KU LEUVEN

Reducing non-take-up at the local level: results and lessons learned from a randomised controlled trial in a developed welfare state

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Background

- Mobile Integrated Social Services Increasing employment Outcomes for people in Need (MISSION)
- Subsidized by the European Commission (EASI programme), from Dec 2016 – Nov 2019 in the Belgian city of Kortrijk (76.000 inhabitants)
- Starting point: Families seeking support have to find their way amongst a multitude of different, local services (over 130 organizations in Kortrijk)
- No information whatsoever about families not known by the local Public Centre for Social Welfare (PCSW, *OCMW*)

  Unknown = unserved
- Trend towards decentralization in poverty reduction strategies

Objectives

- **Aim** was to develop, implement and properly evaluate a pilot program aimed at increasing the take up of local employment and social services amongst disadvantaged families
- **Outreaching case managers** acting as single points of contact for disadvantaged families, responsible for the integrated delivery of a wide range of local social services and benefits to these families
- **Expectations**:
  - Substantial shares of families unknown to the system
  - Substantial non-take-up of local benefits and services
  - Method of OCM would improve living conditions of disadvantaged families

Identifying the target group

- Collaboration with Flemish Agency for Child and Family (*Kind en Gezin*)
- Comprehensive service of parenting support, including home visits to newborns and a network of socio-medical consultation centers
- Quasi-universal reach: nurses visit 97% of all newborns, families are entitled to at least 2 visits
- Identify children being born in disadvantaged circumstances, based on six dimensions of deprivation in terms of income, education, work, housing, child development, and health
- Negative score on > 2 dimensions (‘child deprivation indicator’)

Outreaching case management

- Turning around the usual way of working: go to the families instead of families coming to the service on offer
- Assessment of the specific problems and needs of the target group, using an online registration tool
- Single point of contact for families and for local organizations and social professionals (‘one stop shop’ principle)
- Mandate to counsel and support families in any way possible, to be available to them, to align their problems with the help on offer, and to uphold their social rights
- Relation of trust with the family, pro-active, coordination, and advocacy

Outreaching case management

Treatment guidelines: frequency of contact

Intensive phase 6 – 8 months	Minimum	2 home visits / month 1 contact / week
	Maximum	10 home visits / month 3 contacts / week
Phase-out phase 4 – 6 months	Minimum	0 home visits / month 1 contact / week
	Maximum	2 home visits / month 1 contact / week

Evaluation: randomized controlled trial

- Trial preregistered at http://www.socialscienceregistry.org (#AEARCTR-0002786)
- Primary outcomes: take-up of social assistance benefits, take-up additional financial support, participation in employment or training programs tested at 6 months and 1 year after baseline
- Secondary outcomes: living conditions, well-being, and experience with professional support tested at 6 months after baseline
- Control: 56 families treatment as usual (TAU); Intervention: 56 families outreaching case manager
- Randomization stratified by nationality of the mother
- Blinded

Data collection

- Both control and intervention: Register data from OCMW (*Public Centre for Social Welfare*) and the local job center VDAB (*Public Employment Agency*) in Kortrijk
- Both control and intervention: survey data from families, measured at baseline and at 6 months
  - Long and intensive interviews in the homes of families (usually 2 to 3 hours), in 33% of cases with interpreter
- Diary data from outreaching case managers at weekly and monthly basis
  - Detailed data on frequency and type of contacts, actions taken, time spent on cases, estimation of progress on several life domains, etc
- Data gathered from 11 focus groups and from several (bilateral) meetings with local service providers + 5 interviews with families after the intervention finished
- Triangulation of data ➔ the how, why and when of the effect

Profile of the target group

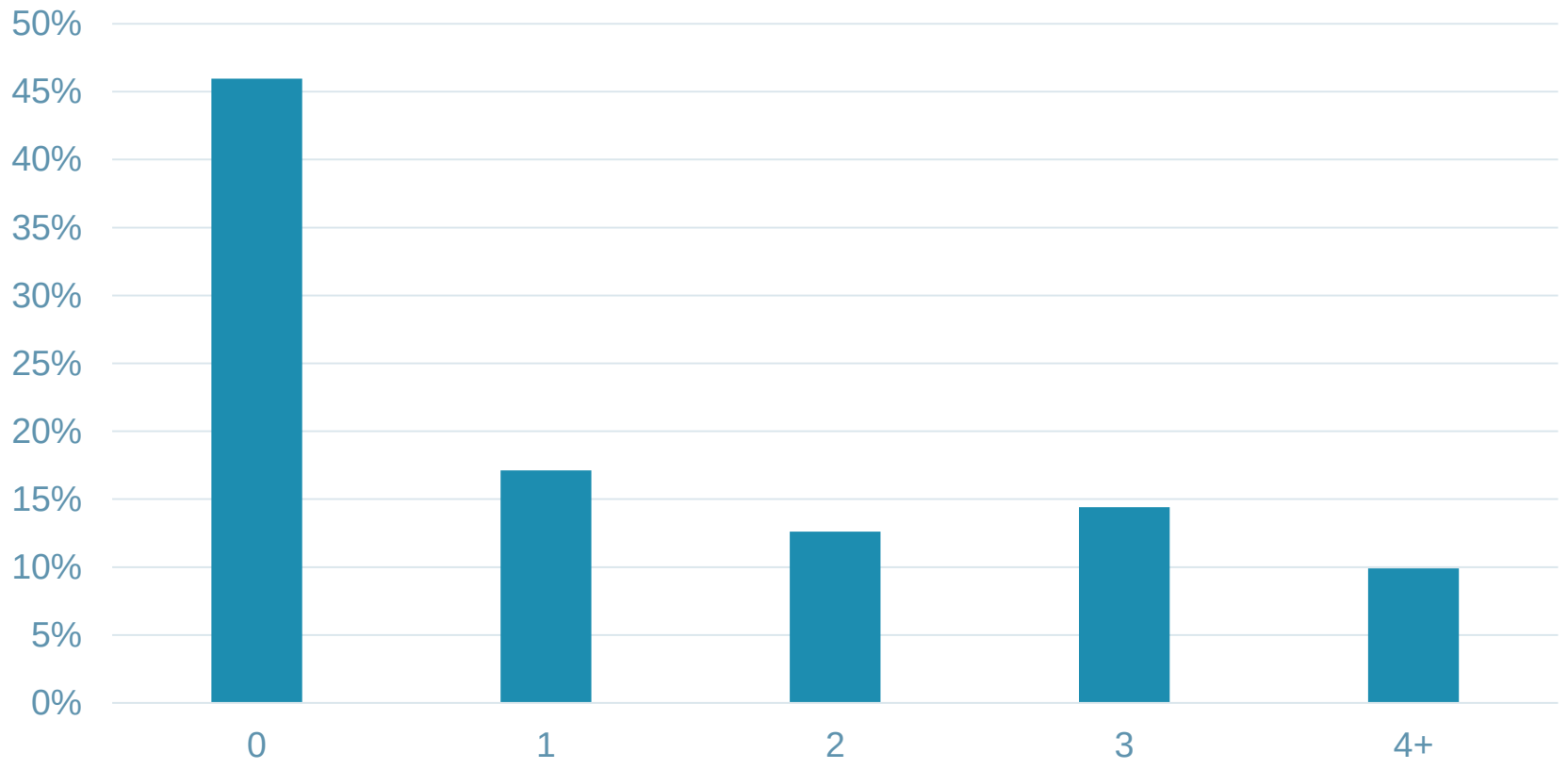
- 80% of respondents have a partner, 20% is single parent
- Average age: 31 years (partner: 34 years)
- Average number of children: 2.7
- Nationality: 35% Belgian, 5% EU, **61% Non-EU**
  - 35% Middle East and Northern Africa, 41% Sub-Saharan Africa, 18% South and South-East Asia
  - 7% asylum seekers, 10% without valid residence permit
  - Average number of years in the country: 4.5 years
- Among the Belgians, 31% became citizens (average number of years: 18 years)
- Primary languages spoken at home: Dutch (43%), French (18%), Arabic (18%), Somali (14%) and Berber (5%)

Profile of the target group

- Based on the income information gathered, 91% would be classified as poor according to the European at-risk-of-poverty indicator
- 63% is not able to make ends meet
- 87% cannot face unexpected expense of €1.000
- 58% is materially deprived
- 48% draw on ‘material help’ from food banks and charities
  - Families with the lowest family incomes
- 60% are private renters (66% applied for social housing)
- 7% dual earner families, 30% single earner, 63% jobless households

Profile of the target group

Families' assessment of number of professionals providing support in the household



Outreaching case management in practice

- First contact with families: unanounced home visit with a gift
- Average duration of treatment: 53 weeks (intensive 33 wks, phase-out 20 wks)
  - A lot of variation
  - Importance of language spoken at home
- Type of contact: very important role for electronic communication for being available to families
  - Half of the contacts occured through WhatsApp or SMS, a quarter by telephone, only 12% of total contacts occured through home-visits (though crucial!)

Data triangulation

"Just the fact that you are available. How many frustrations there are with clients 'oh, I can never reach that social worker'." (Focus group, outreaching case manager)

"For example, simple proof of an application for study allowance for a daughter. She needed a certificate of her mother's disability. I called the health insurance company, they mailed it to me, and I sent it directly through WhatsApp to the daughter. That is really crazy." (Focus group, outreaching case manager)

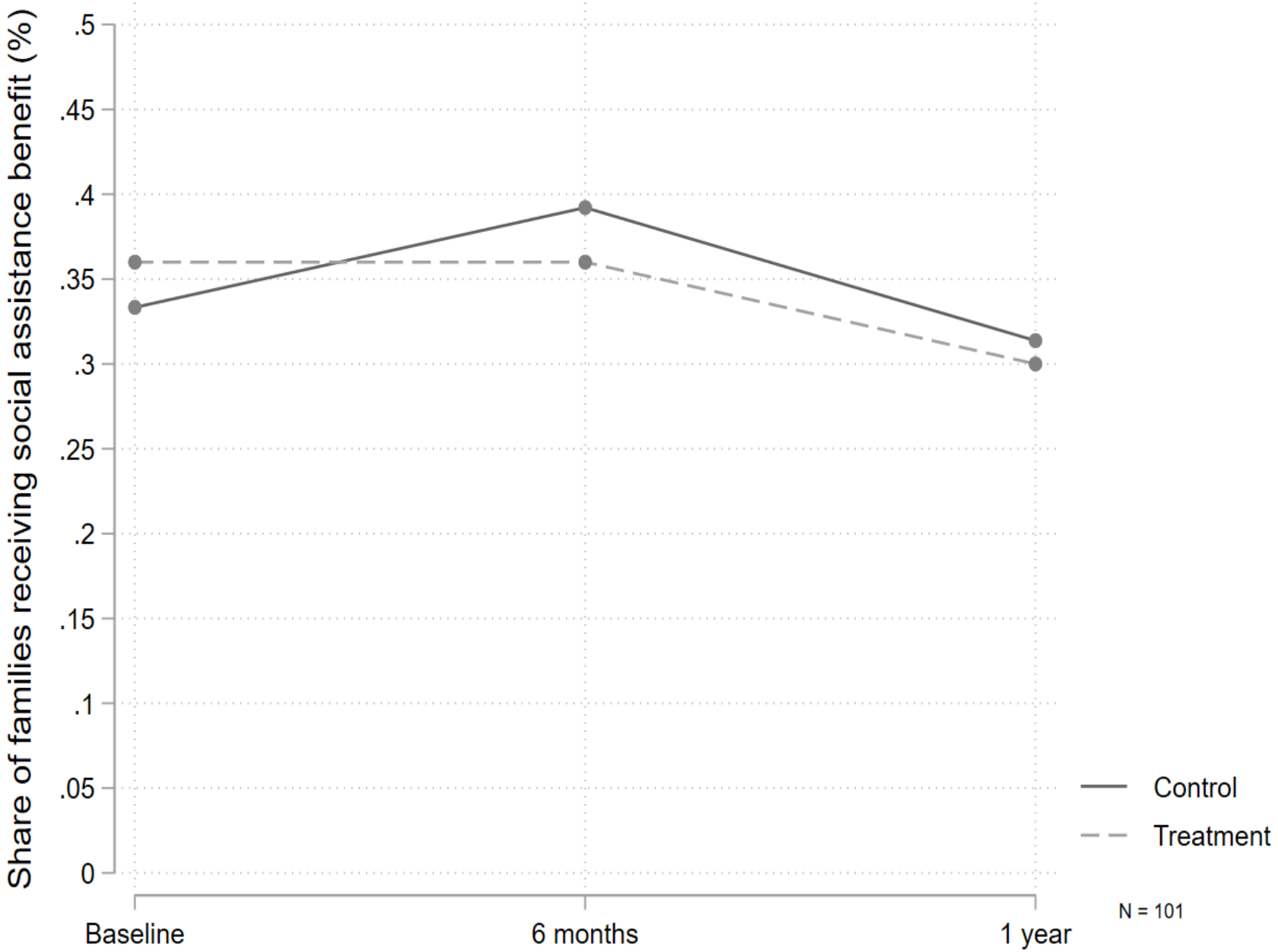
Outreaching case management in practice

- Average time spent per week on one client: 76 minutes in intensive phase
- 60% of time spent *with* clients (but lots of variation depending on the profile of the family)
- Intensive process, gaining trust and getting a mandate by the family first is crucial
- Caseload: 16 cases / case manager
  - Average caseload in the PCSW: 40 to 50 cases / social worker
- Lots of collaboration with local welfare organizations, in 77% of cases with the PCSW

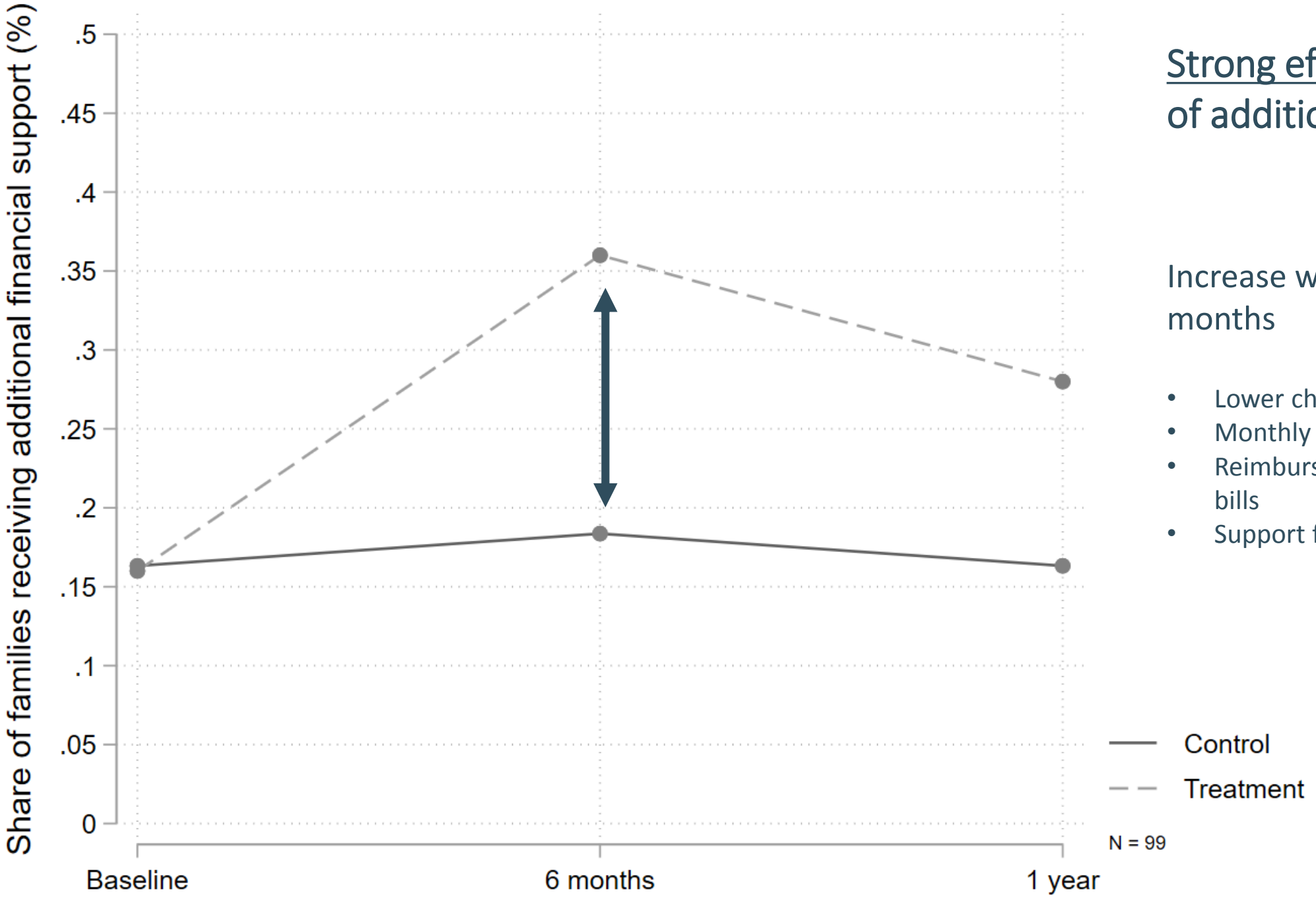
Results

- It is not the case that a substantial share of disadvantaged families is unknown to the local Public Centre for Social Welfare
  - 89% of families had a file with PCSW at baseline
  - 93% with PCSW or VDAB
- 98% knows what PCSW is, and what kind of support it offers
  - In comparison: 89% was familiar with VDAB, 73% was familiar with the city administration and its purposes
- At baseline: 44% had an active file with OCMW

- 33% of families received social assistance benefits ➔ Non-take-up of social assistance benefits much lower than usually estimated (upper bound estimation: 23%)
- Non-take-up higher for Increased Reimbursement: 56% receive IR, but at about 9 out of 10 families should qualify (38% NTU) (cf. presentation Tim Goedemé)



- No effect on take-up of social assistance benefits



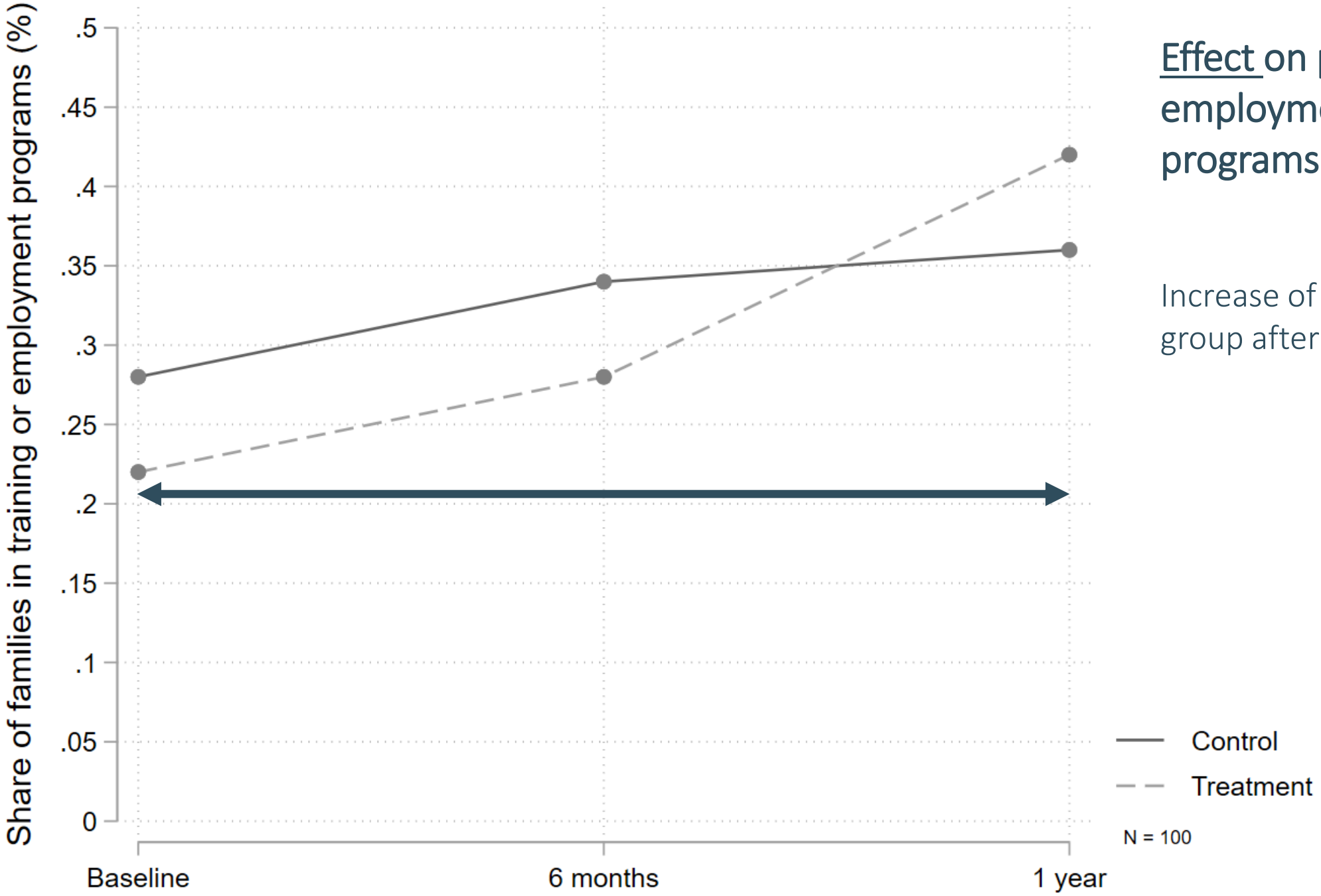
Strong effect on the take-up of additional financial support

Increase with 20 p.p. after 6 months

- Lower childcare fees
- Monthly financial top-up
- Reimbursement of energy or hospital bills
- Support for paying rent

Effect on participation in employment and training programs

Increase of 20 p.p. in treatment group after 1 year



Results

- Yet, no significant or substantial impact on living conditions (income, regular employment, housing) of families and well-being of respondents
- Effect on take-up of material help (food aid), knowledge of local service provision, and assesment of professional support
  - Respondents indicating no support at all is cut in half
  - Respondents are happier with support received and more trust in professional support

Results

- No evidence that effect on take-up of additional financial support is due to:
  - Characteristics of outreaching case managers
  - Characteristics of families (nationality, language, single parenthood, …)
  - Stigma (personal, social) or knowledge factors (Quid transaction costs?)

- Effect is associated with:
  - Intensity of counseling and time spent on a case
    - each additional 10 minutes per week spent on a client case is related to a 3 percentage point increase in the probability to receive additional financial support
  - Advocacy

Lessons learned

- Outreaching case management is effective to increase take-up for benefits and services with local leeway
  - Additional financial support is not bound by national law, and municipalities can decide on their own criteria
  - Social assistance benefit are governed by federal law (eligibility conditions, governance, etc)
- Yet, outreaching case management is no silver bullet to reduce poverty or improve living conditions
  - Limited by national and regional policies and laws (housing, generosity of benefits)
  - Example of social housing
- Helps uncovering hidden barriers to services and benefits at the local level
  - As such helps to inspire reorganization of policies

Further reading

- Technical report online at http://www.kortrijk.be/mission