax). An initial analysis was run to obtain eigenvalues for each component in the data. Three components had eigenvalues over Kaiser's criterion of one and in combination explained 55.54% of the variance. The scree plot showed inflexions that would justify retaining three of the five components.

What this shows is that while the original tool design sought to include five components, it is actually measuring three. The analysis showed that the items pertaining to confidence and communication loaded onto the same component and goal setting and motivation loaded onto the same component. In other words, the questions under those domains were found to be measuring the same concept and therefore those domains should be collapsed. The findings show that the five original components should be amalgamated into three, namely, Component 1: confidence and communication, Component 2: goal setting and motivation, Component 3: Independence.

In addition, one question (item 16) under the original communication component statistically loads onto the Independence component at a higher level. This indicates that the question is actually measuring independence rather than communication and should be relocated to that component, at least for analysis purposes.

Given the sample size of 363 and the convergence of the scree plot and Kaiser's criterion on three components the following reorganisation of the questions on the tool should be made in order to create a valid and reliable tool. The items that cluster on the same components suggest that:

- Component 1 represents confidence and communication (Items 1-5 & 12-14)
- Component 2 represents goal setting and motivation (Items 6 - 11)
- Component 3 represents Independence (Items 16-20)

A score of .4 or higher indicates that the question loads onto that component at an acceptable level (i.e., measures that component). The higher the values, the stronger that item loads on to that component. It is possible for an item to load onto more than one component. When this happens, it is appropriate to put that item in the component with the highest score.

⁷⁰ Read, Andy, F. (2013) Discovering Statistics Using IBM SPSS
[https://books.google.ie/books?hl=en&lr=&id=c0Wk9luBmAoC&oi=fnd&pg=PP2&dq=Read,+Andy,+F.+\(2013\)+Discovering+Statistics+Using+IBM+SPSS+reference&ots=LbHhOH3z-H&sig=BAZt4gb2nuDpyaMKETgPiQCPy5Q&redir_esc=y#v=onepage&q=Read%2C%20Andy%2C%20F.%20\(2013\)%20Discovering%20Statistics%20Using%20IBM%20SPSS%20reference&f=false](https://books.google.ie/books?hl=en&lr=&id=c0Wk9luBmAoC&oi=fnd&pg=PP2&dq=Read,+Andy,+F.+(2013)+Discovering+Statistics+Using+IBM+SPSS+reference&ots=LbHhOH3z-H&sig=BAZt4gb2nuDpyaMKETgPiQCPy5Q&redir_esc=y#v=onepage&q=Read%2C%20Andy%2C%20F.%20(2013)%20Discovering%20Statistics%20Using%20IBM%20SPSS%20reference&f=false)

As can be seen in table 1 below, after making the revision described above, all 20 individual items load onto their specified component above the 0.4 cut-off for acceptability.⁷¹ Table 1 below conveys the component loadings after rotation for each item.

Table1: Factor Loadings – Rotated Component Matrix

	Component 1 Confidence, and communication	Component 2 Goal setting and motivation	Component 3 Independence
Item 13: Communication: I can speak up in a group	0.75		
Item 1: Confidence: I can tell other people about things I need help with	0.72		
Item 12: Communication: I can explain things to other people	0.69		
Item 4: Confidence: I can ask for help when I need it	0.66		
Item 3: Communication: I can talk about what I am good at	0.62		
Item 15: Communication: I can let other people know when something is wrong	0.61		
Item 14: Communication: I can listen to other people in a group or on a team	0.53		
Item 5: Confidence: I feel confident in new situations, starting a course or job	0.52	0.4	
Item 2: Confidence: I am willing to try new things	0.48	0.47	
Item 8: Goal setting: I can decide what steps I will work on in my plan		0.79	
Item 7: Goal setting: I can make plans for how to achieve my goals		0.73	
Item 9: Motivation and resilience: I can keep working on my plan even if it is hard		0.72	
Item 6: Goal setting: I can set clear goals for myself		0.68	
Item 11: Motivation and resilience: I can try a new way if things don't work out		0.66	

⁷¹ Stevens JP (1992) Applied multivariate statistics for the social sciences (2nd edition). Hillsdale, NJ: Erlbaum.

Item 10: Motivation and resilience: I can manage well when things don't go the way I want them to		0.59	
Item 19: Independence: I can be tidy and well dressed for work or social event			0.75
Item 18: Independence: I can always be on time			0.74
Item 17: Independence: I can travel by myself			0.71
Item 16: Communication: I can understand and follow instructions			0.5
Item 20: Independence: I can learn new skills		0.44	0.47

Criterion Validity

To ensure criterion validity, participants' total midpoint scores were logistically regressed (with odds ratios) against three binary dependent hard outcomes.

As the total score on the soft outcome tool increases a participant is 0.04 times (4%) more likely to be in paid employment, 0.02 times (2%) more likely to have acquired a QQI or professional certificate or 0.02 times (2%) more likely to be currently enrolled in a course. All three regressions between the total score at midpoint and the hard outcomes were statistically significant the results for being in paid employment significant at the $p < .001$ level.

Table 2: Logistic Regression with Odds Ratio between Midpoint Total Score and the 3 long term outcome dependent variables

	In paid employment	Acquired a QQI or Professional Cert	Currently enrolled in a course
Midpoint Total Score	1.04 (1.02 - 1.06)***	1.02 (1.0 - 1.03)*	1.02 (1.0 - 1.04)*

Variables significant at *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$; ns non-significant

Internal Consistency

Cronbach's Alpha is a statistical measure used to assess the reliability, or internal consistency, of a set of scale or test items. The test results in a coefficient of reliability ranging from 0 to 1. A general guideline for what constitutes an acceptable coefficient is 0.7 (or higher). Scores may be interpreted as follows:

Table 3: Interpretation of Cronbach's Alpha Scores⁷²

Cronbach's Alpha	Internal Consistency
$0.9 \leq \alpha$	Excellent

⁷² George, D & Mallery, P. (2003) SPSS for Windows step by step: A simple guide and reference 11.0 update (4th ed.). Boston: Allyn & Bacon

$0.8 \leq \alpha < 0.9$	Good
$0.7 \leq \alpha < 0.8$	Acceptable
$0.6 \leq \alpha < 0.7$	Questionable
$0.5 \leq \alpha < 0.6$	Poor
$\alpha < 0.5$	Unacceptable

A Cronbach's Alpha test was conducted on all 20 items in the tool as well as the three individual components identified in the Principal Component Analysis. The Cronbach Alpha score for all 20 items suggested that the tool as a whole has excellent internal consistency. Scores for the three individual components ranged between .78 and .88 which indicated a level of 'acceptable' to 'good' internal consistency at component level. Cronbach's Alpha scores can be observed in Table 3. This means that items meant to assess the same component yield similar scores. In other words, respondents answered all of the questions within a component similarly.

Table 4: Internal Consistency (Cronbach's Alpha, n= 363)

	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	Number of Items
Total 20 Item Scores	.93	.93	20
Component 1 (Confidence and communication)	0.88	0.88	9
Component 2 (Goal setting and motivation)	0.86	0.86	6
Component 3 (Independence)	0.78	0.79	5

Summary

From the above analysis it can be inferred that there are three underlying principal components being investigated by the tool: 1. confidence and communication 2. goal setting and motivation and 3. Independence. It also shows that the tool as a whole and when reorganised into three domain has a high level of reliability and internal consistency.

At the mid-point, criterion validity as assessed and the tool was found to predict whether a participant achieved the hard outcomes of obtain paid employment, attained a qualification, or enrolled in education or training.

2. Appendix 2: Literature Review

a. Introduction

Overview

This literature review was developed to guide the evaluation of the Ability Programme as well as support and inform the implementation of the programme by service providers. To that end, the literature review covers a wide range of topics related to implementing and evaluating programmes supporting people with disabilities into employment, as well as briefly outlining the Irish and European context in which the Ability Programme is being delivered.

Ability Programme and the EU policy context

The national and EU policy context

In 2010, the European Commission created two 10-year strategies relevant to the work of bringing young people with disabilities closer to the labour market: 1.) Europe 2020: A Strategy for Smart, Sustainable and Inclusive Growth and 2.) European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe. The European Disability Strategy 2010-2020 was written to identify concrete actions that EU institutions and the Member States can take to utilise the resources and tools identified in Europe 2020, in line with the relevant charters, policies and documents outlined below, in order to remove barriers to equal access to participating in their community and economy and overall support people with disabilities to fully engage in society (1). The European Disability Strategy 2010-2020 provides the following policy review and detailed explanation of the mandate that the EU and its Member States have to improve the social and economic situation of people with disabilities (1).

Overall, these documents outline the commitment and mandate of members of the European Union to improve the lives and wellbeing of people with disabilities socially and financially and ensure they have equal rights to those who do not have a disability.

Charter of Fundamental Rights of the EU (2):

- Article 1 states that 'Human dignity is inviolable. It must be respected and protected.'
- Article 21 prohibits discriminating against a person based on their disability.
- Article 26 states that 'the EU recognises and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community.'

The Treaty on the Functioning of the EU (3):

- Article 10 requires the Union to combat discrimination based on disability when defining and implementing its policies and activities
- Article 19 provides the power to adopt legislation to address or respond to discrimination on the basis of disability.

The United Nations Convention on the Rights of Persons with Disabilities:

- The UN Convention requires the protection of all human rights and fundamental freedoms of persons with disabilities.

In addition to these European policies, Ireland has also developed a Comprehensive Employment Strategy for People with Disabilities 2015 – 2024 which is a ten-year plan that aims to ensure that anyone with a disability in Ireland who would like to work are supported to pursue employment (4). This strategy is organised into three phases. The initial phase is outline in a detailed three-year action plan included in the appendix of the document. Phase one will build a strong foundation for implementing the fuller strategy and additional action plans will be completed every three years. The strategy names the following as the priorities areas that it will focus on achieving in order to ensure that anyone with a disability in Ireland is able to pursue a meaningful career (4):

- Build skills, capacity, and independence
- Provide bridges and supports into work

- Make work pay
- Promote job retention and re-entry to work
- Provide co-ordinated and seamless support
- Engage employers

These strategic areas and the corresponding guidance in each section serve as a guide to planning and delivering appropriate services and supports.

The Ability programme is one of many programmes in place across the EU that is working in support of the goals outlined in the above strategies. Ability is co-financed by the Irish Government, Department of Social Protection (DSP) and the European Social Fund (ESF) as part of the ESF Programme for Employability, Inclusion and Learning (PEIL) and is administered by Pobal (5). PEIL is the only ESF programme taking place in Ireland during the 2014 – 2020 timeframe (6).

Programme description and objectives

The Ability Programme is co-funded by the Department of Social Protection and the European Social Fund. The DSP engaged Pobal to undertake a tendering process where service providers across Ireland applied to receive funding under the Ability Programme to provide services and supports which aim to bring young people with disabilities between the ages of 15 and 29 closer to the labour market (5). Programmes were selected based on how well they met the tender criteria which resulted in 27 organisations across the Republic of Ireland being selected to receive funding. These programmes aim to provide services to 2,600 young people with disabilities between 2018 and 2021. These 27 organisations vary widely in their target populations and locations. Services are spread across the country in both urban and rural locations with some providing services locally, or regionally and others working nationally regardless of their location. Some programmes serve clients that may have one or more of a wide range of disabilities and others target very specific population such as clients on the autism spectrum or people with acquired brain injuries who may or may not have additional compounding disabilities.

Ability service providers target young people who are not currently considered to be work ready and provide a wide range of person-centred supports to create pathways into education, training, and work experiences with the ultimate goal of attaining employment or meaningful social roles in their communities.

The objectives of the Ability Programme are to (5):

- Assist young people with disabilities to develop the confidence and independence required to participate in education, training, and employment.
- Assist young people with disabilities at key transition points between education, training, and employment.
- Support young people with disabilities who are not in education, employment, or training to access and participate in education, training, and employment.
- Build the capacity of mainstream employment services, education, and training providers to support the progression of young people with disabilities.
- Build the capacity of employers to recruit and retain young people with disabilities within their workforce.

Prevalence of disability in Ireland

It is estimated that 13.5 % of the population in Ireland had a disability in 2016, which accounts for 643,131 people and approximately 9% of young adults aged from 15 to 29 (7). The participation of people with disabilities in the labour market in 2016 was 30.2% (176,445 people) compared with 61.4% for the general population (7). According to the Analysis of the Quarterly National Household Survey 2010-2015 (2017), which collects data from 2010 to 2015, 50% of people with a disability do not want to work, 30% are working and 20% want to work (8).

This same analysis highlighted that 48% of people with disabilities reported having difficulty with working at a job/business or attending school or college, and 41%⁷³ report this as the only difficulty they experienced from a list of options that also included self-care, going outside, participating in leisure activities or using transport (8). Accessing education or employment has also been reported as the most common difficulty experienced by adult children with a disability (aged over 25, never married and living at home with parents) (7). The National Disability Authority reported that rates of participation in education are also lower in young people with a disability when compared to their peers with no disability, with a third of these being already out of education by age 15-19 (9).

Details on employment and education rates for people with disabilities are further developed in subsequent sections.

Summary

The Ability Programme, co-funded by the European Social Fund and the Department of Social Protection, has the aim to provide a range of person centred supports that help bring people with a disability closer to the labour market. This programme sits under the framework of the EU Disability Strategy 2010-2020 and the Comprehensive Employment Strategy for people with disabilities 2015-2024.

This literature review, which has been developed to guide the evaluation of the Ability Programme and inform the implementation of the programme by service providers, was conducted in four streams of research including: barriers experienced by people with disabilities in relation to progressing in education or employment, impact of not progressing into employment or education, good practice in disability services related to progression into employment or education, and measurements of change in disability services. This evaluation will work to identify and document additional successful or promising interventions for increasing soft skills and bringing young people with disabilities closer to the labour market, and thereby contribute to the available literature on this theme.

b. Challenges for young people with disabilities continuing in education or entering the workforce

Overview

Transition to adulthood is a crucial stage for young people with a disability. Literature has shown that early experiences in the workforce and opportunities for training and education can greatly influence outcomes in adulthood, including level of income, professional achievements (10) self-confidence and wellbeing (11).

This chapter aims to briefly outline the challenges young people with a disability encounter when engaging in work or education. It also describes rates of employment and education for people with disabilities in the European Union and Ireland, with the last section demonstrating the impact that high unemployment and low rates of education can have in terms of poverty, personal development, and wellbeing for people with disabilities.

Challenges for young people with disabilities: education and work

Lack of flexibility in education and employment settings leads to lack of opportunity despite the fact that policy has improved conditions towards accessibility to education and employment for people with disabilities, these efforts have fallen short to reflect in actual engagement in these areas (1, 11, and 12). There are considerable gaps between policy and practice in relation to education for people with disabilities (11, 12) where supports have mainly focused on providing young people with a disability with day services. There is some critique that these services have in themselves become an institutional barrier, and that the next development of services needs to pursue institutional change at a structure level, aiming for more flexible services that are person focused and aim to include people in mainstream employment and community activities (12).

⁷³ This figure is from the total of people with a disability that reported a difficulty in participating in work or education.

Non-flexible teaching and learning approaches, systems that place excessive attention on academic performance instead of individual progress, and institutions failing to respond in a timely manner to adjustments needed have all been identified as factors restricting the possibilities of young people with a disability in continuing with education (11–13). Tinklin et al. (2004), for instance, reported that education professionals can feel that adjustments needed to support students with a disability can lower the standard of the education delivered or place others in disadvantage (12). In turn, supports that are not given in a timely manner put students with a disability in the difficult position of having to ask for support on multiple occasions (12).

In relation to employment, people with disabilities may need different arrangements than those offered in conventional jobs, this can include, for example, flexible schedules that gives more time for travelling to work or health appointments (13). However, it has been observed that part-time opportunities which can provide some of the flexibility (11), are limited and have lower wages and fewer benefits (13).

In Ireland, flexibility in work arrangements have been identified by people with a disability as a factor that would allow them to move into employment (8). This is in line with the National Disability Authority report on Disability and Work (2005), which commented that relatively few employers in the country have made necessary adjustments to the job or workplace to be accessible to workers who have a disability (9).

Low expectations and aspirations

Low expectations from family, carers and professionals on the potential of young people with disabilities to learn and developed valued skills and competencies are also among the factors that have been found to play a role in the lack of educational and employment attainment (11,13,14). This can be seen as a two-fold challenge; on one side, less attention may be given to their academic performance and achievement (13), on the other a lack of opportunity re-enforces lower expectations – neither of these points relate to the intrinsic potential of individuals. This is particularly relevant given evidence that young people with a disability who have experienced academic success before are more likely to be motivated to continue their education (11).

Low expectations coming from family, teachers or professionals can have a direct influence on the aspirations of young people with a disability, limit their choices (10,11,15) and lead to setting less ambitious goals (14). This is important when considering that parental influence tends to be stronger in this population than in young people with no disabilities (11). Research has shown that education professionals tend to frame the transition to adulthood of this population in terms of a transferal from child services to adult services as opposed to considering the broader picture of the work and education alternatives available to them (16), which are more aligned to independent living.

Low aspirations have been identified as an independent factor that can influence goal attainment and educational outcomes (11). Burchardt (2005), for instance, reports how young people with a disability who aspired to have professional positions were more likely to achieve this later in life compared to those that aspired to low skilled jobs, who were more likely to be unemployed by age 26 (11). Low self-expectations can also negatively affect the interest of young people with a disability in seeking employment (13).

Lack of post-secondary school guidance and support

Lack of guidance and information on available post-secondary options in employment and education has also been pointed out as a challenge for young people with a disability (14). This result is that young people are frequently unaware of the variety of alternatives and paths available to them in training or work (10, 11).

This may be due to education professionals' belief that giving out guidance to young disabled people in this regard may set-them-up for disappointment in the future, misjudging the feasibility of these options (17). Focus may then be directed to mainstream students or to people with disability types that are perceived as easier to work with in conventional settings (13, 17). Another relevant aspect that can play a role in the lack of guidance are difficulties to find information in fully accessible formats for both young people with disabilities and their families (16).

Transition planning and supports in preparing young people with a disability for higher education are not adequately implemented (11,17,18), which means that even when there are existing opportunities, young people with a disability may not be fully prepared to take advantage of them (17). This may include, for instance, teaching how to advocate for their needs in different contexts (18). In fact, it has been found that there is a significant difference in how difficult young people with disabilities rate the transition to post school activities when compared to their non-disabled peers, with people who have a disability feeling less confident, less well-equipped and overwhelmed by application procedures or other demands that come with having to deal with it on their own (10, 11).

Young people with a disability may also require additional skills or assistance to successfully engage in post-secondary education, which can include communication and advocacy skills, careful planning for travel arrangements, longer preparation times for daily routines, ability to deal with barriers and emotional and cognitive maturity to manage their disability in various settings (10, 19). They also rely considerably on their parents, carers or professionals for support in their transition to adulthood, with only few having access to support or social networks outside of this immediate circle (11, 15). In relation to this, Morris (2002) describes how the parental background can affect the educational outcomes of young people with disabilities as less educational parents have more difficulty supporting them to advocate for their needs in social services (15). Added to this is the social isolation of young people with disabilities, which implies limited networks to support them in the process of finding employment (13).

Other social disadvantages can enhance the complexity of the transition into adulthood for young people with disabilities and increase the need for supports. Aron and Loprest (2012) observe that children with special education needs are disproportionately represented in the juvenile justice and the foster care system, which implies difficulties are compounded by challenges of multiple levels of disadvantage (18).

Physical barriers in education and employment

Inaccessible college or office facilities, inaccessible job interview locations, lack of adequate transport, or unaffordable daily travel expenses to get to work or participate in social events with colleagues are also among the barriers encountered by young people with a disability in work or education (13). These restrictions not only apply for individuals with a mobility impairment but also extends to those with intellectual disabilities, who also report finding it difficult to navigate transport, particularly when information is not presented in accessible formats (20). Approximately one in six people with a disability who are unemployed but wanting work, consider transport or parking as an issue in this regard (21). Implications that come with moving out from the family home can also pose additional barriers and limit choices on courses and education institutions (11, 15).

People with a disability may also struggle when trying to reconcile, on one side, the need to adopt a label to avail of institutional support for their disability and, on the other side, build up a self-concept that is not tied to it, in order to avoid low expectations or rejection from peers (12, 13). This is also the case in employment, where concerns to disclose the disability conflicts with being able to access supports such as reasonable accommodation (22).

Prejudice in the workplace

Discrimination in the labour market has been found to reduce earnings and work opportunities for people with disabilities (13, 23). One way in which this can happen is through misconceptions on the skills held by people with disabilities. Employers may be misinformed or hold stereotypes about what an individual with a disability can and cannot do in the workplace. They may be unsure about their qualifications or productivity levels, which can have an effect on both jobs and training and promotion opportunities offered to people with a disability (10, 13). This can be explained by unconscious or conscious biases that give place to 'no foot in the door' practices, in which employers decision to hire gets heavily influenced by first impressions and assumptions, leading them to rule out people with a disability too early in the process and to leave little space for them to demonstrate their skills (23). This contrasts with the fact disabled people often display adequate skills, show higher engagement with work and have low rates of absenteeism (13). Misconceptions can also affect people with a disability

looking for self-employment alternatives, who can find difficulties in accessing investment since the credit market can perceive them as high-risk lenders (13).

Prejudgements can also vary across types of disabilities. Psychiatric and intellectual or learning disabilities, for instance, are at a higher risk of discrimination, with employers having a less positive perception of this group when compared to physical disabilities (13, 24, and 25).

In Ireland, the risk of workplace discrimination for people with a disability, even though it has decreased, is still twice as high as that of people with no disabilities (8, 25). It has also been argued that the small amount of cases reported is due to the lack of participation in employment of this population (25). Furthermore, discrimination cases have been mainly reported in access to services, such as health and transport, all of which influences the ability of people with a disability to engage with work (8).

Low rates of education and lack of early work experience

Young people with a disability may also have difficulty when entering the workforce due to low education rates, which may have also been affected by their disability earlier in life (8). People with a disability are less likely to engage in further or higher education and are also less likely to complete programmes (10, 14), with their participation on post-secondary education being significantly lower when compared to their peers that do not have a disability (8, 18).

Conversely, people with disabilities who engage in post-secondary education have been consistently found to have higher employment rates and higher incomes when compared to those with no further training (10, 14, 22). A study conducted in the U.S. reported that income and employment levels of university graduates with intellectual disabilities were comparable to those of the general population, and significantly higher than those of people with intellectual disabilities who had not engaged in higher education (22). In the same vein, Grigal et al. (2011) found that individuals with disabilities who had post-secondary education were 26% more likely to be employed than their peers with no further or higher education, and were also earning 73% more on a weekly basis after finishing a vocational rehabilitation programme (14).

The lack of early work experiences is also a relevant barrier for young people with a disability looking for employment. First job experiences have been found to be key in career advancement and stability, and to greatly determine future employment outcomes but people with disabilities are less likely to have opportunities for work experiences in high school than people with no disabilities (10). In Ireland, around 30% of people with a disability since childhood, experience difficulties in finding a first job (8). Burchardt (2005) explains how the gap between people with a disability and their peers who do not have a disability in relation to employment starts early in the process of their transition into adulthood, with 18-19 year old people with disabilities being three times more likely to not be in education or employment (11).

In addition, people with disabilities may experience regular change of jobs, leading to sporadic employment patterns (10) and young people with disabilities struggle to move into high skilled job positions (10,25) and to maintain a job long enough to take on increasing levels of responsibility.

The impact of not progressing into education or unemployment

Unemployment, poverty and disability in the EU and Ireland

It is widely recognised that people with a disability have higher unemployment rates when compared to the general population (13,14,25,26). They are also more likely to be underemployed (27), have limited access to high skill jobs and high wages (8,10,11,25), experience either long periods of unemployment or unsteady employment patterns (11,13) and have low education levels (8,13). The likelihood of moving into employment is half as high for people with disabilities, as compared to that of people with no disabilities (8). The Analysis of the Irish Quarterly National Household Survey pointed out that a considerable proportion of people with disabilities (35%) last work experience had taken place more than 4 years ago and 18% had never engaged in employment, with this figure being much less, at 7%, for people without a disability (8). This same survey also reported that 45% of adults with a disability aged 20 to 59 years did not have education beyond the equivalent of a junior certificate (8).

In Ireland, it has been observed that just having a disability, with no difficulties reported in relation to the disability, can decrease the chances of entry into employment by 30%, suggesting that barriers are structural rather than situated with the individual. Differences in education, employment, and household joblessness between people with and without disabilities in Ireland according to the Analysis of the Quarterly National Household Survey 2010-2015 is shown below:

Table 5: Differences in education, employment, and household joblessness between people with and without disabilities in Ireland

		Disability	No Disability
Education	Less than lower 2nd Level	25%	5%
	Lower 2nd level	20%	12%
	Upper 2nd level	28%	36%
	Beyond 2nd level	24%	44%
Employment	At work	31%	71%
	Wants to work	19%	14%
Household Joblessness	Not jobless	59%	88%
	Jobless	41%	12%

Note: Adults aged 20–59 years, weighted data. The margin of error for the percentages is, at most, 0.4% for people without a disability and 1.0% for people with disabilities.

Source: Table sourced from the Analysis of the QNHS 2010-2015 "Employment transitions among people with a disability in Ireland: an analysis of the Quarterly National Household Survey, 2010-2015" and modified by authors (8)

These differences in employment, education, and poverty between people with and without disabilities are also found within the European Union, as the table below shows:

Table 6: Differences in employment, education, and poverty between people with and without disabilities in the European Union

Europe 2020 area	% Persons with disabilities	% Persons without disabilities
Employment rate	48.7%	72.5%
Early school leaving rate	22.5%	11%
Completed tertiary education	30%	42.5%
Risk of poverty or social exclusion	29.5%	21.5%

Source: European Commission, EDS progress report 2017, P.4 (ANED estimates for 2014, based on EUSILC).

Source: European Parliament Research Centre (2018) (28)

These figures show that participation in employment and education for people with a disability is significantly lower when compared to people with no disabilities both in the EU and Ireland. Furthermore, it evidences that a higher proportion of people with a disability in Ireland live in a jobless household.

Even though unemployment rates for people with a disability are not due entirely to factors relating to barriers in access to the labour market or education⁷⁴, this factor still plays a significant role. In the

⁷⁴ 50% of disabled people in Ireland do not want to work, with three quarters indicating their own disability or illness as the reason (8). Aspects relating to loss of social welfare payments have also been associated with disabled people decision of not moving into work (21)

European Union, for instance, the lack of adequate job opportunities has been reported to be the biggest factor within the personal and environmental factors limiting access to work (29). Similarly, Watson et al. (2017) has shown that if measures to improve access to the labour market were put in place the engagement of people in working towards these would increase (8). There is also a large number of young people with disabilities interested in this access, with data showing that two thirds of young people with a disability are interested in working (21). It is important to note that low rates of education and employment can vary considerably across disability types, with people with intellectual and mental health disabilities consistently identified as the groups experiencing the lowest rates (8, 13, 17, 18, and 30).

People with a disability have higher rates of poverty and are more likely to live in either jobless or low earning households (1,8,10,29). In 2011, the income poverty rate for this population was reported to be 45% compared to 13% for those with no disabilities in Ireland (8). In 2013 it was reported that 30% of people aged 16 or over with an activity limitation were at risk of poverty or social exclusion in the European Union, with this figure being 22% for people with no limitations (29). Full participation in the labour market is seen as essential for poverty reduction and prevention (1,21,29), with disadvantages in relation to education and employment placing people with a disability at a higher risk of socioeconomic deprivation (8,13). The link between employment and poverty is more clearly illustrated in the Comprehensive Employment Strategy for People with Disabilities 2015-2024 (2015) of Ireland, which contends that over 80% of ill or disabled people at risk of poverty, in 2001, lived in a jobless household, whereas 80% of ill or disabled people not at risk of poverty had income coming from employment or private pension⁷⁵(21). It has also been observed that this population are highly dependent on social transfers, more so than people with no disabilities (8, 29). This is particularly relevant when considering that income coming from social welfare benefits is associated with being at risk of poverty (31).

Unemployment and disability and the relationship to well-being for young people

The low rates of employment and education are also reflected in the fact that young people with a disability are more likely to be NEETs (not in work, employment or training) (32). In fact, the statistical office of the European Commission (2014) found that young people not in training, education or employment were twice as many among people with a disability in the EU (33). The OECD (2016) report also pointed out that having a disability or illness can be a predictor of NEET status (34). Additional research found that reasons given for not being engaged in education, training or employment tend to be slightly more negative for young people with a disability than without a disability (11).

Not progressing into education or employment can also greatly influence the personal development of young people with disabilities, since both of these areas have been considered instrumental in relation to getting involved in different social activities and forming personal identity (11,13), as well as achieving economic independence (10). Not being part of the workforce can also contribute to social isolation, as work supports people to be part of a community, meet people and broaden social networks (9).

Long term unemployment can affect an individual in diverse forms, including gradual loss of skills, diminished social networks or social capital and increased stress levels (35). In the seventh annual youth index report⁷⁶ of 2015 (36) it was found that employment status of young people (aged 16-25) greatly influences their levels of happiness and confidence, with NEETs having the lowest overall score when compared to the average and being much more likely to display anxious behaviours. This same survey also highlighted 46% of NEETs avoid meeting new people. In studies involving people with a disability, unemployment and underemployment have also been linked with lower levels of wellbeing (11,27) and depression (37). In contrast, transition to work for people with a disability has been associated with

⁷⁵ This was stated in the Comprehensive Employment Strategy for People with Disabilities, according to figures withdrawn from Gannon and Nolan (2005) report Disability and Social Inclusion in Ireland(31)

⁷⁶ The Youth index is a national survey involving approximately 2,000 young people between the ages 16-25 that measures their levels of happiness and confidence in different life areas. It is conducted by Prince's Trust McQuaire.

improved mental health (38) and recovery (21). Burchardt (2005), for instance, describes how unmet education and employment aspirations in adult early life can cause frustration and disappointment and affect young disabled people's confidence in their own skills and subjective well-being, as illustrated in the following excerpt:

By age 26, disabled young people are less confident of the strengths they bring to the labour market, have a higher malaise score and are three times more likely to agree that 'Whatever I do has no real effect on what happens to me', while at age 16 there was no significant difference between them and their nondisabled peers on any of these measures (p.13) (11).

As noted in the previous section, low aspirations can influence education and employment outcomes. Periods of unemployment or difficulty to move into work can further reduce these aspirations (11), which would then affect goal attainment in a downward spiral. The scarring effects of unemployment, which refer to the ever-increasing difficulty of finding a job after long periods of being out of the labour market, are reinforced for people with a disability (8), in which different social disadvantages come together.

Summary

People with a disability have fewer opportunities, face more barriers, and often need more support when engaging with employment or education. Research suggests that low expectations from family and service professionals for people with disabilities' skills and performance are more closely tied to a lack of supports or structural barriers rather than the programme participants' innate capability to progress. These low expectations, lack of supports, and structural barriers, reflect in the lower rates of participation in the labour market and in post-secondary education, which are consistently reported for this population. The overall effect of this lack of engagement is poorer outcomes in relation to wellbeing and personal development. Conversely with the right supports there are numerous international examples which show that progression and inclusion of young people with disabilities into the education and labour market are possible, sustainable, and impactful.

c. Good practice: Disability and employment supports

Overview

This next section of the review outlines eight key good practice findings, which are highlighted in research as supporting the transition of people with disabilities to attain and or maintain employment. These findings can support the development of interventions being provided as part of the Ability Programme, as well as introduce the international context of research and evaluation on this topic, to which this evaluation may contribute.

Programming that works to support people with disabilities into employment are often referred to as supported employment or vocational rehabilitation (39). There is common set of general programme model components presented in the literature, that services working to get people with mental health challenges and disabilities into employment will include (10,39,40), these are:

- Assessments and planning
- Case management
- Skill building in a group or one-to-one setting
- Education and training programmes or supporting access to these
- Work placement opportunities
- Providing access to assistive technology
- On-the-job supports for the employee such as a mentor or job club
- Employer engagement, training, and supports including information on the relevant laws, the benefits of inclusive hiring, and addressing concerns or worries for employment management

While there is a lot of information available on these overarching approaches, there is limited research on the specifics of what works best in the day-to-day implementation of these strategies (41). The

section of the literature review suggests the following eight factors to be good practice when supporting people with disabilities to obtain employment.

Offer services early and promote early work experience

The earlier that transition or employment services are provided to people with disabilities the more likely they are to be effective. Research has shown that transition programmes that started working with clients around their sophomore year, the equivalent of 4th year in Ireland (approximately age 14 -15), had high higher levels of success for transitioning young people from school to adult life, including employment, than those that did not start to work with clients until their senior year, equivalent of 6th year (42). In addition, paid work experience while in secondary school has shown to be a strong predictor of success in accessing employment later in life (10,21,43).

Place and train at the same time

Starting with the assumption that the programme participant is job ready is considered to be a strength based and more inclusive approach than assuming, on the basis of their impairment, that they are not job ready (44). While the participant may need training in specific skills that are relevant to the position, some research has found that these are often better learned on the job than in the classroom. Employers providing comprehensive staff training to new hires may be sufficient, with some additional supports. Furthermore, offering on-the-job training is ideal for people with learning disabilities as they may have trouble generalising learning from one environment to another (44). The Individual Placement and Support (IPS) model, a model of supported employment for people with mental health issues, which emphasises a “place then train” approach where the job search starts with in the first month of service provision has shown to be more successful than other approaches it was compared to which started from a training perspective (44–46). Research has found that people who obtained work through the IPS model worked more hours, earned more money and had longer job tenure (46). In Ireland, according to the National Disability Authority, Employability services in Cork have had positive results using the IPS model (47).

Work to create appropriate and positive expectations

Leading on from findings in the previous section in relation to the negative role that limited expectations can play in influencing opportunities and access, the World Health Organisation recommends working to change attitudes of employers and the general public to understand that people with disabilities, with the proper supports, can be successful in work. This change in stakeholder awareness is as an important step in working to improve the labour market opportunities for people with disabilities (48). It is not just the opinions of employers and the general public that matter. Research has shown that the expectations and confidence around programme participants abilities to work held by the parents, service providers, and participants themselves can all have an impact on success in obtaining employment (10,41,49,50). Studies have shown that parental expectations around their child obtaining a job or being self-support after they leave school is statistically a predictor of rates of young people getting paid work experience or getting a job after high school (41,49) and that supported employment programmes where staff held higher opinions of their participants abilities were more successful than programmes where staff had low expectations (50).

Providing travel training and supports has many benefits

People with disabilities may find it difficult to plan their journeys (e.g., finding information about tickets and fares, planning for assistance, finding accessible stops and stations). This is especially the case for people with learning disabilities since maps, timetables and information about routes are not easy to navigate (20,51). Providing travel training has proven to be beneficial in enabling greater access to transport, education and employment (52–54). Participating in travel training has also been shown to increase confidence, self-esteem and opportunities for independent living and autonomous activities (51–53,55).

Travel training can include both providing easily accessible transport information (journey pictures or graphics, simplified timetables, clearer fonts) and accompanied route familiarisation, which enables people with disabilities to practice taking their journey. Practising the journey provides the opportunity to identify challenges and learn coping mechanisms for challenges that may arise along the route. Repetition of the journey is undertaken a number of times, with supports, until the programme participant feels ready to do it on their own (53). These supports can be provided in one-to-one or in a group setting. However, travel training in group settings has proven to be less effective than individual supports (53).

Some programmes have included travel buddy or travel mate schemes, in which learners are matched to trainers that have a similar impairment and have already undertaken the training. This is beneficial in two ways; the trainee is able to learn and experience the journey with someone who has first-hand knowledge on challenges encountered during the journey, and the trainer can gain qualifications for future employment (53). Other innovative programmes offer added incentives through the creation of partnerships with transport operators and/or other agencies, such as free travel tickets to go to interviews and/or discounts in transport fares for the first three months of employment (53,56).

In addition to the benefits experienced by the programme participants gaining travel skills, providing travel training / travel supports may also have benefit to the wider community. According to research by Wolf-Branigin, K & Wolf Branigin, M., (2010) additional benefits might include;

1. Increasing societal tolerance (seeing people with disabilities active in the community),
2. the benefit of making universally designed elements available to all customers (e.g., low floor buses enjoyed by people using wheelchairs, rolling suitcases, baby strollers),
3. relying less and less on others (family, friends, and professionals),
4. trainee spending money in their community" (54).

Match the interests and needs of clients and employers

Ensuring a good fit between employers and programme participants is important. Job tenure is increased and clients are more likely to have advancement opportunities when there is a strong match between job preferences of the clients and needs of the employer (10,46,57). In addition, a strong match increases job satisfaction among clients (50). Understandably, a poor job match can also have a negative impact on relationship with the employer and make it harder to place clients in the future (49). This means services are likely to require a larger pool of employers at the beginning, than they may without this learning, if the aim is to sustain engagement with them, through beneficial placements.

Exploring vocational interests, talents, and skills of the participant is key to finding a job that is a good fit for them (10,57). There are a variety of ways to do this including:

- Providing career counselling (57)
- Utilising vocational assessment tools, transferable skills analysis, or personality assessments (10,39). This can include readily available self-assessment tools such as Self-Directed Search, The Career Planning Survey, Strong Interests Inventory, or the Myers- Briggs Personality Type Inventory (10).
- Offering work trials (39)

In addition to exploring the interests and skills of the participants, it is also important to meet the identified needs of employers (49,58). To ensure a good match between employers and participants it is advantageous to provide the following to both potential employers and participants (58):

- A wide range of choices,
- Ongoing opportunities for openly sharing about their needs and interests,
- Ample time and information to identify and select a match.

Form strong relationships between staff and clients

Strong personal/professional bonds between clients and staff have been shown to be a key factor in high performing programmes (59). This means services spend time engaging in activities and conversations that build trust and help the client to open up and be more honest about their aspirations. Strong relationships, in turn, help the service find a better match with employers which can result in greater job satisfaction and better job retention (41). In addition to strong relationships being predictors of success, the literature has also shown that negative interactions with staff can lead to lack of motivation in participants (58).

Mentoring, buddying and peer support makes a difference

Having a mentor, a buddy, or formal peer support at the place of employment has been reported as very helpful by participants as they start employment (44). Mentors and peer support at the place of employment can offer specific feedback, support problem solving, and encourage progress related to job performance (10). According to Lindstrom L, Kahn LG, Lindsey H. 2013, who cites the United States Department of Labor 2004, "A national survey of 16,000 adults with disabilities found that mentoring was one of the most effective strategies to reduce barriers to employment and advancement" pg8 (10).

Family involvement

Research has found programmes with high levels of family involvement to be more effective than programmes with little or no family involvement (60). When family members are informed about the service and engaged in the process employment related outcomes increase. Some programmes include families in the development of service plans (39) but family engagement may simply be informing them of what the service is and updating them on the types of goals, activities and programming being completed by the client.

Summary

Good practice findings in disability services related to employment suggest that supporting the engagement of young people with a disability in real work setting in early stages is highly beneficial, can effectively meet training needs and has the advantage of adapting to different learning approaches. This can be reinforced by the support network young people with a disability can avail from, including strong relationships with service providers, mentors, buddy or peer support and family being effectively involved in the process.

d. Measuring change in populations with disabilities

Overview

This section of the literature review outlines disability specific learning in relation to the measurement of change as a result of engaging with a programme. The review touches briefly on some of the core aspects of evaluating employment-based programmes - the purpose is not to thoroughly examine good practice in evaluation and outcome monitoring - but rather to outline disability specific considerations which can inform the evaluation methodology for the Ability Programme.

Good practice in relation to evaluation of disability employment services

Monitoring and evaluation of programmes relating to progression to employment generally comprise of the assessment of a number of factors including service outputs, inputs, and outcomes. The evaluation of client outcomes, particularly those related to distance travelled or soft skills, has increasingly gained attention in research, as it has the potential to provide a more complete picture of the impact of interventions (61,62). Soft outcome measures assess skills attainment which have been shown to be crucial in the attainment of employment (63). Soft outcomes are defined as the progress made by clients relating to skills, abilities, behaviours or attitudes that help them move towards employability (61,63).

For multiple disadvantaged individuals the achievement of hard outcomes such as engaging in employment or in education, can take years (64). Soft skills measurements allows for the accomplishments made over these developmental years to be recorded, showing progress that is required before achieving long term hard outcomes (62). These measures are considered crucial to tracking the progress made by programme participants in their engagement with programmes (63). Examples of soft skills include, and are not limited to; problem solving, self-confidence, interpersonal and communication abilities, as well as, employability skills such as time keeping (62,63). The measurement of soft outcomes has been found to have a number of benefits for stakeholders, including:

- Allowing participants to track their progress and become more aware of strengths and accomplishments which can also increase motivation (62,63,65),
- Allowing service providers to review the value they create and notice the difference made in participants development, and work towards increasing value (66) ,
- Enhancing service provider narratives on the impact of their work (65,66), and
- Informing and supporting service providers ability to advocate for the development of effective policy at a national level (62,65,67).

The collection of data on soft outcomes, however, presents a number of challenges. The biggest challenges relate to their non-explicit nature and the lack of clear-cut or direct measures. As Dewson et al. 2000 states, soft outcomes "are: intangible, not concrete, subjective, a matter of degree rather than absolute, and personal, depending on individuals clients' needs." p 2(61).

Developing a distance travelled tool across a range of programmes that have different purposes and needs is challenging (62,68), particularly, when finding this requires agreement on the key concepts to be measured as well as the indicators to be used (65). Along these same lines, it has also been argued that the lack of common terms and definitions in outcome instruments make it difficult for programme implementers to choose, from existing tools, one that can match the skill set of an specific intervention (69). Ideally any soft outcome measures, once selected, should be administered at pre and post intervention stages to allows for tracking progress, contain a diversity of variables, and be simple to administer (63).

Considerations in outcome measurement and evaluation of disability services

Much of the outcome measurement used in disability services focuses on the concepts of quality of life, well-being, and independent living skills. Tools have been developed to track changes experienced by programme participants in day and residential programmes and are used across a range of disability services offering supports of different kinds (70–72). Components measured within these tools are broad and commonly include life areas such as (70,73–76):

- Material, emotional, and physical wellbeing
- Social inclusion (including social and civic participation)
- Interpersonal relationships
- Self-determination and choice or control over one's life
- Personal development (including education, training, employment, and meaningful activities)
- Rights (including safety and security, being free from abuse, advocacy, and equality)
- Physical environment (including home or residence situation)

Quality of life measurements support disability services to take a whole-of-life approach as opposed to reducing these to the programme goals (74,77–79). These tools are broader than would be required in soft skill measurement needed for progression into work or education.

Quality of life measures can be critiqued for often being lengthy in terms of time or administrative processes, requiring trained staff for delivery, being particularly sensitive to small changes, relying heavily on proxies or experts' responses rather than self-report, and not always having enough focus on service provision or being fully supported by validity and reliability studies (80,81). Quilliam et al. (2011) in

a literature review on outcome measurements in disability services, describes a number of challenges in relation to collecting change data at the service and sector level (81):

- Stakeholder's disagreement on which concepts are relevant to measure and what are valid indicators.⁷⁷
- The distinct underlying purposes guiding the design of outcome measurement instruments, which limit applicability in different contexts to the one it was designed for.
- The difficulty of stakeholders to effectively discern between outputs - what the service is delivering, and outcomes - what changes the user is experiencing.
- The challenge of creating a tool that is adaptable to different types of disability.

There are also a number of evaluation instruments that measure specific outcomes or goals identified by programme participants to be achieved during their engagement with a programme. This means they are not necessarily defined or limited by a framework and rather depend on individuals' stated goals (81,83). Some other measurements such as transition or post school outcomes, related to school programmes developing skills for people with disabilities, contain mainly components regarding actual engagement in employment and/or education and to a lesser extent independent living skills or quality of life (84,85). A number of self-efficacy and confidence scales, related to job seeking skills in people with disabilities have also been developed (86–90), however, they do not appear to have established validity, are specifically designed only for physical disabilities or have an extensive number of items.

The literature highlights that there is a deficit of validated tools measuring soft skills relating to work or employment in people with disabilities that could be used in evaluations. Literature on outcome measurements, designed to be used by disability services, focuses mainly on quality of life, well-being, and concepts equally wide in scope.

Good practice in designing outcome measurement tools for disability

Where there are not appropriate validated soft outcome tools, the next option is for programmes to design their own. Good practice learning in the design of outcome measurements for people in disabilities identified in literature include:

1. **Language used in tools for intellectually disabled people needs to be as simple as possible.** Questions should avoid complex phrases and be short. Responses should also be easy to understand, use alternative and augmentative communication or use pictorial representations, that help to differentiate the subtle differences between answers (73,74,78,91). Likert scales could be reduced and illustrate faces from very sad to happy⁷⁸ (93,94).
2. **Both question design and the process to capture information should support an objective assessment as possible.** Design needs to limit the impact on common biases in people with intellectual disabilities, which includes overassessment, acquiescence, naysaying and perseveration (74,93). Acquiescence is a tendency, particularly high in people with intellectual disabilities, to respond to questions according to what is perceived as the desired answer by the interviewer. There are a number of recommendations in literature for reducing bias and supporting a higher validity of answers. Recommendations include:
 - To conduct acquiescent tests either as a pre-test - which would determine if the individual can or cannot continue to complete the actual tool, or have it built into the tool itself. For instance, it can include reverse wording versions of items (71,73,93) or pairs of questions that ask the same in different formats (91).

⁷⁷ This is the case as well for the evaluation of programmes leading to employment, in which the variety of actors and goals have resulted in an extensive number of indicators and no general consensus on best practices.(82)

⁷⁸ Even though a number of tools for people with intellectual disability use the happy-sad face scale, it has been stated that such a response format could cause the user to get confused and rate their emotional state (happiness, sadness) instead of what the item is addressing (92)

- To arrange for the interviewer and the place of interview to appear friendly and familiar to the client, avoiding any signs that can communicate 'power differential' or avoiding unknown environments. This is because the acquiescence responding can be increased when a person is feeling unsafe or threatened (71,93). Measures taken by the interviewer to be perceived as friendly or neutral can include dress code and engagement in social rituals (i.e. Having a cup of tea) (93).
 - To avoid questions of complex judgement or grammar. The following strategies have been suggested: using 'either/or' instead of 'yes/no' questions; including a 'Don't Know' option in the response scale and actively allow for uncertainty in the answers (i.e. the interviewer emphasising the importance of freely expressing it before and throughout the completion of the tool); keeping a balance between positively or negatively worded items (i.e. indicators and contra-indicators of what is being measured)⁷⁹, or asking the client for examples (91).
 - To train people with disabilities and have them administering the tool to their peers has also been shown to reduce the acquiescence effect (73,74). The involvement of interviewers who are not directly engaged in the person's support has also been recommended, since acquiescence can be increased by the user's knowledge that the effectiveness of the support received is at the core of the evaluation. (91)
3. **Incorporating scripted ways of paraphrasing or defining items** that interviewers can use to expand both statement and answer options, as well as implementing clarifying questions that can help understand more accurately the participant's response (95).
 4. **Use of proxies** - 'significant others' giving responses on behalf of the person, as opposed to self-report, has been used for some severe types of intellectual disability where there are lower levels of verbal communication skills. However, tools should allow for self-reporting as much as it is possible, limiting the use of proxies to the minimum possible (74,79,80). Proxy-client responses do not always agree with each other, which can make answers invalid or not useful for data collection (74). Furthermore, it has been reported people with intellectual disabilities, including those with low cognitive abilities, are generally able to answer questions for themselves (73).
 5. **Conducting pilots** with the target population to adapt items grammar and content, and ensure questions are meaningful and understood by users (73,91).

In addition, emphasising components relating to social relationships, participation in the community and independence, when measuring outcomes for this population is important, since their need for support is more extensive (70), they are at a higher risk of social exclusion (96,97) and **experience particular difficulties when retaining control of their lives and claiming their rights** (98). This has been incorporated in quality of life and other instruments as autonomy, choice and decision-making, community inclusion, playing social roles, and supportive relationships (76,94,99) and is also reflected in the development of tools measuring empowerment in people with disabilities (98).

Summary

Measuring soft outcomes allows services to have a broader picture of the impact of programmes and can also help to increase programme participants' motivation and awareness of their strengths. However, research has shown there is a deficit of validated tools measuring soft skills for people with disabilities in relation to employment and education. Instead, outcome measurements in disability services are strongly focused on quality of life, wellbeing, and independent living skills, which include areas beyond the scope of the skills related to employment and education.

Developing outcome measurement tools in disability services can be a complex process. It requires finding agreement between stakeholders on terms, definitions, and indicators to measure. This process needs to be sensitive to the different types of disabilities and intervention purposes. Good practice in

⁷⁹ Not recommended for tools with a reduced number of items or looking at individual scores, in which case asking for examples is considered more adequate (91).

outcome measurement tools for disability has highlighted the importance of using simple language and methods to avoid response biases, particularly when used with people with intellectual disabilities.

e. Conclusion

Young people with a disability face multiple challenges when engaging in employment or education. Research suggests these challenges are tied to structural barriers, with work and education settings not always providing supports in a timely and adequate manner or not being always physically accessible or easy to navigate. Added to this is a lack of support and guidance on options available in their transition to adulthood, which is particularly relevant when considering young people with disabilities can rely more on their families and often need extra planning and skills to manage their disability in different contexts. Good practice in disability services relating to employment recognises this need for guidance and support highlighting the importance of mentors, buddy and peer support, family involvement and service providers commitment to build strong relationships.

Literature has also pointed out young people with a disability's lack of early work experiences can negatively affect their future engagement in employment. In relation to this, good practice has stressed that supporting work placements, on the job training and work trials early in the process have shown positive results. This approach can also help to counteract the lasting effects of unemployment by preventing young people with a disability from staying out of the labour market for long periods.

There is also a need for services to focus more on strengths and skills of young adults with a disability rather than taking an impairment-based approach. Families, service providers, employers, education professionals and people with a disability themselves can have low expectations and aspirations and make erroneous assumptions on expected abilities and performance, all of which inform decisions on what supports, opportunities, they get offered or they seek out. A strength based and high expectations approach can increase motivation and goal attainment in young people with a disability and help them set more competitive goals.

3. Appendix item three: Endpoint Service Provision Matrix

Results in green were found to be significant predictors of increasing their score on the soft outcomes tool or attaining a hard outcome in an adjusted regression model

Client and family engagement					
1. Assessment of client needs (n=27)	A. No needs assessment	B. Formal written (bespoke)	C. Formal written (validated/specialised). Please name model/s or tool(s) if yes:	D. Informal (not written)	
	0% (n=0)	67% (n=18)	22% (n=6)	11% (n=3)	
2. The approach to 1-2-1 supports / key working case management / mentoring / coaching (n=27)	A. No 1-2-1 support provided	B. Level 1 - Signposting and informal support <ul style="list-style-type: none"> Assesses needs Provides information on options Makes referrals and supports problem resolution (Possibly) job search / CV assistance Meets ad hoc or on request and limited formal follow up or informal follow up only. May be provided by different staff.	C. Level 2 – Key working and structured supports All that is involved in level 1, and: <ul style="list-style-type: none"> Staff member develops strong professional relationship with client. Creates written action plan Meets regularly with scheduled times Undertakes formal reviews Supports engagement with other services Ongoing and more intensive relationship	D. Level 3 – Case management All that is involved in level 2, and: <ul style="list-style-type: none"> Co-ordinating/leading service provision across a range of internal or external services or employers Calls interagency meetings etc. 	
	0% (n=0)	0% (n=0)	56% (n=15)	44% (n=12)	

3. General frequency of 1-21 supports / mentoring / key working / case management / mentoring / coaching (n=27)	A. Entirely as needed / as requested i.e., drop-in	B. Sessions scheduled - weekly, fortnightly, or more than once a month	C. Sessions scheduled - every 4 – 8 weeks	D. Sessions scheduled - every 2 – 6 months	
	4% (n=1)	93% (n=25)	4% (n=1)	0% (n=0)	
4. Action plan / care plan / personal plan (n=27)	A. No plan developed	B. Formal - written on standardised form with goals	C. Formal - written on standardised form with goals, and then detailed steps and dates etc.	D. Informal - no standardised form, general guidance only	
	0% (n=0)	41% (n=11)	56% (n=15)	4% (n=1)	
5. Average engagement with parents/guardians/POA (n=27)	A. No engagement with parents or guardians, unless they request information, or a challenge arises	B. Structured engagement with parents i.e., meetings at induction or planning phases as well as when needed or requested.	C. Structured additional supports and services to parents and families		
	33% (n=9)	56% (n=15)	11% (n=3)	0% (n=0)	
6. Transport provided (n=27)	A. No transportation supports provided by our service directly / sign posting to relevant external supports only	B. Individual transportation or financial support for transportation to service, classes, or work placements provided - if needed	C. Group transportation to activities provided	D. Both individual and group transportations services provided	

	41% (n=11)	26% (n=7)	4% (n=1)	30% (n=8)	
7. Mental health supports (n=27) *Includes courses such as mindfulness if the purpose is to improve wellbeing as opposed to gaining a qualification	A. We do not provide direct mental health support, but we will sign post to other services when needed	B. Individual supports (counselling etc) either inhouse or referred out - if needed	C. Group supports (group counselling) either inhouse or referred out.	D. Both individual (if needed) and group supports	
	44% (n=12)	22% (n=6)	11% (n=3)	22% (n=6)	
8. Support to engage in social activities (n=27)	A. We do not provide direct supports related to social activities, but we will sign post to other services when needed	B. Individualised referrals to social activities or clubs	C. Group social activities hosted by our Ability service	D. A mix of both individual referrals and group social activities	
	41% (n=11)	7% (n=2)	7% (n=2)	44% (n=12)	
9. School transition support services (n=27)	A. We do not provide transition support, but we will sign post to other services when needed	B. School staff lead transition services, and we support them	C. We collaborate with schools to offer programming and facilitate transition planning	D. We lead transitions services and provided onsite in school programming with staff being based in the school	
	48% (n=13)	4% (n=1)	33% (n=9)	15% (n=4)	

Education opportunities	
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10. Work readiness and life skills course (CVs, communication, reading and writing for work, personal development, life skills, interview skills etc) (n=27) ***NONACCREDITED***	A. None provided	B. Programme based group training delivered in house or outside (i.e., everyone in Ability Programme receives is engaged/offered)	C. Individual attends mainstream programme in-house	D. Individual attends mainstream programme outsourced	E. Mixed approach
	0% (n=0)	67% (n=18)	11% (n=3)	7% (n=2)	15% (n=4)
11. Work readiness and life skills course (CVs, communication, reading and writing for work, personal development, interview skills, life skills etc) (n=27) ***ACCREDITED***	A. None provided	B. Programme based group training delivered in house or outside (i.e., everyone in Ability Programme receives is engaged/offered)	C. Individual attends mainstream programme in-house	D. Individual attends mainstream programme outsourced	E. Mixed approach
	37% (n=10)	22% (n=6)	4% (n=1)	26% (n=7)	11% (n=3)
12. Vocational skills / trade training (i.e., specific job/trade skills, e.g., café work, hairdressing, manual handling, or an apprenticeship) (n=27) ***NONACCREDITED***	A. None provided	B. Programme based group training delivered in house or outside (i.e., everyone in Ability Programme receives is engaged/offered)	C. Individual attends mainstream programme in-house	D. Individual attends mainstream programme outsourced	E. Mixed approach
	15% (n=4)	52% (n=14)	7% (n=2)	19% (n=5)	7% (n=2)

13. Vocational skills / trade training (i.e., specific job/trade skills, e.g., café work, hairdressing, manual handling, or an apprenticeship) (n=27) ***ACCREDITED***	A. None provided	B. Programme based group training delivered in house or outside (i.e., everyone in Ability programme receives is engaged/offered)	C. Individual attends mainstream programme in-house	D. Individual attends mainstream programme outsourced	E. Mixed approach
	26% (n=7)	19% (n=5)	0% (n=0)	41% (n=11)	15% (n=4)
Employment and meaningful social role					
14. Paid work experience (n=27)	A. None provided	B. Short-term trial (a few weeks or less)	C. Longer term, with role contingent on the person being in your service or on the Ability Programme	D. Employed in role (not contingent on enrolment in Ability Programme)	
	48% (n=13)	7% (n=2)	30% (n=8)	15% (n=4)	
15. Unpaid work experience in an environment where other people are paid (i.e., a local business) (n=27)	A. None provided	B. Short-term trial (a few weeks or less)	C. Longer term, with role contingent on the person being in your service or on the Ability Programme		
	15% (n=4)	52% (n=14)	33% (n=9)		
16. Voluntary role in the community where other people also volunteer (i.e., a charity group or church group) (n=27)	A. None provided	B. Short-term trial (a few weeks or less)	C. Longer term, with role contingent on the person being in your service or on the Ability Programme	D. Long term voluntary role (not contingent on enrolment in Ability Programme)	
	19% (n=5)	30% (n=8)	22% (n=6)	30% (n=8)	

Employer Engagement			
17. Percentage of all staff time (n=27):			
A. What percent of staff time is spent on activities and tasks related to client/family engagement <u>__ Average = 76%, Median 75%, Mode = 75%, Range = 30% -100%</u> B. What percent of staff time is spent on activities and tasks related to employer engagement <u>__ Average = 24%, Median= 25% Mode = 25%, Range = 0% - 70%</u>			
18. Provide training and supports to employers in relation to then hiring or providing work exp. etc, to people with disabilities (n=26) ⁸⁰	A. One-time training	B. Ongoing training and support (champion / employer mentor models etc)	
	27% (n=7)	73% (n=19)	
19. Recruitment of business partners (n=26) ⁸⁵	A. We recruit an employer based on the interests of a client	B. We recruit a large range of employers who are interested in the programme and then match to interests	C. Both A and B
	31% (n=8)	8% (n=2)	62% (n=16)

⁸⁰ One provider reported that they do not provide training and supports to employers ⁸⁵ One provider reported they do not recruit or support employers.

4. Appendix item four: Ability soft outcome tool

Explanation for Programme Participant

The answers to these questions will:

- Help our service provide you with supports that are tailored for you
- Help you see the change you have made in this programme (we will do this again every 6 months)
- Inform an evaluation of this programme, so it can be improved in the future

How to complete

Read each statement below and work with your staff member to select which answer choice best describes your skills levels. In order to select D or E you will need to be able to think about a time or a number of times you have done this in the past year and discuss this with your worker.

	(A) I can't do this on my own, right now	(B) I am practicing doing this on my own	(C) I can do this on my own most of the time	(D) I can always do this on my own	(E) I can do this on my own and support others to do it
Confidence					
1. I can tell other people about things I need help with					
2. I am willing to try new things					
3. I can talk about what I am good at					
4. I can ask for help when I need it					
5. I feel confident in new situations like starting a new course or job					

	(A) I can't do this on my own, right now	(B) I am practicing doing this on my own	(C) I can do this on my own most of the time	(D) I can always do this on my own	(E) I can do this on my own and support others to do it
Goal setting and getting steps done					
6. I can set clear goals for myself					
7. I can make plans for how to achieve my goals					

8. I can decide what steps I will work on in my plan					
Motivation and resilience					
9. I can keep working on my plan even if it is hard					
10. I can manage well when things don't go the way I want them to					
11. I can try a new way if things don't work out					

	(A) I can't do this on my own, right now	(B) I am practicing doing this on my own	(C) I can do this on my own most of the time	(D) I can always do this on my own	(E) I can do this on my own and support others to do it
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Communication					
12. I can explain things to other people					
13. I can speak up in a group					
14. I can listen to other people in a group or on a team					
15. I can let other people know when something is wrong					
16. I can understand and follow instructions					

Independence					
17. I can travel by myself					
18. I can always be on time					
19. I can be tidy and well dressed for work, school, or social events					
20. I can learn new skills					

To be completed by programme staff:

Service user ID# from Ability CRM _____ Date _____

1. Service user is currently enrolled in a QQL accredited education/training course.

- Yes
- No

2. If yes, please select the QQI level (if more than one, select the highest level attained):

- | | |
|----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |

3. Service user has attained a QQI accredited qualification while in the Ability Programme.

- Yes
- No

4. If yes, please select the QQI level (if more than one, select the highest level attained):

- | | |
|----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |

5. Service user has attained a professional certificate while in the Ability Programme (i.e., safe pass, first aid).

- Yes
- No

6. If yes, how many professional certificates have they received _____

7. Service user currently has a volunteer role in their community (that is not time limited or contingent on being in Ability).

- Yes
- No

8. If yes, approximately how many hours does the service user volunteer each week _____

9. Service user is currently working in paid employment (that is not time limited or contingent on being in Ability)

- Yes
- No

10. If yes, approximately how many hours does the service user work each week _____

5. Appendix item five: Statistical Analysis Detail for Outcomes Chapter

a. Soft Outcomes

Descriptive statistics for soft outcome data at endpoint

Total reported scores ranged from 20 to 100 with a mean score of 66.1. With an end-point confidence level of 95%, the population mean lies between 64.6 and 67.6 based on the sample of 329 individuals. The confidence interval (CI) for the overall scores in the sample is ± 1.51 . This means that we can be 95% confident that the programme participants from the total population of people enrolled in the Ability programme would have a mean score on the soft outcome tool between 64.6 and 67.6 if they were to complete the tool. In regard to the domains, with a confidence level of 95%, the population means lie between the following confidence intervals: Confidence and communication: 33.6 and 35.2 (CI ± 0.76), Goal setting and motivation: 16.9 and 17.9, (CI ± 0.54) and Independence: 14 and 14.6 (CI ± 0.32). The range of scores and means of the sample for the domains can be found in the table below. [Table 7: Soft Outcome Data Range and Mean Scores and Endpoint](#)

Domain	Number of Items in Domain	Range of Scores	Mean ⁸¹ , Median, Mode ⁸² Scores	Standard Deviation
Overall Score	20	20 to 100	66.1, 67, 66	14
Confidence and communication	10	10 – 50	34.4, 35, 37	7
Goal setting and motivation	6	6 – 30	17.4, 18, 18	5
Independence	4	4 – 20	14.3, 15, 16	3

[Table 8: Participant change in soft skills between baseline and endpoint](#)

Domain	Number of participants who increases in their Score	No Change in Score	Number of participants who has a decrease in Score ⁸³
Total Score (n=329)	242 (74%)	8 (2%)	79 (24%)
Confidence and communication (n=329)	232 (71%)	22 (7%)	75 (23%)
Goal setting and motivation (n=329)	229 (70%)	27 (8%)	73 (22%)
Independence (n=329)	182 (55%)	52 (16%)	95 (29%)

⁸¹ The mean was calculated by taking the average of all overall scores which was equal to 66. The sum of the means for each domain is 66.5.

⁸² The mode is the score that occurred most often in the data set.

⁸³ The decrease in scores may be a result of what is known as the Dunning Kruger effect, in which people fail to accurately assess their level of competence on a subject they do not have much background in or knowledge of, often overestimating their abilities.

Pearson's Correlation

A Pearson's correlation was applied to the domain scores at endpoint, domain scores were all correlated to a moderate to strong degree and all were statistically significant to a $p < 2.2e-16$. This is important as the positive correlations show that the domains are measuring a common construct i.e., readiness for work or further education. In other words, this shows that participants scores for confidence and communication, goal setting and motivation, and independence as defined and measured by this tool are similar and relevant to each other and all together are measuring a common topic which in this case is readiness for progression into work or further education. This also indicates that if a participant scored high or low in one domain, they were likely to score high or low in the other domains as well. Correlation scores are contained in the table below.

Table 9: Correlation of Domain Scores at Endpoint Application of Soft Outcome Tool

Domain	Confidence and communication	Goal setting and motivation	Independence
Confidence and communication		0.71	0.61
Goal setting and motivation	0.71		0.60
Independence	0.61	0.60	

Paired Samples T-test

To understand if the change in soft outcome scores between baseline and endpoint were statistically significant a pair samples t-test was performed. The analysis found that participants experience a statistically significant change in their soft skills across all three domains and their total score between baseline and endpoint.

When a paired samples t-test was applied to the baseline and endpoint data, the mean of the difference of the total scores was 7.8 points. On a sample size of 329 participants this produces a t value of 11.1 which is statistically significant with a p-value $< 2.2e-16$ with a confidence level of 0.95.

In regard to the subdomains, when a pair samples t-test is applied to the baseline and endpoint data, with a confidence level of 95%, the mean of the difference was:

- Confidence and communication: 3.9 on a sample size of 329 participants this produces a t value of 10.65 which is statistically significant with a p-value $< 2.2e-16$
- Goal setting and motivation: 2.7 on a sample size of 329 participants this produces a t value of 9.1 which is statistically significant with a p-value $< 2.2e-16$
- Independence: 1.2 on a sample size of 329 participants this produces a t value of 7.9 which is statistically significant with a p-value of $8.414e-12$

Change in soft outcome scores between baseline and endpoint

The change in total scores from baseline to endpoint can be observed in the graph below which illustrates the range of scoring at both points with the central bar representing the median which is 9 points higher at the endpoint⁸⁴. The change in overall score from the first baseline test to the endpoint test ranged from -40 point to +54 points.

⁸⁴ The mean difference between the baseline and endpoint is 7.8 (higher at endpoint)

Table 10: Comparison of scores between baseline and endpoint

Domain	Number of Items in Domain	Range of Scores	Mean ⁸⁵ , Median, Mode ⁸⁶ Scores at baseline	Mean ⁸⁷ , Median, Mode ⁸⁸ Scores at endpoint	Mean ⁸⁹ , Median, Mode ⁹⁰ Change Scores between Baseline and Endpoint	Standard Deviation at baseline	Standard Deviation at endpoint	Standard Deviation of change scores
Overall Score	20	20 - 100	58.3, 58, 57	66.1, 67, 66	7.8, 9, 8	14	14	12.7
Confidence and communication	10	10 – 50	30.5, 30, 30	34.4, 35, 37	3.9, 5, 7	8	7	6.7
Goal setting and motivation	6	6 – 30	14.7, 14, 12	17.4, 18, 18	2.7, 4, 6	5	5	5.3
Independence	4	4 – 20	13.1, 13, 14	14.3, 15, 16	1.2, 2, 2	3	3	3.0

⁸⁵ The mean was calculated by taking the average of all overall scores which was equal to 66. The sum of the means for each domain is 66.5.

⁸⁶ The mode is the score that occurred most often in the data set.

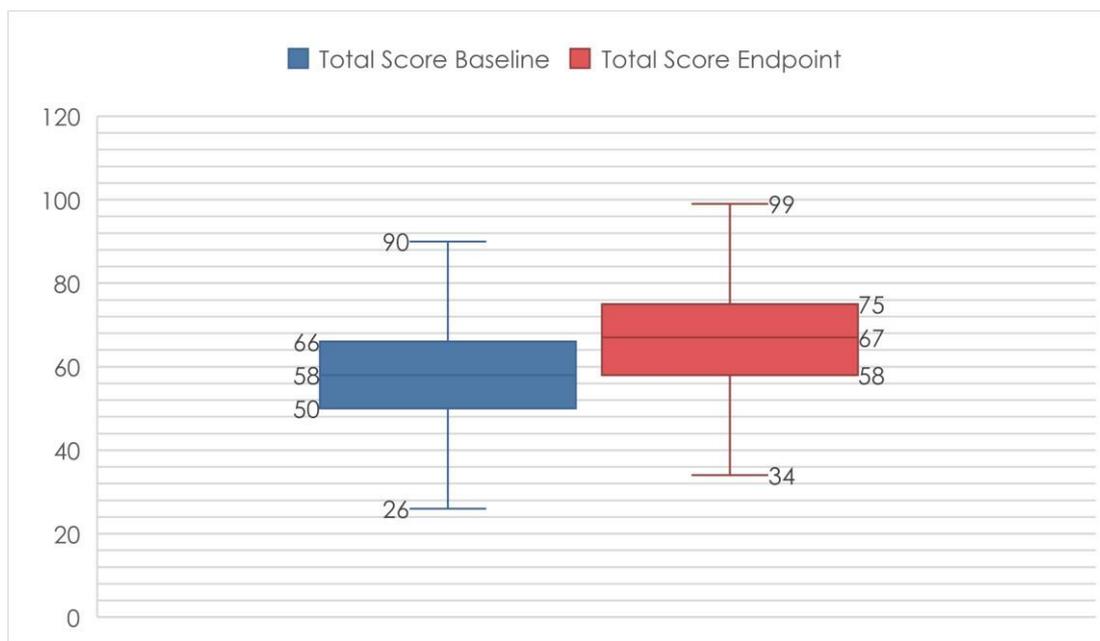
⁸⁷ The mean was calculated by taking the average of all overall scores which was equal to 66. The sum of the means for each domain is 66.5.

⁸⁸ The mode is the score that occurred most often in the data set.

⁸⁹ The mean was calculated by taking the average of all overall change scores which was equal to 7.8 for the total score. The sum of the means for each domain is 7.8.

⁹⁰ The mode is the score that occurred most often in the data set.

Figure 1: Change in Total Scores from Baseline to Endpoint



Chi-squared analysis with a Yates correction for scores by disability type

A chi-squared analysis with a Yates correction was undertaken to ascertain if there was a significant difference between the types of disability⁹¹ and the change in total scores. Scores were categorised into three brackets, decrease, no change and increase. The results indicated that there was no significant statistical difference in the change in scores between any of the disability types⁹². This can be seen in the table below.

Table 11: Chi-Square with Yates Correction Summary (n=182)

X-Square	15.977
P-value	0.1003
Df	10
Alpha	0.05

Conclusion: There is not a significant difference between the type of disability and the change in scores between the baseline and endpoint.

In addition, a chi-squared analysis with a Yates correction was also undertaken to ascertain if there was a significant difference between the number of disabilities a participant reported (one, two, three or more) and the change in total scores (decrease, no change, and increase). The results indicated that there was a significant statistical difference in the change in scores between the number of disability types⁹³. This can be seen in the table below.

⁹¹ Chronic Illness and Sensory Disability were omitted from this test as there were no records in the sample that recorded having only either a chronic illness or a sensory disability.

⁹² For the purposes of Chi-Square analysis, only respondents with one disability type reported were included in the analysis as mutually exclusive categories are required for this test.

⁹³ For the purposes of Chi-Square analysis, only respondents with one disability type reported were included in the analysis as mutually exclusive categories are required for this test.

Table 12: Chi-Square with Yates Correction Summary (this is not mutually exclusive)

X-Square	14.414
P-value	0.006
Df	4
Alpha	0.05
Conclusion: There is a significant difference between the number of disabilities reported by a participant and the change in scores between the baseline and endpoint.	

A post-hoc test of residuals was carried out to further explore the meaning of the results of the ChiSquare. The post-hoc test found that more participants with one disability increased their score than would be expected in a normal distribution and less people with one disability decreased their score than would be expected. This indicates that people with one disability were statistically more likely to increase their score on the soft outcome tool than participants who had more than one disability

Increase score in participants with one disability and decrease in participants with one disability are the only items that breach the qnorm score.

Table 17: Chi Square Post-hoc test of Residuals

	1 disabilities	2 disabilities	3 or more disabilities
Increase	3.210409	-2.61752	-1.14129
No Change	-1.38927	2.313151	-1.15599
Decrease	-2.79445	1.824838	1.627315
Qnorm Score	+2.77292		
	1 disabilities	2 disabilities	3 or more disabilities
Increase	146	65	27
No Change	3	6	0
Decrease	33	31	14

Predictive factors for soft outcomes in an unadjusted model

An adjusted model was performed for the total soft outcome score which resulted in only two variables being statistically significant, one of which was a control variable. Therefore, as the subdomains already had fewer independent variables significant in their unadjusted models, adjusted models were not completed for the subdomains.

This means that a majority of the predictors discussed below for the subdomains were found to be significant on their own, but it is unknown if they would still be significant if other variables were considered or controlled for.

The predictors of total score below (unless otherwise indicated) were only significant in an unadjusted model and were no longer found to be significant predictors of the soft outcomes when other predictors were accounted for.

Factors that increased likelihood of increasing soft outcome scores in an unadjusted model:

- **Number of disabilities (control variable):** Participants that had one disability were 120% more likely to have an increase in total score than those who had more than one disability. This variable was one of only two variables found to still be statistically significant in an unadjusted model that was accounting for eight other variables. (This was also found to be statistically significant in an adjusted model)
- **Approach to needs assessments:** Participants whose organisations provided a formal written needs assessment with a bespoke tool or formal validated tool were 265% and 206% respectively, more likely to increase their score in goal setting and motivation than those who received an informal verbal needs assessment. Participants whose organisations provided a formal written needs assessment with a bespoke tool or formal validated tool were 177% and 228% respectively, more likely to increase their confidence and communication score and 276% and 389% respectively, more likely to increase their goal-setting and motivational score than those who received an informal needs assessment. Participants whose organisations provided a formal written needs assessment with a formal validated tool were 210% more likely to increase their independence score than participants that received an informal verbal needs assessment.
- **Approach to 1-2-1 supports:** Participants whose organisations provide a case management approach were 77% and 81% more likely to increase their total score as well as their scores in confidence and communication than participants whose organisations provide a key-working approach. This variable was one of only two variables found to still be statistically significant in an unadjusted model that was accounting for eight other variables. (This was also found to be statistically significant in an adjusted model)
- **Action Plans:** Participants in organisations that complete an action plan with action steps and dates were 79% more likely to increase their total score than participants in organisations that set goals as part of their action plan without steps. Participants in organisations that complete an action plan with action steps were also 104% and 92% more likely to increase their confidence and communication score and goal setting and motivation score respectively than participants in organisations that only set goals as part of their action plan.
- **Transportation:** Participants whose organisation supplied transportation were 91% more likely to increase their goal-setting and motivational score than participants whose organisation did not supply transportation. This was further explored to see if there was a significant difference between programme participants in urban and rural areas this variable was not found to be a significant predictor.
- **Supports to engage in social activities:** Participants whose organisations offer a mixture of supports in a facilitated group (and signposting or referrals) were 98%, 76%, and 103% more likely to increase their total score, their confidence and communication score, and their goal setting and motivation score, respectively, than participants whose organisations offer signposting or referrals alone. In addition, participants whose organisations offer supports in a facilitated group were 557% more likely to increase their goal setting and motivation score than participants whose organisations offer supports through signposting or referrals only.
- **School transition supports:** Participants whose organisations offer collaborative or service led supports were 67% more likely to increase their total score than participants whose organisations offer signposting or school led supports.

- **Work readiness and life skills courses (accredited):** Participants whose organisations offer mainstream based work readiness and life skills courses were 91% and 151% more likely to increase their total score and independence score respectively than participants whose organisations offer no courses.
- **Vocational skills/trade training (non-accredited):** Participants whose organisations offer mainstream non-accredited vocational skills/trade training were 165% and 185% more likely to increase their total score and their independence score respectively than participants whose organisations offer none.
- **Vocational skills/trade training (accredited):** Participants whose organisations offer mainstream based accredited vocational skills/trade training, or a mixture of programme and mainstream based training were 88% and 137% more likely to increase their independence score respectively than participants whose organisations offer none.
- **Unpaid work experience:** Participants whose organisations provided short term unpaid work experience or long-term unpaid work experience were 105% or 162% more likely respectively to increase their total score than those who were not provided unpaid work experience. Participants whose organisations provided short term unpaid work experience or long-term unpaid work experience were 202% or 194% more likely respectively to increase their goal setting and motivation score than those who were not provided unpaid work experience. This finding was also significant in the midpoint analysis.
- **Voluntary role in the community where other people also volunteer:** Participants whose organisations offer a voluntary role contingent on being in the Ability programme were 91% more likely to increase their total score than participants who received none. Participants whose organisations offer a voluntary role either contingent or not contingent on being in the Ability Programme were 173% or 217% more likely respectively to increase their goal setting and motivation score than those not in a voluntary role.
- **Length of time in Ability:** The longer a person had been in the Ability Programme the more likely they were increase their confidence and communication score. For every additional month that participants spent in a programme they were 7% more likely to increase.

-

Factors that decreased likelihood of increasing soft outcome scores

- **Engagement with parents/guardians:** Organisations that had structured engagement with parents/guardians were 55% and 59% less likely to increase their total score and increase their goal setting and motivation score than organisations that had no engagement with parents and guardians. This variable may be serving as a proxy for programme participant level of need as higher need or younger participants are more likely to have parental engagement with the service. A counter intuitive finding was identified for the hard outcome of attaining paid employment as well.
- **Approach to work readiness and life skills courses (non-accredited):** Participants whose organisations offer programme based or a mix of programme based, and mainstream courses were 62% and 64% respectively less likely to increase their confidence and communication

score than participants whose organisations offer no courses. This finding is counter intuitive and may be due to challenges with multi-collinearity⁹⁴ in the data⁹⁵.

Table 14: Unadjusted Logistic Regression Model for Significant Predictors of Soft Outcome

	Independent/Predictor Variables ⁹⁶	Change in Total Score	Change in Confidence and Communication Domain Scores	Change in Goal Setting and Motivation Domain Scores	Change in Independ. Domain Scores ⁹⁷
		Unadjusted Model Odds Ratios ⁹⁸ and 95% Confidence Intervals (Variables significant at *** p<0.001, ** p<0.01, * p<0.05; . p= - = ns nonsignificant)			
Number of disabilities	(Ref.) More than one disability				
	One disability	2.2 (1.34 - 3.64)** Sig. @ Adjusted ¹⁰⁴	-	-	-
Assessment of client needs	(Ref.) Informal				
	Formal Bespoke	3.65 (0.49 - 7.56)***	2.77 (1.35 - 5.69)**	3.76 (1.85 - 7.87)***	1.98 (0.98 - 4.14).
	Formal Validated	3.06 (1.35 - 7.05)**	3.28 (1.44 - 7.59)**	4.89 (2.14 - 11.59)***	3.1 (1.39 - 7.13)**
Approach to 1-2-1 supports	(Ref.) Lvl 2 key working				
	Lvl 3 Case management	1.77 (1.08 - 2.96)* Sig. @ Adjusted	1.81 (1.17 - 3.11)*	-	-
Action Plans	(Ref.) Formal with goals				
	Formal with action plan	1.79 (1.08 - 2.99)*	2.04 (1.25 - 3.36)**	1.92 (1.18 - 3.14)**	-

⁹⁴ Multicollinearity refers to two variables being too closely correlated. When the level of correlation between independent variables is high this causes problems when fitting the adjusted model and interpreting the results. VIF's of five or more correspond to critical levels of multicollinearity. Where independent variables were found to have a VIF of greater than five in this study, the variables with the largest VIF score were removed one at a time and the VIF test was rerun to ascertain whether multicollinearity remained an issue.

<https://www.statisticshowto.com/varianceinflation-factor/#:~:text=A%20rule%20of%20thumb%20for%20interpreting%20the%20variance, reliable%20your%20regression%20results%20are%20going%20to%20be.>

⁹⁵ The four different service provision variables under Education Opportunities in the service delivery matrix all had levels of multicollinearity near or above the cut off for inclusion in the regression model and could not be included in some of the adjusted regressions. Therefore, findings associated with these variables should be interpreted with caution.

⁹⁶ Only predictors found to be significant for at least one of the soft outcomes are included in figure 20. To see a detailed breakdown of every predictor variable tested for each outcome (dependent variable) please see the appendix.

⁹⁷ None of the independent/predictor variables proved to be significant in in this domain at p < 0.05.

⁹⁸ If the OR is <1, odds are decreased for an outcome; OR >1 means the odds are increased for a given outcome. ¹⁰⁴ Number of disabilities and the approach to 1-2-1 supports were also the only significant predictors in the adjusted model for the soft outcomes total score. Participants with one disability were 200% more likely to increase their score compared to participants with more than one disability and participants that received case management were 155% more likely to increase their total score compared to participants that received key-working.

Engagement with Parents/Guardians	(Ref.) No engagement				
	Structured	0.45 (0.24 - 0.8)**	-	0.41 (0.23 - 0.72)**	-
Transportation	(Ref.) No transportation				
	Transportation	-	-	1.91 (1.19 - 3.08)**	-
Supports to engage in social activities	(Ref.) Signposting or referrals				
	Facilitated Group	-	-	6.67 (1.85 - 42.76)*	-
	Mix of both	1.98 (1.19 - 3.32)**	1.76 (1.08 - 2.89)*	2.03 (1.25 - 3.33)**	-

School Transition supports	(Ref.) Signposting or school led				
	Collaboration or service led	1.67 (1.02 - 2.76)*	-	-	-
Work readiness and life skills course (nonaccredited)	(Ref.) Mainstream based				
	Programme Based	-	0.38 (0.18 - 0.77)*	-	-
	Mixed	-	0.36 (0.14 - 0.89)*	-	-
Work readiness and life skills course (accredited)	(Ref.) None provided				
	Mainstream based	1.91 (1.02 - 3.68)*	-	-	2.51 (1.48 - 4.43)**
	Programme Based	-	-	-	-
	Mixed (Mainstream and Programme based)	-	-	-	-
Vocational skills / trade training (nonaccredited)	(Ref.) None provided				
	Mainstream based	2.65 (1.16 - 6.18)*	-	-	2.85 (1.38 - 6.04)**
	Programme Based	-	-	-	-
	Mixed (Mainstream and Programme based)	-	-	-	-
Vocational skills / trade training (accredited)	(Ref.) None provided				
	Mainstream based	-	-	-	1.88 (1.1 - 3.26)*
	Programme Based	-	-	-	-
	Mixed (Mainstream and Programme based)	-	-	-	2.37 (1.15 - 5.03)*
Paid Work Experience	(Ref.) None provided				
	Contingent	-	-	-	-

	Not contingent	-	-	-	-
Unpaid work experience (where others are paid)	(Ref.) None provided				
	Short term	2.05 (1.04 - 4.04)*	-	3.02 (1.55 - 5.94)**	-
	Long term	2.62 (1.28 - 5.37)**	-	2.94 (1.48 - 5.91)**	-
Voluntary role in the community where other people also volunteer	(Ref.) None provided				
	Contingent	1.91 (1.04 - 3.49)*	-	2.73 (1.53 - 4.88)***	-
	Not contingent	-	-	3.17 (1.59 - 6.46)**	-
Months in the programme	(Cont)	-	1.07 (1.0 - 1.13)*	-	-
Urban/Rural	(Ref.) Rural				
	Urban	-	-	-	-

b. Hard Outcomes

Provider estimates of outcomes

In order to be able to provide an estimate of the hard outcomes achieved across the programme including those still active (and therefore not reflected in the CRM), providers completed a survey providing aggregate counts of each hard outcome.

Table 15: Aggregate counts of hard outcomes across all programme participants since start of programme (including those still active in the programme)¹⁰⁵

Hard outcome	Total aggregate score of programme participants who achieved this reported by providers ¹⁰⁶	Average estimated % of those who attain the outcome who are at risk of losing their role if service ends	Number who had achieved this but lost their role due to covid-19 restrictions
Gained a QQI Qualification	24% (n=473)		
Currently enrolled in QQI accredited education or training	24% (n=468)	47%	
Attained a professional certificate (e.g., safe pass, first aid)	24% (n=471)		
Currently enrolled in in a course to attain a professional certificate (e.g., safe pass, first aid)	6% (n=126)	36%	
Attained a voluntary	15% (n=295)	31%	8% (n=155)

social role in their community			
Attained mainstream employment	20% (n=397)	34%	3% (n=62) ¹⁰⁷

¹⁰⁵ These numbers are based on 26 providers who completed the survey as of June 1st.

¹⁰⁶ Percentages are calculated based on the total number of participant enrolled in the Ability programme as of February 3, 2021

¹⁰⁷ A further 69 participants attained mainstream employment but have indefinitely been placed on leave during covid-19 restrictions and their return to work is uncertain.

Significant predictors of hard outcomes in an adjusted model

Table 16: Adjusted Logistic Regression Model with Odds Ratios⁹⁹

	Independent/Predictor Variables	In Paid Employment	Achieved a QQI or Professional Certificate	Currently in an Accredited Course
Age commencing course	(Ref.)	-	-	-
	Age			0.85 (0.81 - 0.90)***
Approach to 1-2-1 supports	(Ref.) Key working	-	-	-
	Case management	-	4.85 (2.65 – 9.19)***	
Action Plans	(Ref.) Formal with goals	-	-	-
	Formal with action steps	-	-	3.35 (1.72 – 6.67)

⁹⁹ The table only includes variables that were found to be significant in order to save space. To see the full table of all variables included in the adjusted model see the appendix.

Engagement with parents/guardians	(Ref.) No engagement	-	-	-
	Structured	0.42 (0.23 - 0.79)**	-	
Mental health supports	(Ref.) No mental health supports	-	-	-
	Mental health supports		0.42 (0.22 - 0.77)**	
Paid work experience	(Ref.) None provided	-	-	-
	Contingent on being in the programme		-	
	Not contingent on being in the programme	4.36 (1.78 - 11.06)**	-	
Voluntary role in the community (where others also volunteer)	(Ref.) None provided		-	-
	Contingent on being in the programme			-
	Not contingent on being in the programme	0.17 (0.05 - 0.50)**	4.52 (1.11 - 18.86)*	
Time spent in Programme	(Ref.)	-		
	Time spent in programme	1.04 (1.01 - 1.08)**	1.14 (1.11 - 1.18)***	

Variables significant at *** p<0.001, ** p<0.01, * p<0.05.

Table 17: Unadjusted predictors of hard outcomes

	Independent/Predictor Variables	In Paid Employment	Achieved a QQI or Professional Certificate	Currently in an Accredited Course
		Adjusted Model Odds Ratios and 95% Confidence Intervals (Variables significant at *** p<0.001, ** p<0.01, * p<0.05; p= - non-significant)		
Gender	(Ref.) Female			
	Male	1.58 (1.2 - 2.13)**	0.99 (0.81 - 1.22)**	-

Age Commencing course		1.08 (1.04 - 1.12)***	-	0.83 (0.8 - 0.87)***
Education Level	(Ref.) Up to Junior Cert level			
	Post Junior Cert level	1.99 (1.48 - 2.67)***	0.53 (0.4 - 0.69)***	-
From a disadvantaged background	(Ref.) From a disadvantaged background			
	Not from a disadvantaged background	1.92 (1.3 - 2.9)**	-	0.68 (0.49 - 0.94)*
Special education	(Ref.) Received special education			
	Did not receive special education	1.53 (1.14 - 2.06)**	-	-
Number of disabilities	(Ref.) More than one disability			
	One disability	1.49 (1.11 - 2.01)**	-	-
Assessment of client needs	(Ref.) Informal			
	Formal Bespoke	3.18 (1.94 - 5.46)***	3.85 (2.46 - 6.23)***	-
	Formal Validated	-	3.01 (1.87 - 5.0)***	-
Approach to 1-2-1 supports	(Ref.) Lvl 2 Key-working			
	Lvl 3 Case management	-	3.16 (2.42 - 4.13)***	1.61 (1.23 - 2.11)***
Action Plans	(Ref.) Formal with goals			
	Formal with action plan	-	1.67 (1.26 - 2.23)***	1.88 (1.40 - 2.53)***
	(Ref.) No engagement			

Engagement with Parents/Guardians	Structured	0.51 (0.39 - 0.72)***	2.84 (2.13 - 3.82)***	-
Transportation	(Ref.) No transportation			

	Transportation	-	-	-
Mental Health Supports	(Ref.) No Mental Health supports			
	Mental health supports	0.59 (0.44 - 0.79)***	1.78 (1.38 - 2.3)***	-
Supports to engage in social activities	(Ref.) Signposting or referrals			
	Facilitated Group	-	-	-
	Mix of both	0.53 (0.38 - 0.74)***	1.7 (1.3 - 2.24)***	-
School Transition supports	(Ref.) Signposting or school led			
	Collaboration or service led	0.58 (0.43 - 0.79)***	1.63 (1.26 - 2.11)***	2.97 (2.26 - 3.9)***
Work readiness and life skills course (nonaccredited)	(Ref.) Programme Based			
	Mainstream based	2.29 (1.65 - 3.18)***	0.31 (0.22 - 0.44)***	0.66 (0.47 - 0.92)*
	Mixed	-	1.72 (1.15 - 2.6)** 0.39	-
Work readiness and life skills course (accredited)	(Ref.) None provided			
	Mainstream based	-	1.63 (1.16 - 2.29)**	1.79 (1.26 - 2.55)**
	Programme Based	0.57 (0.38 - 0.84)**	4.08 (2.91 - 5.76)***	2.91 (2.06 - 4.12)***
	Mixed (Mainstream and Programme based)	-	6.03 (3.73 - 10.01)***	2.96 (1.88 - 4.66)***
Vocational skills / trade training (non-accredited)	(Ref.) None provided			
	Mainstream based	0.56 (0.35 - 0.88)*	15.02 (8.17 - 29.67)***	2.23 (1.43 - 3.49)***
	Programme Based	0.52 (0.37 - 0.75)***	15.85 (9.14 - 29.89)***	-

	Mixed (Mainstream and Programme based)	-	42.92 (20.62 - 95.89)***	2.49 (1.45 - 4.29)***
Vocational skills / trade training (accredited)	(Ref.) None provided			
	Mainstream based	-	4.8 (3.43 - 6.77)***	3.35 (2.4 - 4.72)***
	Programme Based	0.3 (0.17 - 0.51)***	4.35 (2.93 - 6.51)***	-
	Mixed (Mainstream and Programme based)	-	11.08 (6.75 - 18.64)***	3.19 (2.02 - 5.04)***
Paid Work Experience	(Ref.) None provided			
	Contingent	3.19 (2.29 - 4.48)***	-	-
	Not contingent	2.94 (1.89 - 4.55)***	3.98 (2.63 - 6.12)***	-
Unpaid work experience (where others are paid)	(Ref.) None provided			
	Short term	-	3.98 (2.63 - 6.12)***	-
	Long term	-	-	2.8 (1.88 - 4.25)***
Voluntary role in the community where other people also volunteer	(Ref.) None provided			
	Contingent	0.59 (0.43 - 0.81)**	2.17 (1.61 - 2.94)**	-
	Not contingent	0.53 (0.35 - 0.8)** 0.9 3.07	2.42 (1.67 - 3.54)** 0.99	1.99 (1.38 - 2.88)*** 0.94
Provide training and supports to employers	(Ref.) One-time			
	Ongoing	-	2.5 (1.81 - 3.49)***	-
Recruitment of business partners	(Ref.) Client based			
	Employer based	-	0.04 (0.01 - 0.08)***	0.31 (0.19 - 0.47)***

	Mix of client and employer	-	-	0.53 (0.39 - 0.71)*** 0.99
Months in the programme		1.03 (1.01 - 1.05)**	1.12 (1.10 - 1.14)***	-
Tasks related to client/family engagement		-	0.97 (0.96 - 0.98)***	0.99 (0.98 - 1.0)**
Tasks related to employer engagement		-	1.03 (1.02 - 1.05)***	1.01 (1.0 - 1.03)**
Urban or Rural	(Ref.) Rural			
	Urban	1.4 (1.01 - 1.96)*	-	1.63 (1.2 - 2.27)**
Score on Soft outcome Tool		1.04 (1.02 - 1.07)***	1.03 (1.02 - 1.05)***	1.03 (1.01 - 1.05)**

Variables significant at *** p<0.001, ** p<0.01, * p<0.05; ns non-significant

c. Multicollinearity table for independent variables included in the adjusted regression/odds ratio model

All variables that were found to be statistically significant in the unadjusted logistic regression model were checked for multicollinearity using a Variance Inflation Factor test. Independent variables with a VIF score of over five were removed iteratively until the variables that remained were under the 4.5 threshold.

Table 18: Multicollinearity table for independent variables included in the adjusted regression/odds ratio model

Independent/Predictor Variable	Total Score Change	In Paid Employment	Attained A QQI or Professional Cert	Currently in an Accredited Course
	Variance inflation factors (multi-collinearity) scores			
Gender (Male)		1.05	Low Power	
Age Commencing course		1.52		1.4
Education Level (Post junior cert level)		1.62	1.41	
From a disadvantaged background (Not from a disadvantaged background)		1.12		Low Power
Special education		1.37		
Number of disabilities (One disability)	1.08	1.11		
Assessment of client needs (Bespoke)	1.35	1.26	1.91	
Assessment of client needs (Validated)	1.35		1.91	
Approach to 1-2-1 supports	1.15		3.29	2.17
Action Plans (Formal with Action Plan)	1.55	Low Power	2.8	2.35
Engagement with Parents/Guardians (Structured)	1.21	2.33	2.9	
Transportation				
Mental Health Supports (Had MH Supports)		2.42	2.6	

Supports to engage in social activities (facilitated group)	1.09			
Supports to engage in social activities (mix of facilitated and signposting or referrals)	1.09	1.7	2.09	
School Transition supports (Collaboration or service led)	Low Power	1.94	1.75	2.02
Work readiness and life skills course (nonaccredited) (Mainstream)		1.52	2.03	1.43

Work readiness and life skills course (nonaccredited) (Mix of mainstream and programme based)			Low Power	
Work readiness and life skills course (accredited - Mainstream based)	Low Power		12.5	4.4
Work readiness and life skills course (accredited - Programme based)		2.32	12.5	4.4
Work readiness and life skills course (accredited - Programme and Mainstream Mix)			12.5	4.4
Vocational skills / trade training (nonaccredited - Mainstream based)	1.64	Low Power	5.25	2.93
Vocational skills / trade training (nonaccredited - Programme based)		3.13	5.25	2.93
Vocational skills / trade training (nonaccredited - Mainstream and Programme mix)			5.25	2.93
Vocational skills / trade training (accredited) Mainstream			7.26	6.05
Vocational skills / trade training (accredited) Programme		6.73	7.26	6.05

Vocational skills / trade training (accredited) Mainstream & Programme Mixed			7.26	6.05
Paid Work Experience (Contingent)	Low Power	1.64		
Paid Work Experience (Non-Contingent)		1.64	1.84	
Unpaid work experience (Short-term)	Low Power		2.53	
Unpaid work experience (Long-term)	1.34			2.18
Voluntary role in the community where other people also volunteer (Contingent)	Low Power	2.44	3.3	
Voluntary role in the community where other people also volunteer (Not contingent)		2.44	3.3	1.79
Provide training and supports to employers (Ongoing)			3.2	
Recruitment of business partners (Employer based)	1.52	Low Power	2.44	1.73
Recruitment of business partners (Mix of client and employer based)	1.52			1.73
Tasks related to client/family engagement			9.78	1.81
Months in the programme		1.36	1.35	
Urban or Rural		Low Power		1.16

Power analysis for independent variables for potential Inclusion in the adjusted regression/odds ratio model

All variables that were found to be statistically significant in the unadjusted logistic regression model and which were found to have an acceptable level of multicollinearity were tested for their power score. Independent variables which had a power level of less than 0.75 were removed from the adjusted model analysis.

Table 19: Power analysis for independent variables for potential Inclusion in the adjusted regression/odds ratio model

Power	Total Score Change	In Paid Employment	Attained A QQI or Professional Cert	Currently in an Accredited Course
Gender (Male)		0.82	0.58	
Age Commencing course		0.99		0.98
Education Level (Post junior cert level)		0.99	0.98	
From a disadvantaged background (Not from a disadvantaged background)		0.95		0.51
Special education		0.87		
Number of disabilities (One disability)	0.92	0.71		
Assessment of client needs (Bespoke)	0.97	0.99	0.99	
Assessment of client needs (Validated)	0.81		0.99	
Approach to 1-2-1 supports	0.73		1	0.98
Action Plans (Formal with Action Plan)	0.76	0.39	0.99	0.99
Engagement with Parents/Guardians (Structured)	0.87	0.98	0.99	
Transportation				
Mental Health Supports (Had MH Supports)		0.91	0.99	
Supports to engage in social activities (facilitated group)	0.7			
Supports to engage in social activities (mix of facilitated and signposting or referrals)	0.81	0.98	0.99	
School Transition supports (Collaboration or service led)	0.66	0.95	0.87	1
Work readiness and life skills course (nonaccredited) (Mainstream)		0.99	0.99	0.74

Work readiness and life skills course (nonaccredited) (Mix of mainstream and programme based)			0.39	
Work readiness and life skills course (accredited - Mainstream based)	0.64		0.76	0.96
Work readiness and life skills course (accredited - Programme based)		0.76	1	0.96
Work readiness and life skills course (accredited - Programme and Mainstream Mix)			0.99	0.99
Vocational skills / trade training (nonaccredited - Mainstream based)	0.72	0.67	1	0.97
Vocational skills / trade training (nonaccredited - Programme based)		0.92	1	0.99
Vocational skills / trade training (nonaccredited - Mainstream and Programme mix)			1	0.94
Vocational skills / trade training (accredited) Mainstream			1	1
Vocational skills / trade training (accredited) Programme		0.99	1	
Vocational skills / trade training (accredited) Mainstream & Programme Mixed			1	0.99
Paid Work Experience (Contingent)	0.62	0.99		
Paid Work Experience (Non-Contingent)		0.99	0.99	
Unpaid work experience (Short-term)	0.64		1	
Unpaid work experience (Long-term)	0.84			0.99
Voluntary role in the community where other people also volunteer (Contingent)	0.63	0.97	0.99	
Voluntary role in the community where other people also volunteer (Not contingent)		0.9	0.99	0.94
Provide training and supports to employers (Ongoing)			0.99	

Recruitment of business partners (Employer based)	0.92	0.58	1	0.99
Recruitment of business partners (Mix of client and employer based)	0.78			0.99
Tasks related to client/family engagement			0.95	0.94
Months in the programme		0.99	0.99	
Urban or Rural		0.64		0.93

d. Overview of all significant predictors that had appropriate level of power and multi-collinearity

Table 20: Overview of all significant predictors that had appropriate level of power and multi-collinearity

Predictors that were significant	Unadjusted Increased Total Score in Soft Outcomes	Unadjusted Hard Outcomes	Adjusted Increased Score in Soft Outcomes	Adjusted Hard Outcomes
Gender	NA	Male participants were more likely to be in paid employment than female participants. Male participants were less likely to have attained a qualification than female participants	NA	NA
Age commencing course	NA	Participants that were older were more likely to be in paid employment and less likely to be currently in education than younger participants	NA	Participants that were older were less likely to be currently in education than younger participants
Education level	NA	Participants who had a post Junior Cert qualification prior to starting the programme were more likely to be in paid employment and less likely to have gained a qualification	NA	
Disadvantaged background	NA	Participants that were not from a disadvantaged background were more likely to be in paid employment and less likely to be currently in an education course compared to participants from a disadvantaged background	NA	NA
Special education	NA	Participant who did not attend special education or classes were more likely to be in	NA	NA

		paid employment than participants who did attend special education		
No. of disabilities	Participants reporting one disability were more likely to increase their overall score compared to participants with more than one disability	Participants reporting one disability were more likely to be in paid employment compared to participants with more than one disability	Participants reporting one disability were more likely to increase their overall score compared to participants with more than one disability	NA
Assessment of client needs	Participants that received a formal bespoke or a formal validated assessment were more likely to increase their overall score than participants that received and informal assessment	<p>Participants that received a formal bespoke assessment were more likely to be in paid employment and have achieved a qualification than participants that received an informal assessment.</p> <p>Participants that received a formal validated assessment were more likely to have acquired a qualification than participants that received an informal assessment.</p>	NA	NA

Approach to 1-2-1 supports	Participants that received case management were more likely to increase their overall score than participants that received a key working approach.	Participants that received case management were more likely to have acquired a qualification and been currently in education than participants that received a key working approach.	Participants that received case management were more likely to increase their overall score than participants that received a key working approach.	Participants that received case management were more likely to have acquired a qualification than participants that received a key working approach.
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Action plans	Participants that received a plan with both goals and corresponding action steps were more likely to increase their overall score than participants that received a plan only identifying their goals without action steps.	Participants that received a plan with action steps were more likely to have acquired a qualification and been currently in education than participants that received plan only identifying their goals without action steps.	NA	Participants that received a plan with action steps were more likely to have been currently in education than participants that received plan only identifying their goals without action steps
Engagement with parents/guardians	Participants who had structured engagement with parents/guardians were less likely to increase their total score than those who had no engagement.	Participants who had structured engagement with parents/guardians were less likely to be in paid employment and more likely to have gained a qualification than those who had no engagement with parents/guardians.	NA	Participants who had structured engagement with parents/guardians were less likely to be in paid employment than those who had no engagement with parents/guardians.
Transportation	NA	NA	NA	NA

Mental health supports	NA	Participants in organisations where mental health supports were offered were less likely to be in paid employment and more likely to have acquired a qualification compared to participants who were in organisations that did not offer mental health supports	NA	Participants in organisations where mental health supports were offered were less likely to have acquired a qualification compared to participants who were in organisations that did not offer mental health supports
Supports to engage in social activities	Participants in organisations that offered supports in a mixture of facilitated groups and signposting and referrals were more likely to increase their total score than participants who	Participants in organisations that offered supports in a facilitated group or a mixture of facilitated groups and signposting and referrals were less likely to be in paid employment and more likely to have acquired a qualification.	NA	NA
	received signposting and referrals only.			
School transition supports	Participants that received supports that were collaborative or service led were more likely to increase their overall total score compared to participants received signposting or school led supports	Participants that received supports that were collaborative or service led were less likely to be in paid employment and more likely to have attained a qualification or be currently in education that participants who received signposting or school led supports	NA	NA

Work readiness and life skills course (nonaccredited)	NA	<p>Participants that had mainstream based work readiness and life skills courses were more likely to be in paid employment and less likely to have attained a qualification or currently be in education than participants who had programme-based work readiness and life skills courses.</p> <p>Participant who had a mixture of mainstream and programme-based work readiness and life skills courses were more likely to attain a qualification than participants who had programme-based courses only.</p>	NA	NA
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Work readiness and life skills course (accredited)	Participants that received mainstream based work readiness and life courses were more likely to increase their total score than those that received none	<p>Participants that engaged in programme-based work readiness and life skill courses were less likely to be in paid employment than participants who had none.</p> <p>Participants who engaged in programme based, mainstream based or a mixture of programme and mainstream based work readiness and life skill courses were more likely to attain a qualification and to be currently in education than participants who had none.</p>	NA	NA
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Vocational skills / trade training (nonaccredited)	<p>Participants that received mainstream training were more likely to have increased their overall total score than participants who received none.</p>	<p>Participants that received mainstream or programme-based training were less likely to be in paid employment than participants that received none</p> <p>Participants that received mainstream, programme based, or a mixture of mainstream of mainstream and programme-based training were more likely to have acquired a qualification or have been in education currently compared to participants who received none.</p>	NA	NA
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Vocational skills / trade training (accredited)	NA	<p>Participants that received programme-based training were less likely to be in paid employment than participants that received none.</p> <p>Participants that received mainstream, programme based, or a mix of mainstream and programme-based training were more likely to acquire a qualification than participants that received none.</p> <p>Participants that received mainstream or a mix of mainstream and programme-based training were more likely to be in education currently than participants that received none.</p>	NA	NA
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<p>Paid work experience</p>	<p>NA</p>	<p>Participants who had paid work experience contingent or not contingent on being in the programme were more likely to be in paid employment than participants that did not have paid work experience.</p> <p>Participants who had paid work experience not contingent on being in the programme were more likely to have attained a qualification than participants who did not receive paid work experience.</p>	<p>NA</p>	<p>Participants who had paid work experience not contingent on being in the programme were more likely to be in paid employment than participants that did not have paid work experience.</p>
<p>Unpaid work experience</p>	<p>Participants who had short term or long-term unpaid work experience were more likely to increase their overall total score than participants who did not have unpaid work experience</p>	<p>Participants who had short term unpaid work experience were more likely to attain a qualification and participants that received long term unpaid work experience were more likely to be in education currently than participants who received no unpaid work experience</p>	<p>NA</p>	<p>NA</p>

<p>Voluntary role in the community where other people also volunteer</p>	<p>Participants who had a volunteer role contingent on being in the course were more likely to increase their overall total score than participants who did not have a volunteer role</p>	<p>Participants who had a volunteer role both contingent and not contingent on being in the programme were less likely to be in paid employment than participants that did not have a volunteer role.</p> <p>Participants who had volunteer role both contingent and not contingent on being in the programme were more likely to have attained a qualification than participants who did not have a volunteer role.</p> <p>Participants who had volunteer role not contingent on being in the programme were more likely to be in education currently than participants who did not have a volunteer role.</p>	<p>NA</p>	<p>Participants who had a volunteer role not contingent on being in the programme were less likely to be in paid employment and more likely to have attained a qualification than participants that did not have a volunteer role.</p>
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Recruitment of business partners		<p>Participants whose organisation recruitment of business partners was employer based were more likely to be in paid employment than those that were client based.</p> <p>Participants whose organisation recruitment of business partners was employer based were less likely to attain a qualification than those that were client based.</p> <p>Participants whose organisation recruitment of business partners was employer based or a mixture of client and employer based were less likely to currently be in education than organisations with a client-based approach.</p>	NA	NA
Months in the programme	NA	Participants that spent more months in the programme were more likely to be in paid employment or to have attained a qualification than participants who spent less months in the programme.	NA	Participants that spent more months in the programme were more likely to be in paid employment or to have attained a qualification than participants who spent less months in the programme.
Urban/Rural	NA	Participants from urban areas were more likely to be in paid employment or to be currently in education than participants were from rural areas.	NA	NA

6. Appendix item six: Ability overview of evaluation questions and methodologies

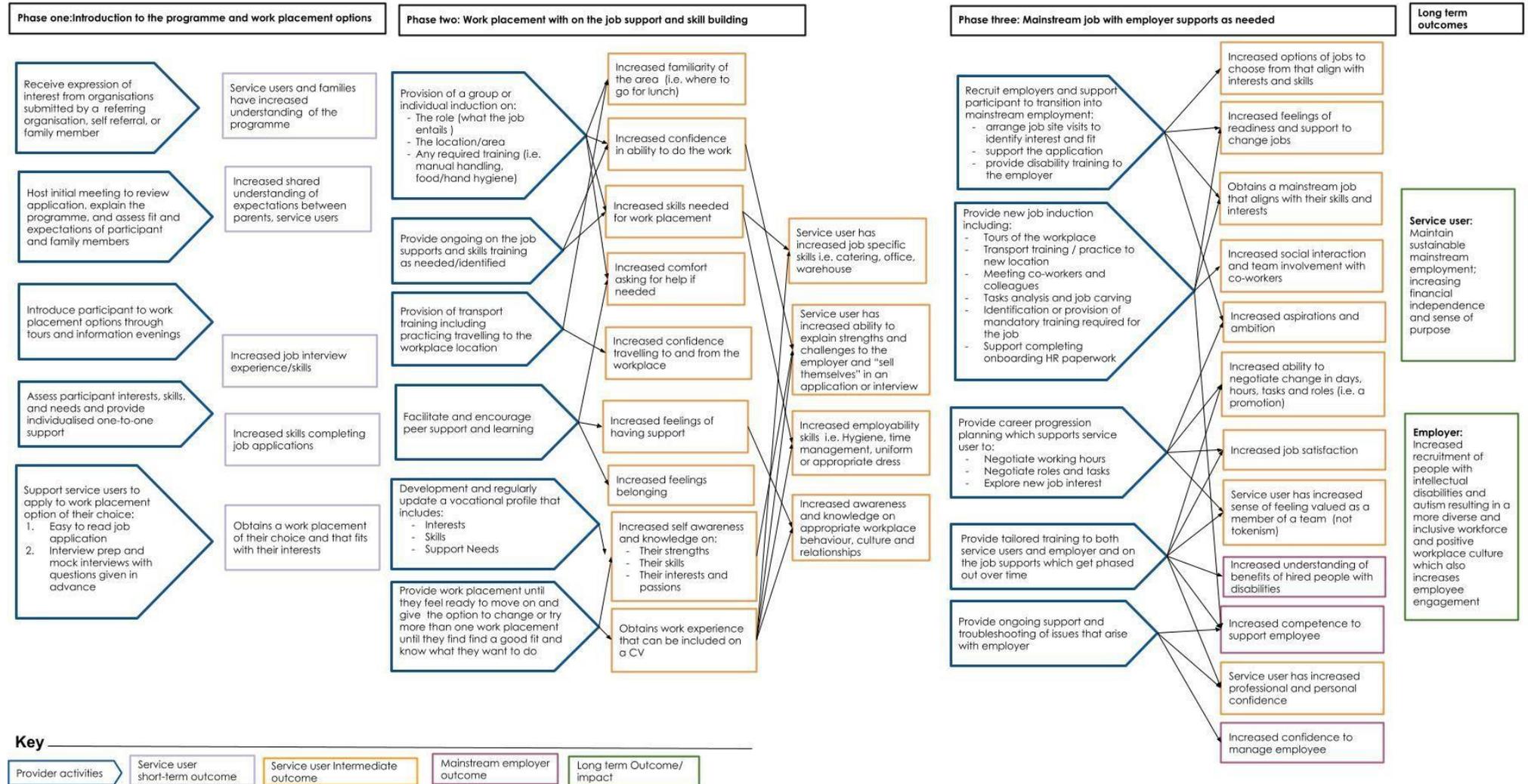
Table 21: Ability overview of evaluation questions and methodologies

Key Evaluation Questions	Methodology		
	Quantitative Descriptive Statistics	Quantitative Regression Analysis	Qualitative Thematic Analysis of Interviews
1. How many clients achieved a hard outcome (i.e., progressed into employment, education, or training or a voluntary role in their community)	X		
2. How many clients obtained / improved soft skills?	X		
3. What works? Which approaches had the most success? (considering type and frequency of interventions and breaking out by disability type if/where possible)		X	X
4. Were certain subsets of the population (demographics) more successful than others?		X	
5. What are the most common challenges for service users in progressing to education or employment?			X
6. What are the most common challenges for service providers in assisting clients in progressing to education or employment, and what is considered to be good practice in overcoming these?			X
7. What kinds of supports and services do employers find helpful to recruiting and maintaining employees with disabilities?			X

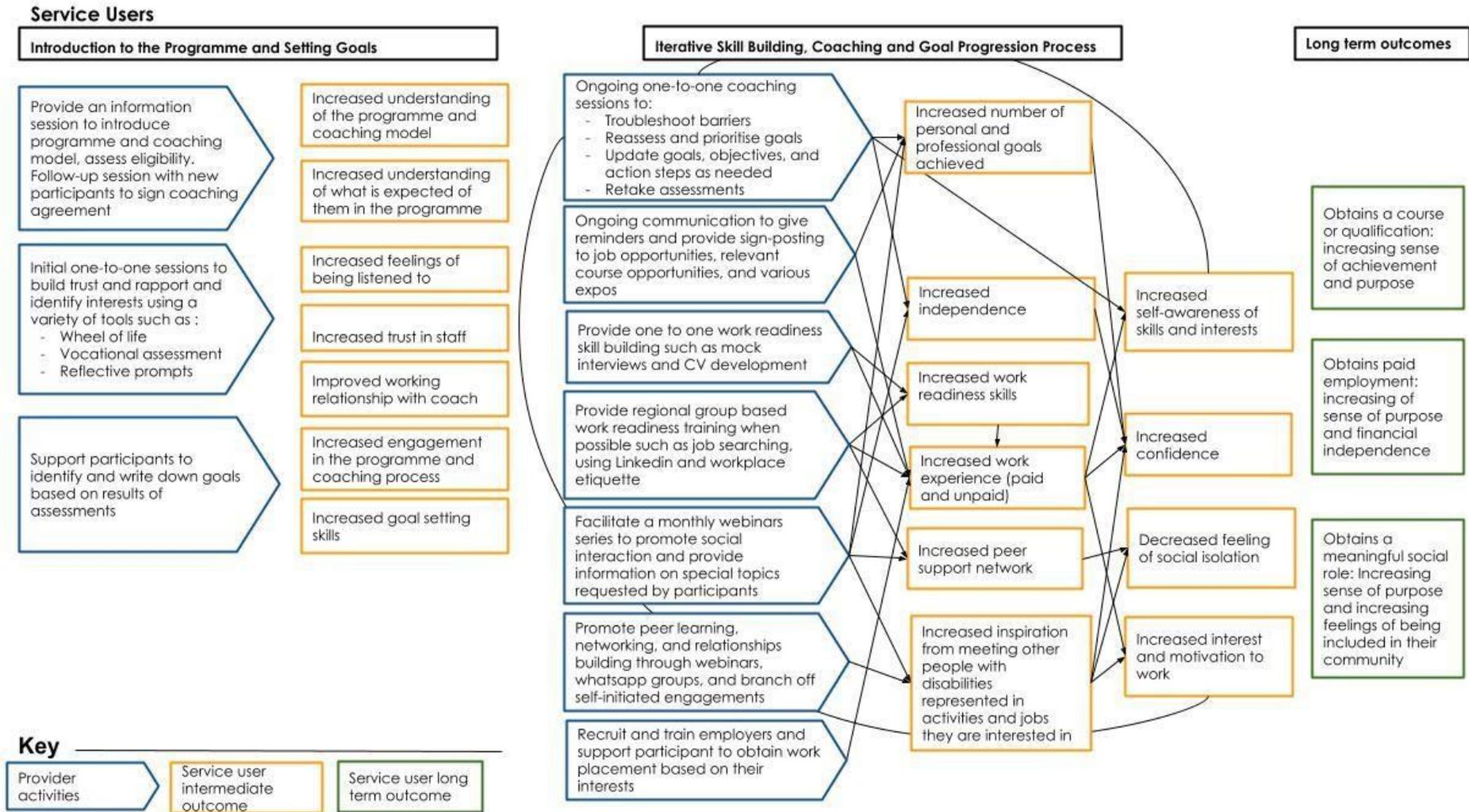
8. What learning have providers had throughout the programme?			X
9. Were there any programmatic lessons learned that can inform the field and potential future programmes?			X
10. What is considered to be best practice for supporting people with disabilities to progress into education or employment?			X (and literature review)
Objective one: Assist young people with disabilities to develop the confidence and independence required to participate in education, training, employment	X	X	X
Objective two: Support young people with disabilities who are not in education, employment, or training to access and participate in education, training, and employment	X	X	X
Objective three: Build the capacity of mainstream employment services, education, and training providers to support the progression of young people with disabilities.	X		X
Objective four: Build the capacity of employers to recruit and retain young people with disabilities within their workforce	X		X

7. Appendix item seven: Case study TOC diagrams

a. WGSEL Theory of Change

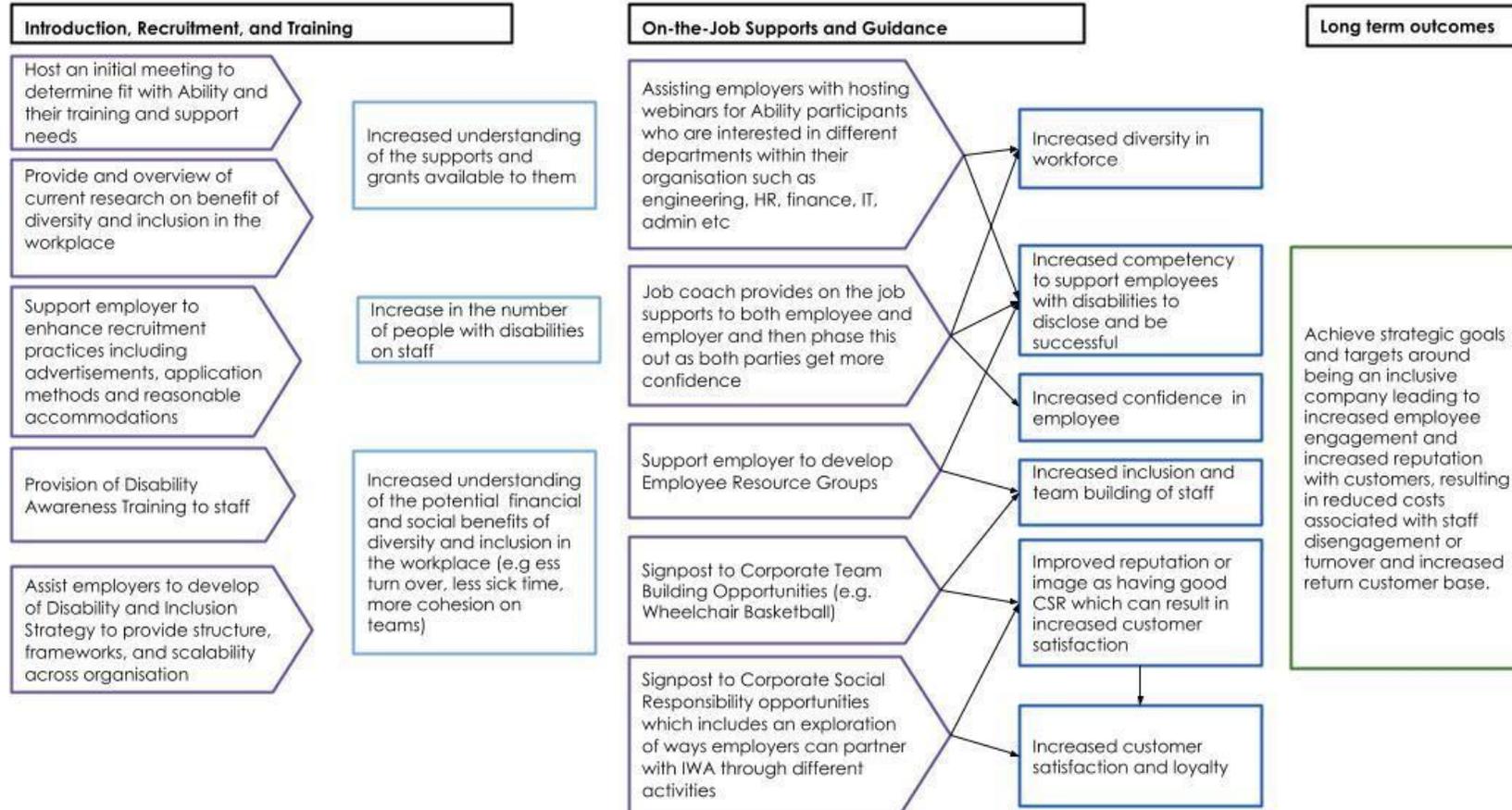


b. IWA Programme Participant Journey



c. IWA Employer Supports

Employers



Key



8. Appendix item eight: Methodology chapter

a. Overview

This chapter details the principles and approach to the three-year evaluation. It outlines the methods used to gather and analyse the data and includes a summary of the limitations of the evaluation methodologies and the steps taken to mitigate them.

Principles which underpin the methodology

The following principles underpin the evaluation methodology:

- The evaluation engages service providers authentically as partners in the research process, which includes the co-creation of research tools and resulting recommendations.
- The research team shares learning and knowledge with services providers and policy makers throughout the process, so that it can be used to inform service provision in a timely manner.
- The research is undertaken to a high ethical standard and aims to create a positive experience for providers and programme participants involved in the research.
- All recommendations have a transparent basis in the findings derived from the quantitative and qualitative data collected in the evaluation.

The overall approach to the evaluation

The Ability programme includes 27 different service providers implementing a range of service provision models and working with diverse target populations. Service providers target different age groups and disability types, and serve a variety of communities across Ireland, ranging from major cities to rural areas.

The mixed method study included qualitative and quantitative approaches and used a bespoke outcome tool that measure changes in soft skills that was informed by a literature review and cocreated with service providers.

The evaluation aimed to understand which types of interventions, services, and activities support people with disabilities to build skills or progress into education or employment. It did this by exploring four sets of data, namely:

1. Demographic characteristics of programme participants,
2. Service provision information, including the type and frequency of activities,
3. Soft outcome data related to skill development, and
4. Hard outcome data regarding engagement in employment, education, training, or a meaningful social role in the community (as defined by the Ability programme).

This data was also supplemented by qualitative data obtained from interviews/focus groups with programme participants, service providers, and employers on their experiences in the programme and identifying good practice in supporting people with disabilities into education, training, or employment. See table 22 below for an overview of the methodology used to answer each research questions.

Demographic data (data set 1) and hard outcome data (data set 4) were collected and stored within the Pobal data collection and monitoring system (Ability CRM) . Soft outcome data (data set 3) and service provision data (data set 2) was collected specifically for the purposes of this evaluation, using bespoke data collection tools¹⁰⁰, and was stored by Quality Matters.

The evaluation included three periods of data collection and analysis: baseline in 2019, mid-point in April in May 2020, and endpoint primarily in November and December of 2020¹⁰¹. The baseline and midpoint had been completed with the findings shared in separate reports. This report outlines the

¹⁰⁰ For a detailed explanation of the research tool development process see the baseline report.

¹⁰¹ Ability CRM data was exported in February of 2021.

approach and findings for the endpoint data collection and is a summative report for the full evaluation.

Table 22: Overview of methodology used to answer research questions

Key Evaluation Questions	Methodology		
	Quantitative		Qualitative
	Descriptive statistics	Regression analysis	Thematic analysis of Interviews
11. How many clients achieved a hard outcome (i.e., progressed into employment, education, or training or a voluntary role in their community)	X		
12. How many clients obtained / improved soft skills?	X		
13. What works? (i.e., Which interventions had the most success?)		X	X
14. Were certain subsets of the population (demographics) more successful than others?		X	
15. What are the most common challenges for service users in progressing to education or employment?			X
16. What are the most common challenges for service providers in assisting clients in progressing to education or employment, and what is considered to be good practice in overcoming these?			X
17. What kinds of supports and services do employers find helpful to recruiting and maintaining employees with disabilities?			X
18. What learning have providers had throughout the programme?			X
19. Were there any programmatic lessons learned that can inform the field and potential future programmes?			X
20. What is considered to be best practice for supporting people with disabilities to progress into education or employment?			X (and literature review)

b. Qualitative Data Collection and Analysis

Overview

The qualitative research component of this evaluation involved focus groups as well as semi-structured interviews with service providers and programme participants. The data gathered was used for two purposes: the development of a thematic analysis and the development of case studies. The case studies provided context and examples of the variety of approaches to service delivery being implemented across the 27 providers and the thematic analysis was used to increase understanding on the challenges and outcomes experienced by programme participants and employers as well as to identify good practice in relation to supporting people with disabilities to progress into education, training, employment, or a volunteer role in their community.

Interviews

Service Providers: Each of the 27 service providers were invited to participate in a semi-structured interview at baseline, mid-point, and endpoint. All providers participated in at least one interview with 20 providers engaging in an interview at all three points. At endpoint 25 service providers were interviewed between November and December 2020. The service provider interviews took place over the phone and lasted approximately 45 minutes.

Programme participants: Twenty programme participants were randomly selected at mid-point and endpoint to be invited to participate in an interview. The random selection was undertaken by the research team using a random number generator¹⁰².

All 20 participants selected at mid-point participated in an interview. Of the 20 participants invited at endpoint, 10 participants, each working with a different provider, completed an interview. Of the 10 who were selected but did not participate, four were contacted but declined to participate and six had left the programme and did not respond to contact from the service provider.

Programme participant interviews lasted approximately 30 minutes and were conducted online over Zoom for eight participants, and over the phone for one individual. Answers were submitted in writing by the final programme participant. Programme participants had the option to have a staff member or family member present during their interview for support and eight programme participants chose this option.

Format: Interviews were semi-structured and each interviewee, both from the service provider and programme participant samples, was given the interview questions in advance in order to reflect on their experience. This approach meant providers could discuss the interview topics amongst their staff team in order to share experiences and ideas prior to interview, which was encouraged. Programme participants were also able to review and discuss the topics with their families and bring notes with them if they wanted to.

Endpoint service provider focus group

All 27 service providers were invited to attend a focus group on April 14, 2021 and 25 providers attended. The purpose of the focus group was to discuss the findings shared in the midpoint report, validate the emerging good practice findings, further discuss any caveats or clarifications, or context needed, and co-create recommendations for future programming. The focus group was held over Zoom and providers were grouped into three breakout groups of approximately nine, with one facilitator from the research team in each group. Providers were then able to rank the good practices confirmed in the focus group in a follow-up survey in order to develop a prioritised list of good practices. Additional information on the survey can be found under quantitative data collection for hard outcomes below because providers were also invited to provide estimated on the number of participants who achieved hard outcomes, the results of which can be found in the appendix.

Endpoint case studies

Case studies entailed a site visit undertaken during mid-point data collecting in Spring of 2020 which included a focus group with staff, an interview with a manager and a follow up session over Zoom in Winter of 2020.

At midpoint, the research team selected a sample of six service providers to engage in case studies, of whom five participated. Sites were purposefully selected based on location, target population, and type and nature of the programme, to ensure a representative mix of programme types. At endpoint, two of these case studies were selected to complete a follow up interview in order to update their case studies to reflect changes or adaptation to their programmes over time. These two case studies

¹⁰² A random number generator is a process or software application that produces a random set of numbers with no distinguishable pattern. Random number generators are used to reduce bias in sample selection and can be found online or in software such as Excel.

were purposively sampled from the original five for their collective variety in model, location, and target population.

The sites selected for inclusion in the end-point report included one national organisation and one based in Dublin. Those selected cumulatively provided services to people with a range of disability types, including intellectual disabilities and physical disabilities and served people from a range of age groups.

Thematic analysis

The thematic analysis was performed by triangulating data from all interviews, focus groups, and open-ended questions in employer surveys. The interviews were the most detailed source of qualitative data, so they served as the foundation of the analysis.

c. Quantitative Data Collection and Analysis

Overview

The quantitative data used for the evaluation is comprised of demographic data and hard outcome data collected primarily by Pobal as well as soft outcome data and service provision data collected by Quality Matters using bespoke tools collaboratively developed by Quality Matters and service providers. To supplement the core data sets and further validate, rank, and quantify where possible, findings derived through the thematic analysis of qualitative data, surveys were administered to employers and service providers at the end-point data collection. These surveys also provided a final opportunity for further clarification, elaboration, or context to be provided through open ended questions. The four main quantitative data sets used to answer the evaluation questions, along with how they were collected and analysed are shown in the table below. In addition, a table that includes each research question and the methodology used to measure it can be found in appendix item six.

Table 23: Quantitative data sets used in the study

Quantitative Data Sets	Method of Collection	Quantitative Analysis Undertaken
Service provision data (e.g., types and frequency of activities and services provided by programmes)	Service provision matrix	Descriptive statistics with frequency distributions
Participant Demographics (e.g., age, gender, disability type)	Collected by service providers using registration form and uploaded into Ability CRM	Descriptive statistics with frequency distributions Integrated as relevant into the statistical analyses with outcome data
Soft outcomes (e.g., increases in confidence, motivation, and independence)	Soft outcome Tool	Descriptive statistics with frequency distributions Paired-samples t-test Chi-square analysis with yates correction Logistic regression with odds ratio
Hard outcomes (e.g., progressing into education or employment)	For closed cases - entered into Ability CRM by programmes at time of exit For active cases - survey questions appended to soft outcome tool for open cases in sample	Descriptive statistics with frequency distributions Logistic regression with odds ratio

Demographic data

Demographic data was exported from the Ability CRM for all Ability participants. The data was anonymised by Pobal prior to being shared with the research team at Quality Matters. The demographic data, soft outcome data, and hard outcome data was linked using the participant ID field which serves as a unique identification. This allowed the researchers to connect the sample participants' demographic data with their response to the tool and long-term outcome data. Data was analysed and reported in frequencies for the entire population as well as the participant sample in side-by-side comparison to assess the validity of the sample group.

Service provision data

Each of the 27 providers completed the service provision matrix at baseline, midpoint, and again at endpoint, if there were any changes to their programme. The service provision data was collected using a bespoke data collection matrix that was co-created by the research team and service providers. The matrix consists of 19 coded programme components across four categories:

1. Client and family engagement,
2. Education and skill building,
3. Work experience and meaningful social roles, and
4. Employer engagement.

Providers completed the service provision matrix in a Word document and returned it to the research team by email. Completed service provision matrices were entered into Excel and analysed to identify frequency distributions for the number and percentage of providers implementing each approach to service provision. This information, alongside an explanation of each approach was used to describe

the services being provided to programme participants in order to achieve desired outcomes and describe the approaches tested in the regression.

All matrices but one were fully completed. One provider did not provide a response to two items related to employer engagement as they are not currently offering these services. Therefore, participants in the sample were denoted as N/A for these questions in the corresponding analyses.

Twenty-one providers reported that there were no revisions to the programme or matrix between midpoint and end-point data collection. Seven service providers changed information relating to at least one support or service that they provide.

An updated copy of the service provision matrix with revised frequencies of the number of providers implementing each approach can be found in appendix item three and a description of provider approaches is included in chapter five of this report.

Soft outcome data

Soft Outcome Tool and Validation

The literature review that was completed as part of the baseline report (see appendix item two) identified a number of benefits to measuring soft outcomes but also found that there is a deficit of validated tools measuring soft skills relating to work or employment in people with disabilities that can be used in evaluations such as this one. The majority of literature available on outcome measures designed to be used by disability services, focuses mainly on quality of life, well-being, and concepts equally wide in scope. The lack of a validated tool that would be appropriate and relevant to all 27 providers was confirmed through workshop-based consultation with the service providers. Therefore, it was determined that the research team would develop a bespoke tool for the evaluation and perform some validation testing on this tool.

Validation testing was carried out at both baseline and mid-point. This study found that the bespoke soft-outcome tool, co-created by Quality Matters and the Ability Programme service providers, was both valid and reliable and measured three components:

1. confidence and communication,
2. goal setting and motivation, and
3. independence.

A copy of the soft outcome tool can be found in appendix. Additional detail on the validity and reliability testing of the tool can be found in the validation chapter in the appendix of this report.

Sampling

As each service provider is working with a different amount of programme participants and will be continuously enrolling new participants, the soft outcome component of the evaluation was based on a sample of up to 15 service users from each organisation who were enrolled in the programme at the time of the baseline data collection. Providers who had 15 or fewer active programme participants at the time of the baseline data collection completed the tool for all of their programme participants. Providers with more than 15 active programme participants were provided with detailed instructions on how to select a random sample. The service providers were advised to use a list of all clients who were active in their programme and had already signed a consent form for data sharing to draw their sample from.

The total number of programme participants enrolled in the Ability programme at the time of end-point data collection was 1,946 individuals. Endpoint soft-outcome data collection used the same sample as baseline (n=381). However, some programme participants were either unavailable or

declined to participate. This resulted in an initial endpoint sample of 335 programme participants. However, only 329 of these were included in the analysis due to duplicates¹⁰³ and missing values¹⁰⁴.

As can be seen in chapter two, the randomly selected sample closely aligns with the population in regard to all demographic characteristics reviewed. Therefore, it was determined that the randomly selected sample of programme participants was representative of the population and an unbiased reflection of the population. Therefore, the data was suitable for carrying out the statistical tests described in the analysis section below. The results of these tests are reported in the outcomes section of this report.

Data Collection

The soft outcome tool was collaboratively completed by programme participants and staff using a printed version of the tool. In some instances, soft outcome tool was completed through web conferencing due to Covid-19 restrictions during data collection. Service providers then entered responses into Sogo Survey to submit to the research team. All answers were anonymously submitted using a unique ID.

Data Analysis

Overall scores were calculated by adding together the answer selected for each question in the tool. Each answer choice in the tool is underpinned by a scale of one to five. Scores for each subdomain were calculated by adding together the score for each question in that domain. A participant's change score (whether their level of skills stayed the same, improved, or decreased) was measured by subtracting their endpoint scores from their baseline scores.

Results for total score and each subdomain were analysed and reported using descriptive statistics, frequencies, and a number of statistical analysis¹⁰⁵. The following statistical analyses were performed on the soft outcome data:

- Pearson's Correlation to assess the relationship between the total score and score for each subdomain at baseline and endpoint. This was to identify if a participant increased their score in one domain were they likely to also increase their score in another domain.
- Chi-Squared Analysis with a Yates correction to account for small sample size to ascertain if there was a significant difference between the types of disability and whether a participant's score stayed the same, increased, or decreased. A post-hoc test of residuals was carried out to further explore the meaning of the results of the Chi-Square.
- Paired Samples T-test to ascertain whether there was a statistically significant difference between the mean total score on the tool and the three subdomain scores (confidence and communication, goal setting and motivation, and independence) in the sample at baseline and mid-point. This test also confirmed that it was appropriate to run the Logistic Regression and Odds Ratio tests.
- Logistic Regression and Odds Ratio analyses to establish the relationship between a set of prediction factors, demographics, and types of service provision, as well as the outcome of increased score on soft outcome tool (total and by domain) and for hard outcome. See appendix item seven for more information on the Logistic Regression and the related analyses.

¹⁰³ Duplicates were a result of data entry error where providers completed the tool once on paper with the participant but then accidentally uploaded the same tool more than once on the online platform. This was easily identified and corrected by the research team using the participant ID number.

¹⁰⁴ Additional detail on how missing entries in the soft outcome tool were handled can be found in appendix item seven.

¹⁰⁵ Percentages included in tables throughout the report are presented at equally 100% but if summed may actually total to 99% or 101% due to rounding in order to present whole number without decimal points for readability.

Hard outcomes

Sampling and data collection

Hard outcomes were reported in the Ability CRM for all 690 participants who exited the programme prior to the data being exported on February 3, 2021 and equates to 35% of all programme participants who had engaged with the programme up to that date. Hard outcomes were also measured for the 329 participants who were assessed using the soft outcome tool. These questions were completed by programme staff at time of data entry into the online platform. These data sources were combined which provided a total sample of 1,019 programme participants for inclusion in the statistical analyses of hard outcomes¹⁰⁶.

Data Analysis

Frequencies were reported for each of the hard outcomes. In addition, a Logistic Regression and Odds Ratio analyses were run to establish the relationship between a set of prediction factors, such as demographics and types of service provision, and the hard outcomes of being in paid employment, being in education or training, or having obtained a QQI certification as well as the short-term outcomes¹⁰⁷.

Testing soft and hard outcomes using logistic regression analysis

To identify which approaches to service delivery were most likely to be effective, a logistic regression analysis was used. The relationship between 27 independent/predictor variables and the seven-binary dependent/outcome variables were examined using binary logistic regression¹⁰⁸ (see appendix for a list of variables). Unadjusted¹⁰⁹ analyses were performed individually for each factor and unadjusted odds ratios¹¹⁰ were produced and reported. Variables were then included in an adjusted¹¹¹ (multivariate) regression model¹¹² for the dependent outcome variables if they met the following criteria:

- 1) Statistically significant in the unadjusted model at least at the $p < 0.10$ level¹¹³

¹⁰⁶ With the exception of the predictor variable of score on soft outcome tool which only had a sample of 329 and therefore was only included in the unadjusted analysis and not the adjusted analysis.

¹⁰⁷ A logistic regression was not performed for the hard outcome "In a voluntary or social role" due to too small of a sample size (n=104)

¹⁰⁸ Logistic regression is conducted when the dependant variable is categorical and binary. Like all regression analyses, logistic regression is a predictive analysis which is used to describe data and explain the relationship between one dependant variable and one or more nominal, ordinal, interval, or ratio-level independent variables.

¹⁰⁹ An unadjusted analysis examines the bivariate relationship between a single independent/predictor variable and a dependent variable.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3063329/#:~:text=An%20unadjusted%20finding%20is%20the,between%20intervention%20type%20and%20adherence>

¹¹⁰ The Odds Ratio is a measure of association between an exposure/factor and an outcome. The OR is a way to present the strength of association between factors/exposures and outcomes. If the OR is < 1 , odds are decreased for an outcome; OR > 1 means the odds are increased for a given outcome.

¹¹¹ An adjusted analysis that controls for other predictor variables in a model. It gives you an idea of the dynamics between the predictors.

¹¹² Adjusted modelling was not carried out on the dependant variables related to change in scores on the soft outcome tool due to too few predictors being found to be significant at a $p < 0.05$ level to make a meaningful model.

¹¹³ Significance level of $p < 0.10$ was used to determine if a variable was included in an adjusted model, however, a relationship or finding was only reported as significant in the report if it was significant at $p < 0.05$ level. This was done to ensure that the adjusted model accounted for as many variables as possible that may be affecting each other.

¹²³ When the level of correlation between independent variables is high this causes problems when fitting the adjusted model and interpreting the results. VIF's of five or more correspond to critical levels of multicollinearity. Where independent variables were found to have a VIF of greater than five in this study, the variables with the

2) Not overly correlated with other independence variables and had a variance inflation factor (VIF) of 4.5 or lower¹²³

3) Had a statistical power¹²⁴ of .7 or higher

4) Were relevant to the outcome variable based on the researchers understanding of both the literature and programme service provision

See appendix item seven for more information on the Logistic Regression and the related analyses, including a list of all of the variables included in the analyses.

1.1.1 Employer Consultation

All 27 providers were advised to share an employer survey with every employer they had engaged with over the course of the Ability programme, regardless of whether or not they offered a work placement to programme participants. A total of 66 employers completed the survey¹²⁵. At endpoint, employers were surveyed about barriers they experience when recruiting, hiring, or retaining staff with disabilities, supports that help overcome barriers, and the benefits to employers as a result of participating in the Ability programme. The survey was developed from information shared by a small sample of employers during midpoint interviews and from providers' interviews at midpoint and endpoint, exploring their interactions with employers. This gave employers the opportunity to validate and rank emerging findings as well as to elaborate or share new learnings through open ended questions.

The survey was completed online by employers and included a combination of ranking, rating, and open-ended questions in relation to barriers experienced, supports that are helpful to employers, and outcomes achieved as a result of participating in the programme.

Ranking and rating questions were analysed and reported as ranked responses and frequencies and open-ended questions were thematically analysed on their own to provide context to the quantitative questions. The survey data was triangulated with qualitative data from providers and programme participants to identify good practice.

1.1.2 Providers survey

A survey was shared with all service provider at the endpoint of the programme to validate and rank by importance all good practices identified through the interviews and focus groups facilitated across the three-year evaluation. This data combined with feedback from programme participants and employers was used to determine the final set of good practices shared in this report. This survey was completed by 26 of the 27 providers. The survey also asked providers to estimate the number of participants who attained hard outcomes. These results can be found in the appendix of the report.

d. Research Ethics

1.1.3 Consent and anonymity

All programme participants included in the research have signed a consent form upon enrolling in the Ability programme. Participants were told what data would be collected and shared with researchers and were informed that participation was voluntary and that they can withdraw their consent at any time before data analysis. Consent was obtained by service providers who followed their standard procedures for ensuring programme participants fully understand the information sharing process, which included adapting forms into an "Easy Read" format when needed.

largest VIF score were removed one at a time and the VIF test was rerun to ascertain whether multicollinearity remained an issue. <https://www.statisticshowto.com/variance-inflation->

e. Challenges and limitations of the evaluation

There were 12 key challenges and limitations to the evaluation.

25. There are a variety of service provision models being implemented with diverse target populations, so one common service provision model could not be tested.

In response to these differences, a service provision matrix was co-created with service providers, with the draft based on both desk top research and interviews with 15 service providers and the final being developed after piloting the matrix with providers first in a workshop in 2019. The tool was further refined after providers completed the tool at baseline data collection. This was followed by discussion during mid-point interviews with 23 of the providers.

26. Implementing a “person-centred approach” may lead to variations in the service provision model.

Many service providers describe their service provision model as being a “person-centred approach,” which emphasises individualising services to each person. As a result, providers may be implementing a different service provision model with each programme participant they are working with. This lack of codified or differentiated models could reduce the accuracy and usefulness of the data captured in the service provision matrix, and therefore limit the feasibility of exploring if certain models were more effective than others.

The researchers explored the extent to which service providers believe this to be a challenge and whether this could be resolved by further discussing the instructions for completing the tool, providing one additional answer category to a specific and common question and/or having providers complete the service provision matrix for each service provider in the sample during the mid-point interviews. A majority of providers reported that the tool was easy to complete and that it adequately captured their service provision model and felt that completing one tool once for all participants was sufficient. During data analysis, approaches to service delivery that were only implemented by a few programmes were collapsed where it was appropriate to do so in order to increase the number of participants reflected in a predictor variable in the regression analysis.

27. The approach to service provision data collection and analysis cannot account for variation in the quality or depth of a support or service offered by a service provider or whether or not a participant availed of all supports available.

Ability service providers completed the service provision matrix indicating their organisational approach to 19 coded programme components. These responses were then linked to individual participant data to document what was available to them as an intervention, but it cannot be confirmed at the individual level whether or not a participant took part in each support available. Therefore, there are limitations to what can be concluded from the findings of the logistic regression. For example, we can say that participants whose service offered paid work experience were more likely to attain paid work experience, but we cannot say that all programme participants who participated in paid work experience were more likely to obtain paid employment.

In addition, while multiple providers may indicate they offer a certain service or support such as paid work experience, what this entails in practice and/or the quality of that support or experience may vary across providers, i.e., one provider may offer this for month and another for six months. While this cannot be controlled for in the quantitative analysis, providers are asked to share details on which practices have been well received or effective from their perspective order to identify good practice in service delivery.

28. Causality between outputs (i.e., types of services or approach) and outcomes are not always able to be assessed through a statistical approach.

It is likely that in some instances the challenge will arise where causality cannot be statistically determined, i.e., where groups of service providers offering similar services/using similar approaches do not exist, this will reduce the ability to test causality between certain methods and outcomes. In this case, triangulation of other data is used to support the assertion that a certain service type or approach was effective and where this cannot be fully attested to, through statistical analysis, this will be clearly stated within the report.

29. Data points may be missing particularly in the Ability Programme database with “requested but not provided” as an answer choice. Providers may also have inconsistent interpretation of variables when they are not clearly defined.

To help ensure the evaluation has had high-quality data, Pobal performed interim data checks to make sure providers are entering data completely, completing the form consistently, and appear to be interpreting questions and answer choices correctly. However, there remain instances of incomplete or missing data as “requested but not provided” is a valid response.

30. Programme participants in the sample had a varying amount of time in the programme before baseline.

As the programmes took varying amounts of time to get up and running (i.e., some programmes started enrolling programme participants in September of 2018 while others didn't start working with programme participants until mid-2019) and some brought on entirely new cohorts in September or October of 2019, the sample selected by these service providers varied in start dates and length of time in the programme before collecting baseline data. This may have resulted in programme participants who started earlier in the programme showing less change between baseline, interim, and final report as a result of a potentially higher baseline score. Alternately, they may have had higher scores overall as a result of being in the programme longer. To account for this, length of time in the programme was included as a control variable in the logistic regression models.

31. The sample size was lower than anticipated due to Covid-19 and missing data.

Soft Outcomes

Due to Covid-19, the format of participant engagement during this time was not conducive to completing the data collection tools for some participants. In addition, some programme participant's providers were either unavailable or declined to participate. This resulted in an endpoint sample of 335 participants compared to the baseline sample of 381. The sample was further reduced to 329 after data cleaning for duplicate or incomplete entries.

Hard outcomes

Hard outcomes are captured for all participants in the Pobal database upon exit of the programme and are also captured by the soft outcome tool for those in the sample. Therefore, this sample was much bigger than that for the soft outcome data, which resulted in more meaningful results being identified in the logistic regression analysis. However, the limitations described above for the soft outcome data also apply to the sample for the hard outcome data.

In response to the small sample size, additional consultation with an external statistician was undertaken. The consultant statistician reviewed the methodology and suggested additional tests to assess and respond to multicollinearity and type II error. They also reviewed and confirmed the findings and interpretation of results from all statistical analyses performed as part of this evaluation.

32. The use of purposive and convenience sampling in the qualitative data collection could have resulted in unintentional bias.

While programme participants were selected using a random sampling technique, employers were invited by the service providers. Service providers could have, even unconsciously, chosen employers who had a positive experience or similarly, participants who have had a good experience may have been more willing to participate in the evaluation. This means there is a risk that employers who have had a negative experience may not be adequately reflected in the data.

33. Data used for hard outcomes “in education or training” and “in employment” may be an underrepresentation of the total number of programme participants who achieved these outcomes.

Data in relation to hard outcomes is not captured in the Ability CRM until a participant exits the programme, however, programme participants often continue to avail of supports and services from

providers even after they progress into education or employment. In addition, the hard outcomes “in education or training” and “in employment” are mutually exclusive in the Ability CRM and providers are advised to “select the primary outcome” if a programme participant is both in education or training and in employment upon exit. As a result, data shared in this report may be an under representation of the number of programme participants who have achieved these outcomes.

34. The logistic regression for hard outcomes merged two data sets which had slight variation in how outcomes were recorded.

In order to gain a fuller picture of the number of participants achieving these outcomes and in order to have a larger sample size for the logistic regression, “yes or no” questions about achieving the hard outcomes were added into the soft outcome tool questionnaire at mid-point and endpoint. However, unlike the CRM data, these questions were not mutually exclusive. Twenty-three participants in the sample (7%) were both “in education or training” and “in employment”. Given that the sample was randomly selected and shown to be representative of the population (as can be seen in the next section of this report) and only 7% had a yes for more than one outcome, the research team decided to use a combination of data from the CRM and the soft outcome tool questionnaires for the logistic regression. This was deemed necessary as having a larger sample size was important for enhancing the regression analysis.

35. Providers and the research team were not able to identify an appropriate method that allowed for an assessment and differentiation of level of support needed across programme participants in the evaluation data.

As the evaluation data sets did not include a variable indicating programme participant level of support needed, this could not be controlled for in the regression analysis. It is possible that other variables such as whether or not service providers offered supports for parents and guardians or mental health supports may have acted as a proxy for level or support needed. Future research should include a variable on level of support needed.

36. The evaluation will be completed before the programme ends resulting in frequencies for hard outcomes being an under representation of the results of the programme.

As described in limitation nine, data in relation to hard outcomes is not captured in the Ability CRM until a participant exits the programme. However, programme participants often continue to avail of supports and services from providers even after they have progressed into education or employment. As a result, some participants who have achieved a hard outcome but have not exited their programme are not reflected in the totals presented in this report.

9. Appendix item nine: Additional methodology supplements

a. Additional detail on endpoint interview methodology

Approach to note taking

The interviewer wrote detailed notes in the interview schedule throughout the interview using an 'edited transcription' technique which means that the researcher omits pauses, unnecessary words such as 'um', and incomplete sentences in order to capture the main idea or point being made. At several points throughout the interviews, notes were read back to the interviewee for clarification or confirmation.

Approach to thematic analysis

The thematic analysis was performed by triangulating data from all interviews, focus groups, and open-ended survey questions. The interviews were the most robust source of data, so they served as the foundation of the analysis. Each interview and set of focus group notes were initially coded by the primary researcher on the project who carried out the interviews and focus groups to identify the main ideas and key themes arising. The initial themes identified were reviewed against the interview notes by a second member of the research team who did not participate in the interviews. Having two researchers who were familiar with the project but with different levels of involvement perform the thematic analysis at two different stages improves the validity of the findings and reduces the potential for bias arising from an individual researcher's perspective.

b. Testing soft and hard outcomes using logistic regression analysis – additional methodology detail

To identify which approaches to service delivery were most likely to be effective, a logistic regression analysis was used. This analysis sought to identify if a certain prediction factor, in this case either a demographic characteristic or approach to service delivery, made a participant more or less likely to achieve a certain outcome such as increasing their soft skills, attaining paid employment, progressing into education, or obtaining a qualification. The relationship between 27 independent/predictor variables and the seven-binary dependent/outcome variables were examined using binary logistic regression¹¹⁴. Unadjusted¹¹⁵ analyses were performed individually for each factor and unadjusted odds ratios¹¹⁶ were produced and reported. Independent variables that were found to be statistically significant when regressed against the dependent variables were then considered for inclusion in the

¹¹⁴ Logistic regression is conducted when the dependant variable is categorical and binary. Like all regression analyses, logistic regression is a predictive analysis which is used to describe data and explain the relationship between one dependant variable and one or more nominal, ordinal, interval, or ratio-level independent variables.

¹¹⁵ An unadjusted analysis examines the bivariate relationship between a single independent/predictor variable and a dependent variable.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3063329/#:~:text=An%20unadjusted%20finding%20is%20the,between%20intervention%20type%20and%20adherence>

¹¹⁶ The Odds Ratio is a measure of association between an exposure/factor and an outcome. The OR is a way to present the strength of association between factors/exposures and outcomes. If the OR is <1, odds are decreased for an outcome; OR >1 means the odds are increased for a given outcome.

adjusted¹¹⁷ (multivariate) regression model¹¹⁸ for the dependent outcome variables. Independent / predictor variables were included in the adjusted model if they met the following criteria:

- 5) Statistically significant at least at the $p < 0.10$ level¹¹⁹
- 6) Not overly correlated with other independence variables and had a variance inflation factor (VIF) of 4.5 or lower¹³²
- 7) Had a statistical power¹²⁰ of .7 or higher
- 8) Were relevant to the outcome variable based on the researchers understanding of both the literature and programme service provision

Odds Ratios (ORs), 95% Confidence Intervals (CI) and statistical significance were reported in the results for both the unadjusted and adjusted models. Analyses were conducted using R and level of significance applied.

Outcome Variables

This study identified seven outcome variables upon which both unadjusted and multivariate logistic regressions were carried out. These are described in the table below.

Table 24: List of Dependent/Outcome Variables for Logistic Regression/Odd Ratio Analysis

Dependent (Outcome) Variables			
No.	Dependent variable	Variable type and format	Variable description
1	Change in total score on soft outcome tool	Binary Categorical	1) Increase in score 2) No change or decreased in score
2	Change in score confidence and communication	Binary Categorical	1) Increase in score 2) No change or decreased in score
3	Change in score goal setting and motivation	Binary Categorical	1) Increase in score 2) No change or decreased in score

¹¹⁷ An adjusted analysis that controls for other predictor variables in a model. It gives you an idea of the dynamics between the predictors.

¹¹⁸ Adjusted modelling was not carried out on the dependant variables related to change in scores on the soft outcome tool due to too few predictors being found to be significant at a $p < 0.05$ level to make a meaningful model.

¹¹⁹ Significance level of $p < 0.10$ was used to determine if a variable was included in an adjusted model, however, a relationship or finding was only reported as significant in the report if it was significant at $p < 0.05$ level. This was done to ensure that the adjusted model accounted for as many variables as possible that may be affecting each other.

¹³² When the level of correlation between independent variables is high this causes problems when fitting the adjusted model and interpreting the results. VIF's of five or more correspond to critical levels of multicollinearity. Where independent variables were found to have a VIF of greater than five in this study, the variables with the largest VIF score were removed one at a time and the VIF test was rerun to ascertain whether multicollinearity remained an issue. <https://www.statisticshowto.com/variance-inflation-factor/#:~:text=A%20rule%20of%20thumb%20for%20interpreting%20the%20variance, reliable%20your%20regression%20results%20are%20going%20to%20be.>

¹²⁰ Statistical power estimates the amount of type II error. A type II error is a statistical term referring to the acceptance (non-rejection) of a false null hypothesis used in the context of hypothesis testing. A type II error produces a false negative. Power scores range between 0 and 1 with the higher the value equal to the more robustness of the analysis between a dependent/outcome variable and an independent variable.

4	Change in score independence domain	Binary	1) Increase in score
		Categorical	2) No change or decreased in score
5	Whether a participant was in paid employment	Binary Categorical	1) Participant was in paid employment 2) Participant was not in paid employment
6	Whether a participant attained a QQI or professional certificate qualification	Binary Categorical	1) Participant attained a QQI or professional certificate qualification 2) Participant did not attain a QQI or professional certificate qualification
7	Whether a participant was currently enrolled in an educational course	Binary Categorical	1) Participant was currently enrolled in an educational course 2) Participant was not currently enrolled in an educational course

Covariates (Predictor/Independent variables)

There were 27 covariates used in the logistic regression/odd ratio analyses in the study. The covariates considered in this study were taken from the Pobal database of participants (6) and from the service provision matrix (20) and soft outcome tools (1).

Table 25: List of Independent/Predictor Variables for Logistic Regression/Odd Ratio Analysis

No.	Predictor variable	Variable type	Variable description
Demographics from Pobal Database Predictor Variables (Control Variables)			
1	Gender	Categorical	1) Male 2) Female
2	Age commencing course	Continuous	18 to 30 years
3	Disability	Categorical	1) Participants have one disability 2) Participants have one or more disabilities
4	Disadvantaged background ¹²¹	Categorical	1) Participant comes from a disadvantaged background 2) Participant does not come from a disadvantaged background

¹²¹ This variable was developed by combining two questions on the Ability registration form. Programme participants were asked to report their 'background' related to minority and/or immigration status or if they experienced 'other disadvantage' with participants asked to check all that apply from the follow: you (check all that apply): substance abuser, ex-offender, did not complete primary education, living in a jobless household, living in a single adult

5	Education level	Categorical	1) Participants have a qualification up to and including Junior Cert on the QQI framework
			2) Participants have a post Junior Cert qualification on the QQI framework
6	Special education	Categorical	1) Participant attended special education classes/home-schooling ¹²² 2) Participant did not attend special education classes/home-schooling
Service Provision Matrix Predictor Variables			
7	Assessment of client needs	Categorical	1) Informal 2) Formal bespoke 3) Formal validated
8	Approach to 1-2-1 supports	Categorical	1) Level 2 Key-working, 2) Level 3 Case-management
9	Action/Care/Personal Plans	Categorical	1) Formal with action steps 2) Formal with goals
10	Engagement with parents/guardians	Categorical	1) No regular structured engagement 2) Structured engagement
11	Transport provide by service	Categorical	1) No transport provided 2) Transport provided
12	Mental health supports	Categorical	1) No mental health supports 2) Mental health supports offered
13	Supports to engage in social activities	Categorical	1) Facilitated group supports 2) Signposting and referrals 3) Mix of facilitated group, signposting and referrals
14	Work readiness and life skills courses (nonaccredited)	Categorical	1) Mainstream based services 2) Programme based services 3) Mix of mainstream and programme-based services

household with dependent children, living in poverty or material deprivation, homeless or affected by housing exclusion.

¹²² Whether or not a participant received special education or home school were collapsed into one category because these categories were not mutually exclusive, and some participants had both. There were too few participants who received both or who received home schooling on its own to make these separate categories.

15	Work readiness and life skills courses (accredited)	Categorical	<ul style="list-style-type: none"> 1) None provided 2) Mainstream based services 3) Programme based services 4) Mix of mainstream and programme-based services
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16	Vocational skills/trade training (non-accredited)	Categorical	<ul style="list-style-type: none"> 1) None provided 2) Mainstream based services 3) Programme based services 4) Mix of mainstream and programme-based services
17	Vocational skills/trade training (accredited)	Categorical	<ul style="list-style-type: none"> 1) None provided 2) Mainstream based services 3) Programme based services 4) Mix of mainstream and programme-based services
18	Paid work experience supplied	Categorical	<ul style="list-style-type: none"> 1) None provided 2) Contingent on being in the programme 3) Not contingent on being in the programme (i.e., mainstream)
19	Unpaid work experience supplied	Categorical	<ul style="list-style-type: none"> 1) None provided 2) Short-term provided 3) Long-term provided
20	Volunteer role in the community	Categorical	<ul style="list-style-type: none"> 1) None provided 2) Contingent on being in the programme 3) Not contingent on being in the programme
21	Percent of staff time spent on activities and tasks related to client/family engagement	Continuous	0% - 100%
22	Percent of staff time spent on activities and tasks related to employer engagement	Continuous	0% - 100%

23	Provide training and support to employers	Categorical	1) One-time support 2) On-going supports
24	Recruitment of business partners	Categorical	1) Client interest 2) Employer interest 3) Both client and employer interest
25	Time spent in the programme	Continuous	Time spent in the programme in months
26	Participant was from an urban or rural area	Categorical	1) Rural 2) Urban
27	Score on soft outcome tool (assessed as predictor of hard outcomes in unadjusted model only)	Continuous	Score value

Process for addressing missing data

The following guidelines were applied to impute data or remove participant records to conserve as much data as possible.

Table 26: How missing entries in the Soft Outcome tool were handled

Imputed Values	Number of Participants Affected
When a participant had two or fewer missing data entries at the endpoint but had these entered these values at the midpoint, the midpoint values were imputed in lieu of the missing endpoint values	6
When a participant had two or fewer missing data entries at baseline and none missing at the endpoint. Missing items were estimated using the average score of the other items in that domain from the baseline survey	9
Participants Removed for Missing Data	
When a participant had any missing data entries in both the baseline and endpoint datasets	3
When a participant had three or more missing data entries at either baseline or endpoint	3

Provider estimates for hard outcomes

Aggregate counts for hard outcomes for all programme participants, including those still active in the programme were provided by service providers in a survey. Every service provider was invited to

complete a survey. As of the completion date of this report 26 providers had submitted a survey¹²³. Since this data was based on estimates and did not include one of the providers it was not robust enough to include in the body of the report.

¹²³ One provider was unable to participate by the deadline due to communication errors as a result of high levels of staff turnover across projects.