


## Chapter 3

# Active Labor Market Programs for Youth: The Numbers Tell the Tale?

Wendy Ida Elisabeth Wesseling

 <https://orcid.org/0000-0002-4453-6777>  
Tilburg University, The Netherlands

### ABSTRACT

*Scholars from different fields have studied youth unemployment: its causes, consequences, and ways to tackle it. This chapter provides an overview of the most important results with a specific focus on effectiveness. Among the topics reviewed are the need for research regarding effectiveness, different methods to study effectiveness, and how the results of these methods are appraised. Then other factors than the research design are described to assess the practical significance of ALMPs, followed by a description of the results of recent reviews and meta-analyses. Finally, some selected factors that impact ALMP effectiveness are discussed. This chapter ends with a discussion of current debates and identification of future research opportunities.*

### INTRODUCTION

Even in times of prosperity, lay-offs and unemployment are common. Unemployment is associated with a range of interconnected and severe negative effects on the individual, society and the economy as a whole, now as well as in the future (ACEVO, 2012). The most apparent consequence of unemployment, namely loss of income, is an important moderator of unemployment on psychological and health outcomes (Hanisch, 1999). If no other income is available, job loss can result in housing problems

DOI: 10.4018/978-1-7998-2779-5.ch003

This chapter, originally published under IGI Global's copyright in June 2020, will proceed with publication as an Open Access chapter starting on September 18, 2024 in the book, *International Perspectives on the Youth Labor Market: Emerging Research and Opportunities* and will be distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>) which permits unrestricted use, distribution, and production in any medium, provided the author of the original work and original publication source are properly credited.

and changes in social activities, which are no longer fundable, resulting in social isolation. Unemployment, and thus NEET status (Not in Employment, Education, or Training), is mentally distressing (Paul & Moser, 2009). In fact, job loss is one of the most stressful life events (Holmes & Rahe, 1967). Common declines in mental health are increases of anxiety, substance abuse and decreases of self-esteem (Hanisch, 1999; McKee-Ryan, Song, Wanberg, & Kinicki, 2005; Paul & Moser, 2009; Wanberg, 2012). Due to increases of headaches and sleep problems, physical health also deteriorates following job loss (Hanisch, 1999; Wanberg, 2012). Although job loss is generally perceived as negative, the effects are not universal across and possibly within people (Wanberg, 2012). When an individual is unemployed, further human and social capital acquisition is hindered, which in turn restricts one's future chances on the labor market. Scarring effects and the extent of wage penalties are widely researched (e.g.). The negative impact of unemployment is greater for youth than for adults (McKee-Ryan, Song, Wanberg, & Kinicki, 2005). The sustainability and stability of societies can be negatively affected by the unemployed, due to decreased social cohesion and increased (family) conflict. The economic loss due to NEET status was estimated by Eurofound (2012) to be €153 billion in 2011, which is about 1.2% of European GDP. This immense loss is the result of expenditure on welfare, education (no return on investment, reschooling), health, and justice. Since the costs of helping youth integrate into the labor market are about 13 times smaller than the public finance costs, the potential benefits of these efforts can be tremendous (Eurofound, 2012). Active labor market policies (henceforth referred to as ALMPs) are therefore gaining renewed interest from policymakers.

However, due to societal pressure and economic necessities increasing attention is being paid to evidence-based practices (henceforth referred to as EBP). EBP is “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996, p.71). It employs the judicious use of:

- The current best available external clinical evidence from systematic research;
- The knowledge and expertise of the individual clinician;
- The values, and preferences of the individual patient.

Neither of these elements is good enough on its own. Without current best evidence, treatments risks becoming rapidly out of date (Sackett et al., 1996), and risks being grounded on flawed or biased hunches about what might work. Without clinical expertise, treatment risks becoming tyrannized by evidence (Sackett et al., 1996), as clinical expertise is necessary to judge whether the research findings match the client's the health status and preferences. Moreover, the clinician judges the validity, impact and applicability of research findings. Without the view of clients, treatment

risks becoming one-size fits all, and as such being detached from clients, which results in lower health-related goals, worse decisions, and eventually worse health outcomes (Siminoff, 2013). Integration of these three aspects thus ensures that the treatments and services will have the most optimal outcomes and quality of life.

Given the (inter)national attention yet scarcity of resources for ALMPs, evaluation research is particularly important and relevant. As such, this chapter contributes to the literature in two primary ways. First, it provides an overview of literature on evaluation research in general and for NEETs in particular. Second, it provides insight into the complexity of evaluation research, and the interpretation of its results. This chapter aims to bridge science and practice, by informing future researchers about consciously and explicitly reporting about research design and methodology in order to advance theory and practice. More insight into the dynamics of ALMPs can help improve ALMP effectiveness.

## **Chapter Objectives**

- Understand the definition of evidence-based practice and the importance of all three elements.
- Have a basic understanding of how effectiveness of ALMPs is established.
- Be able to appraise an empirical evaluative study on its practical significance.
- Understand the complexity of evaluation research in general and for NEETs in particular.
- Understand why this field of research is still in its infancy.

This chapter begins with a brief introduction into evaluation research, in order to methodologically and statistically appraise the significance of research findings. Then other factors than the research design are described to assess the practical significance of ALMPs, followed by a description of the results of recent reviews and meta-analyses. Finally, some selected factors that impact ALMP effectiveness are discussed. This chapter ends with a discussion of current debates and identification of future research opportunities.

## **MEASURING EFFECTIVENESS**

Governments and organizations are looking for more efficient and effective ways to fund ALMPs. In order to determine which ALMPs are effective, evaluation research is conducted. Through evaluation research, insight into an intervention and its operations is gained, effects of the intervention are assessed, and ultimately practice can be improved. In the next sections, the different types and methods of

evaluation research will be discussed. Then a brief overview of commonly used statistics will be given, followed by the presentation of two models that differently assess effectiveness, namely the pyramid of evidence and the impact ladder.

Evaluation research refers to “the systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development” (CDC, 2012, p.4). As such, to the purpose of research instead of a specific methodology. It systematically assesses whether the resources (time, money, effort) were effective in order to achieve a goal. The road to an effective intervention is always under construction. The process of detection of negative elements and its improvement can be accelerated via evaluation research. As such, different types of evaluation research exist, which can be used in different phases (i.e. before/ after implementation, during/ after execution). Four broad types can be distinguished: formative, process, outcome and impact (Salabarría-Peña, Apt, & Walsh, 2007). Formative evaluations are carried out before a program is implemented to check whether an intervention is feasible, appropriate and acceptable for the target population. A process evaluation can start as soon as the intervention is implemented and checks whether the intervention is implemented as intended, and whether the intervention is accessible and acceptable to the target population. A process evaluation describes *how* an intervention leads to specific outcomes. It is about the operation and execution of an intervention. Movisie (2014) differentiates between instrumental and constructive process evaluations. The first variant focuses on the course of the intervention; which elements are (not yet) effective? Accordingly, an instrumental process evaluation concerns the approach and conditions under which the intervention should be effective. The second variant, the constructive process evaluation, deals with the experiences of the participants and professionals and how they value the intervention.

Although formative and process evaluations provide useful information, they are not suitable to proof that an intervention is (not)effective. Outcome and impact evaluation research does provide answers to questions like whether and by how much the intervention did achieve its intended outcomes. Both outcome and impact evaluations focus on the effects of an intervention. But whereas outcome evaluations focus on effects during the intervention, impact evaluations focus on (sustained) effects after the intervention. In other words, outcome evaluations focus on *progress* participants make, while impact evaluations focus on the achievement of the ultimate goal(s) of the intervention.

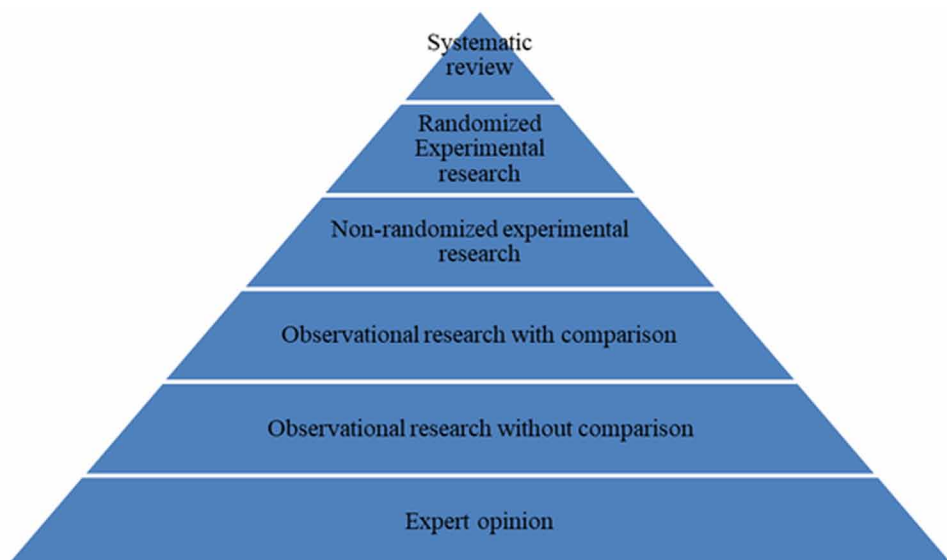
## **Pyramid of Evidence**

In the introduction of this chapter it was noted that evidence-based practice is about the integration of the best available evidence, clinical expertise and client preferences. In this section, we will take a closer look at what “the best available evidence” entails.

Evaluation research can use different research methods. Both quantitative (i.e. surveys, questionnaires) and qualitative methods (i.e. observations, interviews, case studies, focus groups) can be used. Not all methods, and thus their corresponding results, are valued equally. In fact, multiple hierarchies of evidence exist. Hierarchies of evidence rank research evaluating interventions. Primary studies are graded according to their design, and so reflect the degree to which different study designs are susceptible to bias (National Health Service [NHS] Centre for Reviews and Dissemination, 1996). A pyramid appropriately represents the levels of evidence as with each higher level the quality of research designs increases and the risk of bias decreases. Although a universally accepted hierarchy of evidence does not exist, there is broad agreement on the relative strength of types of studies and thus follow a similar pattern; see figure 1. In the following sections, each level of the pyramid will be briefly discussed.

At the lowest level of the pyramid the ‘weakest’ evidence for an intervention can be found, which are opinions of respected authorities, based on clinical experience.

*Figure 1. Pyramid of evidence*



The expert does not provide empirical evidence to support the claims regarding effectiveness. Since it is thus impossible to validate the claim, expert opinions are valued the least.

Observational research is located on the second (without comparison group) and third level (with comparison group). Research on the second level can be about one or multiple people with a unique and interesting condition, which may or may not be followed over time (i.e. prospective). Examples of research design at this level are: single case study (i.e. N=1), before-after design, case-control study, cross-sectional research, case series and case reports (Higgins & Green, 2011). These designs are useful when little is known, only few clients are involved in an intervention, or when it is undesirable or unethical to withhold the intervention from any clients (Law et al., 1998). With no comparison, it is however, impossible to assess whether changes in the outcome variables are the result of the intervention. Alternative explanations for the results are for example lifestyle or environmental changes, or simply natural temporal trends.

On the third level, observational studies with a comparison group can be found. Research designs are very similar to the on level two, with the exception of single-case design, with the addition of a comparison group. The groups usually differ with respect to enrollment in an intervention; one group did enroll, while the other group was on a waiting list to enroll in the same intervention or receive treatment as usual. The major advantage of these designs over the design on the second level is that the comparison of groups does provide a first indication as to whether the intervention is effective. Yet, due to the lack of randomization, it is difficult to know whether the clients were similar on confounding variables (i.e. variables that are not-measured but could influence the results, such as motivation and personality), and it is thus uncertain that the intervention itself is responsible for the outcomes. Due to these possible biases, the results of observational studies are, by their nature, uncertain (Institute for Work & Health, 2016).

Experimental research is located on the fourth (non-randomized), and fifth level (randomized). It is always prospective in nature: participants are followed during and after an intervention. In an experimental research design, one or more experimental groups are compared to a control group. The people in the experimental group participate in an intervention, while the people in the control group do not participate in an intervention or receive care as usual. In experimental research the allocation of clients to the intervention or comparison group is under the control of the researcher. The difference between the fourth and fifth level concerns the method of allocation. On the fourth level the method is non-random, whereas on the fifth level, the allocation is done randomly. Examples of non-randomized experimental research designs include cohort studies, non-randomized control trials, and controlled before-after studies (Higgins & Green, 2011). These designs are useful when

“randomization is not possible because of (i) ethical considerations, (ii) the inability to randomize individual patients or locations, or (iii) a need to intervene quickly” (Mahajan, 2015, p.671). Although these research designs are quite strong, the lack of randomization allows for alternative explanations for the found differences between those who received the intervention and those who did not. In a randomized control trials (RCT), allocation to either the intervention or comparison group is random, which makes it very likely that participants are similar at the start of the experiment on confounding variables. Due to their similarity, differences after the intervention are thus very likely to be the result of the intervention. Consequently, RCTs are seen as the ‘golden standard’ in interventional research. A mayor disadvantage of randomized experimental research are the time and costs involved (Law et al., 1998). Moreover, many research questions cannot be answered using this design (Institute for Work & Health, 2016).

At the top of the pyramid the ‘best’ evidence for an intervention can be found, namely systematic reviews and meta-analysis. Both provide a synthesis and appraisal of relevant evidence of other level(s) over a given timeframe. Systematic review have great theoretical and practical significance, because they summarize the literature. “They make sense of a body of research and present an analysis of the available literature so that the reader does not have to access each individual research report included in the review” (Aveyard, 2014, p. 6). A systematic review thus provides a complete picture on a given topic and by re-analyzing all individual studies new insights can be gained.

The strengths and weaknesses of a study design should however always be seen in light of the *appropriateness* of the research design. To determine the appropriateness, the key issues to consider are: amount of knowledge about a topic, amount of knowledge about the outcomes, ethical issues, and the research question (Law et al., 1998). Some situations thus warrant a different study design than others. For example, with increasing knowledge about a subject, research designs have to become more rigorous.

## **Ladder of Impact**

Besides the pyramid of evidence, some researchers and institutions (e.g. Mercer and Pignotti, 2007; Movisie, 2017; van Yperen, Veerman, & Bijl, 2017) classify interventions on other criteria than just the research design. They claim that evaluation research is not sufficient *on its own* to support the claim that an intervention is effective. What they have in common is the value of: a manual or similar description of the intervention, and an appropriate, accepted theoretical foundation. Both form the basis of an effective intervention, without them evaluation research does not make sense. Without a manual, an intervention cannot be replicate. Without a claim

with a basis in accepted theory and an acceptable rationale to use it, one cannot understand, explain or predict outcomes of an intervention. These researchers also underscore the importance of evaluation research. An intervention is assigned to a higher category or level when a more rigorous research design is applied; see Table 1.

Table 1. Ladder of impact. Adapted from van Yperen, Veerman, & Bijl (2017)

Level		Implicit knowledge about the effectiveness of the intervention	Description of the intervention, personnel, organization, material context, and preconditions	Description of a credible intervention theory	Demonstration that the goals have been achieved	Plausible demonstration that the results are caused by the intervention	Research that makes it very likely that the results are caused by the intervention
0	Implicit knowledge	✓					
1	Descriptive, no evidence	✓	✓				
2	Theoretical indications	✓	✓	✓			
3	First empirical indications	✓	✓	✓	✓		
4	Good empirical indications	✓	✓	✓	✓	✓	
5	Strong empirical indications	✓	✓	✓	✓	✓	✓

## Effect Size

When a difference on an outcome measure between two or more groups is statistically found, this does not automatically imply also a *practical* significant difference. To establish how much one group differs from another and thus signal practical significance, a different statistic is necessary, namely the effect size (Lakens, 2013). Effect sizes can be grouped in three families (Rosnow & Rosenthal, 2003): correlation, ratio, and difference. Since evaluation research frequently is about differences between group, this section will focus on the difference family. Cohen's *d* is the most often used standardized effect size statistic. It ranges from zero to infinity. A negative value indicates a negative effect of the intervention, i.e. participants in the comparison group have more beneficial outcomes than those in the treatment group. A value of zero means that the treatment and comparison group have no differences



### **Active Labor Market Programs for Youth**

in effect, i.e. the intervention does not result in either a negative or a positive effect compared to the comparison group. A value greater than zero indicates a positive effect of the intervention, i.e. participants in the treatment group have more beneficial outcomes than those in the comparison group. A Cohen's *d* of 1 indicates the two groups differ by 1 standard deviation, a value of 2 indicates they differ by 2 standard deviations, and so forth. A general guideline in behavioural sciences is that a value of 0.2 is considered small, 0.5 is medium, and .8 is large (Cohen, 1977; see Table 2). Yet, there is considerable critique on these arbitrary cut-off points, as the size of an effect is highly dependent on the specific field of study. A high value of Cohen's *d* does not mean that all participants in the treatment group are happier, healthier, or more active than those in the comparison group. In fact, a Cohen's *d* of 0.8 means a .71 probability that a person from treatment group will be higher than person from comparison, if both chosen at random (=CLES).

Another common effect size statistic is Hedges' *g*. Both Cohen's *d* and Hedges' *g* are positively biased estimators when sample sizes are small, but Hedges' *g* is known as the corrector of Cohen's *d*. Since the difference between Cohen's *d* and Hedges' *g* is very small, especially in sample sizes above 20 (Kline, 2004), Lakens (2013) recommends to report Hedges' *g*. Other statistics exist, for example in case standard deviations differ substantially between groups (i.e. Glass's  $\Delta$ ).

When the outcome measure is dichotomous, such as employed/unemployed, the odds ratio (OR) of the ratio family (Rosnow & Rosenthal, 2003) is the most widely used effect size statistic. OR and Cohen's *d* are not measured on the same scale. To use Cohen's guidelines on what constitutes a small, medium or big effect. An OR of 1.44 is comparable to a *d* value of 0.2, an OR of 2.48 comparable to a *d* of 0.5

*Table 2. Interpretation of effect sizes*

<b>Effect size</b>	<b>Interpretation</b>	<b>CLES</b>
0.0	Non or negligible effect	.50
0.2	Small effect	.56
0.4	Small effect	.61
0.5	Medium effect	.64
0.6	Medium effect	.66
0.8	Large effect	.71
1	Large effect	.76
1.3	Very large effect	.90
2	Very large effect	.92
3	Very large effect	.98

and an OR of 4.27 is comparable to a  $d$  of 0.8 (Borenstein, Hedges, Higgins, and Rothstein, 2009).

## **State-of-The-Art Evidence of ALMPs for NEETs**

As the reader now has an understanding of what the best available evidence in evidence-based practice entails, the next section will describe strong evidence for effective ALMPs for NEETs, such as recent systematic reviews and meta-analysis. It should be noted that studies with an interventional approach regarding unemployment are relatively scarce compared to studies on the experience and impact of unemployment (Hammarström & Janlert, 2005). The interventional studies that do exist, do not all evaluate ALMPs. Some studies are concerned with improving the (mental) health of the unemployed through an intervention (.e.g. Harris, Rose, Ritchie & Harris, 2009). The interventional studies that do study ALMPs, use different definitions of youth. The lower age limit as well as the upper age limit is debated: Kluge et al (2017) include youth aged 15 and above. Card, Kluge and Weber (2017) and Nelson and O'Donnell (2012) have an upper age limit of 25, while Liu, Huang, and Wang (2014) and Kluge et al (2017) have an upper age limit of 35.

Card, Kluge and Weber (2017) conducted a comprehensive meta-analysis of 207 studies among different age groups and different types of programs (i.e. classroom or on-the-job training, job search assistance, sanctions for failing to search, subsidized private sector employment, and subsidized public sector employment). They found that the average effect size, across all age groups and programs, is 0.05 in the short run, and 0.12 and 0.19 in the medium and longer run respectively. Although these last effect sizes are significantly different from zero with a high degree of confidence, they are still considered to be small at best according to Cohen's guidelines. Interestingly, the pattern of the values of effect sizes is reversed for youths. For youths, ALMPs are the most effective in the short run (0.075) as opposed to the longer run (0.001). Also, ALMPs are in general less effective for youth than for adults. All the different program types have a negligible (negative or positive) effect on youth. Ranging from most negative to most positive are public sector employment (-0.155), training (-0.047), job search assistance (0.016), and private sector employment/ subsidy (0.100). Card, Kluge and Weber (2017) also make specific calculations for females, males, and people from a disadvantaged background, and the long-term unemployed. The interactions of these groups are, however, not tested. So it is unknown whether female youth, might have better outcomes than male youth, as females have in general higher effect sizes than males. This, nonetheless, supports the notion that certain types of programs work better for certain participants.

Mawn et al. (2017) conducted a systematic review of 18 studies specifically aimed at young people not in employment, education or training (NEETs). They

concluded that ‘there is some evidence that intensive multi-component interventions effectively decrease unemployment amongst NEETs. The quality of current evidence is limited, leaving policy makers under-served when designing and implementing new programmes, and a vulnerable population neglected.’

Kluve et al. (2017) conducted a systematic review of 113 impact evaluations of interventions to improve the labour market outcomes of youth. They found a positive overall effect of youth employment interventions ( $d=0.04$ ). Entrepreneurship promotion improved employment outcomes the most ( $d=0.16$ ). Skills training also had a positive effect ( $d=0.05$ ). No significant effects were found for employment services and subsidised employment. Disadvantaged youth benefitted most from programs. Furthermore, substantial variation in the effect size magnitude was due to country context, intervention design, and profile and characteristics of programme beneficiaries.

Nelson and O’Donnell (2012) did a review of 31 items of literature focusing on (re-)engagement strategies for NEETs. They distilled two distinct reintegration approaches: informal learning programmes and alternative provision approaches. The review is nonetheless narrative in nature and fails to provide the effects and effect sizes in a systematic way.

Liu, Huang, and Wang (2014) did a meta-analytic review of 47 studies on job search interventions and concluded that these types of interventions were more effective in promoting employment among younger job seekers than among adults aged 35 to 50 ( $OR = 4.05$ ), which constitutes a medium large effect. Moreover, they suggest ample research opportunities for youth, as much research has focused on other populations.

Audhoe, Hoving, Sluiter, and Frings-Dresen (2010) did a systematic review on vocational interventions for the unemployed. Given the small number of included studies (six), they did not present their results separately for youth.

Recently, several reviews have thus been conducted regarding interventions for the unemployed, which have provided quantitative estimates of the effects of ALMPs on youth participation. Yet, none of them took into account the whole spectrum of evidence regarding effectiveness of ALMPs for youth. All indicate that more research that is systematic is needed to address the complexity of ALMPs for unemployed youth. It is interesting to note here that systematic reviews and meta-analysis focus mainly on types of ALMPs, such as on-the-job training or job search assistance, rather than on a specific intervention, target population, or both.

## **FOUR FACTORS THAT IMPACT ALMPs' EFFECTIVENESS**

In the following section, various factors that might affect the effectiveness of ALMPs will be described and discussed.

### **Factor 1: Defining Target Population**

Evidence thus suggests an interaction effect between type of ALMP and specific target populations. Hence, the first issue that needs to be addressed is whether the NEET population is one specific target population or whether the NEET population consists of different target populations (i.e. are NEETs a homogenous or a heterogeneous group?). If the NEET population is a homogenous group with similar characteristics one approach would fit all NEETs. The ALMP would be tailored to the abilities of the group as a whole, rather than having to address the variety of abilities and needs of individual NEETs. On the other hand, if NEETs are a heterogeneous group, a variety of ALMPs needs to exist to meet their diverse needs. The diversity of NEETs has been widely discussed in the literature.

Some argue that it would be inappropriate to imagine that all young people who are NEET at any given time share the same issues and risks in their lives and are susceptible to the same sorts of professional interventions (Yates & Payne, 2006). Actually, NEET status has multiple and often intertwined causes. Since a myriad of potential reasons can result in NEET status, each individual classified as NEET will have a unique experience contributing to their NEET status (Seddon, Hazenberg & Denny, 2013). Consequently, “subsumed under the NEET label are often very different groups of young people exhibiting very different characteristics, facing very different challenges, risks and transitions, and with a very different potential need for intervention” (Nudzor, 2010, p.17). The diversity of the NEET population is also associated with the used age range; the broader the range, the greater the potential heterogeneity (Eurofound, 2016).

Although most researchers recognize the diversity of different groups making up the NEET population (e.g. Carcillo & Königs, 2015; Seddon, Hazenberg & Denny, 2013; Yates & Payne, 2006), a universal categorization of different types of NEETs cannot be agreed upon. The disentanglement of the heterogeneity of the NEET population is, however, an important first step towards tailoring ALMPs to the needs of NEETs (Eurofound, 2016). Based on the EU Labour Force Survey, Eurofound (2016) found seven subgroups of NEETs:

- re-entrants: young people who will soon re-enter employment, education or training

### ***Active Labor Market Programs for Youth***

- short-term unemployed: young people who are unemployed for less than a year, seeking work and available to start within two weeks
- long-term unemployed: young people who are unemployed for more than a year, seeking work and available to start within two weeks
- unavailable due to illness or disability: young people who are not seeking employment or are not available to start a job within two weeks due to illness or disability
- unavailable due to family responsibilities: young people who are not seeking work or are not available to start a new job because they are caring for children or incapacitated adults, or have other less specific family responsibilities.
- discouraged workers: young people who have stopped looking for work because they believe that there are no job opportunities for them.
- other inactive: all NEETs whose reasons for being NEET do not fall into any of the previous six categories. This group is likely to be an extremely heterogeneous mix that includes people at all extremes of the spectrum of vulnerability.

Nelson and O'Donnell (2012) distinguish between three discrete sub-categories of NEETs: those who are open to learning, undecided and 'sustained' NEETs. The first group has few barriers to employment and are likely to engage in the short to medium run. The second group is dissatisfied with available opportunities and their inability to access what they want to do. The last group is most likely to remain NEET in the medium term.

Williamson (2010) suggests the disaggregation of NEETs into three groups: 'essentially confused', 'temporarily side-tracked', and 'deeply alienated'. The youth described as 'essentially confused' are motivated and ready to re-engage with the right support and encouragement. 'Temporarily side-tracked' youth deal with what they consider to be more important matters in their lives right now. With some understanding and patience, they will re-engage. The youth described as 'deeply alienated' switched off, either completely or because they had switched on to something else. It would be hard to persuade them to re-engage Williamson (2010).

Based on 855 interviews, Yates and Payne (2006) identified three broad, but fairly distinct sub-groups of NEETs. The first group consists of youth who are in temporary transitional states that involve a period of being NEET. The second group are young parents who make a conscious decision to be NEET for a time to look after their children. The youth in third group 'exhibit a number of complications or 'risks' in their lives (such as being homeless or looked after, engaged in offending behaviour, having emotional and/or behavioural problems, resisting school, and so on)' (Yates & Payne, 2006, p.334).

Based on years of (inter)national research, Spies, Tan, and Davelaar (2016) combined six different typologies into one model. The resulting four types of NEETs are conformists, dependents, survivors, and entrepreneurs. Each type requires a different kind of intervention.

When it comes to policy, categorizations are mostly the result of demographic characteristics. Some widely used target populations of ALMPs are youth (general), single (teen)parents, immigrants, addicts, people with an intellectual disabilities, disabled people, ex-convicts, long-term unemployed, and those with multi-problems.

Different categorizations of the NEET population thus exist. While a complete account of all categorization of NEETs go beyond the scope of this chapter, it is important to understand the consequences. As each of these subgroups may require a different approach, and the number and type of ALMPs might thus differ from region to region depending on which categorization they apply. For example, discouraged NEETs, who believe that there are no job opportunities and have stopped looking, probably require a more intensive ALMP than NEETs with an illness or disability. What these categorizations have in common, is that they all implicitly or explicitly make a distinction between NEETs who are more, and less or even non-vulnerable. The vulnerable NEETs are at risk of marginalisation, and often lack social, cultural and human capital (Eurofound, 2012). Examples of vulnerable subgroups are: long-term unemployed (Eurofound, 2016), discouraged workers (Eurofound, 2016), ‘sustained’ NEETs (Nelson & O’Donnell, 2012), ‘deeply alienated’ (Williamson, 2010), and ‘complications group’ (Yates & Payne, 2006). The non-vulnerable NEETs, on the other hand, are at little risk of marginalization, and are rich in cultural, social and human capital. Examples of non-vulnerable subgroups of NEETs are: re-entrants (Eurofound, 2016), short-term unemployed (Eurofound, 2016), ‘open to learning’ (Nelson & O’Donnell, 2012), ‘essentially confused’ (Williamson, 2010) and ‘transitional group’ (Yates & Payne, 2006).

Even though a universal categorization of the NEET population cannot be agreed upon, it is clear that a one-size fits all approach for NEETs will not be effective. ALMPs need to be tailored to the characteristics and needs of NEETS. Although a fair amount of research on categorizations of NEETs exist, as well as a small body of literature on ALMP effectiveness, these subjects are rarely studied together. The literature acknowledges the heterogeneity of the NEET population, and consequently the complexity of providing effective interventions for NEETs, but research to date has failed to specify effective ALMPs at the level of different NEET subgroups (Nelson & O’Donnell, 2012). Given the limited effectiveness, one might think that reintegration is about hunches and random activities. To some extent, this might be true. Few interventions are proven effective (Kluve et al., 2017). Tailoring an ALMP requires a thorough analysis of the client’s situation (Tijken, 2008). The ALMP should follow logically from this analysis, as opposed to randomly chosen

intervention. ‘Re-integration is [however] not a technology’ (Sol, et al., 2011, p.8). An intervention cannot be effective without the cooperation of multiple benevolent people: those who order, execute, and receive the intervention. ‘It is not programmes which work, as such, but people co-operating and choosing to make them work’ (Pawson & Tilley, 1997, p.36). Unemployed youth might not be benevolent to an ALMP in advance.

## **Factor 2: Correctness of Assumptions**

Whether an intervention is effective is determined by the extent to which the underlying assumptions of are correct. According to Sol et al. (2011) reintegration relies on two assumptions. First, the client of reintegration efforts has bad job prospects. Second, reintegration efforts will enhance the client’s job prospects. Both conditions need to be met in order to legitimize reintegration efforts. If condition one is not met, people do not need reintegration and reintegration efforts are thus unnecessary. If condition two is not met, reintegration cannot be effective. In both instances, reintegration efforts are a waste of money, time, and resources. Whether the first condition can be met depends on the quality of the instruments to assess a client’s job prospects. This goes beyond a hunch of a job coach; a client’s job prospects need to be determined independently and objectively. The severity of the job prospects determines the type and intensity of reintegration efforts (Tijken, 2008). Whether the second condition can be met depends on the availability of effective tailor-made interventions.

Tijken (2008) adds two other assumptions to reintegration: clients need to be capable to participate in reintegration and clients should be able to search for, and find employment and to maintain employed within the foreseeable future after completion of the reintegration program. These two assumptions appear to overlap to some extent. However, participation in an ALMP does require some qualitatively different skills than searching, finding and keeping employment, such as presentational skills. Then again, in some cases it is a matter of quantity. Participation in an ALMP requires lower levels of certain criteria (e.g. motivation, positive attitude towards work) than maintaining employment, as working on these criteria can be a goal of the ALMP in itself. Some basic conditions need to be met to avert that clients start a non-realistic program, become discouraged, and create worse job prospects. Some widely used criteria are (Tijken, 2008):

- living situation: a permanent residence
- the absence of debts if the (consequences of) debts refrain the client from focusing on reintegration or employment
- motivation, aspirations, and a positive, active attitude
- a realistic future-time perspective

- sufficient knowledge of a nation's official language
- a positive attitude towards employment and some work rhythm
- manageable personal and social problems
- absence of addiction
- availability, with respect to hours and family responsibilities.

In case one or more of these criteria cannot be met, another type of care -other than reintegration- might be applied to obtain the missing skills or attitude, or to address the personal issues (Tijken, 2008). Especially with regard to psychological barriers (e.g. debt, personal and social problems) the extent to which the client can cope with these barriers is client-specific, and can vary greatly. It should be noted that the combination of barriers can have a greater impact than the sum of individual barriers. Consequently, not all unemployed people can participate in reintegration. Some clients have too many or serious personal issues, meaning that reintegration is not useful at that specific moment. It is important to recognize that an evaluation of a client's personal situation is time-dependent. The personal situation can get worse (e.g. increasing amounts of debts) or improve (e.g. client is relieved from family responsibilities). As such, the assessment of a client's personal issues and job prospects should be assessed regularly.

In sum, reasons for ineffective reintegration include:

- reintegration is unnecessary (clients do not have bad job prospects)
- reintegration is pointless (reintegration does not improve job prospects, or client is not able to participate in reintegration due to personal issues).

### **Factor 3: Perceived Cause of Unemployment**

Essential to effective reintegration is knowledge of the reason why a client is unemployed, as the ALMP should follow logically from it. Sol et al. (2011) distinguished six possible causes of unemployment based on the literature. These six causes differ with respect to characteristics of the labor market and the unemployed, but are not mutually exclusive at the individual level. Table 3 provides an overview of the causes of unemployment, the corresponding strategy and whether reintegration efforts are deemed necessary.

Hence, each cause of unemployment leads to a different type of intervention. For example, if the cause of unemployment is merely a lack of jobs, ALMPs will not be effective. If, however, a lack of workers' skills caused unemployment, ALMPs could be effective.



*Table 3. Causes and corresponding strategies for unemployment*

<b>Cause of unemployment</b>	<b>Corresponding strategy</b>
lack of available jobs	create jobs
lack of motivation and effort by unemployed	Sanction unemployment & incentives for employment
information asymmetry between employers and the unemployed	match the unemployed with vacancies
lack of (workers') skills	train the unemployed and remove practical barriers
productivity shortage of the unemployed	Financial compensation of employers, either by adjusting the workplace, via a (long-term) wage subsidy, or a no-risk policy
insurmountable lack of abilities	Create sheltered employment

### **Factor 4: Goals of ALMPs**

Reintegration is goal-orientated, as it is defined as all activities aimed at realizing or restoring the (optimal) participation of the unemployed. At the start of reintegration, it may be unknown what the exact end-goal of these efforts is. In theory, this could refer to all types of employment. In reality, however, reintegration of people with bad job prospects refer to poor quality, low paid, and dirty or insecure jobs (Sirovátka & Spies, 2017). Although the goal of reintegration thus seems clear, there is more to it than meets the eye.

When it comes to reintegration, a distinction should be made between intermediate and ultimate goals, also known as soft and hard goals respectively (Groothoff 2008). The attainment of intermediate goals, such as enhancement of motivation, removal of practical obstacles and improving human capital, is often a prerequisite for attainment of the ultimate goal (outcomes; Sol et al., 2011). The attainment of all intermediate goals will in turn lead to the attainment of the ultimate goal.

Ultimate goals are related to the outcome of ALMPs: the (durable) transition to paid work or education. Examples of soft goals are: enhancement of motivation, and the removal of practical barriers. Intermediate goals can be either specific or generic. Some goals are related to a specific aspect of searching for, gaining, or keeping employment. Examples include doing a job interview, and learning new skills. Specific goals have specific interventions. General goals, in contrast, do not have a specific intervention and can be attained in multiple ways. The attainment of general goals can also be a result of the attainment of specific goals. For example, due to a job search training, a client is more motivated and empowered to search for employment. Table 4 provides an overview of the main intermediate goals of reintegration.

Enhancing a client’s motivation is a special goal, as it is often a fundamental requirement for successful completion of the reintegration program. Naturally, these goals are related to how the effectiveness of an ALMP is measured. ALMPs that have soft goals, should not be evaluated based on hard criteria. An ALMP can be effective with regard to the intermediate goals and not to the ultimate goal. Is the intervention in that case not effective? Or might there be other reasons why the unemployed was not (yet) able to gain employment, such as a lack of information (see previous section)? This scenario underscores the previously made statement that causes for unemployment are not mutually exclusive at the individual level, and thus multiple interventions or a multi-component intervention is necessary.

*Table 4. Intermediate goals of reintegration*

<b>Intermediate goal</b>	<b>Description of goal</b>
<b>Specific</b>	
Job search	Ensuring that a client knows and uses of the ways to search for and gain employment.
Workers’ skills	Ensuring the client has the basic skills (e.g. presentation, discipline) and work rhythm in order to gain and maintain employed.
Health	Resolving or making mental and/ or physical health problems manageable
Practical barriers	Resolving or making personal or social problems manageable (e.g. daycare, transportation, debts)
(Re)orientation	Making clients aware of their wishes, goals, qualities, and possibilities, and broadening their scope
Knowledge	Ensuring that the client meet the knowledge requirements of the intended work (e.g. language, professional knowledge)
Vacancies	Ensuring that employers’ demand is known by acquiring vacancies
Matching	Matching clients to vacancies
Compensation and adjustments	Compensating employers for clients’ productivity shortages
Job coaching	Coaching the client into the workplace
<b>General</b>	
Motivation	Motivating the client to participate in the reintegration and to find employment.
Empowerment	Empowering clients to take matters in their own hands and making them confident that they can bring about positive change.
Purpose	Giving the client meaning by having something to do, having a goal, and get (social) appreciation for it.

## **Issues, Controversies, Problems**

This chapter discussed several controversies regarding effectiveness of ALMPs for NEETs. The following questions are to help the reader reflect on these issues, as well as to appreciate the complexity of the matter at hand.

- **Evidence based practice and policy.** How should evidence, clinical expertise and client preferences be integrated? Is integration of all the elements even possible in the context of mandatory reintegration of NEETs into the labor market? How about interventions that work in one situation and fail in another? The ‘best available evidence’ implies that a rigorous appraisal of the full body of evidence has been completed. Is that feasible for all topics and situations? When is the appraisal out of date?
- **Evaluation research.** Evaluation studies are mainly, if not solely, outcome/ impact evaluations. What do we learn from this? Would you implement an intervention solely on these types of data? Why (not)?
- **Pyramid of evidence.** Since only hard evidence prevails in systematic reviews and meta-analysis, why should we even bother with research designs of the lower levels of the pyramid? How about interventions that cannot be tested with RCTs, are they useless? When is a pyramid of evidence useful? When not? What about qualitative research?
- **Target group.** As a policymaker, in which group would you invest, and why? What would you do if no evidence existed for the intervention for your target group? Can the execution of such an intervention be justified?
- **Tailoring ALMPs.** Are specific ALMPs with a specific methodology be possible if they need to be tailored to the specific needs and characteristics of youth? How much can an ALMP be tailored to the specific needs and characteristics of youth and still remain a specific ALMP with a specific methodology? What does a tailored ALMP even mean? And how should these ALMPs be evaluated? Can they be compared with other ALMPs?
- **Measurement.** Given all the complexities with NEETs, tailoring ALMPs, and evaluation research, is there a need for evaluating ALMPs? Are good evaluations possible? Does EBP makes people obsessed with measurement? Does evaluation research draw effort away from what is truly important (i.e. reintegrating unemployed youth into the labor market)?

## CONCLUSION

This chapter began with a brief introduction into evaluation research, in order to methodologically and statistically appraise the significance of research findings. Then other factors than the research design were described to assess the practical significance of ALMPs, followed by a description of the results of recent reviews and meta-analyses. Finally, some selected factors that impact ALMP effectiveness were discussed. This chapter ends with a discussion of current debates and identification of future research opportunities.

Potential for future research projects is ample. A more systematic approach for effectiveness research, for both quantitative and qualitative research is urged. More research into the impact of timing of ALMPs on outcomes is warranted, as well as more focus on theoretically sound effectiveness research. The literature would benefit from more focus on transparency of ALMP attendance, (non-) participation, and drop-outs. Authors should also explicitly report on the factors discussed in this chapter, such as an explicit choice for a target group.

## REFERENCES

- ACEVO Commission on Youth Unemployment. (2012). *Youth unemployment: The crisis we cannot afford*. London, UK: Association of Chief Executives of Voluntary Organisations.
- Audhoe, S. S., Hoving, J. L., Sluiter, J. K., & Frings-Dresen, M. H. (2010). Vocational interventions for unemployed: Effects on work participation and mental distress. A systematic review. *Journal of Occupational Rehabilitation*, 20(1), 1–13. doi:10.1007/s10926-009-9223-y PubMed
- Aveyard, H. (2014). *Doing a literature review in health and social care: A practical guide*. London, UK: McGraw-Hill Education.
- Carcillo, S., Fernández, R., Königs, S., & Minea, A. (2015). NEET Youth in the Aftermath of the Crisis: Challenges and Policies. OECD Social, Employment and Migration Working Papers, No. 164. OECD Publishing. doi:10.1787/5js6363503f6-en
- Card, D., Kluve, J., & Weber, A. (2017). What works? A meta analysis of recent active labor market program evaluations. *Journal of the European Economic Association*, 16(3), 894–931. doi:10.1093/jeea/jvx028

### **Active Labor Market Programs for Youth**

CDC. (2012). Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations. Retrieved from [https://www.cdc.gov/eval/materials/FinalCDCEvaluationRecommendations\\_Formatted\\_120412.pdf](https://www.cdc.gov/eval/materials/FinalCDCEvaluationRecommendations_Formatted_120412.pdf)

Eurofound. (2012). NEETs – Young people not in employment, education or training: Characteristics, costs and policy responses in Europe. Publications Office of the European Union.

Hammarström, A., & Janlert, U. (2005). An agenda for unemployment research: A challenge for public health. *International Journal of Health Services*, 35(4), 765–777. doi:10.2190/E42R-T7CP-42PT-9JB1 PubMed

Hanish, K. A. (1999). Job Loss and unemployment research from 1994 to 1998: A review and recommendations for research and intervention. *Journal of Vocational Behavior*, 55(2), 188–220. doi:10.1006/jvbe.1999.1722

Higgins, J. P. T., & Green, S. (2011). Cochrane Handbook for Systematic Reviews of Interventions, Version 5.1.0 [updated March 2011]. The Cochrane Collaboration. Available from [www.handbook.cochrane.org](http://www.handbook.cochrane.org)

Holmes, T. H., & Rahe, R. H. (1967). Holmes-Rahe Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11(2), 213–218. doi:10.1016/0022-3999(67)90010-4 PubMed

Institute for Work & Health. (2016). What researchers mean by... Cohort studies, case control studies & RCTs. *At Work*, 83, 2.

Kluge, J., Puerto, S., Robalino, D., Romero, J. M., Rother, F., Stöterau, J., ... Witte, M. (2017). Interventions to improve the labour market outcomes of youth: A systematic review of training, entrepreneurship promotion, employment services and subsidized employment interventions. *Campbell Systematic Reviews*, 13(1), 1–288. doi:10.4073/csr.2017.12

Lakens, D. (2013). Calculating and reporting effect sizes to facilitate cumulative science: A practical primer for t-tests and ANOVAs. *Frontiers in Psychology*, 4, 863. doi:10.3389/fpsyg.2013.00863 PubMed

Law, M., Stewart, D., Pollock, N., Letts, L., Bosch, J., & Westmorland, M. (1998). Guidelines for critical review form quantitative studies. Retrieved from <https://srs-mcmaster.ca/wp-content/uploads/2015/05/Guidelines-for-Critical-Review-Form-Quantitative-Studies.pdf>

Liu, S., Huang, J. L., & Wang, M. (2014). Effectiveness of job search interventions: A meta-analytic review. *Psychological Bulletin*, *140*(4), 1009–1041. doi:10.1037/a0035923 PubMed

Mahajan, A. (2015). Limitations of CBA study: Controlled before after study. *Lung India : Official Organ of Indian Chest Society*, *32*(6), 670–671. doi:10.4103/0970-2113.168102 PubMed

Mawn, L., Oliver, E. J., Akhter, N., Bamba, C. L., Torgerson, C., Bridle, C., & Stain, H. J. (2017). Are we failing young people not in employment, education or training (NEETs)? A systematic review and meta-analysis of re-engagement interventions. *Systematic Reviews*, *6*(1), 16. doi:10.1186/s13643-016-0394-2 PubMed

McKee-Ryan, F., Song, Z., Wanberg, C. R., & Kinicki, A. J. (2005). Psychological and physical well-being during unemployment: A meta-analytic study. *The Journal of Applied Psychology*, *90*(1), 53–76. doi:10.1037/0021-9010.90.1.53 PubMed

Mercer, J., & Pignotti, M. (2007). Shortcuts cause errors in systematic research syntheses: Rethinking evaluation of mental health interventions. *The Scientific Review of Mental Health Practice*, *5*(2), 59–77.

Nudzor, H. (2010). Depicting young people by what they are not: Conceptualisation and usage of NEET as a deficit label. *Educational Futures*, *2*(2), 12–25.

Paul, K. I., & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, *74*(3), 264–282. doi:10.1016/j.jvb.2009.01.001

Rosnow, R. L., & Rosenthal, R. (2003). Effect sizes for experimenting psychologists. *Canadian Journal of Experimental Psychology/Revue canadienne de psychologie expérimentale*, *57*(3), 221.

Sackett, D. L., Rosenberg, W. M., Gray, J. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: What it is and what it isn't. *British Medical Journal*, *312*(7023), 71–72. doi:10.1136/bmj.312.7023.71 PubMed

Salabarría-Peña, Y., Apt, B. S., & Walsh, C. M. (2007). *Practical Use of Program Evaluation among Sexually Transmitted Disease (STD) Programs*. Atlanta, GA: Centers for Disease Control and Prevention.

Seddon, F., Hazenberg, R., & Denny, S. (2013). Effects of an employment enhancement programme on participant NEETs. *Journal of Youth Studies*, *16*(4), 503–520. doi:10.1080/13676261.2012.733808

Siminoff, L. A. (2013). Incorporating patient and family preferences into evidence-based medicine. *BMC Medical Informatics and Decision Making*, *13*(3), S6.

### **Active Labor Market Programs for Youth**

Sol, C.C.A.M., Glebbeek, A.C., Edzes, A.J.E., Busschers, I., Bok, H.I. de, Engelsman, J.S., & Nysten, C.E.R. (2011). 'Fit or Unfit' Naar expliciete re-integratie theorieën. Amsterdam: Universiteit van Amsterdam, RVO 5.

Spies, H., Tan, S., & Davelaar, M. (2016). De jeugd maar geen toekomst? Naar een effectieve aanpak van sociale uitsluiting. Amsterdam, Nederland: SWP.

Tijken, H (2008). Aan het werk! Amsterdam: Boom onderwijs.

Wanberg, C. R. (2012). The individual experience of unemployment. *Annual Review of Psychology*, 63(1), 369–396. doi:10.1146/annurev-psych-120710-100500 PubMed

Williamson, H. (2010). 'Delivering a 'NEET' solution: An essay on an apparently intractable problem. In S. Upton (Ed.), *Engaging Wales' disengaged youth*. Cardiff: Institute of Welsh Affairs.

Yates, S., & Payne, M. (2006). Not so NEET? A critique of the use of 'NEET' in setting targets for interventions with young people. *Journal of Youth Studies*, 9(3), 329–344. doi:10.1080/13676260600805671

Yperen, T. van, Veerman, J.W., & Bijl, B. (2017). Zicht op effectiviteit: Handboek voor resultaatgerichte ontwikkeling van interventies in de jeugdsector. Rotterdam: Lemniscaat b.v.

## **KEY TERMS AND DEFINITIONS**

**Active Labor Market Policy (ALMP):** Active labor market policy to help unemployed youth reintegrate into the labor market.

**Evaluation Research:** Research to establish whether and how an intervention works.

**Evidence-Based Practice (EBP):** The integration of evidence, clinical expertise and client preferences to make decisions about the care of individual.

**Intervention:** A set of related activities undertaken to achieve a goal (in this chapter: reintegration into the labor market).

**NEETs:** Youth Not in Employment, Education, or Training.

**Reintegration:** An intervention aimed at integrated the unemployed into the labor market.

**(Systematic) Review:** A summary and appraisal of all current literature on a specific topic.