



government supporting communities

Pobal Ability: Evaluation Mid- point Report

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1 Executive Summary

1.1 Introduction

This is the mid-point report in the three year evaluation process of the Ability Programme. This report was preceded by a baseline report in April 2020 and will be followed by a summative report at the end of the programme.

The Ability Programme provides funding to 27 service providers across the Republic of Ireland. All recipient organisations are working with people with a variety of disabilities between the ages of 15 and 29. The programme aims to support service users to develop skills through provision of a range of person centred supports in order to progress in education or training, and attain meaningful social roles and/or secure employment.

The evaluation seeks to assess whether the programme achieved its original aims and key objectives, and identify good practice. The methodology is designed to explore the effectiveness of the different approaches used to support services to get closer to the labour market.

The evaluation focuses on four key sets of data and aims to explore the relationship between these to better understand which types of interventions, services, and activities support people with disabilities to build skills or progress into education or employment. These data sets are: 1. Demographics of service users 2. Service provision information including the type and dosage of activities 3. Soft outcome data related to skill development (also known as medium term outcomes), and 4. Long-term outcome data regarding engagement in employment, education, or a meaningful social role in the community.

This report includes a description of the methodology, five case studies of service providers, and the findings from the midpoint mixed methodology data collection. In addition a summary of a validation study for the co-created bespoke soft outcome tool is appended, alongside with a number of data collection tools and findings tables.

1.2 Overview of Service Provision

At the time of writing, a total of 1,451 service users have enrolled in the Ability Programme and 204 of these service users have left the programme. At mid-point, a sample of 20 service users and four family members were selected to participate in interviews and outcome data was collected for sample of 302 service users from across 23 service providers¹. The population of all service users and the sample were similar in terms of their demographic backgrounds. A majority of service users are male (61%), age 18 or older (87%), and reported being either *unemployed* (22%) or *inactive*² (72%) at the time of enrolling in the Ability programme. Service users have 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 among participants are intellectual disability and learning disability. Overall, it was determined that the randomly selected sample of service users is representative of the population and an unbiased reflection of the population therefore, the data is suitable for carrying out inferential statistical analyses which has been completed and reported in the outcomes section of this report.

Service users and their family members reported a number of barriers to accessing education and employment in the past, including lack of access to opportunities, lack of supports in school, bullying,

¹ As a result of Covid-19, four service providers were unable to participate in mid-point data collection of the soft outcome tool due to significant temporary reduction in participant engagement and/or the format of participant engagement during this time not being conducive to completing the data collection tools.

² 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'.

and personal challenges with mental health and motivation. These challenges are in alignment with what providers reported as barriers for service users in the baseline report based on their observations and interactions with programme participants and their family members. Participants have joined the Ability Programme to receive support in overcoming these barriers. Participants hope to obtain employment, progress into further education, increase their social life, and experience personal development

1.3 Approaches to service provision

The 27 Ability service providers are all delivering different variations of a service provision model. Notable is that no two providers implement the same combination of activities and services. Generally speaking, the services provided by the Ability providers are in alignment with good practices found in the literature³. While there was no common overall model identified, some approaches were more common than others. The most common approaches did not change between baseline and mid-point with the following being implemented by 50% or more of service providers:

- Formal needs assessment process that is bespoke to the programme
- Key-working and structured supports that includes meeting service users regularly at scheduled times, and undertaking formal reviews of action plans
- Regularly scheduled one-to-one sessions held weekly, fortnightly or more than once a month
- Structured engagement with family members (i.e. meetings at induction or planning phases as well as when needed or requested)
- Non-accredited programme-based group training for work readiness and life skills course
- Non-accredited programme-based group training for vocational skills and trade training
- Unpaid 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)
- On-going training and support to employers
- A combined approach to employer recruitment that includes both recruiting individual employers based on the individual client interests, and recruiting a large pool of employers who are interested in the Ability programme and then matching services users to available roles

Five service providers received site visits which included a focus group with a selection of staff and an interview with the managers. Each of these case studies highlight the diversity across service provisions models and the types of supports provided. What was common across all of the case study sites was that they all encourage individual responsibility and decision-making as early and as often as possible and implement a holistic approach to identifying and meeting needs that may include, but not be limited to, progressing into education or employment. In addition, all but one of the case study sites were providing supports to employers in order to secure work placement and/or mainstream employment opportunities for their service users. In addition to these case studies, a thematic analysis was performed on interview responses from 23 service providers to gain a wider understanding of good practice. This information is highlighted below and can be found in detail in the Emerging Good Practice Chapter of this report.

1.4 Mid-point outcomes

Many service users had experienced a variety of soft and long-term outcomes at the mid-point data collection. Outcomes were identified through a combination of interviews with service users and their

³ The literature review included in the baseline report, identified a common set of general programme components that services working to get people with mental health challenges and disabilities into employment. These included providing things like case management, skill building, work experience, and employer supports. In general, the types of services and supports being offered by the Ability service providers are in alignment with the literature. However, the literature does not contain detailed guidance of good practice in relation to dosage or 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. Therefore, this evaluation could potentially provide valuable learning to the general field.

family members and a quantitative analysis of soft outcome tools administered to a sample of service users at the baseline and mid-point as well as an analysis of data from the Ability CRM.

A number of outcomes were reported by service users and family members during interviews. The most common outcomes; those reported by five or more service users (or their family member) included:

- Obtained work experience or employment
- Progressed in education, completed a course or obtained a qualification as a result
- Increased confidence
- Reduced isolation and increased social connection
- Increased sense of motivation
- Increased independent living skills

Two-thirds (66%, n= 186) of service users in the sample improved their soft outcomes skills to a statistically significant degree as a result of participating in the Ability programme. Eighty-four percent (n=156) of participants that increased their total score also increased their score in the confidence and communications domain, 77% (n=144) increased their score in the goal setting and motivation domain and 67% (n=124) increased their score in the independence domain.

Long-term outcome data was available for participants in the sample⁴ (n=186) as well as all participants who exited the programme⁵ (n= 204). Long-term outcome data was measured for 506 out of 1,451 (35%) service users enrolled in the Ability programme. Of these participants, 32% progressed into education or training⁶, 44% gained a qualification, and 26% obtained paid employment⁷.

An unadjusted logistic regression analysis found four factors (out of a possible 23 predictors) to be significant predictors of change in total scores on the soft outcome tool and five or fewer to be significant predictors of changes in one of two of the three subdomain scores. However, there were a number of limitations to this data which are discussed in the methodology chapter and outcome chapter of this report and it is suggested that the mid-point results of the logistic regression and odds ratio analysis be considered exploratory until they can be further assessed at the end-point when participants have had more time in the programme and potentially more participants will be included in the sample.

A number of variables were found to be significant predictors of whether or not a participant achieved one of three long-term outcomes in both an unadjusted and adjusted logistic regression with odds ratios. In the adjusted model, each long-term outcome had five predictors that were found to be statistically significant with some predictor variables being statistically significant across more than one of the three long-term outcomes:

- Older participants were more likely to be in paid employment than younger participants however, older participants were less likely to be currently in an educational course than younger participants. This may imply that older participants are more work ready compared to younger participants some of whom may be in school or college or still need additional qualifications before being work ready.
- Participants whose organisation provided transport were less likely to be in paid employment or to have acquired a QQI or professional certificate than those whose organisations did not provide transportation. This is likely indicating that participants in more remote locations with less access to convenient public transportation experience additional barriers to obtaining and

⁴ Additional questions related to long-term outcome were included at the end of the soft-outcome tool and completed by the service providers when submitting the data as this data.

⁵ Data in relation to long-term outcomes is only captured in the Ability CRM at case close which is why it was only available for participants who either left the programme or were in the sample.

⁶ This 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 providers were advised to "select the primary outcome" if a service user was both in education or training and in employment upon exit.

⁷ See previous footnote.

maintaining employment or continued attendance in a course to completion however there was not sufficient data on whether a participant lived in a rural or urban area was not available to the research team at the time of the analysis to verify this⁸.

- Participants whose organisation provided accredited mainstream work readiness and life skills were more likely to have acquired a QQI or professional certificate or to currently be in an educational course than those whose organisations did not provide accredited work readiness and life skills courses.
- 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 whose duration in the programme was shorter.

The factor that was the largest predictor of whether or not a participant was in paid employment was whether or not their service provider offered paid work experience. Participants whose organisations offer paid work experience were 119% more likely to be in paid employment than those whose organisation do not offer paid work experience. In addition, participants whose organisations offer long-term unpaid work experience were 75% less likely to be in paid employment than those whose organisations do not offer any unpaid work experience. Furthermore, participants in organisations that offer voluntary roles in the community were also less likely to be in paid employment, however, this was only found to be significant in the unadjusted model and was no longer significant in the adjusted model when accounting for the other predictor variables. These results indicate that paid work experience should be prioritised over unpaid work experience or volunteer positions, whenever possible, for any participant with a goal of obtaining employment.

The factor that was the largest predictor of whether or not a participant had acquired a QQI or professional certificate was whether an organisation offers mainstream accredited work and life course skills. Participants whose provider offers accredited mainstream work and life skill course were 537% more likely to have acquired a QQI or professional certificate than participants whose organisation did not offer any accredited work readiness and life skills courses.

The factors that were the largest predictors of whether a participant was enrolled in an education or training was whether the organisation their provider offers; 1) both mainstream and programme based accredited work and life skills courses or 2) mainstream only accredited work and life skill courses which were 291% and 123% more likely to be enrolled in education or training compared to participants in organisations that do not provide accredited work readiness and life skills courses.

These findings indicate that providing access to accredited work readiness and life skills courses, is effective in supporting service users to later enrol in education and obtain qualifications, especially mainstream courses⁹.

A number of predictor variables were significant in the unadjusted model but were subsequently determined to have too low of power (in part due to a small sample size) to be included in the adjusted model. In addition, it was found that the amount of time spent in the programme is a significant predictor of long-term outcomes. Therefore, it is likely that additional significant predictors will be identified in the end-point analysis which will provided a fuller picture of which types of supports and services are most effective in supporting service users to progress into education or employment

1.5 Emerging good practice

The following 16 good practices were identified through a thematic analysis of interviews with 23 service providers, 20 service users, 4 family members, and 3 employers. The interviews with service

⁸ Pobal captures data on participant address and will provided a coded version of this data (i.e. whether a participant lives in an urban or rural area) to the research team at the endpoint analysis which will be use to further explore this relationship.

⁹ Offering unaccredited work readiness and life skills courses as well vocational skills courses were also found to be significant predictors of being in a course or obtaining a qualification but only in the unadjusted model as these variables were removed due to issues with multicollinearity and inconsistencies in the findings. Therefore, it should not be assumed that accredited programmes are better than unaccredited or that work readiness programmes are more effective than vocational programmes. This will be explored further at the end point.

providers serve as the foundation of this section of the report with feedback from other stakeholders supporting the findings. The feedback is organised into three themes, overcoming common challenges followed by good practice in relation to skill building and personal development and recruiting and working with employers. The findings presented here are an abbreviated summary of the more detailed findings in this chapter of the report.

Good practice responses to challenges

Good practice one: Collaborate with local Education and Training Board (ETB) to develop new courses bespoke to the interests and needs of Ability service users.

In response to a lack of suitable courses for service users, providers collaborated with local ETBs to develop new courses in topics of interest to Ability participants that are pitched at a QQI level and pace that is suitable for Ability service users as well as the general public.

Good practice two: Collaborate with specific courses to make case by cases exceptions or provide supports for individual service users, such as; extending timelines of the course and supplementing this with individual tutoring and education supports.

Another approach taken by providers in response to a lack of suitable courses for service users was to work with course providers to negotiate case by case adjustments or accommodations and to provide in house tutoring and education supports. Adjustments included adapting a course from full-time to part-time, extending timelines for assignments, accepting voice recordings for answers on assignments

Good practice three: Be transparent and open with service users and family member to ensure they have all of the information they need before making a decision so they can make future plans based on the possibility of the programme ending or changing.

Uncertainty around continuation of the programme funding can lead to concerns for service users about the future and can lead to some potential new participants feeling apprehensive about signing-up as they do not want to make progress towards achieving a goal and then lose support before they achieve it. Providers also expressed that inconsistent programming results in loss of trust, loss of progress, and loss of motivation in service users. In order to address this, providers reported that it is essential to be open and honest with service users and family members on the current timeline of the programme and the possibility that the programme will end or change in 2021. This allows service users to make informed decisions and encourages transparency and trust.

Good practice four: Informally screen all potential employers through face-to-face meetings and tours of the workspace which allow you to observe the environment and company culture and alert local DSP staff to potentially problematic employers.

Providers highlighted a number of challenges arising with employers such as, an employer committing to a work placement and then backing out at the last minute after a participant has been trained and prepped, engaging in tokenism and not providing meaningful tasks and responsibilities or, in rare instances, facilitating a hostile work environment and taking advantage of the service user. In response to this, providers reported that they informally screen potential employers during initial face to face interaction by observing how the employer speaks to and about the service users, how they speak to other staff, and what the physical environment and overall workplace culture is like.

Good practice five: With the permission of the service user, share the participants personal and professional goals that they are working towards with the employer and discuss how the work placement is supporting participants to achieve their goals.

Providers reported that it is important to be clear and transparent with employers that hiring or taking on a service user for a work experience placement is not 'an act of charity' and that participants do not need to be 'minded' rather, they are hiring an employee, who may require additional supports and accommodations, to support them in building skills to ultimately achieve their long-term goals and ambitions. To ensure that employers are committed to providing a meaningful workplace experience it is helpful to share a participants long-term goals and explain how this work placement is helping them to achieve them

Good practice for skill building and personal development service users

Good practice six: In order to build service users' sense of independence and personal responsibility, participants should be encouraged and supported to drive the decision making in relation to their own goals and the steps to achieve these.

Decision making being driven by the participant was seen as a critical success factor. This was not only in relation to goal setting and activity selection based on each service users unique interests and skills but also extended to participants deciding what communication methods they preferred such as WhatsApp, phone calls, or email and how often and when to have in-person one-to-one sessions.

Good practice seven: Social and community engagement activities are well received by services users and help to reduce social isolation and build social and interpersonal skills which can increase attendance and participation in other skill building course work.

Examples of activities that were well received by participants included, 'operation transformation,' a group wilderness based personal develop courses, social farming, youth clubs, and a kayaking course.

Good practice eight: Classroom based learning for skill and knowledge building is more effective when it is experiential and uses role playing, visuals, or interactive activities such as art projects to present and practice the material.

Classroom based learning should be interactive and engaging and cannot rely on text heavy resources. Examples of good teaching methodologies included role playing, video modelling, creating art projects on the theme being discussed, using visual tools and turning the lessons into a game.

Good practice nine: The creation of a safe and relaxed environment was perceived to be invaluable by many participants along with kind and supportive attitudes of staff.

Eight service users discussed how they valued the conditions that were created in Ability programme where they felt safe and could relax with the research team during interviews. In addition, when invited to comment on what aspects of the programme they liked best, a majority response was reliable, kind, supportive, warm and welcoming attitudes of staff who worked on the programme.

Good practice for recruiting and working with employers

Good practice ten: Developing high quality marketing materials, particularly video and social media content, that include testimonials from both service users and participating employers is helpful for recruiting new and engaging existing, service users, work placement partners, and other collaborators.

In addition to marketing and awareness raising strategies, it was also reported that it is helpful for staff to have training and skills in sales/marketing in order to recruit employers. Engaging employers in marketing was found to be a mutually beneficial process as employers could also use this material to demonstrate their corporate social responsibility and community participation. Providers have also found that service users also appreciate the opportunity to tell their story and support the organisation.

Good practice eleven: Facilitating events that provide the opportunity for prospective employers to hear first-hand about the experiences of other employers has been very well received and found to increase employer engagement, particularly when this is part of an interactive showcase event where they can observe and get to know service users in a setting where the service user is comfortable.

Providers did this in a number of ways such as hosting breakfast mornings for employers, facilitating highly structured and coordinated multi-site job shadow days and award ceremonies, or having catering students prepare a lunch for existing and prospective employers.

Good practice twelve: In addition to general disability awareness training and information on how to access funding and support, employers need training that is tailored to their work place and the personality and support needs of the service user they are working with, coupled with onsite supports that are phased out over time.

General information is shared in commonly shared in a tool-kit or employer pack during recruitment. More intensive and customised training and supports are provided when a service user is placed which

may include a task analysis or similar assessment from an occupational therapist. This is often followed providing as much or as little on-site support as needed and then decreasing this support overtime allowing the service users and employer time to adjust.

Good practice thirteen: Facilitating a brief meeting with the service user, employer, and an ability staff member in order to provide a tour of the workplace, introduce work tasks and introduce staff prior work placement ensures that participants and employers are prepared, comfortable, and set up to have a positive experience on the first day.

A pre-placement meeting allows service users to get acclimated and helps to set everyone up for success. For long-term placements this first step will often also include practicing traveling to the location using public transport and exploring the community to identify where they can get lunch.

Good practice fourteen: Providing work experience in tandem with, rather than after, skills training increases service user engagement, knowledge and skill retainment as it provides a context for applying the skills being taught and also accounts for the real life application of these skills which include building new routines and acclimating to new environments.

Three service providers described approaches similar to a “place and train” approach highlighted as good practice in the literature review (in the baseline report). While each approach was slightly different they shared a common rationale to offering work placement very early in the process.

Good practice fifteen: Providing a combination of training to employers on accessible recruitment and interview practices as well as interview preparation with service users that includes mock interviews increases the chances of service users obtaining work experience.

Providers described the following techniques as being effective in developing interviewing skills in participants: make the mock interview feel real by including staff that the participant has never met, review detailed notes and/or videotapes of the interview and discuss what went well and where improvements can be made, facilitate additional mock interviews in order to practice improvements and see where progress has been made, and complete a mock interview as a refresher the day before a real interview. Examples of good practice for employers included making job descriptions Easy Read and offering participants the option to take a break or ask clarifying questions throughout the interview.

Good practice sixteen: Providing opportunities for peer learning and peer support increases engagement, enthusiasm, motivation, and relationship building and can provide past participants with opportunities to stay engaged with the service in a meaningful way.

Peer support can be formal such as hiring past participants to work as peer support workers alongside tutors during courses and or informal such as facilitating peer group discussions around positive and challenging situations that a service recently experienced.

1.6 Recommendations for future practice

The following recommendations were selected as being actionable steps for service providers to take to enhance current service provision or plan for future programme design or implementation. Recommendations have been developed based on key findings from the logistic regression analysis and the thematic analysis of interviews. Recommendations are organised into three themes, skill building and personal development, progression into education or obtaining a qualification, and recruiting employers and supporting participants to obtain employment.

Supporting participant skill building and personal development

1. **Promote personal responsibility and service user led decision making** - Promote independence, personal responsibility, and decision making by setting boundaries with families, ensuring participants identify their own goals without unnecessary influence from family or staff, and provide options in service delivery whenever possible such as selecting frequency and methods of communication and picking lunch places and activities.

2. **Collect and implement on-going feedback from service users** - Collect feedback from service users regularly through focus groups or role playing, or including participants on an advisory committees as to how the programme could be improved in order to increase their sense of ownership and personal responsibility in the programme. Ensure that suggestions are implemented where possible.
3. **Engage service users in a wide variety of social and community based activities** - Engage service users in a wide variety of social and community engagement activities such as youth clubs, social farming, or group exercise and sporting events, as these types of activities were reported to help service users decrease their anxiety, increase their overall engagement in the programme and education/training, build friendships, and increase their social and interpersonal skills. In addition, these types of activities were reported in the research as being highly valued and appreciated by service users.
4. **Ensure all classroom-based learning is highly interactive** - Adapt all classroom-based learning to be as interactive as possible in order to increase engagement and understanding of the content. Examples of good teaching methodologies included role playing, video modelling, creating art projects related to the theme or topic being discussed, using video and visual tools and turning the lessons games.
5. **Promote peer support and peer learning** - Provide opportunities for peer learning and peer support by having peer mentors co-facilitate skills building lessons or facilitating peer discussion groups about experiences. This was reported to increase engagement, enthusiasm, motivation, and relationship building among participants. It was also identified as a way to provide past participants with opportunities to stay engaged with the service in a meaningful way following programme completion.

Supporting participants to progress into education or obtain a qualification

6. **Provide access to work readiness and life skills courses and vocational skills courses** - Participants whose organisation provided accredited mainstream work readiness and life skills were more likely to have acquired a QQI or professional certificate or to currently be in an educational course than those whose organisations did not provide accredited work readiness and life skills courses. Similarly, the factors that were the largest predictors of whether a participant was enrolled in an education or training was whether the organisation their provider offers 1) both mainstream and programme based accredited work and life skills courses or 2) mainstream only accredited work and life skill courses which were 291% and 123% respectively, more likely to be enrolled in education or training compared to participants in organisations that do not provide accredited work readiness and life skills courses. Unaccredited work readiness and life skills courses as well vocational skills courses were also found to be significant predictors of being in a course or obtaining a qualification but only in the unadjusted model which did not account for other variables. Therefore, it should not be assumed that accredited programmes are better than unaccredited or that work readiness programmes are more effective than vocational programmes at this point. This will be explored further at the end point.
7. **Collaborate with local education providers to increase access to relevant and accredited mainstream courses or make case by case accommodations for service users** - In the absence of suitable or relevant courses, collaborate with local education providers, such as the ETB, to make case by case accommodations for service users or co-create new courses that meet the interest and support needs of service users. Examples of potential accommodations include, adapting a course from full-time to part-time, extending timelines for assignments, accepting voice recordings for answers on assignments. These types of accommodations as well as one-to-one tutoring supports reported as being very valuable by service users during interviews.

Recruiting employers and supporting participants to attain paid employment

8. **Prioritise paid work experience and whenever possible provide work experience in tandem with, rather than after, skills training.** Teaching skills on-site during a work placement increases service user engagement, knowledge and skill retainment 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 acclimating to new environments. Work experiences that are paid should be prioritised over unpaid work experience or volunteer placements for participants who have a goal of attaining paid

mainstream employment. This factor, whether or not their service provider offered paid work experience, was the largest predictor of whether or not a participant was in paid employment at course end. Not only were participants who were provided paid work experience 119% more likely to be in paid employment than those who were not, but participants who were offered long-term unpaid work experience were 75% less likely to be in paid employment than those who were not offered any unpaid work experience. Furthermore, participants in organisations that provide voluntary roles in the community were also less likely to be in paid employment.

9. **Engage employers and services users in marketing and share testimonials** - Increase awareness of your programme among potential employers by developing marketing videos and social media content that includes testimonials from both service users and participating employers. Engaging employers in marketing was found to be a mutually beneficial process as employers could also use this material to demonstrate their corporate social responsibility and community participation. Providers have also found that service users also appreciate the opportunity to tell their story and support the organisation.
10. **Provide informal opportunities for employers to meet other employers and service users** - Host events that provide the opportunity for prospective employers to hear first-hand about the experiences of other employers as this has been found to be very well received and to increase employer engagement, particularly when this is part of an interactive showcase event where they can observe and get to know service users in a setting where the service user is comfortable.
11. **Screen potential employers to ensure they are a good fit and committed to the mission and values of Ability** - Ensure employers are a good fit for the programme by clarifying the purpose of the work placement and undertaking an informal screening process to screen out employers that may not be sufficiently engaged to ensure a positive work experience for service users. Carry out a mental screening check-list during an onsite face-to-face meeting or tour to observe communication style of the manager and staff and the overall environment and workplace culture. Once the employer is onboard, increase buy-in by, with the permission of the service user, sharing what goals and skills the participant is working on that they can help them to achieve.
12. **Support and train both employers and service users on how to have a successful interview** - Provide a combination of training to employers on accessible recruitment and interview practices as well as interview preparation with service users that includes mock interviews and video/feedback, in order to increase the chances of service users obtaining work experience. Mock interviews were reported to be a particularly effective work readiness support by both providers and service users.
13. **Provide employer training on on-site supports that are tailored to each employer and the specific service user they are working with** - Provide training that is tailored to the needs of each employer and the personality and support needs of the service user they are working with. Couple this with onsite supports that are phased out over time in order to ensure both the service users and employer feel supported and set-up for success. In addition, keep lines of communication open even after all on-site supports have been phased out. This service was named as 'invaluable' by employers.

1.7 Conclusion and Next Steps

The data analysed in this report highlights that the programme is reaching its objectives. It was found that the Ability programme is successfully supporting participants to increase their soft skills, progress into education, obtain a qualification, obtain employment, or obtain a meaningful voluntary role in their community.

The services and supports being provided and approaches to service delivery implemented by providers are in alignment with what the literature reports generally to be good practice. In addition, a number of detailed good practices in relation to supporting people with disabilities into the education or employment in Ireland are emerging with many providers in agreement on what they have found to be effective or well received by service users.

The final round of data collection will take place between late 2020 and early 2021 which will be developed into the final evaluation report in the Spring of 2021. The results from these reports will be used by the project funders (the Department of Social Protection and the European Social Fund), Pobal, organisations funded under Ability and their partners to inform programme planning and

decision-making. This report will build on and test the findings of this report to provide a robust assessment of good practice, that can inform future policy and practice in Ireland and, potentially the wider EU programme community.

2 Introduction

2.1 Overview

This is the mid-point report in the three year evaluation process of the Ability programme. This report was preceded by a baseline report in April 2020 and will be followed by a summative report at the end of the programme.

The Ability Programme provides funding to 27 service providers across the Republic of Ireland. All recipient organisations are working with people with a variety of disabilities between the ages of 15 and 29. The programme aims to support service users to develop skills through provision of a range of person centred supports. The overall goal of the programme is to support service users to progress in education or training, and attain meaningful social roles and/or secure employment.

The evaluation seeks to assess whether the programme achieved its original aims and key objectives. The methodology is designed to explore the effectiveness of the different approaches used to support services to get closer to the labour market. The evaluation process also seeks to identify good practice to inform future programme planning and service provision.

2.2 Contents of this report

This report includes a description of the methodology implemented to collect and analyse the data presented in this report, five case studies of service providers, the findings from the midpoint mixed methodology data collection. In addition a summary of a validation study for the co-created bespoke soft outcome tool, along with a number of data collection tools and findings tables, can be found in the appendix of the report.

The mid-point data is presented in sections four through seven. Section 4, Ability Service Users Profile, includes a demographic profile of all the participants enrolled in the Ability programme as of the 21st of April - 2020, as well as for the sample of participants who completed the soft-outcome tool. This section also includes findings on the experiences and ambitions of programme participants reported in interviews with service users. Section 5, A Summary of Ability Service Provisions Models, includes a summary of the service provision approaches of the 27 Ability providers as well as case studies from five service providers. Section 6, Mid-point Service User Outcomes, contains the findings related to soft and long-term outcomes experience by service users. It includes results of the soft outcome tool administered to a sample of service users at baseline and midpoint, as well as findings from analysed data from the Ability CRM related to all participants who have exited the programme. This chapter also contains findings from service user interviews, and the results of a variety of statistical analyses including logistic regression with odds ratios. Section 7, Emerging Good Practice, presents the findings of the thematic analysis of interviews with service providers, employers, service users, and family members. The analysis presents feedback in terms of challenges and the good practice responses to these. Finally, the report ends with a key findings and recommendations section and a conclusion that outlines next steps of the evaluation.

2.3 Summary

A total of 1,451 service users have enrolled in the Ability Programme across 27 service providers as of the 21st of April 2020. This mid-point report provides a profile of the service users enrolled in the Ability programme to date, a summary of the types of services being provided by services funded under the programme, and an overview of the change in soft outcomes attained so far for by a sample 302 service users across 23 providers and long-term outcome for 506 service users which include 204 from

closed cases and 302 from service users in sample of service users selected to receive the soft-outcome tool¹⁰.

The data analysed in this report highlights that the programme is reaching its objectives. It was found that the Ability programme is successfully supporting participants to increase their soft skills, progress into education, obtain a qualification, obtain employment, or obtain a meaningful voluntary role in their community. Two-thirds (66%, n= 186) of service users in the sample improved their soft outcomes skills to a statistically significant degree as a result of participating in the Ability programme. In addition, of the 506 participants with data available on long-term outcomes, 32% progressed into education or training, 44% gained a qualification, and 26% obtained paid employment. In addition, a number of emerging good practices have been identified.

This report will be followed by a final round of data collection that will take place in the Autumn of 2020 and will result in a final report in early 2021. The final report will further explore the extent to which Ability participants attained both soft and long-term outcomes as well as which types of supports and service provision models are most likely to result in each outcome.

¹⁰ Long-term outcomes are only documented in the Ability CRM at case close. In order to increase the amount of data available for this analysis on long-term outcomes being achieved, the research team included questions relating to long-term outcomes at the end of the soft-outcome tool questionnaire to be completed by programme staff. Therefore long-term outcome data was available and analysed for all participants who exited the programme (n=204) and all participants in the sample of service users receiving the soft outcome tool who completed a tool at midpoint (n=302). This section presents the findings on long-term outcomes.

3 Methodology

3.1 Overview

This chapter details the principles and approach to the overall three-year evaluation as well as an explanation of the methods used to gather and analyse the data in this mid-point report. In addition, it 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 service recipients involved in the research
- All elements of the evaluation are grounded in evidence and all recommendations have a transparent basis in evaluation data

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.

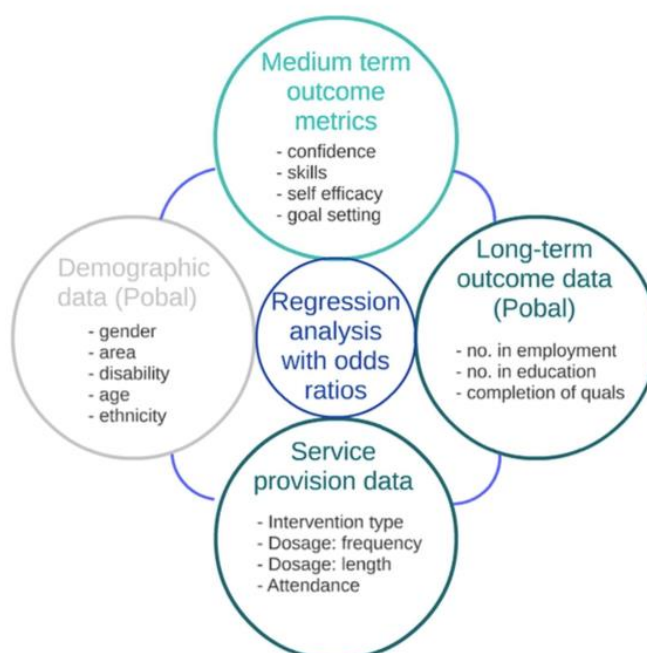
In the absence of a common service provision model or quality standard for programmes like Ability, the research team co-created the methodology outlined below in order to evaluate the programme's perceived success. It includes qualitative and quantitative approaches and uses bespoke tools that were informed by a literature review and co-created with service providers.

The evaluation aims to understand which types of interventions, services, and activities support people with disabilities to build skills or progress into education or employment. It does this by exploring four sets of data, namely: 1. Demographics of service users 2. Service provision information including the type and dosage of activities 3. Soft outcome data related to skill development (also known as medium term outcomes), and 4. Long-term outcome data regarding engagement in employment, education, or a meaningful social role in the community (as defined by the Ability programme).

Demographic data (data set 1) and long-term outcome data (data set 4) is collected and stored within the Pobal data collection and monitoring system through the Ability CRM. Medium-term outcomes data (data set 3) and service provision data (data set 2) is collected specifically for the purposes of this evaluation, using bespoke data collection tools, and is stored by Quality Matters. For a detailed explanation of the research tool development process see the Baseline Report.

The evaluation includes three periods of data collection and analysis; baseline, mid-point, and end-point. The baseline has been completed with the findings shared in a separate report. This report outlines the approach and findings for the mid-point data collection.

Figure 1 Data categories and examples



3.2 Qualitative data collection and analysis

Overview

The qualitative research component of this evaluation involved focus groups as well as semi-structured interviews with all stakeholders including service providers, programme participants, family members and employers. The data gathered was used for two purposes; the development of a thematic analysis and the development of case studies.

Mid-point interviews

Participants

Service Providers: Each of the 27 service providers were invited to participate in a semi-structured phone-based interviews. In total, 23 service providers were interviewed between February and March 2020.

Service Users: Service user interview participants invited to interview were participants in those programmes partaking in the case study process. Participants were randomly selected from the existing random sample of service users selected at baseline to receive the soft-outcome tool for each case study site. The random selection was undertaken by the research team using a random number generator. Twenty service users participated across five providers in total, with all but four choosing to have their interview in person.

Family Members and Employers: Each provider involved in a case study was also invited to identify a convenience sample of one family member and one employer to participate in interviews. This resulted in four parents and three employers participating in interviews, as not all providers were working with employers yet, and one provider does not work with parents. All participants were engaged in interviews over the phone except for one. One family member chose to be interviewed in person during one of the site visits.

Approach

Interviews were semi-structured and each participant was given the interview questions in advance in order to reflect on their experience, in the case of the providers, discuss amongst their staff in order share experiences and ideas of their entire team in their answers and in the case of service users, to

review and discuss with their families, and bring notes with them if they wanted to as well. The interview schedule can be found in appendix items 12.7 – 12.10.

The service provider and employer interviews took place over the phone and lasted approximately 45 mins. Service users and family member interviews lasted approximately 30 mins and took place either in-person during a case study site visit or over the phone, depending on the participant's preference and availability. Service users had the option to have a staff member present during their interview for support and three participants chose this option.

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.

Mid-point case studies

Participants

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.

The selected sites included one national organisation, two based in Dublin, and three based in rural areas. Those selected cumulatively provided services to people with a range of disability types, including but not limited to intellectual disabilities, physical disabilities, and mental health challenges as well as a range of age groups.

One provider selected was unable to participate as the site visit was cancelled due to Covid-19 restrictions, which also resulted in the programme temporarily pausing service provision.

Approach

Case studies entailed a site visit which included a focus group with staff and an interview with a manager. Some site visits also included interviews with service users but that data is being analysed separately in a thematic analysis and not included in the case studies.

Thematic analysis

The thematic analysis was performed by triangulating data from all interviews and focus groups. 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.

3.3 Quantitative data collection and analysis

Overview

The quantitative data used for the evaluation is comprised of demographic data and long-term 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.

Demographic data

Demographic data was exported from the Pobal CRM database for all Ability participants, including those involved in interviews. The data was anonymised by Pobal prior to being shared with the research team at Quality Matters for analysis. The demographic data, soft outcome data, and long-term outcome data was linked using the participant ID field which serves as a unique id throughout the data analysis process. This allowed the researchers to connect the sample groups demographic data with their response to the tool. Data was analysed and reported in frequencies for the entire population as well as the sample group in side by side comparison.

Service provision data

Each of the 27 providers completed the service provision matrix at baseline and again at mid-point, if there were any changes to their programme. The service provision matrix is a bespoke data collection tool 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 in 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.

All but two matrices were fully complete. One provider did not provide a response to items related to employer engagement (items 18 and 19) as they are not currently offering these services and one other provider selected more than one option for item 15 which required one answer only. Therefore, participants in the sample were denoted as N/A for these questions in the corresponding analyses.

A copy of the service provision matrix can be found in appendix item two. To learn more about the development of this tool, please see the baseline report.

Soft outcome data

Soft Outcome Tool and Validation

The literature review that was completed with the baseline report 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. A majority of literature available regarding 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.

An exploratory validation study was completed at baseline. 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. The tool was validated further with an additional analysis being completed at midpoint.

The tool has been found to have content validity, construct validity as measured using a principle components analysis, and criterion validity based on a logistic regression of the scores on the tool as predictors of relevant long-term outcomes. The Cronbach Alpha score for the overall tool is .93 indicating excellent overall internal consistency and scores for the three individual components, 1. confidence and communication 2. goal setting and motivation and 3. independence, ranged between .78 and .88 which indicated a level of 'acceptable' to 'good' internal consistency at component level. Additional detail on the validity and reliability of the tool can be found in the validation chapter in the appendix of the report.

Sampling

As each service provider is working with a different amount of service users and will be continuously enrolling new participants, the soft outcome component of the evaluation will be 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 service users at the time of data collection were instructed to complete the baseline data collection for all of their service users.

Providers with more than 15 active service users 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.

Mid-point soft outcome data collection used the same sample as baseline, however due to Covid-19 four service providers were unable to provide mid-point soft outcome data for any of their participants in the sample due to a significant temporary reduction in participant engagement and/or the format of participant engagement during this time not being conducive to completing the data collection tools. In addition, some service users from the other participating providers were either unavailable or declined to participate.

This resulted in a mid-point sample of 302 participants compared to the baseline sample of 381. The total number of participants in the population enrolled in the Ability programme at the time of mid-point data collection was 1,451 individuals.

Data Collection

The soft outcome tools were collaboratively completed by service users and staff using a printed version of the tool. In some instances, soft outcome tools were completed through web-conferencing due to Covid-19 restrictions during data collection. Service providers then entered responses into an online platform.

Data Analysis

The soft outcome data was cleaned for duplicate entries and missing values. Where a service user left one or more questions blank, their overall score was removed from the analysis of overall scores and any of the subdomains affected by the missing values were also removed from the analysis of the corresponding domain. In any subdomain where complete data was available, the data was retained in the analysis. A total of six respondents left at least one question blank at mid-point and 13 respondents had missing data in their baseline entry which resulted in a sample of 283 for analysis of total scores on soft outcomes.

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 mid-point scores from their baseline scores.

Results were analysed and reported using descriptive statistics, frequencies, and a number of statistical analysis¹¹. The following statistical analyses were performed on the soft outcome data:

- Pearson's Correlation to assess the relationship between the total and subdomain-level scores at baseline and midpoint
- 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
- Paired Samples T-test to ascertain whether there was a statistically significant difference between the mean total and subdomain scores in the sample at baseline and mid-point, in

¹¹ 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.

order to identify if meaningful change had occurred as a result of the programme interventions rather than being due to chance. 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 long-term outcome. See section 3.3.6 below for more information on the Logistic Regression and the related analyses

Long-term outcomes

Sampling

Long-term outcomes were reported for all participants who exited the programme prior to the data being exported on April 21, 2020 and were also measured for participants who received the soft outcome tool. There were 204 service users in the population who had left the programme and whose cases were closed which equates to 14% of all service users who engaged with the service to date. The long-term outcome data reported for these 204 participants was combined with the long-term outcome data reported on the soft outcome tool by the members of the sample which provided a total of 506 participants able to be included in the analyses of long-term outcomes.

Data Collection

Long-term outcome data for the 204 participants who exited the programme was captured in the Pobal CRM database. Long-term outcome data was collected for members of the sample who have not yet exited the programme through relevant questions being added to the end of the soft-outcome tool. These questions were completed by programme staff at time of data entry into the online platform.

Data Analysis

Frequencies were reported for each of the long-term outcomes. In addition, a Logistic Regression and Odds Ratio analyses were run to establish the relationship between a set of prediction factors, demographics and types of service provision, and the long-term outcomes of being in paid employment, being in education or training, or having obtained a QQI certification as well as the short-term outcomes. See section 3.3.6 below for more information on the Logistic Regression and the related analyses.

Predictive modelling using logistic regression testing

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 26¹² independent/predictor variables and the seven-binary dependent/outcome variables were examined using binary logistic regression¹³. Unadjusted¹⁴ analyses were performed individually for each factor and unadjusted odds

¹² Not all 26 independent variables were analysed for each dependent variable. Variables were selected for the unadjusted model by relevance based on the researchers understanding of both the literature and programme service provision.

¹³ 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.

¹⁴ 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>

ratios¹⁵ 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 adjusted¹⁶ (multivariate) regression model¹⁷ for the dependent outcome variables.

Independent/predictor variables were included in the adjusted model if they met the following criteria:

- 1) Statistically significant at least at the $p < 0.10$ level¹⁸
- 2) Not overly correlated with other independence variables and had a variance inflation factor (VIF) of 5 or lower¹⁹
- 3) Had a statistical power 20 of .75 or higher
- 4) 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.

Dependent Variables

This study identified seven binary dependant variables upon which logistic regressions were carried out described in the table below.

Table 1: List of Dependent/Outcome Variables for Logistic Regression/Odd Ratio Analysis

Dependent (Outcome) Variables			
No.	Dependent variable	Variable type	Variable description
1	Change in total score on soft outcome tool	Categorical	1) Increase in score 2) No change or decreased in score
2	Change in score confidence and communication	Categorical	1) Increase in score 2) No change or decreased in score
3	Change in score goal setting and motivation	Categorical	1) Increase in score 2) No change or decreased in score
4	Change in score independence domain	Categorical	1) Increase in score 2) No change or decreased in score

¹⁵ 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.

¹⁶ An adjusted analysis that controls for other predictor variables in a model. It gives you an idea of the dynamics between the predictors.

¹⁷ 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.

¹⁸ 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.

¹⁹ 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.>

²⁰ 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.

5	Whether a participant was in paid employment	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	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	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 26 covariates used in the logistic regression/odd ratio analysis 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).

Table 2: 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 ²¹	Categorical	1) Participant comes from a disadvantaged background 2) Participant does not come from a disadvantaged background
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 ²² 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

²¹ This variable was developed by combining two questions on the Ability registration form. Service users are 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 household with dependent children, living in poverty or material deprivation, homeless or affected by housing exclusion.

²² 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. Their were too few participant who received both or who received home schooling on its own to make these separate categories.

8	Approach to 1-2-1 supports	(Categorical)	1) Level 2 Key-working, 2) Level 3 Case-management
9	General frequency of 1-2-1 supports	(Categorical)	1) Structured supports 2) Unstructured supports
10	Action/Care/Personal Plans	(Categorical)	1) Informal 2) Formal with action steps 3) Formal with goals
11	Engagement with parents/guardians	(Categorical)	1) No engagement 2) Structured engagement
12	Transport provide by service	(Categorical)	1) No transport provided 2) Transport provided
13	Mental health supports	(Categorical)	1) No mental health supports 2) Individual mental health supports 3) Group mental health supports 4) Group and individual mental health supports
14	Supports to engage in social activities	(Categorical)	1) Facilitated group supports 2) Signposting and referrals 3) Mix of facilitated group, signposting and referrals
15	Work readiness and life skills courses (non-accredited)	(Categorical)	1) Mainstream based services 2) Programme based services 3) Mix of mainstream and programme-based services
16	Work readiness and life skills courses (accredited)	(Categorical)	1) None provided 2) Mainstream based services 3) Programme based services 4) Mix of mainstream and programme-based services
17	Vocational skills/trade training (non-accredited)	(Categorical)	1) None provided 2) Mainstream based services 3) Programme based services 4) Mix of mainstream and programme-based services
18	Vocational skills/trade training (accredited)	(Categorical)	1) None provided 2) Mainstream based services 3) Programme based services 4) Mix of mainstream and programme-based services
19	Paid work experience supplied	(Categorical)	1) None provided 2) Contingent on being in the programme 3) Not contingent on being in the programme
20	Unpaid work experience supplied	(Categorical)	1) None provided 2) Short-term provided 3) Long-term provided

21	Volunteer role in the community	(Categorical)	1) None provided 2) Contingent on being in the programme 3) Not contingent on being in the programme
22	Percent of staff time spent on activities and tasks related to client/family engagement	(Continuous)	0% - 100%
23	Percent of staff time spent on activities and tasks related to employer engagement	(Continuous)	0% - 100%
24	Provide training and support to employers	(Categorical)	1) One-time support 2) On-going supports
25	Recruitment of business partners	(Categorical)	1) Client interest 2) Employer interest 3) Both client and employer interest
26	Time spent in the programme	(Continuous)	Time spent in the programme in months

3.4 Research ethics

Consent and anonymity

All service users 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 service users fully understand the information sharing process, which included adapting forms into an "Easy Read" format when needed.

The sample drawn for soft outcome data collection was drawn only from service users who had signed the consent form described above. In addition, service users were informed that completing the soft outcome tool was voluntary and in addition to the overall research consent form described above, verbal consent was obtained by service providers prior to completing the soft outcome tool. A total of five service users selected for the sample declined to complete the tool.

All soft outcome data collection was completed in line with GDPR and the organisation's confidentiality policies. Each provider explained their organisation's approach to confidentiality, data management, and file keeping to the service user and told them who will have access to the completed tool and who will not.

The data set from the Ability CRM was anonymised before being shared with Quality Matters and the results of the soft outcome tools were linked using a unique user ID.

For interviews, service users were informed at several points (namely, recruitment and at the start of the interview) that their participation was entirely voluntary, that they could stop at any time, that they could choose not to answer any question, or that they could later withdraw their consent. Participants and parents were informed that their feedback was entirely confidential, and that they would not be identifiable in the final report. Importantly, they were reassured that their participation would have no impact on their future access to support by this or any other programme.

Access to the soft-outcome data

All service providers were advised to keep a copy of the completed soft outcome tool in the client's file so the service user can access this alongside any of their other records at any time. All data sets and research files are stored in a password protected file that is only accessible by the research team.

Emotional impact of data collection

The soft outcome tool asks service users to reflect on their level of competence for a variety of soft skills. Providers were asked to provide feedback on the service users experience when completing the tool and the tool pilot process did not indicate that it is likely for service users to become upset while completing this tool, however, research also shows that trauma triggers are not possible to predict. Therefore, staff were instructed to be ready to respond to service users becoming upset and to provide individual supports if this occurred. Organisations were advised to follow their regular practices for responding when a client gets upset and were also provided guidance on how to respond in the data collection guidebook.

During interviews, the interviewer reminded participants that they could skip any question or stop the interview at anytime. They also checked in with each participant at the end of the interview to see how they were feeling. They were encouraged to speak with their support staff or parent if anything discussed in the interview made them feel upset later that day or week. Staff were also advised to followed up with participant to ask about their experience in the interviews.

3.5 Challenges and limitations of the evaluation

There are a number of challenges and limitations to the evaluation.

1. There are a variety of service provision models being implemented with a variety of 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 which was followed by discussion during mid-point interviews with 23 of the providers.

2. Implementing a "person-centred approach" may lead to variations in the service provision model implemented.

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 service user they are working with. This lack of codified or differentiated models greatly reduces the accuracy and usefulness of the data captured in the service provision matrix, and limits 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. However, providers did request the option to select more than one answer for items under "Education Opportunities" which was provided. This significantly improved the quality of data collected on the service provision matrix. However, the number of answer choice categories required to reflect all providers models in the Matrix results in low n's for each category in the statistical analysis as well as occasional skewness which reduces the likelihood of statistically significant or robust findings in the regression analysis. This was addressed by collapsing categories where it was appropriate to do so and limiting inclusion of variables in the adjusted model to those with a power of .75 or higher.

3. 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 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 inferred from the findings of the logistic regression. For example, we can say that participants whose service offer paid work experience were more likely to attain paid work experience but we cannot say that service users 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.

4. 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.

5. Data points may be missing particularly for questions in the Ability CRM with "requested but not provided" as an answer choice and providers may have inconsistent interpretation of variables that are not clearly defined.

To help ensure the evaluation has high-quality data, Pobal performs 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.

6. Service users in the sample have 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 service users in September of 2018 while others didn't start working with service users 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 service users who started earlier in the programme showing less change between baseline, interim, and final report. To account for this, length of time in the programme was included as a control variable in the logistic regression models.

7. The sample size was lower than anticipated due to Covid-19 and missing data.

Soft Outcomes

Due to Covid-19, four service providers were unable to provide mid-point soft outcome data for any of their participants in the sample due to a significant temporary reduction in participant engagement and/or the format of participant engagement during this time not being conducive to completing the data collection tools. In addition, some service users from the other participating providers were either unavailable or declined to participate. This resulted in a mid-point sample of 302 participants compared to the baseline sample of 381. The sample was further reduced after data cleaning for duplicate entries and missing values. A total of six respondents left at least one question blank at mid-

point and 13 respondents had missing data in their baseline entry which resulted in a sample of 283 for analyses that used total score on the soft outcome tool.

Long-term outcomes

Long-term outcomes are captured for all participants in the Pobal database at case close and are also captured by the soft outcome tool for those in the sample. Therefore, while this sample was higher than that for the soft outcome data, which resulted in more meaningful results being identified in the logistic regression analysis, the limitations described above for the soft outcome data also impacted the sample for the long-term 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.

As all data in this report is for the midpoint and had relatively small samples sizes, the findings in this report should be considered exploratory until further analysed at end-point, at which point participants will have had more time in the programme to experience change, and at which point there will likely be a larger sample.

8. The use of purposive and convenience sampling in the qualitative data collection could have resulted in unintentional bias

While service users were selected using a random sampling technique, parents and employers were selected to be interviewed by the service providers based on availability and willingness to participate. Service providers could have, even unconsciously, chosen parents or employers who had a positive experience or similarly, participants who have had a good experience may have been more willing to participate. This means that parents or employer who have had a negative experience may not be reflected in the qualitative data.

9. Data used for long-term outcomes "in education or training" and "in employment" may be an underrepresentation of the total number of service users who achieved these outcomes.

Data in relation to long-term outcomes is not captured in the Ability CRM until case close however service user often continue to avail of supports and services from providers even after they progress into education or employment. In addition, the long-term 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 service user 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 amount of services users who have achieved these outcomes.

In order to gain a fuller picture of the number of participants achieving this outcome at mid-point and in order to have a larger sample size for the logistic regression, "yes or no" questions about achieving the long-term outcomes were also asked about the service users who are in the sample in an addendum to the soft outcome tool questionnaire. These questions were not mutually exclusive and 17 participants in the sample were both "in education or training" and 'in employment". A combination of data from the CRM and the soft outcome tool questionnaires was used for the logistic regression.

4 Ability Service Users Profile

4.1 Overview

This chapter provides an overview the Ability Programme participants. It includes a summary of the demographics of every Ability service user, including those 302 participants included in the sample who undertook the soft outcome tool. This section also includes findings from a thematic analysis of 20 service user and four family member interviews that were carried out at the mid-point. The findings included in this section are related to challenges that participants have experienced in the past in relation to progressing into education and employment and what they hope to achieve by participating in the Ability programme. Findings from service user and family members interviews related to outcomes they have experienced, and their perspectives on provider good practice are included in other sections of this report.

4.2 Demographics of Ability service users and evaluation sample

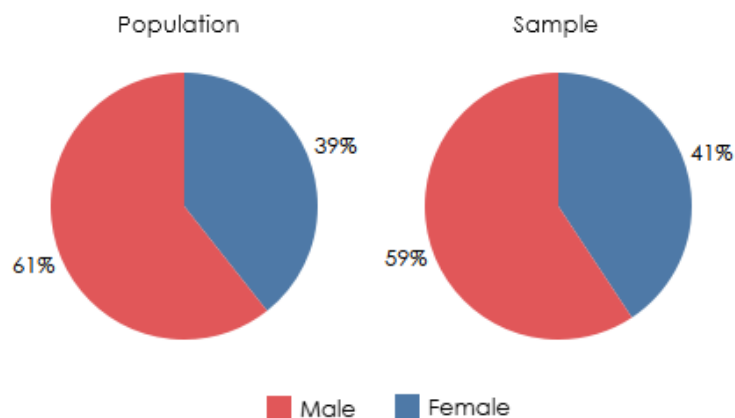
Overview

This section of the report provides the demographic background of all Ability service participants and contains a comparison of the population data contained in the Pobal CRM with the sample group data at the midpoint. At the time of writing this report, the total number of participants who had been enrolled in the Ability Programme and captured in the Ability CRM database was 1,451 individuals. There were 302 service users in the sample group, from across 23 service providers²³.

Gender

In the whole population, sixty-one percent (n=880) of service users overall were male and 39% (n=571) were female in the population. In the sample, 59% (n=179) of service users were male and 41% (n=123) were female. This is within two percentage points of the population group.

Figure 2: Gender of Service Users



Age

All service users were aged between 15 and 29 years with the majority being 18 or older and the most common age range being 18 - 24 in both the total population (57%) and the sample (54%). Compared to the population data, all the age categories for participants in the midpoint sample are within 10%.

²³ As a result of Covid-19, four service providers were unable to participate in mid-point data collection of the soft outcome tool due to significant temporary reduction in participant engagement and/or the format of participant engagement during this time not being conducive to completing the data collection tools.

Figure 3: Age Breakdown of Population and Sample Group

Age Group	Population (Midpoint)	Sample Group
Under 18 (15 to 17 years)	13% (n=193)	6% (n=18)
18 to 24 years	57% (n=828)	54% (n=162)
25 and over years	30% (n=430)	40% (n=122)

County of residence

Service users in the population were relatively evenly spread between the Dublin, Leinster excluding Dublin and Munster areas with approximately 30% of service users living in each of these regions. Nine percent of service users lived in the Connaught/Ulster region.

In the sample group, twenty-seven percent of service users were located in Dublin, with 41% in Munster. Twenty-two percent of services users reported living in Leinster outside of Dublin and 10% of service users lived in the Connaught/Ulster region.

Compared to the population data, Connaught/Ulster is within one percentage point of the sample group and Dublin is within four percentage points. Leinster excluding Dublin contains 7% fewer service users in the sample compared to the population and Munster contains 10% more service users in the sample group compared to the population.

Figure 4: County of Origin of Services Users in the Population and Sample Group

Origin of Service User	Population (Midpoint)	Sample Group
Dublin	31% (n=450)	27% (n=81)
Leinster, excluding Dublin	29% (n=416)	22% (n=67)
Munster	31% (n=453)	41% (n=123)
Connaught/Ulster	9% (n=132)	10% (n=31)

Population

Sample

Northern Ireland

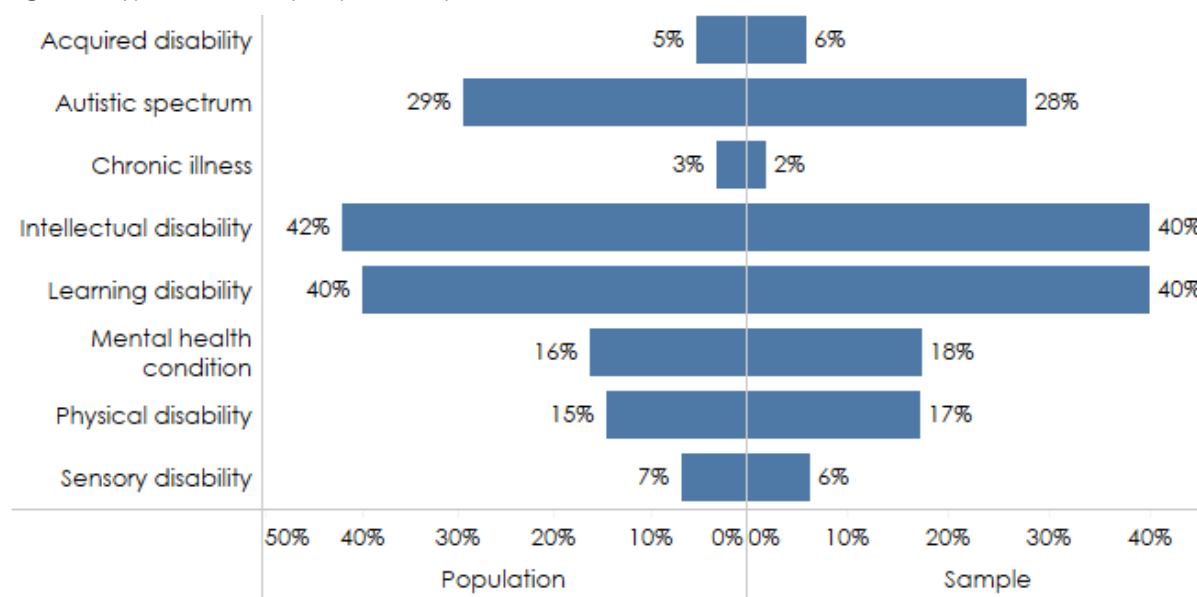
1 450

1 81

Service users were asked to report the type of disability that they have and were able to select more than one as they may have more than one co-occurring disabilities. In the population, at least 40% reported that they had an intellectual disability (n=610) or a learning disability (n=580). Twenty-nine percent reported that they were on the autism spectrum (n=426). Sixteen percent reported they had a mental health condition (n=237) and 15% had a physical disability (n=211). Seven percent or fewer reported that they had a sensory disability (n=96), an acquired disability (n=75) or a chronic illness (n=44).

30

Figure 6: Type of Disability Reported by Service Users



Number of disabilities

More than half (59%, n=849) of service users in the population reported that they had one disability and 41% of service users (n= 602) reported that they had more than one disability²⁴. More than half (55%, n=166) of service users in the sample group reported that they had one disability or fewer and 45% of service users (n=136) reported that they had more than one disability. Compared to the population data, all sample group participants were within 5% regarding reporting their number of disabilities.

Figure 7: More than One Disability

No. of Disabilities	Population (midpoint)	Sample Group
Two disabilities	29% (428)	34% (102)
Three disabilities	8% (119)	10% (30)
Four disabilities	3% (38)	1% (2)
Five disabilities	1% (15)	1% (2)
Six disabilities	>1% (2)	0% (0)

Disadvantage

Service users were asked to report their 'background'²⁵ related to minority and/or immigration status or if they experienced 'other disadvantage'²⁶. Less than 10% of service users in both the population and the sample group reported that they were from one of the backgrounds listed for this question. Sixteen percent of both groups reported experiencing any of the options under 'other disadvantage' and 2% of service users reported that more than one area of disadvantage applied to them²⁷. Compared to the population data the sample group's reports of whether they were from a disadvantaged background the proportion for all three categories were the same.

Figure 8: Reported Disadvantage

Areas of Disadvantage	Population Midpoint data	Sample Group
Disadvantaged Background	7% (n=98)	7% (n=21)
Other Disadvantage	16% (n=232)	16% (n=43)
Reported Both	2% (n=36)	2% (n=5)

Education

Data on the highest level of education achieved was collected from all participants prior to entering into the programme. Fifty-eight percent (n=836) of service users in the whole population reported that they had a junior cert qualification (level 3) or lower on the NQF framework. Thirty percent service users (n=433) reported that they had achieved a qualification ranked between four to six on the NQF framework (Leaving Certificate to Higher/Further Education Award) and 7% (n=97) of service users reported they had achieved a qualification that ranked between seven and nine on the NQF framework (Ordinary Degree to Master's Degree).

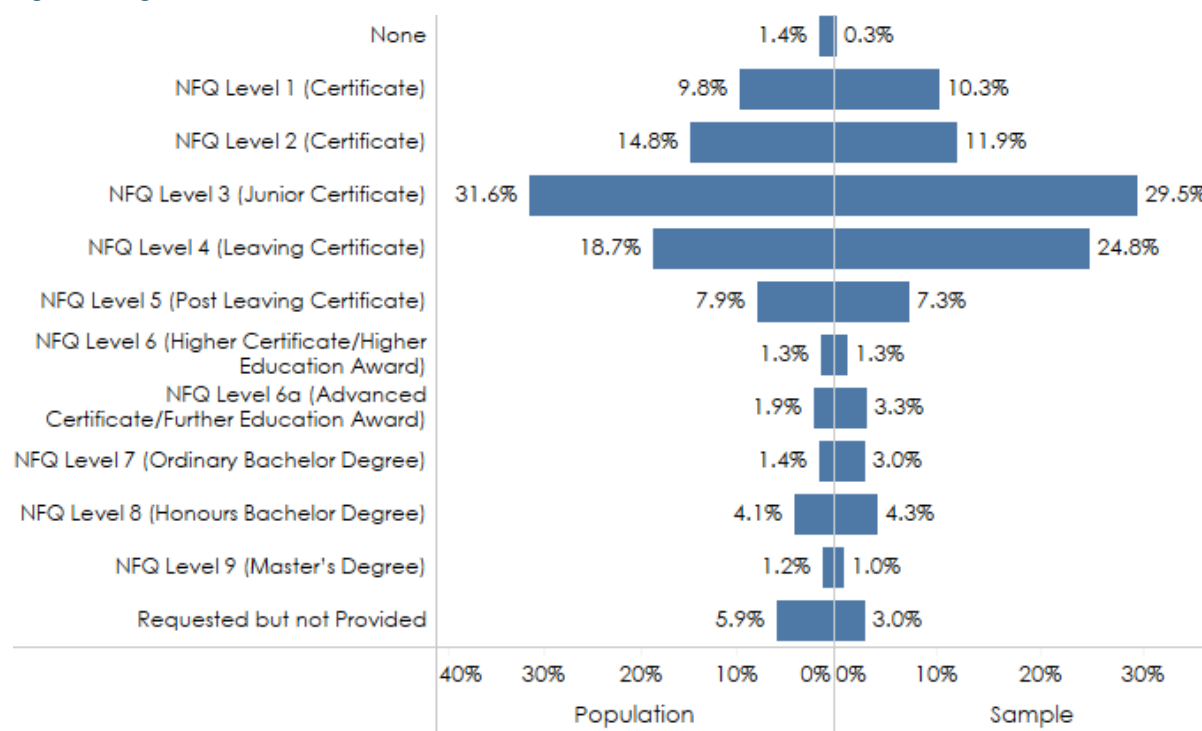
In the sample, approximately half (52%, n=157) of service users reported that they had a junior cert qualification or lower on the NQF framework. Thirty-seven percent (n=111) of service users reported that they had achieved a qualification ranked between four to six on the NQF framework (Leaving Certificate to Higher/Further Education Award) and 8% (n=25) of service users reported they had achieved a qualification ranked between seven and nine on the NQF framework (Ordinary Degree to Master's Degree).

²⁵ "Is your background status any of the following (check all that apply): migrant, minority or a person with a foreign background?"

²⁶ "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

²⁷ Based on Pobal's experience in other programmes, this is a commonly under reported data point as many service users choose not to answer this questions on their registration form.

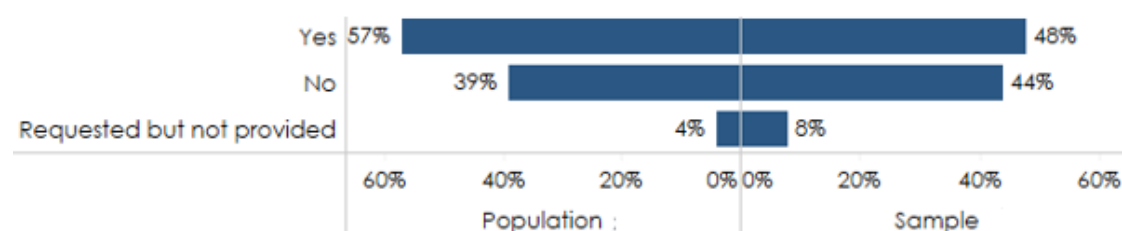
Figure 9: Highest Level of Education Achieved on Commencement



In comparison to the population, there were 6% fewer service users with the Junior Cert or lower represented in the sample group, 7% more service users with a qualification between level four and six on the NFQ and one percent of service users who reported having a qualification between level seven and nine on the NFQ.

Service users were further asked if they had been home-schooled or attended special education classes/schools. Fifty-seven percent of service users in the population (n=778) and 48% in the sample group (n=139) reported that they had been home schooled. Thirty-nine percent of population service users (n=542) reported that they had attended special education classes or schools and 44% of the sample group (n=128) reported that they had attended special education classes or schools.

Figure 10: Attended Special Education Class/School

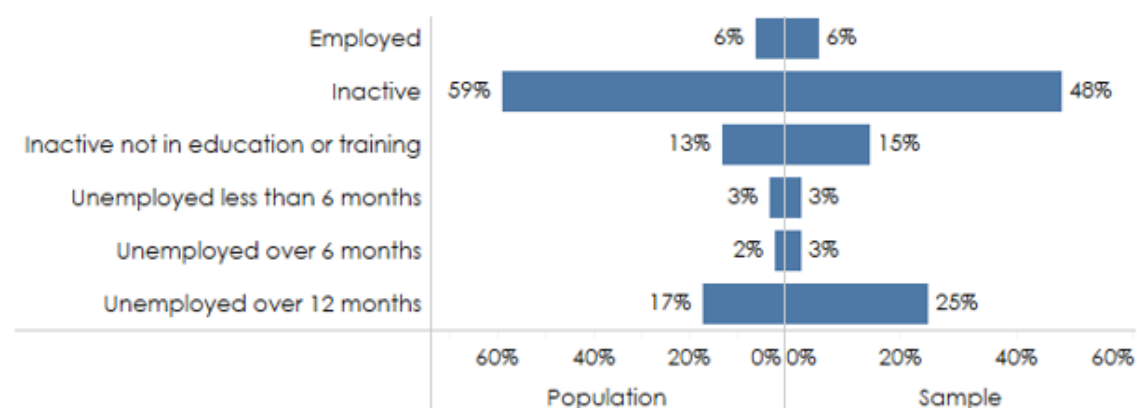


Employment status on commencement

On commencing on the programme, all service users were asked to provide their employment status. Only 6% (n=93) of the whole population of service users reported that they were employed. Twenty-two percent of service users reported that they were unemployed between less than six months to over 12 months (n=322) and 72% of service users reported being inactive²⁸ or inactive and not in education or training (n=1036).

In the sample, only 6% (n=18) of service users reported that they were employed. Thirty-one percent of service users reported that they were unemployed between less than six months to over 12 months (n=93) and sixty-three percent of service users reported being inactive (n=191).

Figure 11: Employment Status of Service User on Commencement of Programme



In comparison to the population there were proportionally the same number of participants in the sample group reporting as employed. There were 9% more service users reporting as unemployed in the sample group compared to the population and 9% fewer in the sample group that reported they were inactive.

4.3 Past experiences and future ambitions

Overview

In interviews at the mid-point, a sample of 20 service users and four family members (see the methodology section for the sampling approach) were asked to describe any barriers or challenges to accessing 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 Ability programme. The findings are shared below.

²⁸ "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'.

Self-reported challenges to progression prior to joining ability

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

Seven service users and two parents identified a lack of access to employment, including suitable or meaningful employment, as a challenge that participants had experienced prior to joining the programme. Many of those who commented on this mentioned having previous employment or work placement experiences, but these were often precarious or unsuitable:

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 (Participant)

Two parents mentioned the lack of capacity of employers to effectively employ people with disabilities as a factor contributing to the poor access to employment type 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 (Parent)

Service users reported past experiences of a lack of appropriate supports in schools

While some participants (and one parent) reported positive experiences at school, seven service users and two parents identified the failure of schools to appropriately accommodate people with disabilities as a challenge in the past. This included a lack of resources and a lack of skills or understanding of 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 (Participant)

Participants experienced bullying and isolation in education settings in the past

Bullying or isolation at school or college was identified as a challenge experienced in school by six research participants and one parent.

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 (Participant)

Participants reported personal challenges including motivation, confidence and mental health as being barriers to engagement in employment or education in the past

As well as problems with the environments of work and education, four participants and two parents mentioned that there were personal difficulties that made engaging in work and education challenging. These included problems with motivation, time-keeping and mental health:

Low self-confidence, I have social anxiety and I struggle to get out of bed. (Participant)

Aims of participating in Ability

Almost all participants hope to secure employment after the programme

Nineteen participants and one parent stated that their hope for after the programme is acquiring employment. Some participants specified whether they hoped for full or part time employment, and a number of participants were clear on the sector in which they wanted to work:

I want to work in a creche with kids after I am done here. (Participant)

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. (Participant)

Some participants hoped for a better social life after the programme

Four participants discussed their hopes for extending their social circles and making new friends after the programme:

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

Participants hoped for increased independence after the programme

Three participants stated that they hoped to be more independent after the programme, with two participants specifically mentioning that they would like to get a home of their own:

Maybe to get a flat of my own (Participant)

There were a number of hopes or ambitions for life after the programme in relation to education and personal development mentioned by one or two people

- Two people stated they were interested in further study
- One person stated that they hoped they would have continued improvements in their mental health after the programme
- One person stated that they hoped to have a better understanding of their own interests after the programme

4.4 Summary

A total of 1,451 service users have enrolled in the Ability Programme across 27 service providers and 204 of these service users have left the programme. At mid-point, a sample of 20 service users and four family members were selected to participate in interviews and outcome data was collected for sample of 302 service users from across 23 service providers²⁹. The population of all service users and the sample were similar in terms of their demographic backgrounds.

A majority of service users are male, age 18 or older, and reported being either *unemployed over 12 months* or *inactive* at the time of enrolling in the Ability programme. Service users 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 service users is representative of the population and an unbiased reflection of the population therefore, the data is suitable for carrying out inferential statistical analyses which has been completed and reported in the outcomes section of this report.

Service users and their family members reported a number of barriers to accessing education and employment in the past, including lack of access to opportunities, lack of supports in school, bullying, and personal challenges with mental health and motivation. These challenges are in alignment with what providers reported as barriers for service users in the baseline report based on their observations and interactions with programme participants and their family members. Participants have joined the Ability programme to receive support in overcoming these barriers and hope to obtain employment, progress into further education, increase their social life, and experience personal development

²⁹ As a result of Covid-19, four service providers were unable to participate in mid-point data collection of the soft outcome tool due to significant temporary reduction in participant engagement and/or the format of participant engagement during this time not being conducive to completing the data collection tools.

5 A Summary of Ability Service Provision Models

5.1 Overview

This section of the report provides an overview of the various service provision models being implemented by the 27 Ability service providers. It includes a summary of the findings from service provision matrices completed by each provider, as well as a series of five case studies that include a brief description. This description highlights what staff consider to be key aspects of their programme and a diagram that outlines the service user's journey through the programme.

5.2 Service provision models

Overview

All 27 service providers were given the opportunity to update their service provision information at the mid-point data collection based on a matrix created for this research, to develop cohesive service model information across all Ability projects³⁰. Twelve providers reported that there were no revisions to the programme or matrix since baseline data in July, 2019. Fifteen service providers changed information relating to at least one support or service that they provide or clarified missing or duplicated answers from the baseline matrices.

As more than half of providers submitted revisions to their service provision matrix, an updated copy of the service provision matrix with revised frequencies of the number of providers implementing each approach can be found in appendix and an updated description of provider approaches from the baseline report is included below. Despite 15 programmes submitting changes to their service provision matrix, which impacted the frequency distributions for various approaches to service provision, the approaches that were found to be the most common among providers did not change between baseline and midpoint. To see the most common approaches that are being implemented by half of providers or more see 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 models

Client and family engagement

Needs assessments and action plans

A majority of service providers (93%, n=25) are utilising formal needs assessment processes with participants. Most of them (67%) are using needs assessment tools that are bespoke to their programme and 26% are using validated or specialised tools. The remaining 7% (n=2) of providers are implementing an informal needs assessment process that does not utilise a standard tool.

All but two providers are supporting the development of formal action plans that include written goals and approximately half of providers (52%, n=14) include detailed actions steps for the identified goals.

³⁰ A copy of the tool can be found in the appendix. For more information on service matrix tool and how it was developed please see the baseline report.

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 that builds from a key-working approach. Case-management approaches extend to co-ordinating or leading various services working with an individual to do so in a coordinated way, and may include facilitating interagency meetings. A majority of service providers (93%, n=25) facilitate one-to-one sessions at set intervals (e.g. every month, every two weeks etc.), with all but one offering the sessions at least once a month. Two services 7% provide one-to-one sessions as requested or required by a service user rather than scheduling sessions.

In relation to family engagement, 30% (n=8) do not usually engage with family members unless a challenge arises or the family requests information. A little more than half, 59% (n=16), provide structured engagement with parents (i.e. meetings at induction or planning phases) and three providers provide supports to families as well as the service user.

Mental Health

About half of service providers (52%, n=14) provide some type of mental health supports with 19% (n=5) providing individual supports, 11% (n=3) provide group supports, and 22% (n=6) providing both individual and group supports.

Transportation

Twenty-six percent (n=7) of organisations provide individual transportation or financial support for transportation to the service, classes, or work placements, if needed. One provider (4%) provides only group transportation to activities. Thirty percent of service providers (n=8), provide both individual and group transportation supports and 41% (n=11) do not provide transportation supports directly but may signpost to relevant supports.

Support to engage in social activities

In relation to supporting service users to engage in social activities, slightly less than half of service providers (44%, n=12) provide a mix of giving individual referrals to external activities and clubs and hosting in-house group social activities. Fourteen percent (n=4) are equally split between providing only one or the other. Forty-one percent (n=11) do not provide any direct supports related to socialising but can signpost to other relevant services.

Schools transition support

In total, 48% (n=13) of service providers provide some form of school transition support planning. Thirty percent of service providers (n=8) collaborate with schools to provide transition planning supports to service users in school. Fifteen percent (n=4) take this a step further and lead transition services, with their staff delivering these supports on-site in schools. One service provider offers support to school staff working on transition supports. Half of the service providers (52%, n=14) do not provide transition support but will signpost to other services when needed.

Education and skill building opportunities

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

Non-accredited work readiness and life skills courses;

- Every provider offers non-accredited work readiness and life skills programmes of some description
- 67% (n= 18) of these offer programme-based group training delivered in house
- Fifteen percent (n=4) offer mainstream³¹ courses in-house with one provider (4%) providing external mainstream courses

³¹ Mainstream courses are courses that are also open to non-ability service users and/or the general population

- Fifteen percent (n=4) provide a combination of programme based and mainstream courses.

Accredited work readiness and life skills courses:

- 59% of providers deliver accredited work readiness and life skills courses
- Of these, 26% (n=7) provide programme-based group training only and
- 22% (n=6) offer external mainstream courses only
- 11%(n=3) provide a combination of programme based and mainstream course
- 42% (n=11) do not provide any accredited work readiness and life skills courses

Non-accredited vocational skills and trade training:

- 89% (n=24) of providers offer non-accredited vocational skills and trade training
- 56% of providers (n= 15) offer programme based group training delivered in house
- A quarter (26%, n=7) offer mainstream courses with 7% (n=2) of them offering the course in-house and a quarter of them (19%, n=5) outsourcing the courses
- 7% (n=2) provide a combination of mainstream and programme based courses
- 11% (n=3) do not provide accredited work readiness and life skills courses

Accredited vocational skills and trade training:

- 70% (n=19) of providers offer some form of accredited vocational skills and trade training
- 22% (n=6) offer programme based group training delivered in house
- One-third of providers (33%, n=9) offer external mainstream courses
- 15% (n=4) offer a combination of programme based and mainstream courses
- 30% (n=8) of providers do not provide any accredited vocational training

Work experience and meaningful social role opportunities

Paid work experience:

- 48% of providers (n=13) offer paid work experience
- 4% of providers (n=1) offer short-term trials that last a few weeks or less
- 26% (n=7) support service users to obtain longer term positions with the role being contingent on the person being in the Ability service
- 15% (n=4) support service users to obtain mainstream employment positions that are not contingent on enrolment in the Ability programme
- Half of service providers (52%, n=14) do not provide paid work experience

Unpaid work experience:

In relation to unpaid work experience that takes place in an environment where other people are paid:

- More than half of service providers (58%, n=15) offer short-term trials that last a few weeks or less.
- A third of providers (31%, n=8) support service users to obtain longer term positions with the role being contingent on the person being in the Ability service.
- Three providers (12%) do not offer unpaid work experience³².

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

- 37% of providers (n=10) offer short-term trials that last a few weeks or less.
- Less than a quarter (22%, n=6) support service users to obtain longer term positions with the role being contingent on the person being in the Ability service

³² One provider selected more than one answer for this question and have not been included in the analysis for this question only

- 19% (n=5) support service users to obtain long term voluntary roles that are not contingent on enrolment in the Ability programme
- Six providers (22%) do not offer voluntary community based roles.

Employer engagement

Service providers varied in the amount of staff time dedicated to service user and family engagement versus employer engagement. When asked what percentage of staff time is dedicated to service user engagement responses ranged from 30% to 100% with an average time of 75%. Accordingly, reported percentages of staff time spent on engaging employers ranged from 0% to 70% with an average time of 26%. The mode, or most common breakdown of time, (reported by 6 providers, or 22% of all services) was 70% service user and family engagement and 30% employer engagement. The second most common staff time breakdown (5 providers, or 19% of all services) was 75% service users and family engagement and 25% employer engagement. This did not change from the baseline report.

No providers changed their approach to employer recruitment or training and support between baseline and midpoint³³. A majority of service providers (73%, n=19) provide on-going training and support, and 27% (n=7) provide one-time training. When recruiting employers, 31% (n=8) recruit an employer based on the interests of a service user and 8% (n=2) recruit a large range of employers who are interested in the programme and then match to service users interests. Almost two-thirds (62%, n=16) do a combination of those approaches. About half of service providers (48%, n=13) provide both on-going training and support and implement the combined recruitment approach.

5.3 Case Studies from Five Service Providers

Overview

Case studies were developed for five³⁴ service providers which were selected using a purposive sampling method in order to ensure a representative sample of the various programme types, target populations, and locations was selected. The following case studies were developed from a site visit which included a focus group with staff and an interview with the manager. Each case study includes an overview of the service and highlights the aspects of the programme that staff consider to be unique and essential. Each case study also includes a diagram that outlines the service user's journey through the programme, including what services and supports they receive in order to achieve various soft and long-term outcomes. Case studies include photos if/when these were shared by service providers.

Offaly Local Development Company: Step-up Project

Overview

The Step-Up Project is based in Tullamore, County Offaly. They work with people between the ages of 15 and 29 years who live in County Offaly and have a mental health difficulty and/or mild learning disability, and who wish to develop skills to progress into education or employment.

The programme provides on-going one-to-one supports that focus on personal development. They also provide a variety of group work sessions such as art, mindfulness and mental health, and life skills. They also provide a variety of study supports. In addition, participants have access to up to six monthly counselling sessions with an external counsellor. At the time of the case study, Step-up was not yet working with employers

Key aspects of the programme

³³ One provider reported that they are not yet working with employers who they are not reflected in the items related to employer engagement.

³⁴ Six sites were initially selected however, the site visit for one of the providers was cancelled due to Covid-19. Further detail on the selection process can be found in the methodology section of this report.

The Step-Up team consider the following elements of their programme to be unique and essential components of what they do:

- **Holistic approach** - They implement an approach that is focused on meeting a wide variety of holistic needs of the participant which may include, but not be limited to, supporting progression into education or employment. Many other programmes in the area have a specific and narrow focus of getting into a job or into a course that may or may not be in alignment with the personal goals and interests of the participant.
- **Anonymity**- They are a mental health support service but are not defined by this or known for this in the community which avoids participants feeling labelled or stigmatised for participating.
- **Flexible support to re-engage in services**- They support people who traditionally disengage from services and support them to feel ready, willing and able to engage in education or other services and supports in the community. This includes continuing to provide flexible on-going supports and group sessions to people who are in a full-time courses or engaging with other supports and services. This is in order to allow them time to adjust and to feel supported if they experience challenges when moving into other courses or jobs.
- **Develop coping strategies** - They support participants to cope with their mental health challenges and continue to lead a full and meaningful life through bespoke mental health services. In addition to optional external counselling services, Step UP provides a bespoke anxiety bootcamp developed specifically for the Ability participants to participate in at the beginning of the programme. This has been extremely beneficial as every participant has anxiety challenges and the bootcamp increases their coping skills in order to be able to continue to engage in the service.

Practices that have been well received or found to be effective

Step-Up has found two components perceived to be particularly well received and appreciated by participants: the emphasis on personal responsibility and art-based activities.

Personal responsibility

Step-up implement a holistic approach to needs assessment with an emphasis on personal responsibility. They support service users to engage in a needs assessment and self-reflection process to identify a wide variety of needs and goals that they would like to work on. Over time, this creates trust, buy-in, and motivation among the participants as they feel that they are getting to do what they want not what the programme wants them to do.

It is probably the first time they have been asked what they want and then when they answer we say 'ok great, we will do everything we can to help make that happen,' to any need no matter how small or what it is about. This can be a challenge for some people who are not used to that level of self-responsibility but overall this is very well received. (Provider)

Arts

Participants reported that they enjoyed the art-based activities and it was apparent that it drew in a high level of engagement. Recognising how much participants engaged in arts programming, Step Up integrated life-skills lessons and artwork which culminated in the hosting of a craft fair. Participants were responsible for making all of the art and crafts that were sold, serving tea and coffee, running the till, and socialising with guests. In addition, the staff sang in a choir as part of entertainment for the night which modelled engaging in activities you like without (or despite) fear of judgement from others.

The art is very well received and valued by the service users. It gives them the chance to stop and just be and be in the present. They know they don't have to show it to anyone and that it's down time with no pressure. (Provider)

Adaptations to the programme based on lessons learned

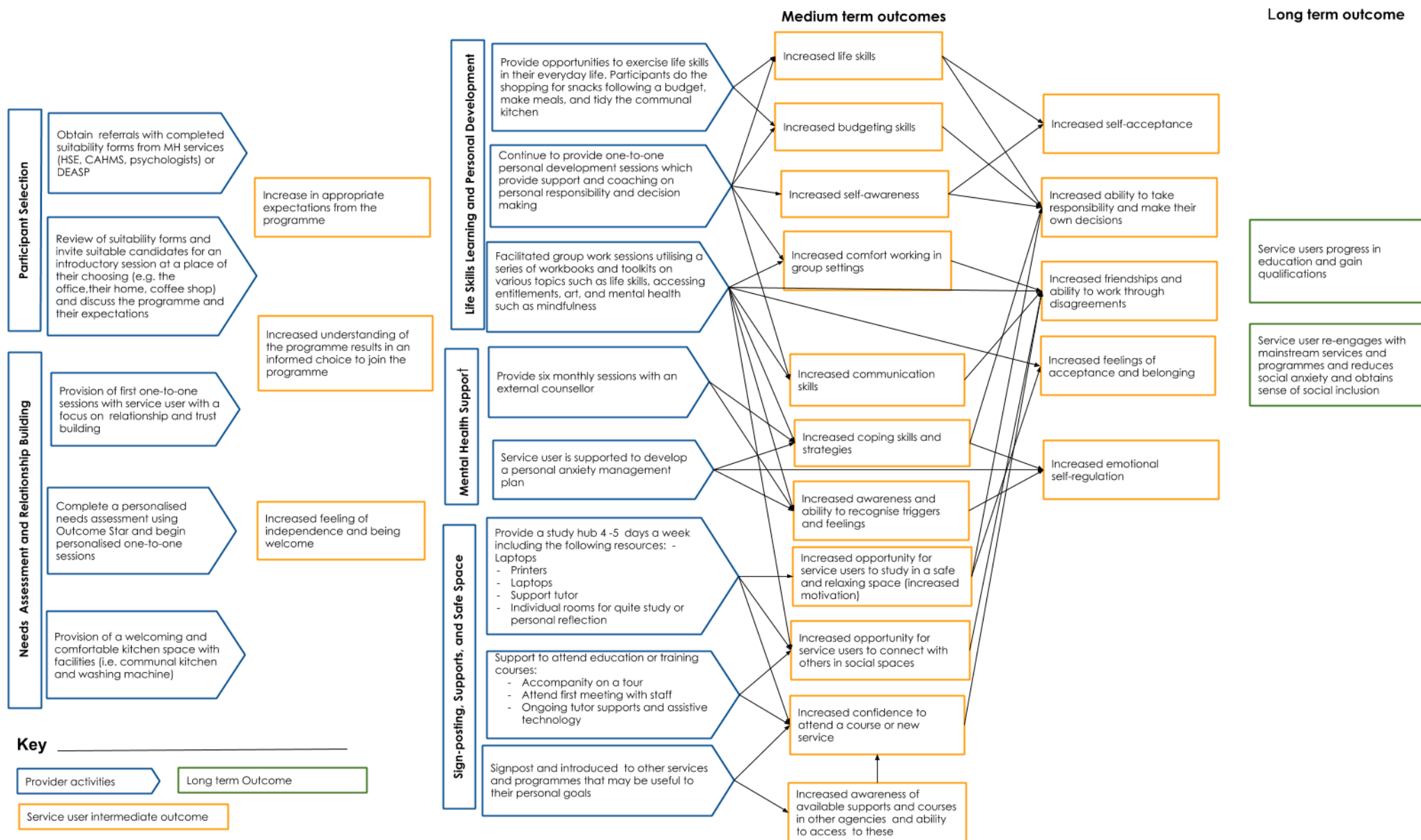
Step-Up is flexible and responsive to the needs, interests, and feedback of the participants and made the following adaptations to the programme since its inception:

- **Developed an in-house group course on IT skills** - In response to an identified widespread need for IT skills, Step-up provided an in-house group course for all participants.

- **Phased out an in-house catering / cookery course** – Step-up initially offered an in-house catering and cookery course in their on-site kitchen but the space was found to be too small and there was not much interest in this topic. The sessions started to turn into a socialising session rather than skill-building, so the course was phased out.
- **Adapted timetable based on public transport-** Step-up initially provided a bus to the programme but it was found that this service did not increase attendance, foster independence, or solve their personal transportation challenges so this was cancelled. Instead, in-house group course timetables were adapted to be in alignment with the very limited public transportation schedule relevant for each participant rather than providing a bus service as that was found to be ineffective and expensive.
- **Increased coordination of new courses and public transportation-** As transportation barriers became increasingly apparent, additional emphasis was placed on location and time of external courses and their alignment with the public transportation routes and timetables when supporting participants to select and enrol in external education and training courses
- **Reduced stigma related to disability allowance** – Step-up found that participants are offended by the requirement to prove they are on disability allowance or prove their diagnosis to join the programme, particularly at the very beginning of the programme. This is because it makes them feel judged and/or sometimes people with mental health challenges do not consider it to be a disability and often don't want to see it that way. They are also hesitant to receive disability allowance because of the perceived judgement and stigma that comes with it. In response to this, Step-Up works to reduce the stigma around disability allowance and normalise its use among their participants. To do this they talk about disability allowance as a stepping stone and tool that can be used for as long or as short as needed to get participants to where they need to go.

Requiring participants to prove their disability status starts everyone off on the wrong foot because the participants feel we are judging them or that the service is targeting people who are different when all they want is to be normal. (Participant)

Step Up Service User Journey



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 consider the following elements of their programme to be unique and essential components of what they do:

- **Place and train approach** – WGSEL utilise 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 they are learning and then they transition 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 continue to check in overtime 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 service users feel supported and have a safety net. This approach increases the sustainability of mainstream employment and prevents the service user from losing their job over minor issues that 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 with each staff member having about six or seven team members with experience, expertise, connections and contacts that they can draw from. This collaboration and the diversity of roles on the team were both 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 that have been well received or found to be effective

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

Aligning expectations

In the first meeting with the service user and their families, WGSEL explain the programme and then focus on understanding the power dynamic between the parents and participants and each of their expectations from the programme. To do this, WGSEL separates them naturally through the meeting and 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 family members and participant understand what they are signing up for, want to participate in the programme, and have shared expectations that 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 in order to be effective as a place and train approach. There are adaptations made as needed but there is no special treatment provided to the employees from Ability. Participants get contracts and work agreements and have to follow the same procedures as everyone else such as requesting time off. The support that is 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 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 moment. Providing as little support as needed and slowly fading it out over time is effective in supporting the service user to transition between the initial work placement for training and skill building into mainstream employment.

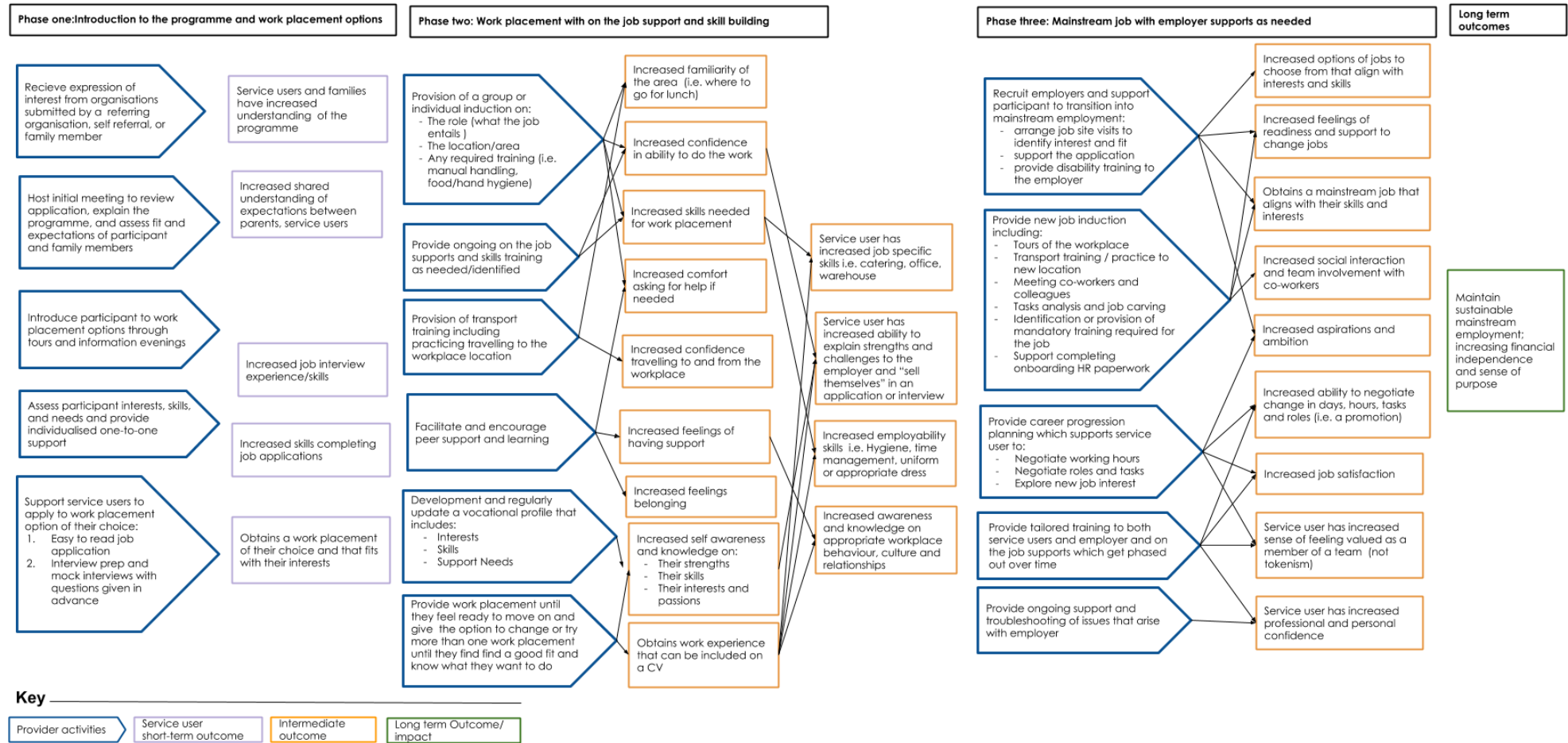
Employers

Disability awareness training that increases confidence and knowledge of how to appropriately and effectively support an employee/ co-worker with a disability is the core component of the employer training. It is also important for both the employer and participant to know that they can call on WGSEL anytime if an issues arises. This provides both parties with additional peace of mind while they are developing their confidence of working through issues if they arise.

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 because some of the service users preferred to work part-time.

WGSEL Service User Journey



Central Remedial Clinic (CRC)

Overview

The CRC is based in Dublin and works with young people from the ages of 16 to 29 with physical and sensory disabilities, intellectual disabilities and autism to support them to progress into further education and/or employment. The CRC Ability Programme works with students enrolled CRC secondary school and in Coláiste Íde College of Further Education. The participants in Coláiste Íde may have come from mainstream education or from CRC secondary school.

Key aspects of the programme

The CRC team consider the following elements of their programme to be unique and essential components of what they do:

- **Mainstream college experience and qualification** – Through collaboration with Coláiste Íde, they support students with a disability to have a mainstream college experience. Participants attend mainstream college with other students some of whom also have a disability and some who do not. Their classes are all mainstream and all students leave with a recognised qualification of leaving certificate standard (either level 4 or level 5).
- **Work experience**– They ensure that every participant has between 60 – 120 hours of work placement so that they graduate work ready with work experience on their CV.
- **Human rights approach** – They implement a human rights approach to everything they do which includes ensuring participants are informed about their rights and empowered to be self-advocates.

Practices that have been well received or found to be effective

Participants

CRC have found three components of their programme to be particularly effective or well received by participants: relationship building and one-to-one key working, personalised literacy supports, and human rights approach and relevant activities.

Relationship building with key worker

Participants get to meet the CRC Ability team and pick which staff member they would like to be their key worker. Time is then dedicated to building a relationship between the staff member and the participant. This relationship and trust is valued by the participants and is essential to the effectiveness of the one-to-one supports provided throughout the programme.

Individualised one-to-one literacy supports for assignments and exams

CRC provides one-to-one supports around literacy in order to support participants to complete their assignments. It has been arranged with Coláiste Íde that CRC can read out questions, transcribe answers, or help the students to submit their answers in a voice recording for their exams or assignments if the participants cannot read well or write well. Students have found this support to be very beneficial.

Human rights model

CRC engages participants in a variety of lessons, conversations, and projects that increase their awareness of their rights and increase their confidence around advocating for themselves and asking for their rights and entitlements. Participants particularly enjoyed creating art inspired by the theme of human rights.

Employers

Two practices that have resulted in effective engagement with employers are: providing Ability staff with training from a sales and prospecting specialist to increase their capacity to negotiate with employers, and, developing an employer pack. A sales prospecting specialist /consultant provided five training sessions to staff on sales, prospecting, marketing, Corporate Social Responsibility, and public sector duty. This gave staff confidence on how to talk to employers to identify the needs of the business and explain how those needs could be satisfied by Ability participants. This resulted in an employer pack that introduces the CRC Ability programme, explains the benefits of participants and explains how to get involved. In addition, a clear matching process to connect participants based on skills and interest with the most appropriate employer was developed as part of this process.

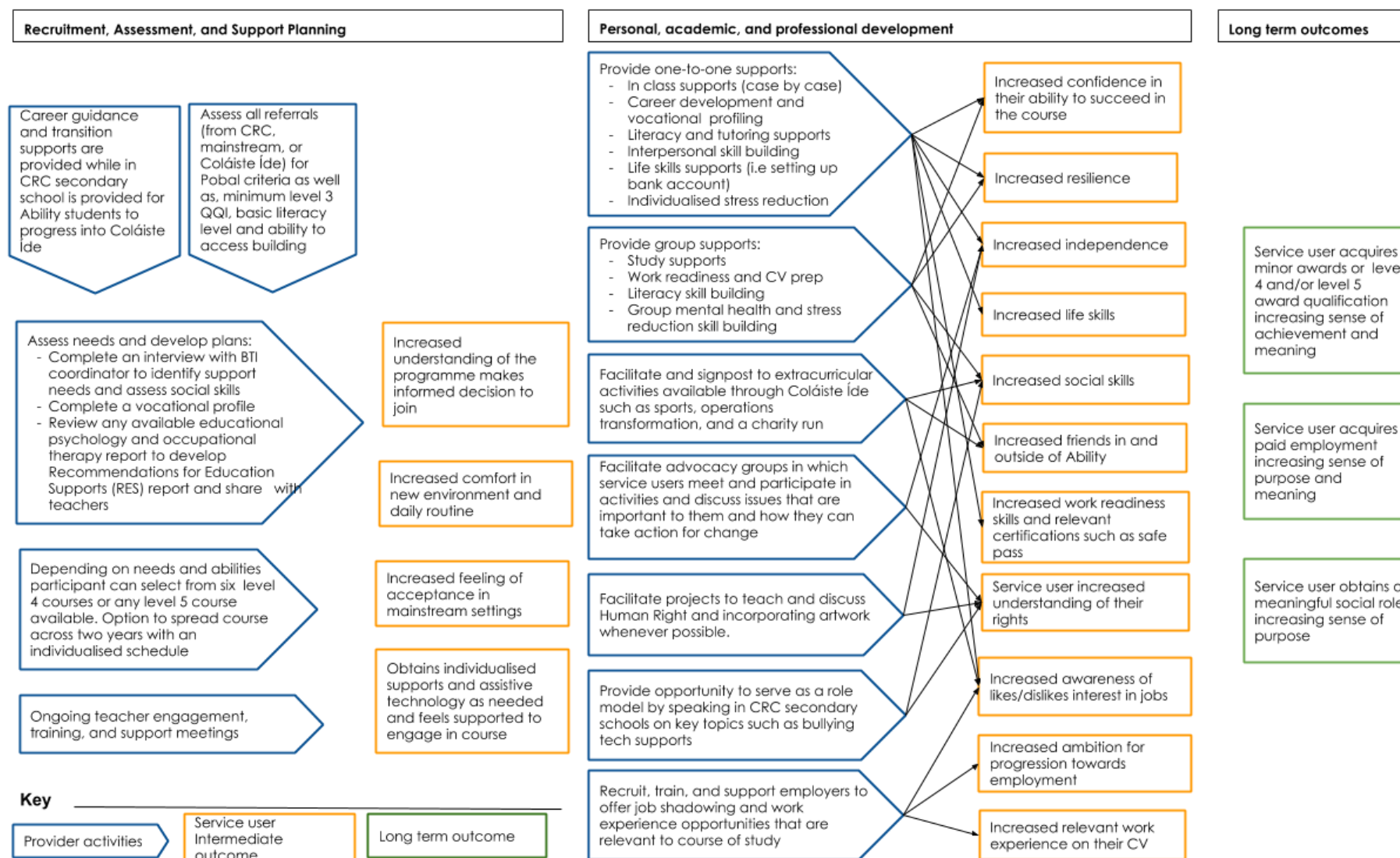
Adaptations to the programme based on lessons learned

CRC has made the following adaptations to the programme since its inception:

- **Teacher training and supports** – CRC began delivering bespoke training to teaching staff in Coláiste Íde on specific disabilities because teachers raised concerns lack of training and skills to support a large number of students with disabilities in the class and overall course load at the same time. In addition, to support teachers to work with the unique needs of individual students with disabilities, CRC develop a Recommendations for Education Supports (RES) report for participants based on existing educational psychology or occupational therapy reports.
- **Personal care plans** - In order to be in alignment with New Directions³⁵ and best practice, CRC started to introduce personal care plans in 2020. These plans belong to the students and they can fill them out and share them with whomever they want. These plans include information about the courses they are on, a vocational plan, and a hospital passport.
- **Adapted literacy supports** –CRC initially implemented a literacy programme called Toe by Toe which teaches literacy by teaching phonetics. The programme is designed to be delivered through multiple sessions per week and uses repetition. This was found to be an ineffective and/or inefficient approach for the CRC participants so they shifted from teaching literacy skills to providing tailored one-to-one literacy supports to help students demonstrate they understand concepts and the lessons being taught for the course, even if they may not read well. This includes supports such as reading out questions, transcribing answers, or helping the students to submit their answers in a voice recording for their exams or assignments as described above.

³⁵ New Directions is the HSE's approach to supporting adults with disabilities who use day services in Ireland. New Directions sets out twelve supports that should be available to people with disabilities using 'day services'.

CRC Service User Journey



Ábalta Ros Comáin Ability Programme-Roscommon Leader Partnership

Overview

Ábalta Ros Comáin is located in Roscommon Town and works with young people between the ages of 15 and 29 with a range of disabilities. The Roscommon Ability team connects participants with a professional mentor who supports them to develop a person-centred plan and identify personal development goals, with the ultimate aim of transitioning into education, employment, or a meaningful social role.

Key aspects of the programme

Ábalta Ros Comáin consider the following elements of their programme to be unique and essential components of what they do:

- **Diverse cohort of participants** - They work with a wide variety of disabilities which makes for a diverse group of participants
- **Award Scheme Development and Accreditation Network (ASDAN)**- They implement ASDAN curriculum. ASDAN is an awarding organisation that provide a wide variety of certified and accredited course curriculums and qualifications including, but not limited to, personal development, life skills and work readiness. A variety of modules can be hand-picked by each participant based on their interests, goals, and level of need and then customised into a programme and portfolio for them.
- **Holistic approach to skill-building and community integration**- They implement a holistic approach to skill building and community integration. New skills and tasks learned through ASDAN are learned in the community, and all past skills are continually practiced simultaneously. For example, if a participant is working on their social skills or IT skills, this may be done in the library so they also get to know the local library service and get exposure to their community. In addition, they may work on taking public transportation on the way to the library. This supports the service user to see how each skill they are learning is interconnected and applied in everyday life.
- **Ábalta Ros Comáin -Steering committee** – Ábalta Ros Comáin is administered within Roscommon LEADER Partnership. The programme has a dedicated steering committee with representation from key stakeholders such as Galway and Roscommon Education and Training Board, HSE, DSP/INTREO staff, Athlone Institute of Technology, Brothers of Charity, Roscommon, Employability Roscommon and SICAP. These organisations and programmes support the Ability programme in the following ways:
 - provide referrals for participants into the programme
 - give expert guidance and information on topics like disability allowance and relevant supports available in the community for signposting
 - collaborate on initiatives and activities

These collaborations contribute to high participation rates, streamlined services and supports, and cost savings for the Ability programme. Ábalta Ros Comáin has a Memorandum of Understanding (MOU) with Employability Roscommon who are partners on the steering committee in order to foster trust and collaboration and ensure there is no sense of competition, as there could be common service users and target populations.

Practices that have been well received or found to be effective: Participants

Ábalta Ros Comáin has found the ASDAN, social farming, and an 'operation transformation' activity to be well-received and favoured by participants. The social farming and 'operation transformation' build social skills, communication skills and increased physical activity.

In addition to being able to pick their modules, a primary feature of the ASDAN that participants like is that it includes a portfolio with pictures of the participant doing tasks, a section for personal reflection and notes, sections for staff observations, and certificates of completion and qualification. This allows the participant to visually see how much they have achieved and to show family members or potential employers what they have accomplished.

We had a young woman who was making jewellery in a woman's group for fun but not selling it. Then she did the business module that she selected in ASDAN and learned to make a business plan and do marketing and now she is marketing and selling her jewellery on Instagram and trying to make it a business. (Provider)

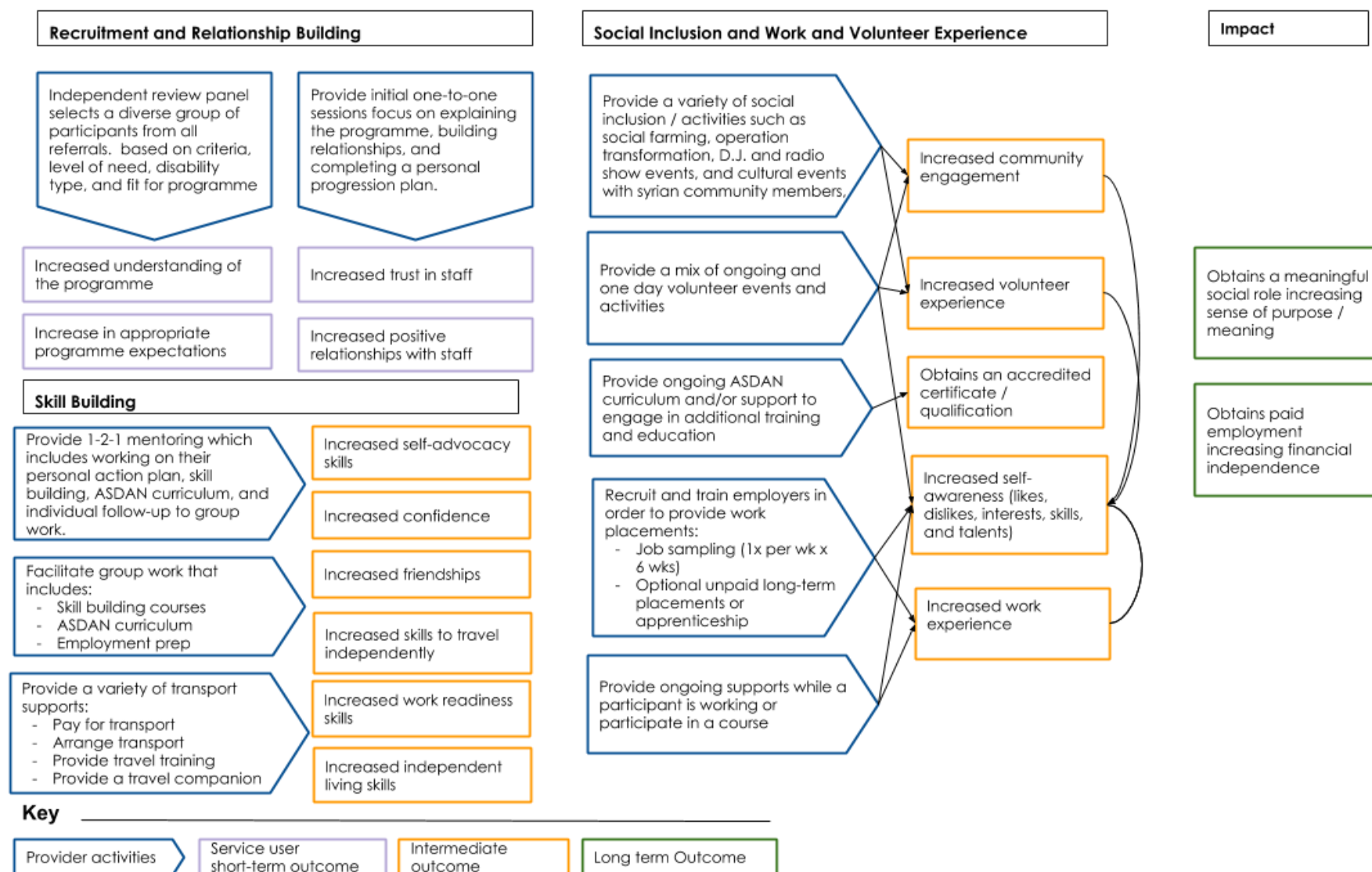
Employers

Ábalta Ros Comáin, in collaboration with SICAP, administered an employer survey to identify what their needs were as an employer, what skills they look for in an employee, and if they would consider hiring a person with a disability. This allowed the Ability team to have a clear understanding of relevant skills to teach and potential employers to target for matching with a service user. In addition, building from the findings of the survey, the Ability programme developed an employer toolkit that includes information on recruiting, employing, and retaining staff with disabilities including relevant supports and grants available to them. The toolkit also includes a dvd with interviews and testimonials from local employers who have participated in Ability as well as service users. This toolkit has been very well received by employers and has been a useful tool for recruiting.

Adaptations to the programme based on lessons learned

Ábalta Ros Comáin, has made one primary change to their programme which is adapting their referral and selection process. They receive referrals from a variety of organisations on their steering committee and partners of Roscommon LEADER partnership and they found that one partner alone was referring enough people to potentially make up 80% of participants. In order to ensure an equitable, non-biased admission process that resulted in a cohort with diverse disability types and level of need, the Ability team developed an external reviewer committee to review all referrals decide who to accept. The committee make this assessment based on participant level of need, fit for the programme, types of disability (aiming for a diverse population), and whether or not the person meets the criteria of the overall Pobal Ability programme.

Ábalta Ros Comáin Service User Journey



Irish Wheelchair Association

Overview

The Irish Wheelchair Association (IWA) is a national organisation that is 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 that 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 team consider 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 no matter where they are location in the Republic
- **Holistic coaching model** - They implement a holistic coaching model, delivered by QQI trained coaches, that fosters independence and empowers the participants to set the pace and take action 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 that are 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. (Provider)

Practices that have been well received or found to be effective: participants

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

Coaching approach

Service users, over time, gain a sense of empowerment and independence as a result of the coaching model and very clear boundaries between the programme and parents and family members. Family members are told that they can only come to the first meeting and then it's up to the service user to decide what they share or not after that. From there, participants schedule their sessions. The service continuously asks probing questions and offers supports but is never directive in what a participant should or shouldn't do. It often takes time for participants to adjust to this non-directive approach, but is perceived to be effective in building independence.

Our programme is about empowerment and independence and letting them know that they are in charge of their own lifeit'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. (Provider)

Mock Interviews

The programme invites each participant to do two mock interviews with IWA staff before they interview for a job. Whenever possible, the interview panel includes staff members that the participant has not yet worked with in order to make it as real as possible. The participant receives detailed feedback following the first interview and then is invited to participate in a second interview to apply what they have learned. The participants have given very positive feedback about this process and how helpful they have found it to be, and staff report that the second interview always shows marked improvement and that the amount of preparation that the participant has done is apparent.

Regional group workshops

IWA has recently begun to provide regional workshops on career development and skills such as CV prep whenever they identify a group of Ability participants in a shared geographic region. This is in addition to the core one-to-one coaching support. The workshops give participants the opportunity to socialise and engage in peer learning from other people their own age who are having similar experiences. During these sessions participants become more outgoing and allow the coaches to get a fuller understanding of their personalities and goals. Group sessions have been so well received by participants that one of the regional branches of IWA where the groups were held took notice and developed an on-going young person's social group, building from the Ability workshops.

Text message reminders

Job coaches schedule webtexts for participants who request reminders of what their goals are or when they have important meetings coming up. A goal reminder is often a quote of the participant stating their goal 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 service users 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 fit before making a bigger commitment.

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 fit before making a long-term commitment has been mutually beneficial and well received by both employers and participants.

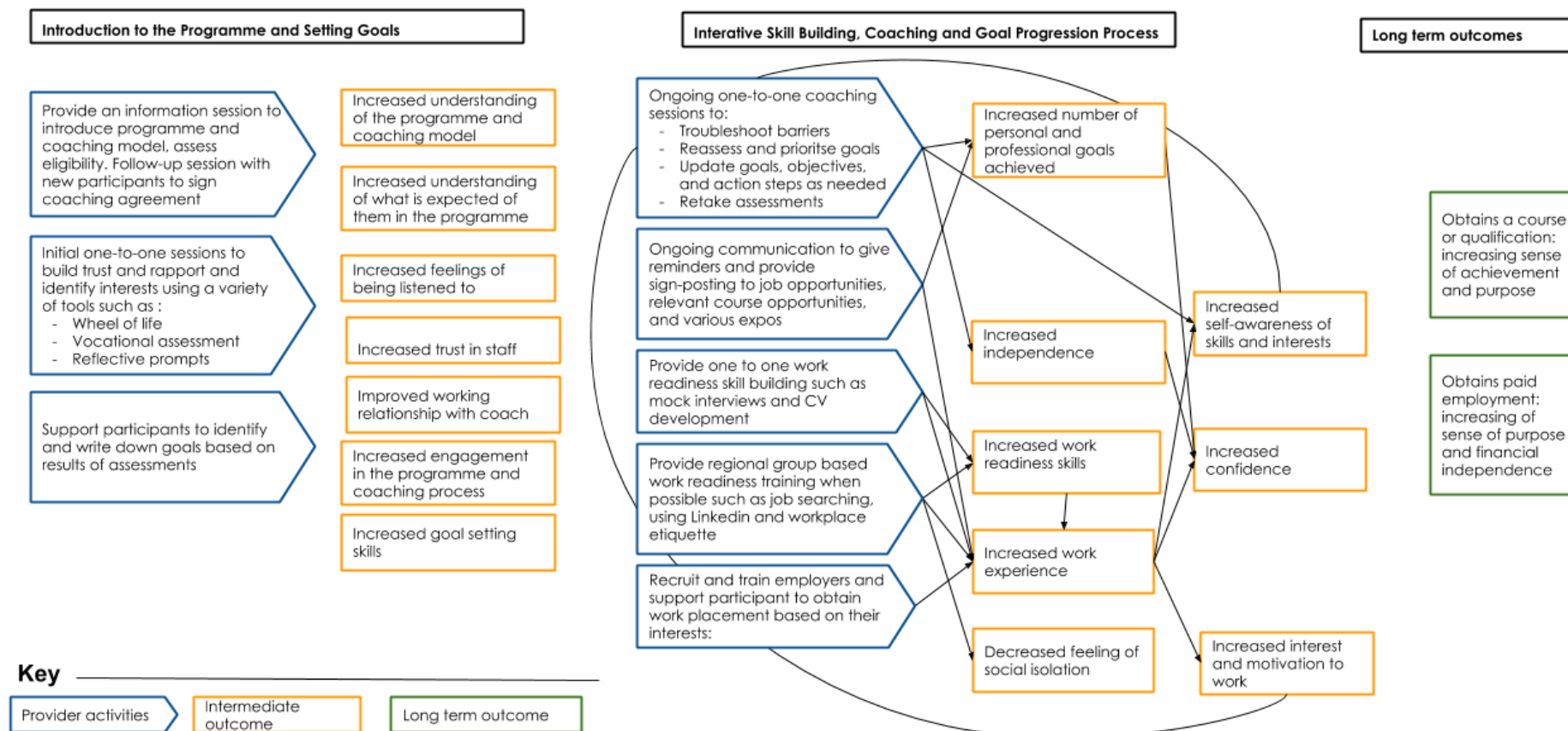
Tailored employer centred approach

IWA provides tailored and bespoke training and supports to each employer depending on their interests and needs, and the needs of the service users being placed with them. This includes a matching process for ensuring a good fit between a participant and employer.

Adaptations to the programme based on lessons learned

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

- **Developing regional career development workshop in addition to one-to-one coaching** – IWA found that ad-hoc regional group workshops were very well received, and had therefore begun to offer more group-based session whenever there are clusters of participants in a given geographic location. In addition, they are also seeking out existing groups that are already meeting for another purpose and offering to go in and provide employment services to them.
- **Changing approach to employer recruitment** - IWA has changed from an approach of recruiting employers in order to have a bank of options for participants to choose from, to a recruiting specific employer identified by participants when they are ready. While having work placements readily available to offer participants demonstrated to them that working is an option for them and provided encouragement, it was ultimately an inefficient approach due to unable to be matched due to a lack of participants enrolling in that geographic area.
- **Increasing marketing** - IWA found it to be necessary to increase marketing in order to increase awareness and understanding that the IWA Ability programme is free to participants and available to anyone with a physical disability, not only wheelchair users.



5.4 Summary

The 27 Ability service providers are all delivering different variations on a service provision model. Notable is that no two providers implement the same combination of activities and services. Generally speaking, the services provided by the Ability providers are in alignment with good practices found in the literature.³⁶

While there was no common overall model identified, some approaches were more common than others. The approaches to service provision that were found to be the most common among providers did not change between baseline and mid-point with the following being implemented by 50% or more of service providers:

- Formal needs assessment process that is bespoke to the programme
- Key-working and structured supports that includes meeting service users regularly at scheduled times, and undertaking formal reviews of action plans
- Regularly scheduled one-to-one sessions held weekly, fortnightly or more than once a month
- Structured engagement with family members (i.e. meetings at induction or planning phases as well as when needed or requested)
- Non-accredited programme-based group training for work readiness and life skills course
- Non-accredited programme-based group training for vocational skills and trade training
- Unpaid 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)
- On-going training and support to employers
- A combined approach to employer recruitment that includes both recruiting individual employers based on the individual client interests, and recruiting a large pool of employers who are interested in the Ability programme and then matching services users to available roles

Five service providers received site visits which included a focus group with a selection of staff and an interview with the managers. Each of these case studies highlight the diversity across service provisions models and the types of supports provided. What was common across all of the case study sites was that they all encourage individual responsibility and decision-making as early and as often as possible and implement a holistic approach to identifying and meeting needs that may include but not be limited to progressing into education or employment. In addition, all but one of the case study sites were providing supports to employers in order to secure work placement and/or mainstream employment opportunities for their service users. In addition to these case studies, a thematic analysis was performed on interview responses from 23 service providers to gain a wider understanding of good practice. This information is included in the Emerging Good Practice Chapter of this report.

Providers will have the opportunity again at the final round of data collection to note if their model changed over the last six months.

6 Mid-Point Service User Outcomes

6.1 Overview

This section of the report provides the findings related to soft and long-term outcomes experience by service users. It includes results of the soft outcome tool administered to a sample of service users at

³⁶ The literature review included in the baseline report, identified a common set of general programme components that services working to get people with mental health challenges and disabilities into employment. These included providing things like case management, skill building, work experience, and employer supports. In general, the types of services and supports being offered by the Ability service providers are in alignment with the literature. However, the literature does not contain detailed guidance of good practice in relation to dosage or 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. Therefore, this evaluation could potentially provide valuable learning to the general field.

baseline and midpoint, findings from analysed data from the Ability CRM for all participants who have exited the programme, findings from service user interviews, 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.

6.2 Outcomes reported by service users and family members

Overview

During interviews, a sample of 20 service users and four family members were asked how Ability has helped them (the participants) and what changes they (or their family member) have experienced as a result of participating in the programme. This section shares the results of a thematic analysis of the soft (medium-term) and long-term outcomes reported by service users and/or their family members during interviews. Many of these findings are in alignment with the findings of the quantitative analysis that is also included in this section.

Outcomes reported by participants as a result of participating in Ability

Participants accessed employment or work placement

When invited to comment on what had changed for them as a result of participating in the programme, three participants and one parent noted that as a result of the programme, they or their loved one had accessed employment.

They let him try out various things and gave him training. Within two weeks of a work placement they offered him a job. They helped him get the job that he wanted, and he is happy there now. (Parent)

Five participants and one parent noted that they, or their loved one, had accessed work experience as a result of engaging with the Ability programme:

The ability programme and the teacher in the college helped me to get work placement. I have work experience in [area] youth service. It's my second week there and so far, I really enjoy working with the children (Participant)

In addition, one participant noted that they had work seeking skills that they developed through the programme, and another participant said that his programme had encouraged him to try running a business in the context of the programme, which he valued and enjoyed.

Participants remained in education, completed a course and/or accessed qualifications

Eight participants and two parents noted that an outcome of the programme for them (or their loved one in the case of parents) was that they remained in education, completed a course or accessed a qualification as a result of their participation in the programme:

When I first started a course in September, I was worried about how hard it was but they made me realise I had support and I could do it, so I stayed on the course. (Participant)

I completed a course to build my computer skills called equal skills and independent living skills (Participant)

Participants developed workplace skills

Four participants commented on specific workplace skills they developed as a result of engaging in the programme, particularly those required for service industry:

I learned to clean the tables and sweep the floors. (Participant)

Participants increased their clarity in relation to their goals

Four participants stated that participating in Ability had helped them to develop increased clarity in relation to what their interests were and what they would like to pursue in relation to employment or education:

I am getting better at knowing myself and what I like. I used to come and go a lot but now I am becoming more steady. (Participant)

Participants developed their confidence in relation to education, work and socialising

Nine participants and three parents noted the development of confidence as an outcome from the programme. Many people referred to this generally:

He has found his voice. He has confidence. His confidence has improved dramatically. (Parent)

While others specifically referred to confidence in terms of being around other people or trying new things in education:

I didn't think I could ever get there before I never thought I would be able to read and write but now they have me on the right path. I am more confident now that I will get there eventually. (Participant)

Participants reported reduced isolation or increased social connection

This was the most commonly cited outcome for participants, with 15 participants and two parents noting participants having better social connections and reduced isolation was a result of participating in the programme:

He has made friends. Here, he is accepted because they all have their own challenges. He got invited to a wedding, he got invited to a sleep over, he has a community now. (Parent)

I find it hard to make friends, but I met people here who encourage me and help me through tough times. They don't look down on me and they accept me. I am not keeping myself away from people as much as I used to. (Participant)

Participants reported that their mental health had improved as a result of being on the programme

Three participants and one parent stated that an outcome from the programme was improved mental health:

Since the environment changed he is much better. He is flourishing now. I can already see his mental health has improved dramatically. I have never seen him as happy as he is now. (Parent)

I have less stress from Ability. If I have any work to do I know that I can ask the staff for help. (Participant)

Participants reported increased hope and motivation

Six participants and three parents noted as an outcome of the programme an increased sense of motivation or hope in participants' day to day lives:

It gave me a reason to get out of the house and something to do. (Participant)

It gave him structure and routine and something to do. Before it was lying in the bed until 3 or 4 in the day and I couldn't motivate him to do anything. He knows he has to eat to stay healthy enough to attend the programme. Then they did a goals programme and ... he was so proud. He set goals of what he wanted to do in the future. (Parent)

Participants reported increased independent living skills as a result of participating in the programme

An increase in independent living skills was reported by seven participants and one parent as a result of participating in the programme:

I don't know what money I am spending in the shop so [programme] is helping me know how to do money stuff. (Participant)

I am learning how to cook. I made scones last week and bread. I was very proud bringing it home. I now travel alone on the bus. I can use the local link bus and now travel on the bus on my own. (Participant)

6.3 Soft outcome quantitative data findings

Overview

This section provides the results of the soft outcome tools completed by a sample of 302 service users. The tool, which was collaboratively developed by the research team and the service providers, contains 20 items scored between 1 and 5, split between three domains: 1) confidence and communications, 2) goal setting and motivation and 3) independence. Each of the three domains were made up of between four and ten items.

Where a service user had not filled in one or more questions on the tool, their overall score was removed from the analysis of overall scores and any of the three domains affected by the missing values were also removed from the analysis. Domains where complete data was available the data was retained in the analysis. A total of six respondents left at least one question blank.

Descriptive statistics for soft outcome data at midpoint

Total reported scores ranged from 20 to 100 with a mean score of 61. With a confidence level of 95%, the population mean of the overall score lies on a confidence interval between 59.3 and 62.7 based on the sample of 296 individuals with completed soft outcome tools. The margin of error for the overall scores in the sample is 1.71. This means that we can be 95% confident that the services users from the total population of people enrolled in the Ability programme would have a mean score on the soft outcome tool between 59.3 and 62.7 if they were to complete the tool. In regards to the domains, with a confidence level of 95%, the population means lie between the following confidence intervals:

- Confidence and communication: 31.1 and 32.9 (margin of error 0.9)
- Goal setting and motivation: 15.4 and 16.6, (margin of error 0.6)
- Independence: 13.5 and 14.5 (margin of error 0.5)

The range of scores and means of the sample for the domains can be found in the figure below.

Figure 12: Soft Outcome Data Range and Mean Scores

Domain	Number of Items in Domain	Range of Scores	Mean ³⁷ , Median, Mode ³⁸ Scores	Standard Deviation
Overall Score	20	20 to 100	61, 61, 66	15
Confidence and communication	10	10 – 50	32, 32, 32	8
Goal setting and motivation	6	6 – 30	15, 15, 14	5
Independence	4	4 - 20	14, 14, 16	4

A Pearson's correlation was applied to the domain scores at midpoint, 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.

Figure 13: Correlation of Domain Scores at Midpoint Application of Soft Outcome Tool

Domain	Confidence and communication	Goal setting and motivation	Independence
Confidence and communication		0.72	0.64
Goal setting and motivation	0.72		0.62
Independence	0.64	0.62	

Change in score between baseline and midpoint

The change in overall score from the first baseline test to the midpoint test ranged from -34 point to +38 points. Two-thirds of participants who completed the soft outcome tool at baseline and midpoint had an increase in their score. The majority of participants also increased their scores in each of the three subdomain levels³⁹. The types of change undergone by participants can be found in the table below.

Figure 14: Type of Change from Baseline to Midpoint

Domain	Increase in Score	No Change in Score	Decrease in Score ⁴⁰
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³⁷ The mean was calculated by taking the average of all overall scores which was equal to 58. The sum of the means for each domain is 57.

³⁸ The mode is the score that occurred most often in the data set.

³⁹ 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. None of the questions were removed or altered in anyway, rather they were reorganised and collapsed into fewer domains at the data analysis stage. For the comparison between baseline and midpoint, all baseline data was recategorised and reanalysed at the midpoint stage in order to facilitate the comparison across domains.

⁴⁰ 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. As awareness increases of one's lack of competence in a subject, they then assess themselves downwards.

Total Score (n=283 ⁴¹)	186 (66%)	12 (4%)	85 (30%)
Confidence and communication (n=295)	181 (61%)	21 (7%)	93 (32%)
Goal setting and motivation (n=294)	162 (55%)	40 (14%)	92 (31%)
Independence (n=291)	145 (50%)	62 (21%)	84 (29%)

Of the 186 participants that increased their total score between the baseline and midpoint tests, 14% (n=26) improved their score in one domain, 46% (n=85) improved their score in two domains and 40% (n=75) improved their score in all three domains. Of those who increased their score, the average increase in score was 9.84 point. Of the 186 participants that increased their score: -

- 84% (n=156) increased their score in confidence and communications
- 77% (n=144) increased their score in goal setting and motivation
- 67% (n=124) increased their score in the Independence

The range of scores and means of the change in score between the baseline and midpoint tests can be found in the figure below.

Figure 15: Changes in Score between Baseline and Midpoint

Domain	Number of Items in Domain	Range of Change Scores	Mean ⁴² , Median, Mode ⁴³ Change Scores	Standard Deviation ⁴⁴
Overall Score	20	-34 to 38	3.6, 3, 3	11.4
Confidence and communication	10	-14 to 29	2.3, 2, 2	6.7
Goal setting and motivation	6	-16 to 14	0.9, 1, 0	4.7
Independence	4	-8 to 11	0.73, 0, 0	2.9

The change in total scores from baseline to midpoint can be observed in the graph below which illustrates the range of scoring at both points with the central bar representing the mean which is 3.6 points marginally higher at the midpoint.

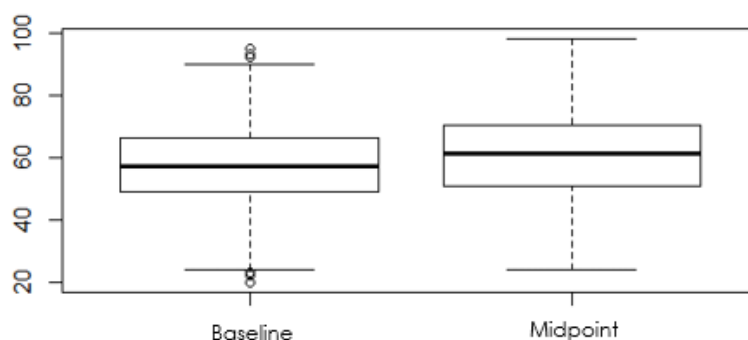
⁴¹ Where a service user had not filled in one or more questions on the tool, their overall score was removed from the analysis of overall scores and any of the three domains affected by the missing values were also removed from the analysis. Domains where complete data was available the data was retained in the analysis. A total of six respondents left at least one question blank.

⁴² The mean was calculated by taking the average of all overall scores which was equal to 58. The sum of the means for each domain is 57.

⁴³ The mode is the score that occurred most often in the data set.

⁴⁴ Standard deviation shows how spread out the data is and explains how much the members of a group differ from the mean of the group. The wider the range of scores the higher the standard deviation score will be.

Figure 16: Change in Total Scores from Baseline to Midpoint



Paired Samples T-Test

To understand if the differences in soft outcome scores between baseline and midpoint were significant, or due to chance, a pair samples t-test was performed.

When a paired samples t-test was applied to the baseline and midpoint data, the mean of the difference of the total scores was 3.6 points. On a sample size of 283 participants this produces a t value of 5.3 which is statistically significant with a p-value of 1.881e-07 with a confidence level of 0.95.

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

- Confidence and communication: 2.3 on a sample size of 295 participants this produces a t value of 6 which is statistically significant with a p-value of 7.646e-09
- Goal setting and motivation: 0.9 on a sample size of 295 participants this produces a t value of 3.3 which is statistically significant with a p-value of 0.001
- Independence: 0.73 on a sample size of 291 participants this produces a t value of 4.3 which is statistically significant with a p-value of 2.151e-05

The paired samples t-test conveys that the mean difference between the scores at baseline and midpoint is significantly different from zero, in the case of total scores the difference is 3.61.

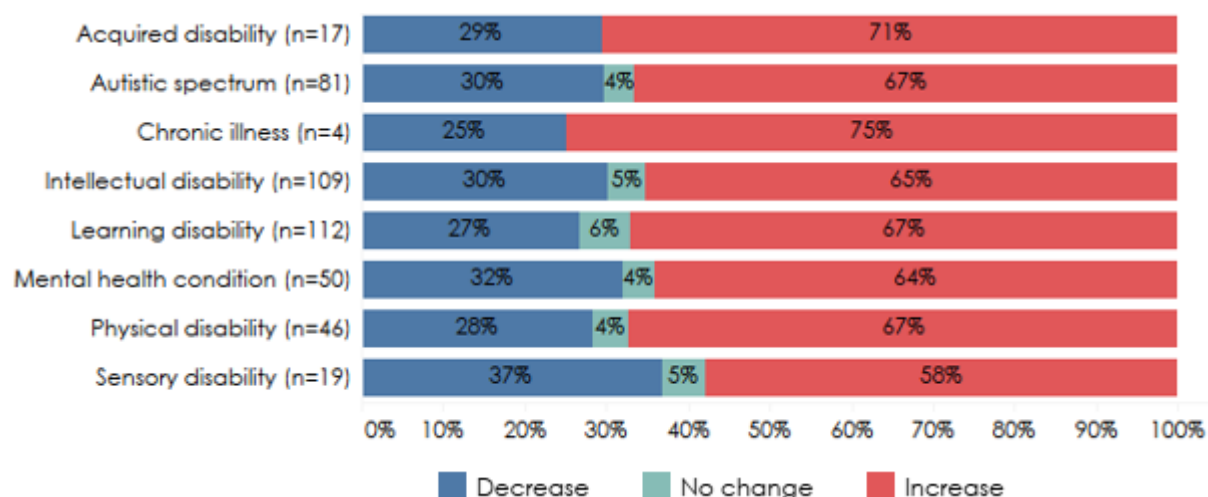
Conclusion: the change in scores as shown directly above, reflects a change in participants skill level that is not due to chance, rather the change is likely a result of the interventions applied by the Ability Programme

Scores by Disability Type

The figure below displays a breakdown of the change in total score by disability type. The majority of participants for each disability category increased their score between baseline and midpoint. Between 64% and 75% of participants in each disability category increased their score with the exception of sensory disability, which had 58% of participants with an increase in their score.

Similarly, less than one third of participants in each disability category had a decrease in score, with the exception of sensory disability, which had 37% of participants with a decreased score.

Figure 17: Disability Type by Change in Total Score



A chi-squared analysis with a Yates correction was undertaken to ascertain if there was a significant difference between the types of disability⁴⁵ and the change in total scores which were categorised into three brackets, decrease, no change and increase. The results indicated that there was not a significant statistical difference in the change in scores between any of the disability types⁴⁶. This can be seen in the figure below.

Figure 18: Chi-Square with Yates Correction Summary (n=155)

X-Square	6.4469
P-value	0.7764
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 midpoint.	

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 which were categorised into three brackets, decrease, no change and increase. The results indicated that there was not a significant statistical difference in the change in scores between any of the disability types⁴⁷. This can be seen in the figure below.

Figure 19: Chi-Square with Yates Correction Summary (this is mutually exclusive)

X-Square	3.6575
P-value	0.4543
Df	4
Alpha	0.05
Conclusion: There is not a significant difference between the number of disabilities reported by a participant and the change in scores between the baseline and midpoint.	

⁴⁵ 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.

⁴⁶ 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.

⁴⁷ 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.

Conclusion: The results of the Chi-Square tests indicate that a participant's change in score was independent of the type of disability they have and independent of the number of co-occurring disabilities they have.

Predictive factors for soft-outcomes (unadjusted)

In order to establish the relationship between participants demographic background and types of service provisions and supports they received, as defined and measured in the service provision matrix (predictor variables) and their change in scores on the soft outcome tool, a Logistic Regression Analysis⁴⁸ was used. Unadjusted analyses were performed for 23 independent variables including a variety of demographic variables as well as every relevant item on the Service Provision Matrix and the Odds Ratios (ORs), 95% Confidence Intervals (CI) and statistical significance were reported for each variable.

The prediction factors that were found to have a statistically significant relationship to the outcomes are described below. Due to very few predictors being statistically significant, an adjusted model was not developed for the soft outcome dependent variables⁴⁹. This means that the predictors discussed below were found to be significant on their own but it is unknown if they would still be significant if other variables were taken into account or controlled for. An overview of the predictor variables found to be significant seen in figure 19 below. To see a detailed breakdown of every predictor variable tested for each outcome (dependent variable) please see the appendix.

Factors that increased likelihood of increasing soft outcome scores:

- **Special education (control variable)⁵⁰:** Participants that did not attend special schooling or home-schooling were 243% more likely to have an increased total score and 80% more likely to have an increased score in goal setting and motivation than those who had received this type of education⁵¹.
- **Approach to needs assessments⁵²:** Participants whose organisations provided a formal written needs assessment with a bespoke tool or formal written needs assessment using a validated tool were 320% and 230% respectively, more likely to increase their score in goal setting and motivation than those who received an informal verbal needs assessment. However, this finding may be a result of skewed data as only two providers take this approach. This will be further explored in the end-point data collection
- **Frequency of 1-2-1 supports:** Participants who received 1-2-1 supports "as needed or requested (i.e. drop-in)" were 280% more likely to increase their score in confidence and communication than those who received regularly scheduled supports. However, this finding may be a result of skewed data as only two providers take this approach. This will be further explored in the end-point data collection.
- **Unpaid work experience:** Participants whose organisations provided short term unpaid work experience or long-term unpaid work experience were 200% or 180% more likely respectively to increase their score in goal setting and motivation than those who were not provided unpaid work experience.

⁴⁸ 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.

⁴⁹ Only four predictor variables were significant predictors of the change in total score. Two of these were demographics which primarily serve as control variables and the other two only found one of four categories of the variable to be significant. Three or fewer predictor variables were significant predictors of the change in scores in the subdomains and zero predictor variables were significant at $p < 0.05$ level for the independence domain.

⁵⁰ Whether or not a participant attended special schooling or home schooling is considered to be a control variable and when analysed on its own in the unadjusted model was a significant predictor. It would have been included as a control variable in an unadjusted model but an unadjusted regression was not completed for the soft outcomes as explained above in this section.

⁵¹ Attending special education or home schooling may be serving as a proxy for level of need of the participant. This finding may be indicating that participants with more complex needs were less likely to increase their soft skills between baseline and midpoint data collection periods than those with less complex needs.

⁵² This variable had a skewed distribution. While in practice Logistic Regression is often considered to be often be robust against skewed data, this issues considered in the context of the other limitation outlined in the limitation section below, means that this finding should be interpreted with caution.

Factors that decreased likelihood of increasing soft outcome scores

- **Education level (control variable)⁵³:** Participants with a Junior Certificate or lower education level were 41% (OR=0.59) less likely to have an increased score than those who had a level of education post Junior Certificate
- **Approach to Work Readiness:** Participants who engaged in programme based accredited work readiness and life skills courses were 36% (OR=0.64) less likely to increase their total score and 48% (OR=0.52) less likely to increase their scores in confidence and communication than those who did not receive any accredited work readiness supports. This finding is counter intuitive as, in contrast, participants receiving accredited work readiness and life skills courses were statistically more likely to have achieved the long-term outcomes of 'obtained a QQI qualification' and 'enrolled in an accredited course'. This finding may be a result of limitation in the sample size and/or the unequal amount of time participants had spent in the programme before getting a baseline score on the soft outcome tool. This will be further explored in the end-point analysis.
- **Approach to Vocational Skills/Trade Training:** Participants that received mainstream accredited vocational skills/trade training were 13% (OR=0.87) less likely to increase their total score than those who received no accredited vocational training. This may be due to limitation in the sample size and/or the unequal amount of time participants had spent in the programme before getting a baseline score. This will be further explored in the end-point analysis.

⁵³ Education level is considered to be a control variable and when analysed in it's own in the unadjusted model was a significant predictor. It would have been included as a control variable in an unadjusted model but an unadjusted regression was not completed for the soft outcomes as explained above in this section.

Figure 20: Unadjusted Logistic Regression Model for Significant Predictors of Soft Outcomes

	Independent/Predictor Variables ⁵⁴	Change in Total Score	Change in Confidence and Communication Domain Scores	Change in Goal Setting and Motivation Domain Scores	Change in Independ. Domain Scores ⁵⁵
		Unadjusted Model Odds Ratios ⁵⁶ and 95% Confidence Intervals (Variables significant at *** p<0.001, ** p<0.01, * p<0.05; ns non-significant)			
Education Level	(Ref.) Post Junior Cert Qualification	-	-	-	-
	Up to Junior Cert	0.59 (0.36 - 0.98)*			
Special education	(Ref.) Received special education	-	-	-	-
	Did not receive special education	1.97 (1.15 - 3.43)*		1.84 (1.12 - 3.05)*	
Assessment of client needs	(Ref.) Informal	-	-	-	-
	Formal Bespoke			4.28 (1.59-13.54)**	
	Formal Validated			3.3 (1.13 - 11.15)*	
Frequency of 1-2-1 supports	(Ref.) Structured	-	-	-	-
	Unstructured		3.81 (1.41 - 13.28)*		
Work readiness and life skills course (nonaccredited)	(Ref.) Mainstream based	-	-	-	-
	Programme Based		0.38 (0.18 - 0.74)**		
	Mixed				
Work readiness and life skills course (accredited)	(Ref.) None provided	-	-	-	-
	Mainstream based				
	Programme Based	0.35 (0.18 - 0.64)***	0.52 (0.29 - 0.92)*		
	Mixed (Mainstream and Programme based)				
Vocational skills / trade training (accredited)	(Ref.) None provided	-	-	-	-
	Mainstream based	0.45 (0.22 - 0.87)*			
	Programme Based				
	Mixed (Mainstream and Programme based)				
Unpaid work experience (where others are paid)	(Ref.) None provided	-	-	-	-
	Short term			3.0 (1.39 - 6.83)**	
	Long term			2.79 (1.26 - 6.50)*	

⁵⁴ 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.

⁵⁵ None of the independent/predictor variables proved to be significant in in this domain at p < 0.05.

⁵⁶ If the OR is <1, odds are decreased for an outcome; OR >1 means the odds are increased for a given outcome.

Limitations

Given that only four factors out of a possible 23 factors were found to be significant predictors of change in overall score on the tool with two of those being control variables, and two having results that are counter intuitive, an adjusted model was not performed for the soft outcomes. The small number of significant predictors may be a result of a combination of the following: 1. a smaller than anticipated sample size,⁵⁷ 2. some participants being in the programme for a long time before receiving their baseline score⁵⁸ which may have reduced their chances of showing change, and 3. the midpoint score being taken only 6 months after the baseline which may not be enough time for participants to show change as it was also found that the longer a participant has been in the Ability programme the more likely they were to experience the long-term outcomes. Therefore, it is suggested that the mid-point results of the logistic regression and odds ratio be considered exploratory until they can be further assessed at the end-point when participants have had more time in the programme and potentially more participants will be reflected in the sample.

6.4 Long-term outcomes

Overview

The Ability programme, for the purposes of this evaluation, have defined the following as long-term outcomes: 1. attain paid employment, 2. progress into education, 3. obtain a qualification, or 4. attain a meaningful voluntary role in the community. Long-term outcomes are only documented in the Ability CRM at case close. In order to increase the amount of data available for this analysis on long-term outcomes being achieved, the research team included questions relating to long-term outcomes at the end of the soft-outcome tool questionnaire to be completed by programme staff. Therefore long-term outcome data was available and analysed for all participants who exited the programme (n=204) and all participants in the sample of service users receiving the soft outcome tool who completed a tool at midpoint (n=302). This section presents the findings on long-term outcomes.

Long-term outcomes reported

Of the 204 services users who left the programme and the 302 service users in the sample, who staff submitted long-term outcome data for alongside their soft-outcome tool, the following long-term outcomes were reported:

⁵⁷ The sample at midpoint that was able to be used on analysis of soft outcomes was reduced from the 381 at baseline to 283 for the midpoint due to a combination of four providers being unable to participate in mid-point data collection due to a significant temporary reduction in participant engagement due to Covid-19 and/or the format of participant engagement during this time not being conducive to completing the data collection tools as well as some service users from the participating providers being unavailable or declining to participate, and submitted tools having missing data at either baseline, midpoint, or both.

⁵⁸ As the programmes took varying amounts of time to get up and running (i.e. some programmes started enrolling service users in September of 2018 while others didn't start working with service users until mid 2019) and some brought on entirely new cohorts in September or October of 2019, the sample selected by these service providers vary in start dates and length of time in the programme before collecting baseline data. This may result in service users who started earlier in the programme showing less change between baseline, interim, and final report. To account for this, length of time in the programme was included as a control variable in the logistic regression models.

Figure 21: Frequency of Long-term Outcomes Achieved by Participants

Long-term Outcome	Population of Cases Closed (n=204)	Sample of Participants (n=302) (Reported by Staff Alongside the Soft Outcome tool)	Total (n=506) (Sample and Closed Cases Combined)
In Education or Training	32% (n=62) ⁵⁹	32% (n=93)	32% (n=155) ⁶⁰
Gained a QQI Qualification	25% (n=47)	56% (n=164)	44% (n=211)
In Employment	31% (n=60) ⁶¹	22% (n=65)	26% (n=125) ⁶²
In Volunteer or Social Role	6% (n=12) ⁶³	24% (n=72)	17% (n=84)

Predictive factors for long-term outcomes (adjusted results)

Overview

In order to establish the relationship between participants' demographic background and types of service provisions and supports they received, as defined and measured in the service provision matrix, (predictor variables) and the long-term outcomes of "in employment," "obtained a QQI qualification," and "in education or training," a Logistic Regression⁶⁴ Analysis was used. Unadjusted analyses were performed for each factor. Following this, an adjusted (multivariate) logistic regression and odds ratio model was applied to independent/predictor variables that were considered to be applicable based on the following criteria:

1. Statistically significant at the $p < 0.10$ level in the unadjusted model⁶⁵

⁵⁹ 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 providers were advised to "select the primary outcome" if a service user 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 17 participants were both "in education or training" and "in employment".

⁶⁰ This is the total number of people who either had "in education or training" selected as their primary outcomes at case close or had "yes" selected for the question "service user is currently enrolled in a QQI accredited education/training course" on the questionnaire completed by providers alongside their soft outcome tool.

⁶¹ See footnote 59

⁶² This is the total number of people who either had "in employment" selected as their primary outcomes at case close 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 providers alongside their soft outcome tool.

⁶³ Having a volunteer or social role is captured in the Ability CRM however, data for this variable was only included in reference to post 6 months exiting the programme in the data that was accessible to the research team. Therefore the number of participants who experienced this is likely underreported here. This long-term outcomes was therefore not included in subsequent statistical analyses performed on long-term outcome data. This data will be included in the end-point analysis.

⁶⁴ 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.

⁶⁵ 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.

2. Not overly correlated with other independence variables and had a variance inflation factor (VIF) of 5 or lower⁶⁶
3. Had a statistical power⁶⁷ of .75 or higher
4. Were relevant to the outcome variable based on the researchers understanding of both the literature and programme service provision

The prediction factors that were found to have a statistically significant relationship to the outcomes in an adjusted logistic regression model are described below followed by a table that includes their level of significance, odds ratio, and a 95% confidence interval. To see the unadjusted results, a detailed breakdown of every predictor variable tested for each outcome (dependent variable), or the results of the multicollinearity or power tests, please see the appendix.

Predictors of paid employment

Significant predictors of a participant being in paid employment (in terms of their odds ratios) in the adjusted model included:

- **Age (control variable):** Older participants were more likely to be in paid employment than younger participants. For every year that participants age increased they were 14% more likely to be in paid employment.
- **Transportation:** Participants whose organisation provided transport were 76% (OR=0.24) less likely to be in paid employment than those with organisations who did not provide transport. This is likely indicating that participants in more remote locations with less access to convenient public transportation are less likely to be employed however, sufficient data on whether a participant lives in a rural or urban area was not available to the research team at the time of analysis to verify this⁶⁸.
- **Work experience:** Participants whose organisation offers paid work experience were more likely to achieve the long-term outcome of obtaining paid employment than those who were engaged in programmes that did not offer access to paid work experience. Those participants whose service offer paid work placement (where the placement is contingent on them being enrolled in Ability) were 119% more likely to be in employment, and those who attend a service that offers long-term mainstream placements were 25% more likely to be in paid employment. Furthermore, participants whose organisation offers long-term unpaid work experience were 75% less likely to be in paid employment than those whose organisation do not offer any unpaid work experience.
- **Length of time in Ability:** The longer a person had been in the Ability Programme the more likely they were to be in paid employment. For every additional month that participants spent in a programme they were 9% more likely to be in paid employment.

Predictors for QQI or professional certificate

Significant predictors (in terms of their odds ratios) of a participant having a QQI or Professional Certificate included:

- **Special education (control variable):** Participants that did not attend special education or home-schooling were 62% (OR=0.38) less likely to have acquired a QQI or Professional Certificate than those that had attended special education or home-schooling.

⁶⁶ 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. Independence variables with a VIF score of over five were removed iteratively until the variables that remained were under the 5.0 threshold with all final independent variables included being under 3.34. To see the multicollinearity results for all of the variables included in the adjusted model see the appendix .

⁶⁷ Statistical power estimates the amount of type II error. 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.

⁶⁸ Pobal captures data on participant address and will provided a coded version of this data (i.e. whether a participant lives in an urban or rural area) to the research team at the endpoint analysis.

- **Approach to 1-2-1 supports:** Participants whose organisation took a case management approach to 1-2-1 supports were 138% more likely to have acquired a QQI or Professional Certificate than organisations that provided a key-working approach.
- **Transportation:** Participants whose organisation provided transport were 53% (OR=0.47) less likely to have acquired a QQI or Professional Certificate than those with organisations did not provide transport. This is in alignment with the finding that participant from programme providing transportation were less likely to be in paid employment and is likely indicating that participants in more remote locations with less access to convenient public transportation are less likely to have obtained a qualification however, sufficient data on whether a participant lives in a rural or urban area was not available to the research team at the time of analysis to verify this⁶⁹.
- **Work readiness courses:** Participants whose organisation provided accredited mainstream work readiness and life skills courses were 537% more likely to have acquired a QQI or Professional Certificate than those with organisations did not provide any accredited work readiness courses.
- **Length of time in Ability:** The longer a person had been in the Ability Programme the more likely they were to have obtained a qualification. For every additional month that participants spent in a programme they were 12% more likely to have acquired a QQI or professional certificate.

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):** Younger participants were more likely to be enrolled in a course than older participants. For every year that participants age increased they were 84% less likely to currently be enrolled in a course. This is in contrast to the finding that older participants were more likely to be in paid employment than younger participants.
- **Work Readiness Course:** Participants whose organisation provided accredited mainstream based work readiness and life skills were 23% more likely to be enrolled on a course than those with organisations did not provide them, participants whose organisation provided accredited programme based work readiness and life skills were 101% more likely to be enrolled on a course than those with organisations did not provide them and participants whose organisations provided a mix of mainstream and programme based work readiness and life skills were 291% more likely to be enrolled on a course than organisations that did not provide them
- **Allocation of staff time:** As the amount of time staff allocated to activities and tasks related to family engagement (as opposed to tasks related to employer engagement) increases participants were 3% less likely to currently be enrolled in a course.

⁶⁹ See footnote 68.

Figure 22: Adjusted Logistic Regression Model with Odds Ratios⁷⁰

	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		
Age commencing course	(Ref.)	-	-	-
	Age	1.14 (1.06 - 1.24)**	0.97 (0.90 - 1.04)ns	0.84 (0.79 - 0.90)***
Special education	(Ref.) Received special education	-	-	-
	Did not receive special education	-	0.38 (0.21 - 0.70)**	-
Approach to 1-2-1 supports	(Ref.) Key working	-	-	-
	Case management	-	2.38 (1.03 - 5.76)*	-
Transport provided	(Ref.) No transport provided	-	-	-
	Transport provided	0.24 (0.11 - 0.54)***	0.47 (0.24 - 0.90)*	-
Work readiness and life skills course (accredited)	(Ref.) None provided	-	-	-
	Mainstream based	-	6.37 (2.93 - 14.41)***	2.23 (1.23 - 4.06)**
	Programme Based	-	2.54 (0.98 - 6.60)ns	2.01 (1.09 - 3.74)*
	Mixed (Mainstream and Programme based)	-	2.26 (0.67 - 8.37)ns	3.91 (1.79 - 8.59)***
Paid work experience	(Ref.) None provided	-	-	-
	Contingent on being in the programme	2.19 (1.12 - 4.36)*	-	-
	Not contingent on being in the programme	2.45 (0.93 - 6.89)ns	-	-
Unpaid work experience (where others are paid)	(Ref.) None provided	-	-	-
	Short term	0.32 (0.08 - 1.32)ns	0.85 (0.18 - 4.09)ns	-
	Long term	0.25 (0.08 - 0.82)*	0.62 (0.14 - 2.84)ns	-
Percent of staff time is spent on activities and tasks related to client/family engagement	(Ref.) No	-	-	-
	Yes	-	0.98 (0.94 - 1.03)ns	0.97 (0.95 - 0.99)***
Time spent in Programme	(Ref.)	-	-	-
	Time spent in programme	1.09 (1.03 - 1.16)**	1.12 (1.05 - 1.20)***	1.0 (0.95 - 1.05)ns

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

⁷⁰ 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.

6.5 Summary

Many service users had experienced a variety of soft outcomes and long-term outcomes at the mid-point data collection. These outcomes were identified through a combination of interviews with service users and their family members and a quantitative analysis of soft outcome tools administered to a sample of service users at the baseline and mid-point and an analysis of data from the Ability CRM.

A number of outcomes were reported by service users and family members during interviews. The most common outcomes, those reported by five or more service users (or their family member), during interviews included:

- Obtained work experience or employment
- Progressed in education, completed a course or obtained a qualification as a result
- Increased confidence
- Reduced isolation and increased social connection
- Increased sense of motivation
- Increased independent living skills

Two-thirds (66%, n= 186) of service users in the sample improved their soft outcomes skills to a statistically significant degree as a result of participating in the Ability programme. Eighty-four percent (n=156) of participants that increased their total score also increased their score in the confidence and communications domain, 77% (n=144) increased their score in the goal setting and motivation domain and 67% (n=124) increased their score in the independence domain.

Long-term outcome data was available for participants in the sample⁷¹ (n=186) as well as all participants who exited the programme⁷² (n= 204). This resulted in long-term outcome data being measured for 506 out of 1,451 (35%) service users enrolled in the Ability programme. Of these participants, 32% progressed into education or training⁷³, 44% gained a qualification, and 26% obtained paid employment⁷⁴.

An unadjusted logistic regression analysis found four factors (out of a possible 23 predictors) to be significant predictors of change in total scores on the soft outcome and five or fewer to be significant predictors of changes in one of two of the three subdomains scores. However, there were a number of limitations as described above and it is suggested that the mid-point results of the logistic regression and odds ratio be considered exploratory until they can be further assessed at the end-point when participants have had more time in the programme and potentially more participants will be included in the sample.

A number of variables were found to be significant predictors of whether or not a participant achieved one of the three long-term outcomes in both an unadjusted and adjusted logistic regression with odds ratios. In the adjusted model, each long-term outcome had five predictors that were found to be statistically significant with some predictor variables being statistically significant across more than one of the three long-term outcomes:

- Older participants were more likely to be in paid employment than younger participants however, older participants were less likely to be currently in an educational course than younger participants. This may imply that older participants are more work ready compared to younger participants some of whom may be in school or college or still need additional qualifications before being work ready.
- Participants whose organisation provided transport were less likely to be in paid employment or to have acquired a QQI or professional certificate than those whose organisations did not provide transportation. This is likely indicating that participants in more remote locations with

⁷¹ Additional questions related to long-term outcome were included at the end of the soft-outcome tool and completed by the service providers when submitting the data as this data.

⁷² Data in relation to long-term outcomes is only captured in the Ability CRM at case close which is why it was only available for participants who either left the programme or were in the sample.

⁷³ This 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 providers were advised to "select the primary outcome" if a service user was both in education or training and in employment upon exit.

⁷⁴ See previous footnote.

less access to convenient public transportation experience additional barriers to obtaining and maintaining employment or continued attendance in a course to completion however there was not sufficient data on whether a participant lived in a rural or urban setting to verify this.

- Participants whose organisation provided accredited mainstream work readiness and life skills were more likely to have acquired a QQI or professional certificate or to currently be in an educational course than those whose organisations did not provide accredited work readiness and life skills courses.
- 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 whose duration in the programme was shorter.

The factor that was the largest predictor of whether or not a participant was in paid employment was whether or not their service provider offered paid work experience. Participants whose organisations offer paid work experience were 119% more likely to be in paid employment than those whose organisation do not offer paid work experience. In addition, participants whose organisations offer long-term unpaid work experience were 75% less likely to be in paid employment than those whose organisations do not offer any unpaid work experience. Furthermore, participants in organisations that offer voluntary roles in the community were also less likely to be in paid employment, however, this was only found to be significant in the unadjusted model and was no longer significant in the adjusted model when accounting for the other predictor variables. These results indicate that paid work experience should be prioritised over unpaid work experience or volunteer positions whenever possible for any participant with a goal of obtaining employment.

The factor that was the largest predictor of whether or not a participant had acquired a QQI or professional certificate was whether an organisation offers mainstream accredited work and life course skills. Participants whose provider offers accredited mainstream work and life skill course were 537% more likely to have acquired a QQI or professional certificate than participants whose organisation did not offer any accredited work readiness and life skills courses. This was followed by participants whose organisation 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 the appendix). Participants whose organisation took a case management approach to 1-2-1 supports were 138% more likely to have gained a QQI or professional certificate.

The factors that were the largest predictors of whether a participant was enrolled in an education or training was whether the organisation their provider offers 1) both mainstream and programme based accredited work and life skills courses or 2) mainstream only accredited work and life skill courses which were 291% and 123% respectively, more likely to be enrolled in education or training compared to participants in organisations that do not provide accredited work readiness and life skills courses.

These findings indicate that providing access to accredited work readiness and life skills courses, is effective in supporting service users to later enrol in education and obtain qualifications, especially mainstream courses. It should also be noted that offering unaccredited work readiness and life skills courses as well vocational skills courses were also found to be significant predictors of being in a course or obtaining a qualification but only in the unadjusted model as these variables were removed due to issues with multicollinearity and inconsistencies in the findings. Therefore, it should not be assumed that accredited programmes are better than unaccredited or that work readiness programmes are more effective than vocational programmes. This will be explored further at the end point.

A number of predictor variables were significant in the unadjusted model but were subsequently determined to have too low of power (in part due to a small sample size) to be included in the adjusted model. In addition, it was found that the amount of time spent in the programme is a significant predictor of long-term outcomes. Therefore, it is likely that additional significant predictors will be identified in the end-point analysis which will provided a fuller picture which types of supports and services are most effective in supporting service users to progress into education or employment

7 Emerging Good Practice

7.1 Overview

This section of the report presents the findings of the thematic analysis of interviews with 23 service providers, 20 service users, 4 family members, and 3 employers. The interviews with service providers serve as the foundation in this section with the feedback from other stakeholders supporting the findings. The analysis presents feedback in terms of overcoming common challenges followed by good practice in relation to skill building and personal development and finally in relation to recruiting and working with employers.

At the request of the report commissioners the thematic analysis has a strong focus on the challenges and good practice learning within the service provisions models. There were a number of duplicate findings that reiterated baseline findings which were not included in this report in order to reduce duplication. Commentary in relation to systems level challenges and recommendations will be reported in the final evaluation report in order consolidate lessons learned throughout the entire programme and prevent additional duplication

7.2 Good practice: overcoming service provision challenges

Challenge one: Access to education and training courses for the client can be challenging as courses are often costly, pitched at too high of QQI level, lack a part-time option, or lack necessary supports and services to be accessible to Ability participants.

The challenges of lack of suitable education and training programmes was reported by nine service providers. Issues included lack of courses in areas of interest to service user in a given geographic location, lack of supports such as SNAs, available courses being pitched at too high of a QQI level or only being offered full-time at a pace that is too fast for a service user, or being cost prohibitive.

Good practice one: Collaborate with local Education and Training Board (ETB) to develop new courses bespoke to the interests and needs of Ability service users.

Three providers reported that they are working with local ETBs to develop new courses in topics of interest to Ability participants that are pitched at a QQI level that will be suitable for their service users but will also be open to the public.

We are currently in the process of collaborating with the ETB and other partners to develop a pre-green cert, which will be based on the material of the full green cert but simplified, and will be aimed at learners that are at a level 3 on the QQI framework. Once developed this will give some of our participants the opportunity to take part in a course around their interests in farming. (Provider)

We are working with the local ETB to co-develop level one courses to get people ready to move up to level three. These would be open to the public not just Ability people. We are submitting an application in March that will explain what interests are there, what supports are needed for people with disabilities to be successful in the course, and how we can work together to co-create it. (Provider)

Good practice two: Collaborate with specific courses to make case by cases exceptions or provide supports for individual service users, such as; extending timelines of the course and supplementing this with individual tutoring and education supports.

Six service providers negotiated with local course providers to provide case by case adjustments and provide in house tutoring and education supports. Adjustments included adapting a course from full-time to part-time, extending timelines for assignments, 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 hrs 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. (Provider)

These supports have been well received by service users. Highlighting the difference between their experience in Ability programme and previous educational experiences, five participants and one parent felt that the specialised supports provided to manage academic work and study were a highly valuable. This included 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.
(Participant)*

Challenge two: Service users and their family members are beginning to worry about the programme ending and are hesitant to sign up if they are not already participating in the programme.

Six providers reported that uncertainty around continuation of the programme funding can lead to concerns for service users about the future and can lead to some potential new participants feeling apprehensive about signing-up as they do not want to make progress towards achieving a goal, completing a course, or getting a job and then lose support before they achieve it. Providers also expressed that inconsistent programming results in loss of trust, loss of progress, and loss of motivation in service users.

The uncertainty of the end date of Ability causes our students worry or makes them not want to start. They ask 'what's the point of joining if you are gone in 2021 and I haven't finished what I started?' (Provider)

There is growing apprehension in the participants around not know what the duration of the programme will be. Starting and stopping the programme with funding loses trust with the service users and demotivates them to participate. All skills and learning can get lost during that down time. Service users need consistent long term support to progress and succeed, if the support is removed before they achieve their goal then it create a lot of challenges. (Provider)

During interviews, three participants and one parent expressed concerns about the availability of resources and the sustainability of the programme and reported that losing the service would have a negative impact on them.

I am worried that it would get shut down before I get to learn everything that I need to get a job. (Participant)

[Reducing or losing this service] is huge loss for my son. We have to find something to fill that time. I know the demand is there for this service. I hope they can extend the programme and keep everyone coming. (Parent)

Good practice three: Be transparent and open with service users and family member to ensure they have all of the information they need before making a decision so they can make future plans based on the possibility of the programme ending or changing.

Providers reported that it is essential to be open and honest with service users and family members on the current timeline of the programme and the possibility that the programme will end or change in 2021. This allows service users to make informed decisions and encourages transparency and trust.

Challenge three: Some employers may engage with the Ability programme with inauthentic or ulterior motives such as solely to increase their public image or to take advantage of government funding schemes and may not provide meaningful and rewarding work experience to participants.

Seven providers highlighted challenges arising with employers such as, an employer committing to a work placement and then backing out at the last minute after a participant has been trained and prepped, engaging in tokenism and not providing meaningful tasks and responsibilities but rather using their relationship with Ability to increase their CSR or improve their PR, or, in rare instances, facilitating a

hostile work environment and taking advantage of the service user by assigning them inconvenient shifts that other employees don't want.

Good practice four: Informally screen all potential employers through face-to-face meetings and tours of the workspace which allow you to observe the environment and company culture and alert local DSP staff to potentially problematic employers.

Providers reported that they informally screen potential employers during initial face to face recruitment meetings and during initial meetings and tours that take place with the service users present. They observe the way the employer speaks to and about the service users, how they speak to other staff, what the physical environment and overall workplace culture is like. In addition, providers reported that they treat employers who reach out to them, as opposed to being recruited by the service, with additional caution during the initial onboarding process. One provider stated that if they find an employer who tries to exploit their service user they alert local DSP staff to raise awareness among other programmes who work with vulnerable groups.

It's usually the ones who come looking for us that are probably bad employers. They are looking for the money or they may have trouble keeping staff. The [employers who reach out] straight out of the blue offering milk and honey, those are the ones that might be trouble. (Provider)

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? (Provider)

Good practice five: With the permission of the service user, share the participants personal and professional goals that they are working towards with the employer and discuss how the work placement is supporting participants to achieve their goals.

Four providers reported that it is important to be clear and transparent with employers that hiring or taking on a service user for a work experience placement is not 'an act of charity' and that participants do not need to be 'minded' rather, they are hiring an employee, who may require additional supports and accommodations, to support them in building skills to ultimately achieve their long-term goals and ambitions. To ensure that employers are committed to providing a meaningful workplace experience it is helpful to share a participants long-term goals and explain how this work placement is helping them to achieve them. In addition, in larger organisations, ensure that you are engaging with the HR staff rather than a CSR or marketing person. One employer suggested during an interview that employers should be told to give participants more trust and responsibility.

Tell employers to give the student more kudos. Give the student more responsibility. You can trust them more than you think you can. (Employer)

7.3 Good practice: skill building and personal development

Good practice six: In order to build service users' sense of independence and personal responsibility, participants should be encouraged and supported to drive the decision making in relation to their own goals and the steps to achieve these.

Thirteen providers reported that a critical success factor of the programme is that decision making is driven by the participant. This was not only in relation to goal setting and activity selection based on their unique interests and skills but also extended to participants deciding what 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. It was also acknowledged that while this approach is good practice, it can be challenging to implement consistently and it also takes time for a service users to adjust to this approach.

There is a real sense that every other service has an agenda when they meet them and they don't feel heard but we don't have a hidden agenda our agenda is to help them get closer to where they want and we allow them to set their own goals

and we help them to work toward that. We make sure they feel heard and in control. (Provider)

Choices can be difficult for them 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. (Provider)

In addition, four participants highlighted the importance of the supports provided to them to help them understand their options, clarify their goals and make informed decisions based on their own, rather than other people's needs and interests in interviews.

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. (Participant)

Seven service providers described ways they engage all services users in broader programmatic decision making and service improvement processes. It was also highlighted that making concrete and visible changes very quickly after receiving feedback demonstrates that services users are empowered and have control over their experiences. This builds trust between the participants and service providers, as well as enhancing personal self-esteem of participants. Examples of how providers engage in collective feedback on the programme include:

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

We getting 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. (Provider)

Good practice seven: Social and community engagement activities are well received by services users and help to reduce social isolation and build social and interpersonal skills which can increase attendance and participation in other skill building course work.

Seven service providers highlighted the importance and effectiveness of engaging service users in a wide variety of social and community engagement activities. It was observed that activities such as 'operation transformation,' a group wilderness based personal development courses, social farming, a youth club, and a kayaking course were all very well received by service users. According to providers, these types of activities help service users to decrease their anxiety, increase their overall engagement in the programme and other courses, build friendships, and increase their social and interpersonal skills.

Social groups for ability participants increases 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 its now another opportunity to socialise. (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 service users. (Provider)

Six participants, when invited to comment on what aspects of the programme they valued, mentioned the opportunity to try new activities and have new experiences.

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

When asked for improvement suggestions for the programme, three participants suggested additional social or creative activities to 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. (Participant)

Good practice eight: Classroom based learning for skill and knowledge building is more effective when it is experiential and uses role playing, visuals, or interactive activities such as art projects to present and practice the material.

Seven providers reported that classroom based learning must be interactive and engaging and cannot rely on text heavy resources. Examples of good teaching methodologies included role playing, video modelling, creating art projects related to the theme or topic being discussed, using visual tools and turning the lessons into a game.

We use video modelling which is video that shows a skill broken down into steps and they can watch it step by step or the whole video with all steps combined. We have a set of ipads that they use so they can have the device in their hand and re-watch a step right before they do it. We made the videos ourselves and we are now working with aspire production, a production company run by staff with autism to help us make a bank of higher quality videos. (Participant)

We create a role play scenario for every module we teach. We act out different scenarios and we get feedback from the service user 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. (Participant)

Good practice nine: The creation of a safe and relaxed environment was perceived to be invaluable by many participants along with kind and supportive attitudes of staff.

As illustrated in other sections of this report, participants reported past experiences of bullying and isolation; of work or educational environments in which their needs were not considered and where they did not feel at ease, welcomed or included. Eight participants discussed how they valued the conditions that were created in Ability programme where they felt safe and could relax during interviews.

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. (Participant).

Everyone who comes here has a difficulty, whether its 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 everyone just accepts each other's differences. (Participant)

In addition, when invited to comment on what aspects of the programme they liked best, ten participants and four parents commented on the reliable, kind, supportive, warm and welcoming attitudes of staff who worked on the programme.

My job coach always thinks of me when something comes up that will suit me. She always tries her best to find me something. She always rings me when she finds something and she doesn't let me down (Participant)

When you are worried about something you can ask [staff] for advice and they help you. You can talk to [the staff] about your problems and they are really helpful. (Participant)

7.4 Good practice: recruiting and working with employers

Good practice ten: Developing high quality marketing materials, particularly video and social media content, that include testimonials from both service users and participating employers is helpful for recruiting new and engaging existing, service users, work placement partners, and other collaborators.

Five service providers and one employer discussed the importance of having high quality marketing campaigns, social media and web presence in order to raise awareness about the service and recruit new participants. Three providers also commented that staff need to have some skills in sales in order to recruit employers. Two service providers received staff training and consultation from a marketing and sales professional to improve their marketing and employer outreach. Videos that include testimonials from service users and participating employers were seen as particularly effective in engaging new employers or education partners. Engaging employers in marketing was found to be a mutually beneficial process as employers could also use this material to demonstrate their corporate social responsibility and community participation. Providers have also found that service users also appreciate the opportunity to tell their story and support the organisation.

Include service users and employers in marketing and allow them to share their story and experiences. Service users want to be part of marketing and increasing awareness and sharing their stories on social media or giving presentations to companies. And the employers also want to participate in this because it helps with their own marketing. This is particularly effective around coordinated events.
(Service Provider)

Good practice eleven: Facilitating events that provide the opportunity for prospective employers to hear first-hand about the experiences of other employers has been very well received and found to increase employer engagement, particularly when this is part of an interactive showcase event where they can observe and get to know service users in a setting where the service user is comfortable.

Six service providers and one participating employer reported that providing employers the opportunity to engage with each other was appreciated and was an effective way to recruit new employers. These events were also seen as good marketing opportunities. Providers did this in a number of ways such as hosting breakfast mornings for employers, highly structured and coordinated multi-site job shadow days and award ceremonies, or having catering students prepare a lunch for existing and prospective employers.

We built up relationships with employers and invited them to come in and observe practical labs taking place so they could see the work being done by the participants. They were able to talk informally with the participants as well, it was almost like speed dating.(Service provider)

We arranged to host a lunch for employers to come in and have our catering students cook and serve the food to show off their skills and be a thank you to existing employers and recruit new ones at the same time. The new ones could meet and learn from current employers while also seeing the student's work first hand. (Service provider)

Good practice twelve: In addition to general disability awareness training and information on how to access funding and support, employers need training that is tailored to their work place and the personality and support needs of the service user they are working with, coupled with onsite supports that are phased out over time.

While some components of training, such as how to access government grants and supports, are common across all employers, a majority of the training and supports provided to employers is customised and tailored based on the specific work place and the unique personality, communication style, and support needs of the service users. As described in the baseline report, general and common information is often shared in a tool-kit or employer pack during recruitment. This is then followed by more intensive and customised training and supports when a service users is placed. Eight providers reported that they tailor employer training and supports to each service user with two providers specifying that this includes a task analysis or similar assessment from an occupational therapist. Nine providers provide a phased or tiered approach to supports where they start out providing as much or as little on-site support as needed and then decrease support overtime allowing the service users and employer time to adjust. One employer commented that they received detailed and specific training that was 'invaluable' on how to support and integrate the service user into the work place which was coupled with ongoing onsite supports until everyone was comfortable.

We have a disclosure process where we first train the staff on autism and then, with the permission of the person that we are placing, brief the staff on the specific accommodation needs of our service user being placed. (Service provider)

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 work place 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)

Ongoing communication between the employer and Ability provider is a part of the model even when onsite supports have been phased out. The importance of ongoing communication was highlighted by seven providers. All three employer interviews reported that they had good communication with the Ability staff and that knowing they were only a phone call away was reassuring. One employer commented that they particularly appreciated in person meetings both in the beginning when first learning about the programme and regularly throughout the placement to check-in in case any issues arose.

[Programme 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)

We have a designated staff member assigned to each employer to always be available. We have . placement liaison staff who has the role to specifically be there for employers and be in constant communication with them so employs feel very supported. (Provider)

Good practice thirteen: Facilitating a brief meeting with the service user, employer, and an ability staff member in order to provide a tour of the workplace, introduce work tasks and introduce staff prior work placement ensures that participants and employers are prepared, comfortable, and set up to have a positive experience on the first day.

Six providers commented on the importance of having a pre-placement meeting to allow service users to get acclimated prior to any placements, even if they would be accompanied by an Ability staff member on the first day. The opportunity to meet staff and tour the site ensures that the service users will be comfortable in the new environment. For long-term placements this first step will often also include practicing traveling to the location using public transport and exploring the community to identify where they can get lunch.

We start with a workplace tour. We do an introduction where we take the service user on a tour of the work placement option and everyone gets to meet everyone and it breaks down barriers. (Provider)

Good practice fourteen: Providing work experience in tandem with, rather than after, skills training increases service user engagement, knowledge and skill retainment as it provides a context for applying the skills being taught and also accounts for the real life application of these skills which include building new routines and acclimating to new environments.

Three service providers described approaches similar to a "place and train" approach described as being good practice in the literature review (included in the baseline report). One provider aimed to provide work placements immediately with almost all learning being done on the job and another provides minimal training before a work placement and then additional training during and after the work placement. The other provider collaborates with a local hotel chain to provide a modified version of their company staff training which includes onsite application of skills where they spend time working as hotel staff to demonstrate the skills they are learning in a real world setting.

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. (Provider)

Good practice fifteen: Providing a combination of training to employers on accessible recruitment and interview practices as well as interview preparation with service users that includes mock interviews increases the chances of service users obtaining work experience.

Seven service providers have found mock interviews followed by a feedback and improvement process to be very well received and effective in supporting service users to improve their interview skills and confidence. Providers aim to involve staff in the mock interview panel with the participant who has never met them, in order to make the interview feel more real for the participant. Detailed notes or videotaped interviews assist in reviewing and discussing with the client what went well and where improvements can be made. Additional mock interviews are then facilitated in order to practice improvements and see where progress has been made.

*After the interview prep course we do a mock interview and we video tape 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.
(Provider)*

Work preparation training and workplace supports were reported by three service users in interviews as aspects of the Ability programme that were well liked and appreciated.

They have helped with interview prep, they did one to one interview prep and we did a course that included making a CV, how to fill out an application form and that was all very helpful. (Participant)

In addition three providers reported that it was also important to provide training and supports to employers to increase the accessibility and inclusivity of their recruitment and interview process such as making job descriptions Easy Read, offering service users the option to take a break or ask clarifying questions. This was also reported by one employer as very helpful and necessary support.

They trained out 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)

Good practice sixteen: Providing opportunities for peer learning and peer support increases engagement, enthusiasm, motivation, and relationship building and can provide past participants with opportunities to stay engaged with the service in a meaningful way.

Five providers reported that peer learning and peer support has been well received by service users. One provider offers this formally by hiring past participants to work as peer support workers alongside tutors during courses and others provide informal support by facilitating peer group discussions around positive and challenging situations that a service recently experienced. For example, if a service user recently attended a job interview or received a work placement they might discuss and celebrate as a group which inspires others and increases motivation. Or if a service user recently had a challenging situation arise at work they might discuss what happened as a group and ask peers what they could have done differently and should try next time.

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. (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. (Provider)

Sometimes I feel like we don't need the facilitators because the peer mentors do such a good job and they learn so well from a peer. (Provider)

7.5 Summary

There was significant unanimity from providers, participants and employers on what works. Overall three challenges were identified and sixteen good practice lessons. The values that ran through the various good practice examples reflect and endorse many of the key principles highlighted in the literature review from report one in this series. These examples extend this narrative by providing detail on how these principles are applied in the Irish setting. Key principles that underpin the good practice includes the individualisation of training supports, the need have participants in the driver's seat in relation to their goals and supports, the need for creativity in teaching approaches, the need to intersperse 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.

8 Recommendations for Future Practice

8.1 Overview

The following recommendations were selected as being actionable steps for service providers to take to enhance current service provision or plan for future programme design or implementation. Recommendations have been developed based on key findings from the logistic regression analysis and the thematic analysis of interviews from all stakeholders.

Additional recommendations in relation to suggested system or policy level challenges will be included in the final report in order to reduce duplication between reports and to develop comprehensive recommendations informed by the experiences and learnings of the entire programme.

8.2 Supporting participants: skill building and personal development

1. **Promote personal responsibility and service user led decision making** - Promote independence, personal responsibility, and decision making by setting boundaries with families, ensuring participants identify their own goals without unnecessary influence from family or staff, and provide options in service delivery whenever possible such as selecting frequency and methods of communication and picking lunch places and activities.
2. **Collect and implement on-going feedback from service users** - Collect feedback from service users regularly through focus groups or role playing, or including participants on an advisory committees as to how the programme could be improved in order to increase their sense of ownership and personal responsibility in the programme. Ensure that suggestions are implemented where possible.
3. **Engage service users in a wide variety of social and community based activities** - Engage service users in a wide variety of social and community engagement activities such as youth clubs, social farming, or group exercise and sporting events, as these types of activities were reported to help service users decrease their anxiety, increase their overall engagement in the programme and education/training, build friendships, and increase their social and interpersonal skills. In addition, these types of activities were reported in the research as being highly valued and appreciated by service users.
4. **Ensure all classroom-based learning is highly interactive** - Adapt all classroom-based learning to be as interactive as possible in order to increase engagement and understanding of the content. Examples of good teaching methodologies included role playing, video modelling, creating art projects related to the theme or topic being discussed, using video and visual tools and turning the lessons games.
5. **Promote peer support and peer learning** - Provide opportunities for peer learning and peer support by having peer mentors co-facilitate skills building lessons or facilitating peer discussion groups about experiences. This was reported to increase engagement, enthusiasm, motivation, and relationship building among participants. It was also identified as a way to provide past participants with opportunities to stay engaged with the service in a meaningful way following programme completion.

8.3 Supporting participants to progress into education or obtain a qualification

6. **Provide access to work readiness and life skills courses and vocational skills courses** - Participants whose organisation provided accredited mainstream work readiness and life skills were more likely to have acquired a QQI or professional certificate or to currently be in an educational course than those whose organisations did not provide accredited work readiness and life skills courses. Similarly, the factors that were the largest predictors of whether a participant was enrolled in an education or training was whether the organisation their provider offers 1) both mainstream and programme based accredited work and life skills courses or 2) mainstream only accredited work and life skill courses which were 291% and 123% respectively, more likely to be enrolled in education or training compared to participants in organisations that do not provide accredited work readiness and life skills courses. Unaccredited work readiness and life skills courses as well vocational skills courses were also found to be significant predictors of being in a course or obtaining a qualification but only in

the unadjusted model which did not account for other variables. Therefore, it should not be assumed that accredited programmes are better than unaccredited or that work readiness programmes are more effective than vocational programmes at this point. This will be explored further at the end point.

7. **Collaborate with local education providers to increase access to relevant and accredited mainstream courses or make case by case accommodations for service users** - In the absence of suitable or relevant courses, collaborate with local education providers, such as the ETB, to make case by case accommodations for service users or co-create new courses that meet the interest and support needs of service users. Examples of potential accommodations include, adapting a course from full-time to part-time, extending timelines for assignments, accepting voice recordings for answers on assignments. These types of accommodations as well as one-to-one tutoring supports reported as being very valuable by service users during interviews.

8.4 Recruiting employers and supporting participants to attain paid employment

8. **Prioritise paid work experience and whenever possible provide work experience in tandem with, rather than after, skills training.** Teaching skills on-site during a work placement increases service user engagement, knowledge and skill retainment 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 acclimating to new environments. Work experiences that are paid should be prioritised over unpaid work experience or volunteer placements for participants who have a goal of attaining paid mainstream employment. This factor, whether or not their service provider offered paid work experience, was the largest predictor of whether or not a participant was in paid employment at course end. Not only were participants who were provided paid work experience 119% more likely to be in paid employment than those who were not, but participants who were offered long-term unpaid work experience were 75% less likely to be in paid employment than those who were not offered any unpaid work experience. Furthermore, participants in organisations that provide voluntary roles in the community were also less likely to be in paid employment.
9. **Engage employers and services users in marketing and share testimonials** - Increase awareness of your programme among potential employers by developing marketing videos and social media content that includes testimonials from both service users and participating employers. Engaging employers in marketing was found to be a mutually beneficial process as employers could also use this material to demonstrate their corporate social responsibility and community participation. Providers have also found that service users also appreciate the opportunity to tell their story and support the organisation.
10. **Provide informal opportunities for employers to meet other employers and service users** - Host events that provide the opportunity for prospective employers to hear first-hand about the experiences of other employers as this has been found to be very well received and to increase employer engagement, particularly when this is part of an interactive showcase event where they can observe and get to know service users in a setting where the service user is comfortable.
11. **Screen potential employers to ensure they are a good fit and committed to the mission and values of Ability** - Ensure employers are a good fit for the programme by clarifying the purpose of the work placement and undertaking an informal screening process to screen out employers that may not be sufficiently engaged to ensure a positive work experience for service users. Carry out a mental screening check-list during an onsite face-to-face meeting or tour to observe communication style of the manager and staff and the overall environment and workplace culture. Once the employer is onboard, increase buy-in by, with the permission of the service user, sharing what goals and skills the participant is working on that they can help them to achieve.
12. **Support and train both employers and service users on how to have a successful interview** - Provide a combination of training to employers on accessible recruitment and interview practices as well as interview preparation with service users that includes mock interviews and video/feedback, in order to increase the chances of service users obtaining work experience. Mock interviews were reported to be a particularly effective work readiness support by both providers and service users.
13. **Provide employer training on on-site supports that are tailored to each employer and the specific service user they are working with** - Provide training that is tailored to the needs of each employer

and the personality and support needs of the service user they are working with. Couple this with onsite supports that are phased out over time in order to ensure both the service users and employer feel supported and set-up for success. In addition, keep lines of communication open even after all on-site supports have been phased out. This service was named as 'invaluable' by employers.

9 Conclusion and Next Steps

The data analysed in this report highlights that the programme is reaching its objectives. It was found that the Ability programme is successfully supporting participants to increase their soft skills, progress into education, obtain a qualification, obtain employment, or obtain a meaningful voluntary role in their community. Two-thirds (66%, n= 186) of service users in the sample improved their soft outcomes skills to a statistically significant degree as a results of participating in the Ability programme. In addition, of the 506 participants with data available on long-term outcomes, 32% progressed into education⁷⁵ or training, 44% gained a qualification, and 26% obtained paid employment⁷⁶. It is anticipated that the endpoint analysis will find an increase in the number of participants who have achieved these objectives as it was found that the more time a participant has spent in the programme the more likely they are to obtain one of the long-term outcomes.

The services and supports being provided and approaches to service delivery implemented by providers are in alignment with what the literature reports generally to be good practice. In addition, a number of detailed good practices in relation to supporting people with disabilities into the education or employment in Ireland are emerging with many providers in agreement on what they have found to be effective or well received by service users.

The final round of data collection will take place between late 2020 and early 2021 which will be developed into the final evaluation report in the Spring of 2021. The results from these reports will be used by the project funders (the Department of Social Protection and the European Social Fund), Pobal, organisations funded under Ability and their partners to inform programme planning and decision-making

⁷⁵ This 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 providers were advised to "select the primary outcome" if a service user was both in education or training and in employment upon exit.

⁷⁶ See previous footnote.

11 Appendix

11.1 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 long-term 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 service users 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) ⁷⁷ 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 long-term 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.

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 requires a "re-test" process.

⁷⁷ 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)

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)⁷⁸.

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.

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.⁷⁹ 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		

⁷⁸ 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)

⁷⁹ Stevens JP (1992) Applied multivariate statistics for the social sciences (2nd edition). Hillsdale, NJ: Erlbaum.

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	
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 long-term 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 long-term 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 Scores⁸⁰

Cronbach's Alpha	Internal Consistency
$0.9 \leq \alpha$	Excellent
$0.8 \leq \alpha < 0.9$	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

⁸⁰ George, D & Mallery, P. (2003) SPSS for Windows step by step: A simple guide and reference 11.0 update (4th ed.). Boston: Allyn & Bacon

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 long-term outcomes of obtain paid employment, attained a qualification, or enrolled in education or training.

11.2 Service provision matrix

Name of your programme: _____

Date _____

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)	26% (n=7)	7% (n=2)	
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 On-going 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 1-2-1 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	
	7% (n=2)	89% (n=24)	4% (n=1)	0% (n=0)	
4. Action plan / care plan / personal plan	A. No plan developed	B. Formal - written on standardised form with goals	C. Formal - written on standardised form with goals,	D. Informal - no standardised form, general guidance only	

(n=27)			and then detailed steps and dates etc.		
	0% (n=0)	41% (n=11)	52% (n=14)	7% (n=2)	
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		
	30% (n=8)	59% (n=16)	11% (n=3)		
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	
	48% (n=13)	19% (n=5)	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 on-site in school programming with staff being based in the school	
	52% (n=14)	4% (n=1)	30% (n=8)	15% (n=4)	

Education opportunities					
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 (i.e. everyone in Ability programme receives is engaged/offered)	C. Individual attends mainstream programme in-house	D. Individual attends mainstream programme outsourced	E. A combination of mainstream and programme based
	0% (n=0)	67% (n=18)	15% (n=4)	4% (n=1)	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 (i.e. everyone in Ability programme receives is engaged/offered)	C. Individual attends mainstream programme in-house	D. Individual attends mainstream programme outsourced	E. A combination of mainstream and programme based
	41% (n=11)	26% (n=7)	0% (n=0)	22% (n=6)	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 (i.e. everyone in Ability programme receives is engaged/offered)	C. Individual attends mainstream programme in-house	D. Individual attends mainstream programme outsourced	E. A combination of mainstream and programme based
	11% (n=3)	56% (n=15)	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 (i.e. everyone in Ability programme receives is engaged/offered)	C. Individual attends mainstream programme in-house	D. Individual attends mainstream programme outsourced	E. A combination of mainstream and programme based
	30% (n=8)	22% (n=6)	0% (n=0)	33% (n=9)	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)	
	52% (n=14)	4% (n=1)	26% (n=7)	19% (n=5)	
15. Unpaid work experience in an environment where other people are paid (i.e a local business) (n=26)⁸¹	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		
	12% (n=3)	58% (n=15)	31% (n=8)		
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)	
	22% (n=6)	37% (n=10)	22% (n=6)	19% (n=5)	

⁸¹ One provider selected more than one answer for this question and have not been included in the analysis for this question only

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 = 75%, Mode = 70%, Range = 30% -100%</u> B. What percent of staff time is spent on activities and tasks related to employer engagement <u>Average = 26%, Mode = 30%, 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)⁸²	A. One-time training	B. On-going training and support (champion / employer mentor models etc)	
	27% (n=7)	73% (n=19)	
19. Recruitment of business partners (n=26)⁸³	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)

⁸² One provider selected N/A to answer this question and has not been included in the analysis for this question.

⁸³ One provider selected N/A to answer this question and has not been included in the analysis for this question.

11.3 Ability soft outcome tool

Explanation for Service User

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
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 QQI 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 _____

11.4 Logistic regression model presenting the predictors change in total score (n=302)

Independent/Predictor Variables	Unadjusted Model Odds Ratios and 95% Confidence Intervals
Gender	
Female (Reference category) (n=123)	-
Male (n=179)	1.3 (0.78- 2.12)ns
Age commencing course (contin var)	
(Reference category)	-
Age commencing course	1.0 (0.94 - 1.08)ns
Age	
<18 (Reference category) (n=46)	-
18 – 24 (n=175)	1.36 (0.68-2.66)ns
25 and over (n=81)	1.14 (0.53 – 2.43)ns
Disability	
One disability (Reference category) (n=162)	-
More than one disability (n=136)	1.09 (0.86 - 1.38)ns
Disadvantaged background	
From a disadvantaged background (Reference category) (n=59)	-
Not from a disadvantaged background (n=234)	1.58 (0.86-2.85)ns
Education Level	
Post Junior Cert Qualification (Reference category) (n=136)	-
Up to Junior Cert (n=157)	0.59 (0.36 - 0.98)*
Special education	
Had special education classes/school/home-schooling (n=142)	-
Did not have special education classes/school/homeschooling (n=125)	1.97 (1.15 - 3.43)*
Assessment of client needs (SDMatrix)	
Informal (Reference category) (n=20)	-
Formal Bespoke (n=218)	2.1 (0.83 - 5.37)ns
Formal Validated (n=64)	1.76 (0.63 - 4.98)ns
Approach to 1-2-1 supports / key working case management / mentoring / coaching	
Level 2 Keyworking (Reference category) (n=154)	-
Level 3 Case Management (n=148)	1.37 (0.84 - 2.25)ns
General frequency of 1-2-1 supports	
Structured (Reference category) (n=276)	-
Unstructured (n=26)	1.83 (0.75 - 5.14)ns
Action plans / care plans / personal plans	
Informal (Reference category) (n=13)	-

Formal with action steps (n=169)	0.94 (0.25 - 3.04)ns
Formal with goals (n=120)	0.73 (0.18 - 2.4)ns
Average engagement with parents/guardians/POA	
No engagement(Reference category) (n=87)	-
Structured (n=215)	0.92 (0.53 - 1.56)ns
Transport provided	
No transport provided (Reference category) (n=100)	-
Transport provided (n=202)	0.81 (0.48 - 1.37)ns
Mental health supports provided	
No MH Supports (Reference category) (n=134)	-
Individual MH Supports (n=59)	1.18 (0.61 - 2.37)ns
Group MH Supports (n=27)	2.65 (0.93 - 9.54)ns
Group and Individual MH Supports (n=82)	0.75 (0.42 - 1.34)ns
Support to engage in social activities	
Facilitated group (Reference category) (n=15)	-
Mix of both (n=184)	1.19 (0.35 - 3.72)ns
Signposting and referrals (n=103)	1.25 (0.35 - 4.05)ns
Work readiness and life skills course (nonaccredited)	
Mainstream based (Reference category) (n=54)	
Programme Based (n=203)	0.53 (0.26 - 1.04)ns
Mixed (n=47)	0.94 (0.37 - 2.42)ns
Work readiness and life skills course (accredited)	
None provided (Reference category) (n=103)	-
Mainstream based (n=71)	0.69 (0.35 - 1.37)ns
Programme Based (n=93)	0.35 (0.18 - 0.64)***
Mixed (Mainstream and Programme based) (n=35)	1.29 (0.52 - 3.55)ns
Vocational skills / trade training (nonaccredited)	
None provided (Reference category) (n=28)	-
Mainstream based (n=76)	0.67 (0.24 - 1.73)ns
Programme Based (n=174)	0.56 (0.21 - 1.34)ns
Mixed (Mainstream and Programme based) (n=24)	0.89 (0.25 - 3.25)ns
Vocational skills / trade training (accredited)	
None provided (Reference category) (n=72)	
Mainstream based (n=102)	0.45 (0.22 - 0.87)*
Programme Based (n=81)	0.52 (0.25 - 1.07)ns
Mixed (Mainstream and Programme based) (n=47)	1.49 (0.59 - 4.0)ns
Paid work experience	
None provided (Reference category) (n=153)	
Contingent (n=98)	1.52 (0.87 - 2.69)ns
Not Contingent (n=51)	0.97 (0.50 - 1.91)ns

Unpaid work experience in an environment where other people are paid	
None provided (Reference category) (n=34)	-
Short term (n=107)	1.53 (0.7 - 3.30)ns
Long term (n=151)	1.3 (0.58 - 2.87)ns
Voluntary role in the community where other people also volunteer	
None provided (Reference category) (n=54)	-
Contingent (n=191)	1.4 (0.74 - 2.63)ns
Not Contingent (n=57)	0.98 (0.46 - 2.12)ns
Percent of staff time is spent on activities and tasks related to client/family engagement	
(Reference category)	-
% of time	1.0 (0.99 - 1.02)ns
Time spent in Programme	
(Reference category)	-
Time spent in programme	0.95 (0.89 - 1.01)ns
Variables significant at *** p<0.001, ** p<0.01, * p<0.05; ns non-significant	

11.5 Logistic regression model presenting the predictors confidence and communication (n=302)

Independent/Predictor Variables	Unadjusted Model Odds Ratios and 95% Confidence Intervals
Gender	
Female (Reference category) (n=123)	-
Male (n=179)	1.48 (0.92 - 2.38)ns
Age commencing course (contin var)	
(Reference category)	
Age commencing course	1.0 (0.94 - 1.07)ns
Age	
<18 (Reference category) (n=46)	-
18 – 24 (n=175)	0.83 (0.42 - 1.61)ns
25 and over (n=81)	1.15 (0.53 - 2.45)ns
Disability	
One disability (Reference category) (n=162)	-
More than one disability (n=136)	1.09 (0.68 - 1.76)ns
Disadvantaged background	
From a disadvantaged background (Reference category) (n=59)	-
Not from a disadvantaged background (n=234)	1.29 (0.72 - 2.3)ns
Education Level	
Post Junior Cert Qualification (Reference category) (n=136)	-

Up to Junior Cert (n=157)	0.77 (0.48 - 1.24)ns
Special education	
Had special education classes/school/homeschooling (n=142)	-
Did not have special education classes/school/homeschooling (n=125)	1.38 (0.83 - 2.31)ns
Assessment of client needs (SDMatrix)	
Informal (Reference category) (n=20)	
Formal Bespoke (n=218)	1.66 (0.66 - 4.22)ns
Formal Validated (n=64)	1.58 (0.57 - 4.42)ns
Approach to 1-2-1 supports / key working case management / mentoring / coaching	
Level 2 Keyworking (Reference category) (n=154)	-
Level 3 Case Management (n=148)	1.1 (0.69 - 1.76)ns
General frequency of 1-2-1 supports	
Structured (Reference category) (n=276)	-
Unstructured (n=26)	3.81 (1.41 - 13.28)*
Action plans / care plans / personal plans	
Informal (Reference category) (n=13)	-
Formal with action steps (n=169)	0.56 (0.12 - 1.91)ns
Formal with goals (n=120)	0.36 (0.08 - 1.24)ns
Average engagement with parents/guardians/POA	
No engagement(Reference category) (n=87)	-
Structured (n=215)	0.69 (0.4 - 1.16)ns
Transport provided	
No transport provided (Reference category) (n=100)	-
Transport provided (n=202)	0.95 (0.57 - 1.55)ns
Mental health supports provided	
No MH Supports (Reference category) (n=134)	-
Individual MH Supports (n=59)	1.11 (0.59 - 2.14)ns
Group MH Supports (n=27)	1.58 (0.63 - 4.32)ns
Group and Individual MH Supports (n=82)	0.92 (0.52 - 1.61)ns
Support to engage in social activities	
Facilitated group (Reference category) (n=15)	-
Mix of both (n=184)	1.62 (0.53 - 4.93)ns
Signposting and referrals (n=103)	1.63 (0.52 - 5.12)ns
Work readiness and life skills course (nonaccredited)	
Mainstream based (Reference category) (n=54)	
Programme Based (n=203)	0.38 (0.18 - 0.74)**
Mixed (n=47)	0.64 (0.26 - 1.59)ns
Work readiness and life skills course (accredited)	
None provided (Reference category) (n=103)	-
Mainstream based (n=71)	1.20 (0.63 - 2.32)ns

Programme Based (n=93)	0.52 (0.29 - 0.92)*
Mixed (Mainstream and Programme based) (n=35)	1.83 (0.78 - 4.7)ns
Vocational skills / trade training (nonaccredited)	
None provided (Reference category) (n=28)	-
Mainstream based (n=76)	0.68 (0.24 - 1.76)ns
Programme Based (n=174)	0.42 (0.16 - 0.99)ns
Mixed (Mainstream and Programme based) (n=24)	0.76 (0.22 - 2.65)ns
Vocational skills / trade training (accredited)	
None provided (Reference category) (n=72)	-
Mainstream based (n=102)	0.59 (0.31 - 1.10)ns
Programme Based (n=81)	0.64 (0.33 - 1.25)ns
Mixed (Mainstream and Programme based) (n=47)	1.94 (0.82 - 4.92)ns
Paid work experience	
None provided (Reference category) (n=153)	-
Contingent (n=98)	1.40 (0.81 - 2.40)ns
Not Contingent (n=51)	0.75 (0.39 - 1.42)ns
Unpaid work experience in an environment where other people are paid	
None provided (Reference category) (n=34)	-
Short term (n=107)	0.90 (0.39 - 1.96)ns
Long term (n=151)	0.58 (0.25 - 1.29)ns
Voluntary role in the community where other people also volunteer	
None provided (Reference category) (n=54)	-
Contingent (n=191)	1.40 (0.75 - 2.58)ns
Not Contingent (n=57)	1.18 (0.56 - 2.52)ns
Percent of staff time is spent on activities and tasks related to client/family engagement	
(Reference category)	-
% of staff time	1.01 (0.99 - 1.03)ns
Time spent in Programme	
(Reference category)	-
Time spent in Programme	0.96 (0.91 - 1.02)ns
Variables significant at *** p<0.001, ** p<0.01, * p<0.05; ns non-significant	

11.6 Unadjusted logistic regression model presenting the predictors goal-setting and motivation (n=302)

Independent/Predictor Variables	Unadjusted Model Odds Ratios and 95% Confidence Intervals
Predictors	
Gender	
Female (Reference category) (n=123)	-
Male (n=179)	1.06 (0.66 - 1.69)ns
Age commencing course (contin var)	
(Reference category)	
Age commencing course	1.02 (0.96 - 1.08)ns
Age	
<18 (Reference category) (n=46)	-
18 – 24 (n=175)	1.68 (0.88 - 3.27)ns
25 and over (n=81)	1.35 (0.65 - 2.82)ns
Disability	
One disability (Reference category) (n=162)	-
More than one disability (n=136)	0.74 (0.46 - 1.18)ns
Disadvantaged background	
From a disadvantaged background (Reference category) (n=59)	-
Not from a disadvantaged background (n=234)	1.12 (0.63 - 1.99)ns
Education Level	
Post Junior Cert Qualification (Reference category) (n=136)	-
Up to Junior Cert (n=157)	0.64 (0.4 - 1.03) ns
Special education	
Had special education classes/school/homeschooling (n=142)	-
Did not have special education classes/school/homeschooling (n=125)	1.84 (1.12 - 3.05)*
Assessment of client needs (SDMatrix)	
Informal (Reference category) (n=20)	-
Formal Bespoke (n=218)	4.28 (1.59 - 13.54)**
Formal Validated (n=64)	3.3 (1.13 - 11.15)*
Approach to 1-2-1 supports / key working case management / mentoring / coaching	
Level 2 Keyworking (Reference category) (n=154)	-
Level 3 Case Management (n=148)	1.15 (0.73 - 1.82)ns
General frequency of 1-2-1 supports	
Structured (Reference category) (n=276)	-
Unstructured (n=26)	1.34 (0.59 - 3.15)ns
Action plans / care plans / personal plans	

Informal (Reference category) (n=13)	-
Formal with action steps (n=169)	1.82 (0.58 - 5.9)ns
Formal with goals (n=120)	1.07 (0.34 - 3.51)ns
Average engagement with parents/guardians/POA	
No engagement(Reference category) (n=87)	-
Structured (n=215)	0.99 (0.59 - 1.64)ns
Transport provided	
No transport provided (Reference category) (n=100)	-
Transport provided (n=202)	0.99 (0.61 - 1.62)ns
Mental health supports provided	
No MH Supports (Reference category) (n=134)	-
Individual MH Supports (n=59)	1.19 (0.64 - 2.26)ns
Group MH Supports (n=27)	1.29 (0.55 - 3.14)ns
Group and Individual MH Supports (n=82)	0.79 (0.45 - 1.37)ns
Support to engage in social activities	
Facilitated group (Reference category) (n=15)	-
Mix of both (n=184)	0.77 (0.25 - 2.23)ns
Signposting and referrals (n=103)	0.88 (0.28 - 2.64)ns
Work readiness and life skills course (nonaccredited)	
Mainstream based (Reference category) (n=54)	-
Programme Based (n=203)	0.79 (0.42 - 1.45)ns
Mixed (n=47)	1.51 (0.66 - 3.58)ns
Work readiness and life skills course (accredited)	
None provided (Reference category) (n=103)	-
Mainstream based (n=71)	1.09 (0.59 - 2.03)ns
Programme Based (n=93)	0.77 (0.43 - 1.35)ns
Mixed (Mainstream and Programme based) (n=35)	1.88 (0.83 - 4.52)ns
Vocational skills / trade training (nonaccredited)	
None provided (Reference category) (n=28)	-
Mainstream based (n=76)	0.87 (0.35 - 2.09)ns
Programme Based (n=174)	0.70 (0.30 - 1.57)ns
Mixed (Mainstream and Programme based) (n=24)	1.13 (0.36 - 3.66)ns
Vocational skills / trade training (accredited)	
None provided (Reference category) (n=72)	-
Mainstream based (n=102)	0.69 (0.37 - 1.28)ns
Programme Based (n=81)	0.83 (0.43 - 1.59)ns
Mixed (Mainstream and Programme based) (n=47)	2.0 (0.90 - 4.64)ns
Paid work experience	
None provided (Reference category) (n=153)	-
Contingent (n=98)	1.67 (0.99 - 2.84)ns

Not Contingent (n=51)	1.16 (0.61 - 2.22)ns
Unpaid work experience in an environment where other people are paid	
None provided (Reference category) (n=34)	-
Short term (n=107)	3.0 (1.39 - 6.83)**
Long term (n=151)	2.79 (1.26 - 6.50)*
Voluntary role in the community where other people also volunteer	
None provided (Reference category) (n=54)	-
Contingent (n=191)	1.70 (0.92 - 3.15)ns
Not Contingent (n=57)	1.67 (0.79 - 3.57)ns
percent of staff time is spent on activities and tasks related to client/family engagement	
(Reference category)	-
percent of staff time is spent	0.99 (0.98 - 1.01)ns
Time spent in Programme	
(Reference category)	-
Time spent in programme	0.97 (0.91 - 1.02)ns
Variables significant at *** p<0.001, ** p<0.01, * p<0.05; ns non-significant	

11.7 Unadjusted logistic regression model presenting the predictors Independence change score (n=302)

Independent/Predictor Variables	Unadjusted Model Odds Ratios and 95% Confidence Intervals
Gender	
Female (Reference category) (n=123)	-
Male (n=179)	1.05 (0.66 - 1.67)ns
Age commencing course (contin var)	
(Reference category)	-
Age commencing course	1.01 (0.95 - 1.08)ns
Age	
<18 (Reference category) (n=46)	-
18 – 24 (n=175)	1.53 (0.79 - 2.99)ns
25 and over (n=81)	1.46 (0.7 - 3.08)ns
Disability	
One disability (Reference category) (n=162)	-
More than one disability (n=136)	0.68 (0.42 - 1.08)ns
Disadvantaged background	
From a disadvantaged background (Reference category) (n=59)	-
Not from a disadvantaged background (n=234)	0.93 (0.52 - 1.66)ns

Education Level	
Post Junior Cert Qualification (Reference category) (n=136)	-
Up to Junior Cert (n=157)	0.86 (0.54 - 1.38)ns
Special education	
Had special education classes/school/homeschooling (n=142)	-
Did not have special education classes/school/homeschooling (n=125)	1.39 (0.85 - 2.28)ns
Assessment of client needs (SDMatrix)	
Informal (Reference category) (n=20)	-
Formal Bespoke (n=218)	1.82 (0.72 - 5.02)ns
Formal Validated (n=64)	2.36 (0.84 - 7.08)ns
Approach to 1-2-1 supports / key working case management / mentoring / coaching	
Level 2 Keyworking (Reference category) (n=154)	-
Level 3 Case Management (n=148)	1.34 (0.84 - 2.12)ns
General frequency of 1-2-1 supports	
Structured (Reference category) (n=276)	-
Unstructured (n=26)	1.69 (0.75 - 3.98)ns
Action plans / care plans / personal plans	
Informal (Reference category) (n=13)	-
Formal with action steps (n=169)	1.37 (0.44 - 4.42)ns
Formal with goals (n=120)	0.93 (0.29 - 3.05)ns
Average engagement with parents/guardians/POA	
No engagement(Reference category) (n=87)	-
Structured (n=215)	1.05 (0.56 - 1.53)ns
Transport provided	
No transport provided (Reference category) (n=100)	-
Transport provided (n=202)	0.82 (0.5 - 1.34)ns
Mental health supports provided	
No MH Supports (Reference category) (n=134)	-
Individual MH Supports (n=59)	1.60 (0.86 - 3.03)ns
Group MH Supports (n=27)	1.0 (0.42 - 2.33)ns
Group and Individual MH Supports (n=82)	1.23 (0.70 - 2.16)ns
Support to engage in social activities	
Facilitated group (Reference category) (n=15)	-
Mix of both (n=184)	0.69 (0.22 - 2.05)ns
Signposting and referrals (n=103)	0.83 (0.26 - 2.55)ns
Work readiness and life skills course (nonaccredited)	
Mainstream based (Reference category) (n=54)	-
Programme Based (n=203)	1.04 (0.56 - 1.92)ns
Mixed (n=47)	1.35 (0.61 - 3.03)ns
Work readiness and life skills course (accredited)	

None provided (Reference category) (n=103)	-
Mainstream based (n=71)	1.64 (0.63 - 2.15)ns
Programme Based (n=93)	0.74 (0.41 - 1.32)ns
Mixed (Mainstream and Programme based) (n=35)	1.24 (0.57 - 2.74)ns
Vocational skills / trade training (nonaccredited)	
None provided (Reference category) (n=28)	-
Mainstream based (n=76)	1.75 (0.73 - 4.29)ns
Programme Based (n=174)	1.21 (0.54 - 2.77)ns
Mixed (Mainstream and Programme based) (n=24)	1.45 (0.48 - 4.48)ns
Vocational skills / trade training (accredited)	
None provided (Reference category) (n=72)	-
Mainstream based (n=102)	1.28 (0.70 - 2.37)ns
Programme Based (n=81)	0.91 (0.47 - 1.75)ns
Mixed (Mainstream and Programme based) (n=47)	1.96 (0.92 - 4.26)ns
Paid work experience	
None provided (Reference category) (n=153)	-
Contingent (n=98)	0.70 (0.42 - 1.18)ns
Not Contingent (n=51)	0.92 (0.48 - 1.74)ns
Unpaid work experience in an environment where other people are paid	
None provided (Reference category) (n=34)	-
Short term (n=107)	1.76 (0.83 - 3.84)ns
Long term (n=151)	1.23 (0.56 - 2.73)ns
Voluntary role in the community where other people also volunteer 1[
None provided (Reference category) (n=54)	-
Contingent (n=191)	1.24 (0.67 - 2.29)ns
Not Contingent (n=57)	1.04 (0.49 - 2.21)ns
percent of staff time is spent on activities and tasks related to client/family engagement	
(Reference category)	-
percent of staff time is spent	1.01 (0.99 - 1.02)ns
Time spent in Programme	
(Reference category)	-
Time spent in programme	1.22 (0.56 - 2.68)ns
Variables significant at *** p<0.001, ** p<0.01, * p<0.05; ns non-significant	

11.8 Combined unadjusted predictors of long-term outcomes

	Independent/Predictor Variables ⁸⁴	In Paid Employment	Achieved a QQI or Professional Certificate	Currently in an Accredited Course
		Unadjusted Model Odds Ratios and 95% Confidence Intervals		
Gender	(Ref.) Female	-	-	-
	Male	1.69 (1.09 - 2.66)*	-	-
Age commencing course	(Ref.)	-	-	-
	Age commencing course	1.12 (1.06 - 1.19)***	0.94 (0.89 - 0.98)**	0.85 (0.8 - 0.90)***
Disability	(Ref.) One disability	-	-	-
	More than one disability	-	1.5 (1.04 - 2.16)*	-
Disadvantaged area	(Ref.) From a disadvantaged background	-	-	-
	Not from a disadvantaged background	2.39 (1.31 - 4.66)**	-	0.5 (0.31 - 0.8)**
Education Level	(Ref.) Post Junior Cert Qualification	-	-	-
	Up to Junior Cert	0.50 (0.32 - 0.75)**	1.85 (1.29 - 2.68)***	-
Special education	(Ref.) Received special education	-	-	-
	Did not receive special education	-	0.28 (0.18 - 0.42)***	-
Assessment of client needs	(Ref.) Informal	-	-	-
	Formal Bespoke	-	-	-
	Formal Validated	-	-	0.38 (0.18 - 0.83)*
Approach to 1-2-1 supports	(Ref.) Key working	-	-	-
	Case management	-	3.32 (2.28 - 4.86)***	1.65 (1.12 - 2.42)*
Frequency of 1-2-1 supports	(Ref.) Structured	-	-	-
	Unstructured	2.61 (1.54 - 4.38)***	0.29 (0.15 - 0.51)***	0.51 (0.27 - 0.91)*
Action plans / care plans / personal plans	(Ref.) Informal	-	-	-
	Formal with action steps	0.2 (0.11 - 0.37)***	10.03 (4.28 - 29.6)***	3.29 (1.61 - 7.45)**
	Formal with goals	0.21 (0.11 - 0.4)***	7.88 (3.26 - 23.57)***	-
	(Ref.) No engagement	-	-	-

⁸⁴ Only predictors found to be significant for at least one of the soft outcomes are included in figure 19. To see a detailed breakdown of every predictor variable tested for each outcome (dependent variable) please see the appendix.

Average engagement with parents/guardians/PO A	Structured	-	2.38 (1.62 - 3.55)***	-
Transport provided	(Ref.) No transport provided	-	-	-
	Transport provided	0.41 (0.27 - 0.62)***	0.51 (0.35 - 0.75)***	0.66 (0.44 - 0.98)*
Mental Health Supports	(Ref.) No mental health supports	-	-	-
	Individual mental health supports	-	1.9 (1.15 - 3.15)*	0.72 (0.42 - 1.21)*
	Group mental health supports	0.28 (0.06 - 0.82)*	-	-
	Group and Individual mental health supports	0.38 (0.21 - 0.65)***	-	-
Work readiness and life skills course (nonaccredited)	(Ref.) Mainstream based	-	-	-
	Programme Based	0.57 (0.35 - 0.93)*	6.46 (3.72 - 11.87)***	1.56 (0.95 - 2.64).
	Mixed	-	7.94 (3.99 - 16.46)***	2.81 (1.48 - 5.4)**
Work readiness and life skills course (accredited)	(Ref.) None provided	-	-	-
	Mainstream based	0.36 (0.19 - 0.64)***	3.35 (2.02 - 5.61)***	2.34 (1.37 - 4.02)**
	Programme Based	0.36 (0.2 - 0.63)***	5.24 (2.83 - 9.91)***	2.55 (1.54 - 4.27)***
	Mixed (Mainstream and Programme based)	-	5.29 (3.26 - 8.72)***	5.39 (2.89 - 10.22)***
Vocational skills / trade training (nonaccredited)	(Ref.) None provided	-	-	-
	Mainstream based	0.37 (0.19 - 0.69)**	18.97 (7.95 - 53.17)***	2.09 (1.08 - 4.11)*
	Programme Based	0.37 (0.19 - 0.69)**	13.11 (5.98 - 34.62)***	-
	Mixed (Mainstream and Programme based)	-	23.06 (8.88 - 69.18)***	4.94 (2.35 - 10.74)***
Vocational skills / trade training (accredited)	(Ref.) None provided	-	-	-
	Mainstream based	-	9.22 (5.27 - 16.8)***	3.28 (1.99 - 5.52)***
	Programme Based	0.37 (0.19 - 0.69)**	6.94 (3.81 - 13.09)***	-
	Mixed (Mainstream and Programme based)	-	12.57 (6.46 - 25.46)***	4.09 (2.23 - 7.6)***
Paid work experience	(Ref.) None provided	-	-	-
	Contingent on being in the programme	4.44 (2.75 - 7.35)***	-	1.83 (1.2 - 2.81)***
	Not contingent on being in the programme	2.82 (1.49 - 5.32)**	-	2.18 (1.25 - 3.79)***
Unpaid work experience (where others are paid)	(Ref.) None provided	-	-	-
	Short term	0.37 (0.21 - 0.64)***	4.91 (2.55 - 10.16)***	-

	Long term	0.48 (0.28 - 0.86)*	5.48 (2.89 - 11.2)***	3.88 (1.97 - 8.24)***
Voluntary role in the community (where other people also volunteer)	(Ref.) None provided	-	-	-
	Contingent on being in the programme	0.25 (0.16 - 0.4)***	1.84 (1.19 - 2.89)**	-
	Not contingent on being in the programme	0.24 (0.13 - 0.43)***	1.86 (1.09 - 3.22)*	2.22 (1.29 - 3.85)**
Percent of staff time is spent on activities and tasks related to client/family engagement	(Ref.)	-	-	-
	Percent of staff time is spent	-	0.98 (0.97 - 1.0)*	0.97 (0.95 - 0.98)***
Percent of staff time is spent on activities and tasks related to employer engagement	(Ref.)	-	-	-
	Percent of staff time is spent	-	1.02 (1.0 - 1.03)*	1.03 (1.02 - 1.05)***
Provide training and supports to employers	(Ref.) One time	-	-	-
	On-going	2.1 (1.26 - 3.65)**	2.29 (1.48 - 3.6)***	1.83 (1.15 - 2.98)*
Recruitment of business partners	(Ref.) Client interest	-		
	Employer interest	4.11 (2.23 - 7.68)***		0.3 (0.14 - 0.59)***
	Both client and employer interest	-	0.09 (0.03 - 0.21)***	0.66 (0.44 - 1.0)*
Time spent in Programme	(Ref.)	-		
	Time spent in programme	1.07 (1.02 - 1.11)**	1.17 (1.12 - 1.22)***	-

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

11.9 Combined adjusted model of predictors of long-term 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		
Age commencing course	(Ref.)	-	-	-
	Age	1.14 (1.06 - 1.24)**	0.97 (0.90 - 1.04)ns	0.84 (0.79 - 0.90)***
Disadvantaged area	(Ref.) From a disadvantaged background	-	-	-
	Not from a disadvantaged background	1.36 (0.67 - 2.96)ns	-	0.74(0.44 - 1.27)ns
Education Level	(Ref.) Post Junior Cert Qualification	-	-	-
	Up to Junior Cert	0.64 (0.35 - 1.18)ns	0.58 (0.32 - 1.03)ns	-
	(Ref.) Received special education	-		-

Special education	Did not receive special education	-	0.38 (0.21 - 0.70)**	-
Approach to 1-2-1 supports	(Ref.) Key working	-	-	-
	Case management	-	2.38 (1.03 - 5.76)*	
Frequency of 1-2-1 supports	(Ref.) Structured	-	-	-
	Unstructured		0.73 (0.88 - 5.92)ns	
Action plans / care plans / personal plans	(Ref.) Informal	-	-	-
	Formal with action steps		2.25 (0.09 - 55.93)ns	
	Formal with goals		2.17 (0.07 - 63.64)ns	-
Average engagement with parents/guardians/POA	(Ref.) No engagement	-	-	-
	Structured	-	0.62 (0.27 - 1.38)ns	-
Transport provided	(Ref.) No transport provided	-	-	-
	Transport provided	0.24 (0.11 - 0.54)***	0.47 (0.24 - 0.90)*	
Work readiness and life skills course (accredited)	(Ref.) None provided	-	-	-
	Mainstream based		6.37 (2.93 - 14.41)***	2.23(1.23 - 4.06)**
	Programme Based		2.54 (0.98 - 6.60)ns	2.01(1.09 - 3.74)*
	Mixed (Mainstream and Programme based)	-	2.26 (0.67 - 8.37)ns	3.91(1.79 - 8.59)***
Paid work experience	(Ref.) None provided	-	-	-
	Contingent on being in the programme	2.19 (1.12 - 4.36)*	-	
	Not contingent on being in the programme	2.45 (0.93 - 6.89)ns	-	
Unpaid work experience (where others are paid)	(Ref.) None provided		-	-
	Short term	0.32 (0.08 - 1.32)ns	0.85 (0.18 - 4.09)ns	-
	Long term	0.25 (0.08 - 0.82)*	0.62 (0.14 - 2.84)ns	
Voluntary role in the community (where other people also volunteer)	(Ref.) None provided		-	-
	Contingent on being in the programme	0.47 (0.19 - 1.14)ns		-
	Not contingent on being in the programme	0.88 (0.24 - 30.9)ns		
Percent of staff time is spent on activities and tasks related to client/family engagement	(Ref.) No	-	-	-
	Yes	-	0.98 (0.94 - 1.03)ns	0.97 (0.95 - 0.99)***
Provide training and supports to employers	(Ref.) One time	-	-	-
	On-going	0.67 (0.32 - 1.42)ns		

Time spent in Programme	(Ref.)	-		
	Time spent in programme	1.09 (1.03 - 1.16)**	1.12 (1.05 - 1.20)***	1.0(0.95 - 1.05)ns

11.10 Logistic regression model presenting the predictors in paid employment (n=506)

Independent/Predictor Variable	Unadjusted Model Odds Ratios and 95% Confidence Intervals	Adjusted Model Odds Ratios and 95% Confidence Intervals
Gender		
Female (Reference category) (n=182)	-	-
Male (n=324)	1.69 (1.09 - 2.66)*	- removed for low power
Age commencing course (contin var)		
(Reference category)		
Age commencing course	1.12 (1.06 - 1.19)***	1.14 (1.06 - 1.24)**
Age		
<18 (Reference category) (n=60)	-	-
18 – 24 (n=302)	5.65 (2.0 - 23.7)**	-
25 and over (n=144)	9.0 (3.08 - 38.18)***	-
Disability		
One disability (Reference category) (n=277)	-	-
More than one disability (n=223)	0.75 (0.49 - 1.13)ns	-
Disadvantaged background		
From a disadvantaged background (Reference category) (n=96)	-	-
Not from a disadvantaged background (n=365)	2.39 (1.31 - 4.66)**	1.36 (0.67 - 2.96)ns
Education Level		
Post Junior Cert Qualification (Reference category) (n=244)	-	
Up to Junior Cert (n=247)	0.50 (0.32 - 0.75)**	0.64 (0.35 - 1.18)ns
Special education		
Had special education classes/school/home-schooling (reference cat) (n=142)	-	-
Did not have special education classes/school/home-schooling (n=323)	1.03 (0.66 - 1.64)ns	-
Assessment of client needs (SDMatrix)		
Informal (Reference category) (n=49)	-	-
Formal Bespoke (n=345)	1.98 (0.93 - 4.72)ns	-
Formal Validated (n=112)	0.53 (0.2 - 1.47)ns	-
Approach to 1-2-1 supports / key working case management / mentoring / coaching		
Level 2 Keyworking (Reference category) (n=292)	-	-

Level 3 Case Management (n=214)	1.3 (0.86 - 1.96)ns	-
General frequency of 1-2-1 supports		
Structured (Reference category) (n=434)	-	-
Unstructured (n=72)	2.61 (1.54 - 4.38)***	-
Action plans / care plans / personal plans		
Informal (Reference category) (n=54)	-	-
Formal with action steps (n=273)	0.2 (0.11 - 0.37)***	-
Formal with goals (n=179)	0.21 (0.11 - 0.4)***	-
Average engagement with parents/guardians/POA		
No engagement(Reference category) (n=180)		-
Structured (n=326)	0.73 (0.48 - 1.11)ns	-
Transport provided	-	
No transport provided (Reference category) (n=171)		
Transport provided (n=335)	0.41 (0.27 - 0.62)***	0.24 (0.11 - 0.54)***
Mental health supports provided	-	
No MH Supports (Reference category) (n=254)		-
Individual MH Supports (n=88)	1.21 (0.71 - 2.03)ns	-
Group MH Supports (n=28)	0.28 (0.06 - 0.82)*	-
Group and Individual MH Supports (n=136)	0.38 (0.21 - 0.65)***	-
Support to engage in social activities		
Facilitated group (Reference category) (n=21)	-	-
Mix of both (n=230)	0.63 (0.19 - 2.87)ns	-
Signposting and referrals (n=255)	3.17 (1.01 -13.94)ns	-
Work readiness and life skills course (nonaccredited)		
Mainstream based (Reference category) (n=119)	-	-
Mixed (n=75)	1.11 (0.59 - 2.08)ns	-
Programme Based (n=312)	0.57 (0.35 - 0.93)*	-
Work readiness and life skills course (accredited)		
None provided (Reference category) (n=196)	-	
Mainstream based (n=117)	0.36 (0.19 - 0.64)***	-
Programme Based (n=131)	0.36 (0.2 - 0.63)***	-
Mixed (Mainstream and Programme based) (n=62)	1.31 (0.71 - 2.38)ns	-
Vocational skills / trade training (nonaccredited)		
None provided (Reference category) (n=94)	-	
Mainstream based (n=88)	0.14 (0.05 - 0.32)***	-

Programme Based (n=273)	0.43 (0.25 - 0.72)***	-
Mixed (Mainstream and Programme based) (n=51)	1.22 (0.6 - 2.47)ns	-
Vocational skills / trade training (accredited)		
None provided (Reference category) (n=152)	-	
Mainstream based (n=170)	0.71 (0.43 - 1.18)ns	-
Programme Based (n=109)	0.37 (0.19 - 0.69)**	-
Mixed (Mainstream and Programme based) (n=75)	1.25 (0.69 - 2.26)ns	
Paid work experience		
None provided (Reference category) (n=234)	-	
Contingent (n=194)	4.44 (2.75 - 7.35)***	2.19 (1.12 - 4.36)*
Not Contingent (n=78)	2.82 (1.49 - 5.32)**	2.45 (0.93 - 6.89)ns
Unpaid work experience in an environment where other people are paid		
None provided (n=81)		
Short term (n=224)	0.37 (0.21 - 0.64)***	0.32 (0.08 - 1.32)ns
Long term (n=179)	0.48 (0.28 - 0.86)*	0.25 (0.08 - 0.82)*
Voluntary role in the community where other people also volunteer		
None provided (Reference category) (n=134)		
Contingent (n=256)	0.25 (0.16 - 0.4)***	0.47 (0.19 - 1.14)ns
Not contingent (n=107)	0.24 (0.13 - 0.43)***	0.88 (0.24 - 30.9)ns
Percent of staff time is spent on activities and tasks related to client/family engagement (Cont var)		
(Reference category)	-	
Percent of staff time is spent	0.99 (0.97 - 1.0)ns	-
Percent of staff time is spent on activities and tasks related to employer engagement (Cont var)		
(Reference category)	-	
Percent of staff time is spent	1.01 (1.0 - 1.03)ns	-
Provide training and supports to employers		
One time (Reference category) (n=127)		
On-going (n=366)	2.1 (1.26 - 3.65)**	0.67 (0.32 - 1.42)ns
Recruitment of business partners		
Client interest (Reference category) (n=175)		
Employer interest (n=252)	4.11 (2.23 - 7.68)***	-
Both (Employer and Client Interest) (n=66)	1.45 (0.91 - 2.38)ns	-
Time spent in Programme (Cont var)		
(Reference category)	-	
Time spent in programme	1.07 (1.02 - 1.11)**	1.09 (1.03 - 1.16)**

Disability Types		
Psychiatric_intellectual_learning or sensory only (n=240) (Reference category)		
Aquired disability chronic illness or physical disability only (n=37)	0.47 (0.17 - 1.10)ns	-
More than one disability (n=222)	0.69 (0.45 - 1.05).	-

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

11.11 Logistic regression model presenting the predictors obtained a QQL qualification or professional certificate (n=506)

	Unadjusted Model Odds Ratios and 95% Confidence Intervals	Adjusted Model Odds Ratios and 95% Confidence Intervals
Predictors		
Gender		
Female (Reference category) (n=182)	-	-
Male (n=324)	0.81 (0.56 - 1.18)ns	-
Age commencing course (contin var)		
(Reference category)		
Age commencing course	0.94 (0.89 - 0.98)**	0.97 (0.90 - 1.04)ns
Age		
<18 (Reference category) (n=60)	-	
18 – 24 (n=302)	1.81 (1.0 - 3.38)ns	81% more likely (0.1)
25 and over (n=144)	0.9 (0.46 - 1.76)ns	-
Disability		
One disability (Reference category) (n=277)	-	-
More than one disability (n=223)	1.5 (1.04 - 2.16)*	50% more likely
Disadvantaged background		
From a disadvantaged background (Reference category) (n=96)	-	-
Not from a disadvantaged background (n=365)	1.02 (0.64 - 1.63)ns	-
Education Level		
Post Junior Cert Qualification (Reference category) (n=244)	-	-
Up to Junior Cert (n=247)	1.85 (1.29 - 2.68)***	0.58 (0.32 - 1.03)ns
Special education		
Had special education classes/school/home-schooling (reference cat) (n=142)	-	-
Did not have special education classes/school/home-schooling (n=323)	0.28 (0.18 - 0.42)***	0.38 (0.21 - 0.70)**
Assessment of client needs (SDMatrix)		
Informal (Reference category) (n=49)	-	
Formal Bespoke (n=345)	1.33 (0.69 - 2.64)ns	-

Formal Validated (n=112)	0.84 (0.4 - 1.78)ns	-
Approach to 1-2-1 supports / key working case management / mentoring / coaching		
Level 2 Keyworking (Reference category) (n=292)	-	
Level 3 Case Management (n=214)	3.32 (2.28 - 4.86)***	2.38 (1.03 - 5.76)*
General frequency of 1-2-1 supports		
Structured (Reference category) (n=434)	-	
Unstructured (n=72)	0.29 (0.15 - 0.51)***	0.73 (0.88 - 5.92)ns
Action plans / care plans / personal plans		
Informal (Reference category) (n=54)	-	
Formal with action steps (n=273)	10.03 (4.28 - 29.6)***	2.25 (0.09 - 55.93)ns
Formal with goals (n=179)	7.88 (3.26 - 23.57)***	2.17 (0.07 - 63.64)ns
Average engagement with parents/guardians/POA		
No engagement(Reference category) (n=180)	-	
Structured (n=326)	2.38 (1.62 - 3.55)***	0.62 (0.27 - 1.38)ns
Transport provided	-	
No transport provided (Reference category) (n=171)		
Transport provided (n=335)	0.51 (0.35 - 0.75)***	0.47 (0.24 - 0.90)*
Mental health supports provided	-	
No MH Supports (Reference category) (n=254)		
Individual MH Supports (n=88)	1.9 (1.15 - 3.15)*	90% more likely
Group MH Supports (n=28)	1.64 (0.74 - 3.64)ns	
Group and Individual MH Supports (n=136)	1.48 (0.96 - 2.28)ns	48% more likely (0.1)
Support to engage in social activities		
Facilitated group (Reference category) (n=21)	-	
Mix of both (n=230)	1.84 (0.69 - 5.45)ns	-
Signposting and referrals (n=255)	1.39 (0.52 - 4.1)ns	-
Work readiness and life skills course (nonaccredited)		
Mainstream based (Reference category) (n=119)	-	
Mixed (n=75)	7.94 (3.99 - 16.46)***	694% more likely
Programme Based (n=312)	6.46 (3.72 - 11.87)***	546% more likely
Work readiness and life skills course (accredited)		
None provided (Reference category) (n=196)	-	
Mainstream based (n=117)	3.35 (2.02 - 5.61)***	6.37 (2.93 - 14.41)***
Programme Based (n=131)	5.24 (2.83 - 9.91)***	2.54 (0.98 - 6.60)ns

Mixed (Mainstream and Programme based) (n=62)	5.29 (3.26 - 8.72)***	2.26 (0.67 - 8.37)ns
Vocational skills / trade training (nonaccredited)		
None provided (Reference category) (n=94)	-	
Mainstream based (n=88)	18.97 (7.95 - 53.17)***	1797% more likely
Programme Based (n=273)	13.11 (5.98 - 34.62)***	1211% more likely
Mixed (Mainstream and Programme based) (n=51)	23.06 (8.88 - 69.18)***	2206% more likely
Vocational skills / trade training (accredited)		
None provided (Reference category) (n=152)	-	
Mainstream based (n=170)	9.22 (5.27 - 16.8)***	822% more likely
Programme Based (n=109)	6.94 (3.81 - 13.09)***	594% more likely
Mixed (Mainstream and Programme based) (n=75)	12.57 (6.46 - 25.46)***	1157% more likely
Paid work experience		
None provided (Reference category) (n=234)	-	
Contingent (n=194)	0.76 (0.51 - 1.13)ns	344% more likely
Not Contingent (n=78)	1.34 (0.79 - 2.3)ns	182% more likely
Unpaid work experience in an environment where other people are paid		
None provided (n=81)		
Short term (n=224)	4.91 (2.55 - 10.16)***	0.85 (0.18 - 4.09)ns
Long term (n=179)	5.48 (2.89 - 11.2)***	0.62 (0.14 - 2.84)ns
Voluntary role in the community where other people also volunteer		
None provided (Reference category) (n=134)		
Contingent (n=256)	1.84 (1.19 - 2.89)**	84% more likely
Not contingent (n=107)	1.86 (1.09 - 3.22)*	86% more likely
Percent of staff time is spent on activities and tasks related to client/family engagement (Cont var)		
(Reference category)	-	
Percent of staff time is spent	0.98 (0.97 - 1.0)*	0.98 (0.94 - 1.03)ns
Percent of staff time is spent on activities and tasks related to employer engagement (Cont var)		
(Reference category)	-	
Percent of staff time is spent	1.02 (1.0 - 1.03)*	2% more likely
Provide training and supports to employers		
One time (Reference category) (n=127)		
On-going (n=366)	2.29 (1.48 - 3.6)***	129% more likely
Recruitment of business partners		
Client interest (Reference category) (n=175)		

Employer interest (n=252)	1.15 (0.78 - 1.27)ns	
Both (Employer and Client Interest) (n=66)	0.09 (0.03 -0.21)***	91% less likely
Time spent in Programme (Cont var)		
(Reference category)	-	
Time spent in programme	1.17 (1.12 - 1.22)***	1.12 (1.05 - 1.20)***
Disability Types		
Psychiatric_intellectual_learning or sensory only (n=240) (Reference category)		
Aquired disability chronic illness or physical disability only (n=37)	0.17 (0.05 - 0.44)**	83% less likely
More than one disability (n=222)	1.26 (0.86 - 1.83)ns	

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

11.12 Logistic regression model presenting the predictors for in accredited education or training (n=506)

Independent/Predictor Variable	Unadjusted Model Odds Ratios and 95% Confidence Intervals	Adjusted Model Odds Ratios and 95% Confidence Intervals
Gender		
Female (Reference category) (n=182)	-	-
Male (n=324)	0.94 (0.63 - 1.4)ns	-
Age commencing course (contin var)		
(Reference category)		
Age commencing course	0.85 (0.8 - 0.90)***	0.84 (0.79 - 0.90)***
Age		
<18 (Reference category) (n=60)	-	-
18 – 24 (n=302)	0.57 (0.31 - 1.05).	-
25 and over (n=144)	0.29 (0.14 - 0.57)***	-
Disability		
One disability (Reference category) (n=277)	-	-
More than one disability (n=223)	0.85 (0.58 - 1.25)ns	-
Disadvantaged background		
From a disadvantaged background (Reference category) (n=96)	-	-
Not from a disadvantaged background (n=365)	0.5 (0.31 - 0.8)**	0.74(0.44 - 1.27)ns
Education Level		
Post Junior Cert Qualification (Reference category) (n=244)	-	-
Up to Junior Cert (n=247)	1.2 (0.81 - 1.76)ns	-
Special education		
Had special education classes/school/homeschooling (reference cat) (n=142)	-	-

Did not have special education classes/school/homeschooling (n=323)	0.75 (0.49 - 1.15)ns	-
Assessment of client needs (SDMatrix)		
Informal (Reference category) (n=49)	-	-
Formal Bespoke (n=345)	0.57 (0.29 - 1.12)ns	-
Formal Validated (n=112)	0.38 (0.18 - 0.83)*	-
Approach to 1-2-1 supports / key working case management / mentoring / coaching		
Level 2 Keyworking (Reference category) (n=292)	-	
Level 3 Case Management (n=214)	1.65 (1.12 - 2.42)*	- Removed for low power
General frequency of 1-2-1 supports		
Structured (Reference category) (n=434)	-	
Unstructured (n=72)	0.51 (0.27 - 0.91)*	- Removed for low power
Action plans / care plans / personal plans		
Informal (Reference category) (n=54)	-	
Formal with action steps (n=273)	3.29 (1.61 - 7.45)**	Removed for low numbers
Formal with goals (n=179)	1.68 (0.78 - 3.93)ns	-
Average engagement with parents/guardians/POA		
No engagement(Reference category) (n=180)		
Structured (n=326)	0.9 (0.6 - 1.34)ns	-
Transport provided	-	
No transport provided (Reference category) (n=171)		
Transport provided (n=335)	0.66 (0.44 - 0.98)*	Removed for low power
Mental health supports provided	-	
No MH Supports (Reference category) (n=254)		
Individual MH Supports (n=88)	0.72 (0.42 - 1.21)*	Removed for low numbers and power
Group MH Supports (n=28)	0.28 (0.08 - 0.76).	
Group and Individual MH Supports (n=136)	0.67 (0.42 - 1.05)	-
Support to engage in social activities		
Facilitated group (Reference category) (n=21)	-	
Mix of both (n=230)	0.47 (0.18 - 1.34)ns	-
Signposting and referrals (n=255)	1.03 (0.39 - 2.87)ns	-
Work readiness and life skills course (nonaccredited)		
Mainstream based (Reference category) (n=119)	-	
Mixed (n=75)	2.81 (1.48 - 5.4)**	-
Programme Based (n=312)	1.56 (0.95 - 2.64).	-
Work readiness and life skills course (accredited)		
None provided (Reference category) (n=196)	-	
Mainstream based (n=117)	2.34 (1.37 - 4.02)**	2.23(1.23 - 4.06)**
Programme Based (n=131)	2.55 (1.54 - 4.27)***	2.01(1.09 - 3.74)*

Mixed (Mainstream and Programme based) (n=62)	5.39 (2.89 - 10.22)***	3.91 (1.79 - 8.59)***
Vocational skills / trade training (nonaccredited)		
None provided (Reference category) (n=94)	-	
Mainstream based (n=88)	2.09 (1.08 - 4.11)*	-removed for low numbers
Programme Based (n=273)	1.24 (0.72 - 2.21)ns	-
Mixed (Mainstream and Programme based) (n=51)	4.94 (2.35 - 10.74)***	-
Vocational skills / trade training (accredited)		
None provided (Reference category) (n=152)	-	
Mainstream based (n=170)	3.28 (1.99 - 5.52)***	-
Programme Based (n=109)	0.64 (0.32 - 1.24)ns	-
Mixed (Mainstream and Programme based) (n=75)	4.09 (2.23 - 7.6)***	
Paid work experience		
None provided (Reference category) (n=234)	-	-
Contingent (n=194)	1.83 (1.2 - 2.81)***	-
Not Contingent (n=78)	2.18 (1.25 - 3.79)***	-
Unpaid work experience in an environment where other people are paid		
None provided (n=81)		-
Short term (n=224)	1.88 (0.95 - 4.01).	-
Long term (n=179)	3.88 (1.97 - 8.24)***	-
Voluntary role in the community where other people also volunteer		
None provided (Reference category) (n=134)		-
Contingent (n=256)	0.85 (0.53 - 1.37)ns	-
Not contingent (n=107)	2.22 (1.29 - 3.85)**	-
Percent of staff time is spent on activities and tasks related to client/family engagement (Cont var)		
(Reference category)	-	
Percent of staff time is spent	0.97 (0.95 - 0.98)***	0.97 (0.95 - 0.99)***
Percent of staff time is spent on activities and tasks related to employer engagement (Cont var)		
(Reference category)	-	
Percent of staff time is spent	1.03 (1.02 - 1.05)***	-
Provide training and supports to employers		
One time (Reference category) (n=127)		
On-going (n=366)	1.83 (1.15 - 2.98)*	-
Recruitment of business partners		
Client interest (Reference category) (n=175)		-
Employer interest (n=252)	0.3 (0.14 - 0.59)***	-
Both (Employer and Client Interest) (n=66)	0.66 (0.44 - 1.0)*	-
Time spent in Programme (Cont var)		

(Reference category)	-	
Time spent in programme	1.04 (1.0 - 1.08).	1.0(0.95 - 1.05)ns
Disability Types		
Psychiatric_intellectual_learning or sensory only (n=240) (Reference category)		
Aquired disability chronic illness or physical disability only (n=37)	1.48 (0.71 - 3.01)ns	-
More than one disability (n=222)	0.90 (0.60 - 1.35)ns	-

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

11.13 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. Independence variables with a VIF score of over five were removed iteratively until the variables that remained were under the 5.0 threshold.

All of the independent variables for the 'In Paid Employment' model were under 1.66, the independent variables in the 'Gained a Qualification' model ranged from 1.4 to 3.34 and the independent variables in the 'Currently in a Course' we all under 1.6. All independent variables used in the models were below the critical VIF level of five indicating that multicollinearity was not an issue for the independent variables included in the adjusted modelling.

Independent/Predictor Variable	In Paid Employment	Got a Qualification	Currently in Education
Gender	1.04472	-	
Age Commencing Course	1.13511	1.40468	1.12525
Disadvantaged Background	1.04281	-	1.07825
Education Level	1.23852	1.50519	-
Attended Special or Home School	-	1.42864	-
Approach to 1-2-1 Supports	-	2.70597	1.50362
Gen. Frequency of 1-2-1 Supports	-	2.48382	1.17744
Action Plans	-	3.34534	-
Engagement with Parents/Guardians	-	2.88934	-
Transport Provided	1.10926	1.7773	1.26237
Work Readiness and Life Skills (Accredited)	-	2.57587	1.5899
Vocational/Trade Skills (not Accredited)	-	1.89771	-
Vocational/Trade Skills (Accredited)	-	2.20966	-
Paid Work Experience	1.46433	-	-
Unpaid Work Experience	1.16477	2.03945	-
Voluntary Role in the Community	1.42033	-	-
Staff Time on Tasks related to Client/Family Engagement	-	1.91392	1.45491
Provide Training and Supports to Employers	1.2549	-	-
Time Spent in the Programme	1.17392	1.73802	1.28639

11.14 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.

Independent variables removed from the 'In paid employment' dependent variables were 'gender' and 'whether the participant had attended special schooling or education' as they fell below the 0.75 threshold. Independent variables removed from the 'Currently in an education course' were organisations 'approach to 1-2-1 supports', organisations 'general frequency of 1-2-1 supports' and whether organisations 'provided transport' as they fell below the 0.75 threshold.

Independent/Predictor Variable	In Paid Employment	Got a Qualification	Currently in Education
Gender	0.6	-	
Age Commencing Course	1.0	1.0	1.0
Disadvantaged Background	0.77	-	0.75
Education Level	0.9	0.81	-
Attended Special or Home School	0.5	0.99	-
Approach to 1-2-1 Supports	-	0.99	0.56
Gen. Frequency of 1-2-1 Supports	-	0.99	0.43
Action Plans (Formal with Action Steps)	-	0.99	-
Action Plans (Formal with Goals)	-	0.99	
Engagement with Parents/Guardians	-	0.84	-
Transport Provided	0.97	0.84	0.72
Work Readiness and Life Skills (Accredited Programme Based)	-	0.99	0.96
Work Readiness and Life Skills (Accredited Mainstream Based)	-	0.99	0.78
Work Readiness and Life Skills (Accredited Programme and Mainstream Based)	-	0.99	0.99
Paid Work Experience (Contingent on being on course)	0.99	-	-
Paid Work Experience (Not contingent on being on course)	0.87	-	-
Unpaid Work Experience (Short-term)	0.85	0.99	-
Unpaid Work Experience (Long-term)	0.60	0.99	
Voluntary Role in the Community (Contingent on being on course)	0.80	-	-
Voluntary Role in the Community (Not contingent on being on course)	0.99	-	-
Staff Time on Tasks related to Client/Family Engagement	-	1.0	1.0
Provide Training and Supports to Employers	0.83	-	-
Time Spent in the Programme	1.0	1.0	-

11.15 Adjusted model for long-term outcomes with predictors removed

	Independent/Predictor Variables ⁸⁵	In Paid Employment	Achieved a QQI or Professional Certificate	Currently in an Accredited Course
		Adjusted Model Odds Ratios and 95% Confidence Intervals		
Gender	(Ref.) Female	-	-	-
	Male	Removed low power	-	-
Age commencing course	(Ref.) No	-	-	-
	Yes	1.14 (1.06 - 1.24)**	0.97 (0.90 - 1.04)ns	0.84 (0.79 - 0.90)***
Disability	(Ref.) One disability	-	-	-
	More than one disability	-	Removed	-
Disadvantaged area	(Ref.) From a disadvantaged background	-	-	-
	Not from a disadvantaged background	1.36 (0.67 - 2.96)ns	-	0.74(0.44 - 1.27)ns
Education Level	(Ref.) Post Junior Cert Qualification	-	-	-
	Up to Junior Cert	0.64 (0.35 - 1.18)ns	0.58 (0.32 - 1.03)ns	-
Special education	(Ref.) Received special education	-	-	-
	Did not receive special education	-	0.38 (0.21 - 0.70)**	-
Assessment of client needs	(Ref.) Informal	-	-	-
	Formal Bespoke	-	-	-
	Formal Validated	-	-	Removed
Approach to 1-2-1 supports	(Ref.) Key working	-	-	-
	Case management	-	2.38 (1.03 - 5.76)*	Removed
Frequency of 1-2-1 supports	(Ref.) Structured	-	-	-
	Unstructured	Removed	0.73 (0.88 - 5.92)ns	Removed
Action plans / care plans / personal plans	(Ref.) Informal	-	-	-
	Formal with action steps	Removed	2.25 (0.09 - 55.93)ns	Removed
	Formal with goals	Removed	2.17 (0.07 - 63.64)ns	-
	(Ref.) No engagement	-	-	-

⁸⁵ Only predictors found to be significant for at least one of the outcomes are included. To see a detailed breakdown of every predictor variable tested for each outcome (dependent variable) please see the other items in the appendix.

Average engagement with parents/guardians/POA	Structured	-	0.62 (0.27 - 1.38)ns	-
Transport provided	(Ref.) No transport provided	-	-	-
	Transport provided	0.24 (0.11 - 0.54)***	0.47 (0.24 - 0.90)*	Removed for low power
Mental Health Supports	(Ref.) No mental health supports	-	-	-
	Individual mental health supports	-	Removed	Removed
	Group mental health supports	Removed	-	-
	Group and Individual mental health supports	Removed	-	-
Work readiness and life skills course (nonaccredited)	(Ref.) Mainstream based	-	-	-
	Programme Based	Removed	Removed	Removed
	Mixed	-	Removed	Removed
Work readiness and life skills course (accredited)	(Ref.) None provided	-	-	-
	Mainstream based	Removed	6.37 (2.93 - 14.41)***	2.23(1.23 - 4.06)**
	Programme Based	Removed	2.54 (0.98 - 6.60)ns	2.01(1.09 - 3.74)*
	Mixed (Mainstream and Programme based)	-	2.26 (0.67 - 8.37)ns	3.91(1.79 - 8.59)***
Vocational skills / trade training (nonaccredited)	(Ref.) None provided	-	-	-
	Mainstream based	Removed	Removed	Removed
	Programme Based	Removed	Removed	-
	Mixed (Mainstream and Programme based)	-	Removed	Removed
Vocational skills / trade training (accredited)	(Ref.) None provided	-	-	-
	Mainstream based	-	Removed	Removed
	Programme Based	Removed	Removed	-
	Mixed (Mainstream and Programme based)	-	Removed	Removed
Paid work experience	(Ref.) None provided	-	-	-
	Contingent on being in the programme	2.19 (1.12 - 4.36)*	-	Removed
	Not contingent on being in the programme	2.45 (0.93 - 6.89)ns	-	Removed
Unpaid work experience (where others are paid)	(Ref.) None provided	-	-	-
	Short term	0.32 (0.08 - 1.32)ns	0.85 (0.18 - 4.09)ns	-
	Long term	0.25 (0.08 - 0.82)*	0.62 (0.14 - 2.84)ns	Removed
Voluntary role in the community (where other	(Ref.) None provided	-	-	-
	Contingent on being in the programme	0.47 (0.19 - 1.14)ns	Removed	-

people also volunteer)	Not contingent on being in the programme	0.88 (0.24 - 30.9)ns	Removed	Removed
Percent of staff time is spent on activities and tasks related to client/family engagement	(Ref.) No	-	-	-
	Yes	-	0.98 (0.94 - 1.03)ns	0.97 (0.95 - 0.99)***
Percent of staff time is spent on activities and tasks related to employer engagement	(Ref.) No	-	-	-
	Yes	-	Removed for pertinence	Removed
Provide training and supports to employers	(Ref.) One time	-	-	-
	On-going	0.67 (0.32 - 1.42)ns	Removed for pertinence	
Recruitment of business partners	(Ref.) Client interest	-		
	Employer interest	Removed		Removed
	Both client and employer interest	-	Removed for pertinence	Removed
Time spent in Programme	(Ref.) No	-		
	Yes	1.09 (1.03 - 1.16)**	1.12 (1.05 - 1.20)***	1.0(0.95 - 1.05)ns

11.16 Interview invitation for parent / guardian

Overview

Quality Matters, an independent research and evaluation charity, is carrying out a three-year evaluation of the Ability programme in order to identify best practices in supporting people with disabilities into education or employment. As part of this process, the research team is undertaking phone interviews with parents and guardians.

You are invited to participate in a 30-45 minute phone interview with a researcher from Quality Matters to talk about the challenges experienced by your family member when accessing education or employment as well as your experience participating in the Ability Programme.

What does participating involve?

Participation involves having a 30-45 minute phone call with a researcher from Quality Matters to discuss the questions:

1. What challenges has your family member experienced in the past when it comes to getting a job or going to school?
2. How has the Ability Programme helped?
3. In your opinion, how has your family member benefited or changed as a result of participating in the Ability Programme?
4. What do you hope that your family members gets out participating in the Ability Programme?
5. Do you have any concerns about your family member participating in the Ability Programme?
6. What has been good about participating in the Ability Programme?
7. Have you learned anything through the process? Has participating in Ability changed your perspective at all?
8. What could be better?
9. Is there anything else that you would like to share?

What else do you need to know?

1. This research is confidential. This means that your name won't be anywhere in a report. Nobody will know what you said except for the interviewer.
2. This research is voluntary. This means:
 - a. You don't have to take part: it has no effect on the support you or your family member receive from the Ability service.
 - b. If you do take part, you are doing us a favour. Thank you very much for helping to make the service better.
 - c. You can change your mind at any time up to and including after you take part. Again, this has no effect on the support provided by the Ability service.
1. If you agree to participate, a researcher will contact you to arrange a date and time for the interview that is convenient for you.
2. If you have any questions or would like to learn more about the research being carried out by Quality Matters please contact Anne Rackow at 01 872 0030 or anne@qualitymatters.ie

11.17 Interview invitation for Ability service users

Overview

You are invited to participate in a 30 minute interview with a researcher from Quality Matters, an independent research charity, to talk about your experience participating in the Ability Programme.

Why are we doing this?

To help programmes like Ability learn more about the challenges people with disabilities experience when joining an education course or getting a job and find out what types of services and supports are helpful.

What does participating involve?

Having a 30-minute conversation to talk about the following questions:

- What has been hard about getting a job or going to school in the past?
- How has the Ability Programme helped?
- What changes do you hope to see in your life after participating in this programme?
- Do you have any worries about participating in the Ability Programme?
- What has changed for you in the programme so far?
- What do you like best about the programme?
- What could be better about the programme?
- Is there anything else that you would like to say about your experience with the programme?

What else do you need to know?

- This research is confidential. This means that your name won't be anywhere in a report. Nobody will know what you said except for the interviewer and anyone else that you invited to be with you during the interview.
- This research is voluntary. This means:
- You don't have to take part: it has no effect on the support you receive from your Ability service.
- If you do take part, you are doing us a favour. Thank you very much for helping to make the service better.
- You can change your mind at any time up to and including after you take part. Again, this has no effect on the support you receive.
- If you have any questions please contact Anne Rackow at 01 872 0030 or anne@qualitymatters.ie

11.18 Interview invitation for employers participating in the Ability Programme

Overview

As part of a three-year evaluation of the Ability Programme, Quality Matters, an independent research and evaluation charity, is interviewing participating employers to learn more about the barriers they experience when recruiting and hiring employees with disabilities and identify what types of services and supports help to overcome these challenges.

You are invited to participate in a 30-45 minute phone interview with a researcher from Quality Matters to talk about your experience participating in the Ability Programme.

What does participating involve?

Participation involves having a 30-45 minute phone call with a researcher from Quality Matters to discuss the following questions:

1. What motivated your organization to participate?
2. Do you have any concerns about participating in the Ability Programme?
3. What are the main barriers for employers recruiting and hiring employees with disabilities?
4. How has the Ability Programme helped with these?
5. Have you learned anything through the process? Has participating in Ability changed your perspective at all?
6. What has been good about participating in the Ability Programme?
7. What could improve?
8. What advice would you give to the Ability Programme to help them to be more successful in recruiting employers in the future?
9. Is there anything else that you would like to share?

What else do you need to know?

1. This research is confidential. This means that your name won't be anywhere in a report. Nobody will know what you said except for the interviewer.
2. This research is voluntary. This means:
 - a. You don't have to take part: it has no effect on your relationship with the Ability service.
 - b. If you do take part, you are doing us a favour. Thank you very much for helping to make the service better.
 - c. You can change your mind at any time up to and including after you take part.
3. If you agree to participate, a researcher will contact you to arrange a date and time for the interview that is convenient for you.
4. If you have any questions or would like to learn more about the research being carried out by Quality Matters please contact Anne Rackow at 01 872 0030 or anne@qualitymatters.ie

11.19 Ability Staff Interview Questions Mid-Point Interviews 2020

Overview

As part of the evaluation of the Ability Programme Quality Matters is carrying out a 30 – 45 minute phone interview with one staff member from each service provider between January and February. Interview responses will be summarised and reported anonymously as themes and key findings.

The interview questions are included below for you to review and discuss with your team in preparation for the interview.

Interview Questions

1. How well did the Service Delivery Matrix work for you? Discuss the service delivery matrix:
 - a. Did you feel that you were able to fill it out successfully once for the whole organisation or did you experience challenges selecting one answer choice for all service users?
 - b. Would you prefer to fill it out once for each person in the sample?
2. If you are using a validated assessment tool, can you tell me more about it?
 - a. What is the name?
 - b. What's good about it?
3. Have you found any particular activity or practice to be very well received or **effective** when working with service users?
 - a. What does that look like / entail
 - b. What was good about it
4. Have you found any particular activity or practice to be **ineffective** when working with service users?
 - a. What does that look like / entail
 - b. What was bad about it
5. What are some of the most common challenges that your service experiences in supporting clients to progress to education or employment?
 - a. Why does that matter? / what effect does that have ?
 - b. What have you found to be good practice to address these challenges?
6. What is working well with employers?
7. What has been challenging when working with employers ?
8. Have you had to make any changes or adaptations to your programme or processes as a result of lessons learned along the way?
9. What potential system or policy changes do you think would help your service to be more effective?
10. Is there anything thing else that you would like to share?

Thank you very much for your time and participation!