Randomized Controlled Trial of Counseling Approach for Long-Term Welfare Recipients in Switzerland

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Abstract

Purpose: This study examines the impact of "Change in Direction," a counseling approach for long-term social assistance recipients in Switzerland.
Method: The results of the study are based on a randomized controlled trial (n intervention group = 31/32, n comparison group = 50/48). Outcome measures were obtained from a two-wave survey and administrative data.
Results: The intervention increased clients' mastery (= experience of competence, $\beta = .46$, $p = .038$) and vitality (= one aspect of well-being, $\beta = .61$, $p = .008$), reducing the gap with the general Swiss working age population by 35% and 54%, respectively. However, the intervention did not increase clients' general life satisfaction or earnings, nor did it reduce health expenditures or cash transfer receipt.
Discussion: Findings show that goal-oriented counseling can improve feelings of competence and well-being among long-term welfare recipients but that it cannot improve labor market outcomes and financial self-sufficiency.

Means-tested social assistance programs in high-income countries are designed to help alleviate short-term periods of material hardship. However, there is a significant share of long-term recipients (Bergmark & Bäckman, 2004) due to the upskilling of occupations, increasing numbers of refugees with low levels of education, and cuts in access to unemployment and disability insurance (Jensen et al., 2019; Lalive & Lehmann, 2020; OECD, 2018, 2022).

Long-term welfare recipients face both personal and structural obstacles to independence. Health issues such as pain, depression, and substance abuse, as well as other factors like caregiving responsibilities contribute to prolonged reliance on benefits (Ettner et al., 2006; Kessler et al., 2021; Løyland et al., 2020). Extended periods of poverty and dependency can negatively impact mental health and well-being (Dackehag et al., 2020; Ridley et al., 2020; Shahidi et al., 2019) and lead to contra-productive behaviors like not applying for jobs due to low confidence in own competence (de Bruijn & Antonides, 2022; Haushofer & Fehr, 2014; Ridley et al., 2020). Furthermore, factors such as caregiving responsibilities, limited qualifications, lack of work experience, and compromised mental health (Bjørnshagen, 2021) can make these individuals less appealing to potential employers. Dependency itself might thus prevent independence.

Caseworkers in social services do provide some counseling to support benefit recipients in tackling these challenges (Bergmark et al., 2017; Gough et al., 1997; Marchal & Cantillon, 2022), though typically more time is spent assessing clients' eligibility, including circumstances and resources, when they apply for benefits. Caseworkers generally cannot offer the sort of extensive ongoing support (Kutzner et al., 2009; Mäder, 2008; Marttila et al., 2012; Nett et al., 2005) that could improve long-term recipients' chances of exiting poverty and benefit receipt.

There is a growing base of high-quality evidence on the efficacy of counseling in many social work fields (Moriarty & Manthorpe, 2016), for social assistance recipients (Bergmark et al., 2017; Bobonis et al., 2022), and the unemployed (Audhoe et al., 2010; Gingerich & Peterson, 2013; Hulshof et al., 2020). These studies show that counseling improves subjective well-being, labor market outcomes like long-term earnings, and benefit receipt (Bobonis et al., 2022)—though there is also evidence for no short-term effects on earnings (Hulshof et al., 2020).

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There are three mechanisms through which counseling might work. First, assessments of clients' health, housing, employment, and social support provide an overview helping clients focus on where change is most needed (Moriarty & Manthorpe, 2016). Second, counseling involves coordinating access to other social benefits (e.g. unemployment or disability benefits) and services (e.g. vocational training) (Bergmark et al., 2017). Third, counseling can be used to increase clients' competence and well-being by helping them to define meaningful goals, take action, and monitor and reflect on the impact, always taking into account the social context that supports or hinders goal pursuit (e.g. social relationships and the labor market) (Cattaneo & Chapman, 2010). Sustainable impact can be achieved through active engagement during and between sessions to work towards one's goals, building basic life skills (Perren et al., 2009).

Some of the existing evidence on the effects of counseling social assistance recipients includes long-term benefit recipients, but, to our knowledge, there are no studies specifically of long-term social assistance recipients. For this reason, the Berne University of Applied Sciences (BFH), Department of Social Work, developed the approach "Change in Direction" (CD) (Steger et al., 2023). CD is an intensive short-term intervention intended to immediately increase long-term recipients' experience of competence and well-being and to increase earnings and reduce benefit use and healthcare costs in the long-term (see below for a detailed description of the intervention).

The objective of the present study was to assess the effectiveness of the Intervention CD that was designed for long-term benefit claimants.

The following hypotheses were tested:

Proximate effects, H1: The intervention increases the experience of competence in the form of a sense of mastery (H1a) and well-being in the form of vitality (H1b) and life satisfaction (H1c) of long-term recipients.

Long-term effects, H2: The intervention reduces cash transfers (H2a) due to both increased earnings from employment (H2b) and reduced health costs (H2c).

Method

Design and Setting

To estimate intervention impacts, a randomized controlled trial was conducted. The intervention took place in four social assistance (welfare) offices in German-speaking Switzerland in 2021. Social assistance offices are government offices staffed with trained social workers who manage cash transfers and provide counseling. Social assistance in Switzerland is the need-based bottom-tier social safety net that guarantees a minimum income (Obinger, 1999). It is regulated and funded at the regional level (cantons and municipalities). The Swiss Conference for Public Social Assistance creates guidelines, which aim to harmonize practice. The study design was reviewed by the Institutional Review Board of the authors' university (reference number: EAB2022_006).

Sample

Inclusion and Exclusion. Recipients of social assistance were eligible for the study if they met all the following criteria:

Inclusion criteria: Receipt of economic social assistance for at least 36 months, revision of entitlement to social assistance within the last 12 months, and approval by the head of the responsible organizational unit.

Exclusion criteria: Refusal to participate, in inpatient institution, under 25 years of age, incapable of judgement, under legal guardianship, in education and training, German language level A2.1 or lower, imminent exit from social assistance, and change in case manager in the last six months.

Sampling Procedures and Sample Size. Social services asked long-term recipients in writing and orally whether they wanted to participate in the study. According to the calculation with software for the computation of statistical power (G*Power), a sample of $N \geq 102$ was targeted to be able to detect medium effects of the intervention ($d = .5$, $\alpha = .05$, and power $= .80$). Although 106 participants were recruited, the analysis refers to just 80 (outcomes assessed in administrative data) or 81 (outcomes assessed in survey) participants due to study dropout.

Participant Characteristics. As can be seen in Table 1, almost two-thirds of the participants were between 34 and 54 years old at the time of the intervention, with an almost even gender distribution. Just over half of the participants were Swiss citizens; around two-thirds had completed an upper secondary level education (i.e. vocational education and training); six in 10 had received social assistance for more than five years, and about six in 10 lived in a single household. Compared to the total Swiss population of social assistance recipients in 2021, our study participants show a similar distribution with respect to gender and citizenship, but they are older, are more likely to have completed an upper secondary level education, received benefits for a longer duration, and are less likely to live in a single household (FSO, 2023a).

Design and Conditions

Randomization. The practice partners provided the research team with an anonymized list of cases that met the participation criteria. For each location, the cases were randomly assigned to the intervention or comparison group with a 50/50 allocation ratio. The "random number" function in MS Excel was used for this. Assignment was then communicated to the social services office and subsequently to the

participants. All participants were also informed about their assignment for legal reasons.

Intervention

Intervention Group (IG). The Intervention "Change in Direction" was carried out by professional social workers.

Table 1. Participant Characteristics (*N* = 106).

	n	%
Age		
25–34 years	11	9.2
34–44 years	37	31.1
45–54 years	37	31.1
55–64 years	21	17.6
Gender		
Female	55	51.9
Male	51	48.1
Nationality		
Swiss	60	56.6
Non-Swiss	46	43.4
Educational attainment		
Completed education at upper secondary level	61	57.5
No completed education at upper secondary level	45	42.5
Social assistance receipt		
3–5 years	41	38.7
More than 5 years	65	61.3
Household		
Single	65	61.3
Multi-person	41	38.7

The intervention was for four to five sessions, as illustrated in Table 2. In the first counseling session, a social worker explored values and needs along different domains of life. The second session was used to develop ideas for the future. In the third session, a personal implementation strategy was designed. An optional extra session was provided, aimed at enhancing successes and overcoming challenges. This involved, firstly, intensifying approaches that have proven effective, and secondly, analyzing challenges and developing strategies to surmount them. The fourth and final session evaluated achievements and clarified future social support.

The approach incorporates building blocks from design thinking in coaching (Burnett & Evans, 2016), acceptance and commitment therapy (Harris, 2014), and systems and solution-oriented social work (Gingerich & Peterson, 2013; Gitterman & Germain, 2008; Shazer & Dolan, 2021). The intervention assumes that an orientation towards the will, self-efficacy, and creating specific future plans leads to changes in the client's life. In addition, there is a deliberate change in social worker before the intervention. This should lead to a change of perspective and a new dynamic in case management.

The intervention was pretested on a subset of the sample population at another social assistance office. To ensure treatment fidelity, a web manual with methodological working materials supported social workers in implementing the intervention (Swiss Conference for Public Social Assistance, 2021). The social workers were trained using the manual and administered a quiz. During the intervention period,

Table 2. "Change in Direction": Intervention Outline.

Session	Content	Objectives
1	Exploring values and needs Worksheet: "Life compass"	You have helped your counterpart to find out: • what is personally important to them in different areas of life, • how strongly they are currently acting in accordance with their values and needs, and • what is currently preventing them from doing what they desire.
2	Developing future ideas Worksheet: "Design your future"	You have helped your counterpart to develop three ideas about what they would do in the future, if • things went on as before, • their current life was suddenly no longer possible, and • money didn't matter and it didn't matter what people thought.
3	Drafting an implementation strategy Worksheet: "Mind map"	You have supported your counterpart to create a strategy to • talk to people who do what the person wants to do, • to have experiences that could help the person test out their ideas, • organize the support the person needs to implement it, • take the first step.
3x	Strengthening successes, overcoming obstacles Worksheet: "Barriers to success"	You have supported your counterpart • recognize successes and obstacles when testing out ideas for the future and • develop strategies for dealing with obstacles.
4	Looking back and forward Worksheet: "Result documentation"	You have supported your counterpart • look back on what has been achieved and consider what remains to be done, • evaluate the joint work and the intervention, and • clarify their future with respect to social assistance.

two follow-up events were held for each social assistance office, at which the professionals were able to raise any questions or ambiguities in the implementation. According to protocols, social workers used all given methodological elements of the intervention in 97% of the cases. The optional additional methodological element ("Barriersto success") was used in 50% of cases.

Comparison Group (CG). Individuals in the CG received the usual help with social workers free to decide how many counseling sessions they wanted to conduct (on average of 1.5 sessions over the same period) and free to structure the counseling.

Measures

Mastery. Experience of competence was assessed in the survey using the concept of "mastery." *Mastery* is the extent to which respondents believe they can influence their lives through their actions (Pearlin & Schooler, 1978). This was operationalized by asking respondents the extent to which four statements applied to their lives, using a four-point scale. Statements included: "There is really no way I can solve some of the problems I have.", "I often feel helpless in dealing with the problems of life.", "Sometimes I feel that I'm being pushed around in life." and "I have little control over the things that happen to me." (Pearlin & Schooler, 1978; Rüesch et al., 2007). High levels of mastery are associated with an optimistic attitude, greater life satisfaction, a task-oriented approach to stress, and a higher subjective state of health; low levels of mastery are associated with physical problems or an avoidance-oriented approach to stress and depression (Rüesch et al., 2007).

The internal consistency of the additive scale was acceptable to good (Cronbach's $\alpha = .75$ (measurement before the intervention) and .82 (measurement after the intervention), respectively). In the Swiss Health Survey (SHS) (FSO, 2019), the scale had similar consistency (Cronbach's $\alpha = .83$).

Well-Being. Well-being was assessed with two dimensions, "vitality" and "life satisfaction." *Vitality* corresponds to the feeling of being alive and full of energy (Ryan & Frederick, 1997), while *life satisfaction* is understood as the reflected assessment of one's own life (Veenhoven, 2021). The vitality scale contains four items with a five-point response. Participants had to answer the following questions with respect to the last four weeks: "Did you feel full of pep?", "Did you have a lot of energy?", "Did you feel worn out?" and "Did you feel tired?" (Ware & Sherbourne, 1992). High levels of vitality are associated with quality of life, happiness, health, and social support. Low levels of vitality are associated with depression, anxiety, and fatigue (Bullinger et al., 2003; Hsiung et al., 2005). The internal consistency of the vitality scale was acceptable to good (Cronbach's $\alpha = .79$ (measurement before intervention) and .88 (measurement after the intervention), respectively). Similar consistency was also found here in the SHS (FSO, 2019) (Cronbach's $\alpha = .84$).

"Life satisfaction" is a single item that captures how satisfied respondents are with their lives on an 11-point scale of 0 (*not satisfied at all*) to 10 (*fully satisfied*) (FSO, 2023b). This item is used in the Statistics on Income and Living Conditions (EU-SILC) Survey of European Countries. Low levels of general life satisfaction are associated with unemployment, material deprivation, and bad health; high levels are related to higher education, higher income, and social support (Eurostat, 2015).

Cash transfers, earned income, and health costs. Cash transfers were measured using administrative data on net payments made by social assistance offices to participants (FSO, 2023a). To understand the mechanisms behind changes in cash transfers, we additionally measured health costs and employment earnings. Healthcare costs were measured by healthcare expenditures paid for the client by social assistance.

Covariates. To balance out any differences in characteristics between the IG and CGs remaining after randomization, information on age, gender, duration of social assistance receipt, number of individuals in the household, citizenship, education level, date of interview, and social service location were collected from the survey and administrative registers.

Data Collection

Outcome measures were assessed before and after the intervention. The study period was between May and October 2021. The questionnaire was pretested with welfare recipients. The online survey was available in twelve languages and could be completed on a computer at the social assistance office in privacy. On average, it took about 5 min to complete the survey.

Administrative data (cash transfers, earnings, and health costs) were exported from case management software before the intervention and one year after the start of the intervention and linked to the survey data. For cash transfers and earnings, data were collected for the month in which the intervention began (T_1) and 12 months after the intervention started (T_2). For health care costs, data were collected for the last 5 months before the start of the intervention (T_1) and 5 months exactly one year later (T_2).

Data Analysis

To measure the effects of the intervention, we used OLS models on the change score. Change score models allow for more precise estimations of treatment effects in small sample experiments (Salganik, 2019). That is, we assessed the change in outcome levels between baseline and the end of the intervention and regressed this change variable on an intervention dummy. To adjust for incomplete randomization (see below), we included the above-mentioned covariates in

the regression model. Estimates are adjusted for differences between IG and CG in age, benefit duration, gender, citizenship, educational attainment, household size, date of first interview, location of social service and baseline values of vitality, mastery, life satisfaction, cash transfers, earnings, and health costs.

To account for study dropout, we estimated the intervention effect based on a weighted sample. Weights were calibrated to the distribution of the total population of clients for whom we have baseline measures ($N = 106$). Weights were calculated using entropy balancing (Hainmueller, 2012). Specifically, weights correct for the lower share of individuals with very long benefit duration. Analytical data included no missing information. All analyses were performed with R, version 4.3.1. Replication materials will be available from April 2024 at: https://resources.swissubase.ch/replication.

Results

Participant Flow

Figure 1 shows the selection and attrition of participants throughout the study. A third of the participants dropped out of the intervention, half of them after the first counseling session. Those who discontinued the study received social assistance for significantly longer on average than those who completed participation.

Baseline Data

Table 3 gives a descriptive overview of our analytical study samples. It shows the means, standard deviations, and tests of statistical differences between the IG and CG in terms of sociodemographic characteristics, benefit receipt, and outcome levels before the intervention began. Participants in the IG were, on average, 45 years ($SD = 9.1$) and participants in the CG, on average, 46 years ($SD = 9.1$) old. There was an almost even gender distribution (IG: 58% women, CG: 47% women), a minority were Swiss citizens (42 and 38%), about half had completed an upper secondary level education (i.e. vocational education and training) (52 and 41%), and a slight majority were in single-person households (60 and 62%). Participants in both groups had received benefits for about seven years on average (M IG = 6.7, $SD = 3.5$; M CG = 7, $SD = 3.9$). Both groups average reported vitality (M IG = 2.92, $SD = 0.8$; M CG = 2.86, $SD = 0.8$), mastery (M IG = 2.48, $SD = 0.8$; M CG = 2.38, $SD = 0.7$), and life satisfaction (M IG = 5.9, $SD = 2.04$; M CG = 5.3, $SD = 2.3$) were statistically significantly lower than average values reported by individuals of working age in the 2017 SHS (FSO, 2019) (M vitality: 3.56, $SD = 0.7$; $n = 12,055$; M mastery: 3.26, $SD = .7$, $n = 11,942$), respectively, the SILC (FSO, 2023b) (M life satisfaction: 7.8, $SD = 1.67$; $n = 15,315$).

The IG and CG are not statistically different from one another, though the IG has slightly more women, more individuals with a secondary diploma, report a higher average life satisfaction and have higher net benefit receipt (Cohen's d above .2). Because of these differences, we balance the groups by adding linear controls in our change score OLS models.

Effects of the Intervention

Table 4 shows descriptive statistics reporting unweighted means of the outcome variables mastery, vitality, life satisfaction, cash transfers, earnings, and healthcare costs, both pre- and post-intervention. Table 5 presents the results of our hypotheses tests, reporting both adjusted raw and standardized differences in change scores between the IG and CG, along with 95%-confidence intervals and p-values.

Proximate Effects. Hypothesis 1a posited that the intervention would increase mastery. Results confirm this with a statistically significant increase in mastery in the IG compared to the CG ($β = .46$, CI [0.03, 0.89], $p = .038$), though the confidence interval's lower bound is close to zero, which, while maintaining statistical significance as indicated by the p-value, suggests a need for cautious interpretation of the effect's strength. Results for mastery were sensitive to the choice of covariates, with some models with $p > .05$, but most with $p < .1$, indicating a dependence on the model specification.

Hypothesis 1b stated that the intervention would increase vitality. Results confirm this, with a statistically significant increase in vitality ($β = .62$, CI [0.17, 1.07], $p = .008$). Again, the lower bound of the confidence interval just slightly being above zero suggests that the effect is substantial but should be interpreted with caution. Results here were more consistent across models with $p < .05$ irrespective of controls.

Hypothesis 1c, that the intervention would increase life satisfaction, was rejected.

Long-Term Effects. Hypothesis 2a stated that the intervention reduces cash transfers, Hypothesis 2b that it increases participants' earnings, and Hypothesis 2c that it decreases health costs. The size of standardized coefficients for earnings and health costs suggests a small increase but both the coefficients for earnings and health costs as well as the coefficient for cash transfers are not statistically significant, leading to the rejection of hypotheses 2a-2c.

Discussion and Applications to Practice

The study results suggest that the intervention "Change in Direction" (CD) improved clients' inner psychological resources. After the intervention, participants reported higher levels of vitality, i.e. they felt more energized and less tired. The effect size was substantial: the intervention
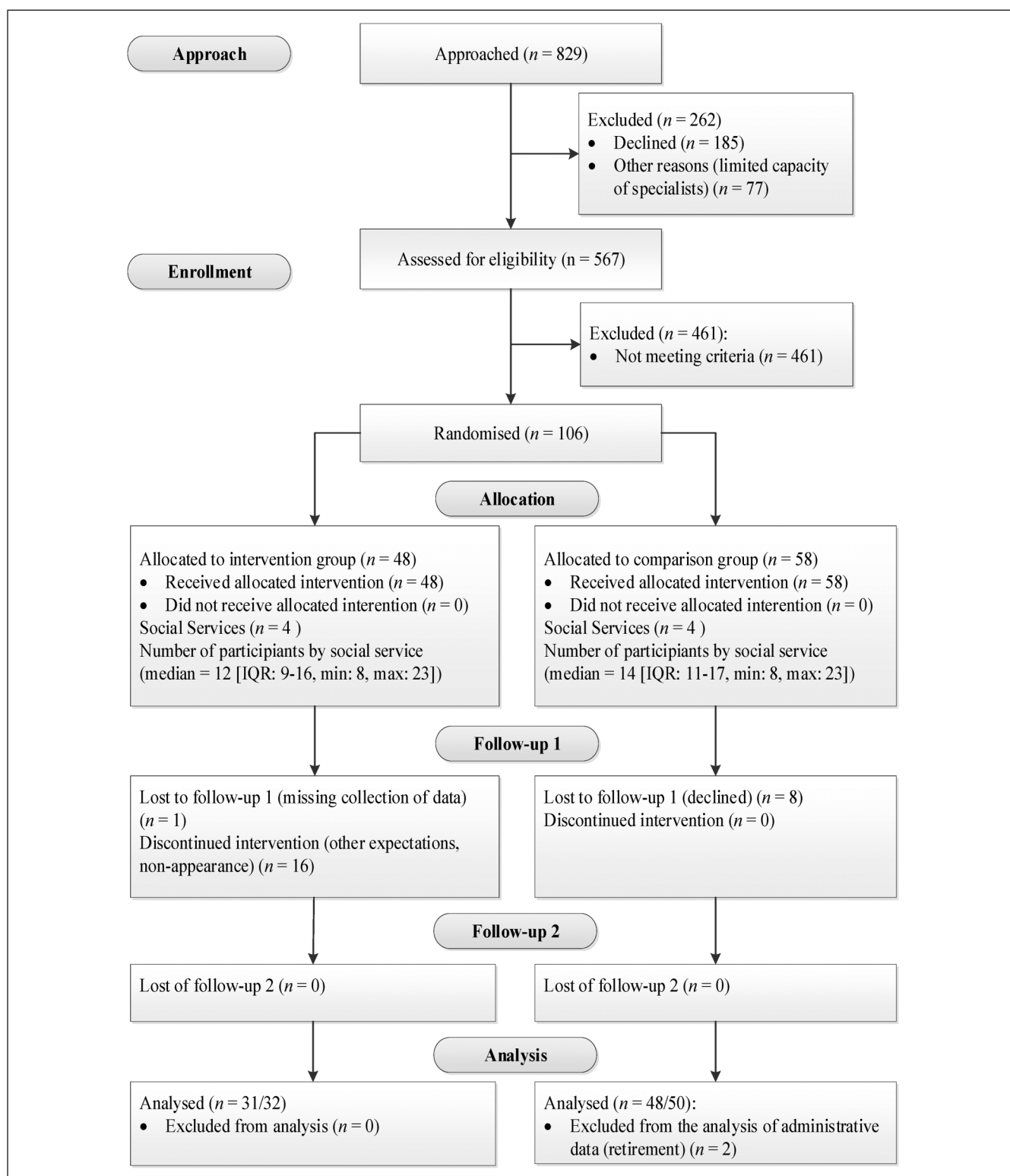
Figure 1. Participant flow.

reduced the gap between the study participants and the average of the Swiss working age population by 54%. The intervention also increased clients' mastery, i.e. their ability to cope with life challenges. Here, we find a reduction in the gap with respect to the average of the Swiss working age population by 35%. Results suggest motivating clients

Table 3. Baseline Data.

Variable	Intervention group (n = 48)		Comparison group (n = 58)		t	p	Cohen's d
	M	SD	M	SD			
Age	45.35	9.11	46.74	9.09	−0.78	.437	−0.15
Female	0.58	-	0.47	-	-	.311	0.22
Swiss	0.42	-	0.38	-	-	.848	0.08
Educational attainment (1 = Upper secondary level diploma)	0.52	-	0.41	-	-	.366	0.22
Benefit duration (years)	6.73	0.50	6.84	0.50	−0.35	.727	−0.07
Multi-person Household	0.40	-	0.38	-	-	1.000	0.04
Vitality	2.92	0.79	2.86	0.77	0.33	.742	0.08
Mastery	2.48	0.77	2.38	0.71	0.64	.527	0.14
Life satisfaction	5.90	2.04	5.30	2.31	1.23	.223	0.28
Cash transfers (CHF/month)	2631.04	1869.95	2263.1	890.62	1.04	.305	0.25
Earned income (in CHF/month)	403.77	839.40	429.31	693.11	−0.14	.886	−0.03
Health costs (in CHF/month)	371.65	498.73	348.39	354.56	0.23	.820	0.05

to set goals, plan activities to reach these goals, and mobilizing relevant social support can boost well-being and coping. These results are similar to those from motivational interventions for the unemployed, such as the "job search demands-resources" intervention, "solution-focused brief therapy," and intensive employment support services more generally (Audhoe et al., 2010; Bobonis et al., 2022; Hulshof et al., 2020). However, to our knowledge, this is the first study to show that similar interventions can improve the well-being and competence of long-term welfare recipients.

CD was not able to bring about structural changes in the lives of participants. It did not improve their labor market outcomes as measured by their earnings, their health as measured by their health expenditure, their welfare dependency as measured by the amount of received cash transfers, or their overall life satisfaction. These results confirm previous studies finding it is difficult to improve the work, health, and earnings of the unemployed through counseling (Audhoe et al., 2010; Hulshof et al., 2020).

One explanation for these null results is that such big changes simply do not occur within such a short time frame (one year). Many participants were motivated by the intervention to make plans to retrain and start a new career. However, it could take years between this decision and a measurable change in earnings (cf. Bobonis et al., 2022). Likewise, life satisfaction might be more impacted by the results of these life-plan decisions rather than the plans themselves (Veenhoven, 2021). Another explanation for null results could simply be the immense psychological and structural hurdles long-term social assistance recipients face. Care duties, physical limitations, substance abuse, and mental health issues could be such an immense barrier that even a long-term observation window would not show significant changes in earnings, health costs, or cash transfers.

It is important to note some of the study's limitations. First, results are based on a small sample with results for mastery being border-line significant depending on model specification. Additional studies with larger samples are needed. Second, our outcome measures might not capture all relevant aspects of structural change that the program induced. Ideally, for example, we might measure enrollment in training. Third, recent studies have demonstrated the importance of longer-term outcome measurements than we used (Bobonis et al., 2022). Long-term measurements could thus be a way of obtaining a fuller picture of the effects of the CD intervention. Conversely, it is also possible that the positive effects on vitality and mastery we found, diminish over time. Fourth, the external validity of findings remains unclear to some extent. By applying weights in the analysis to account for study dropout, we ensure that the findings accurately represent eligible individuals at participating social services. However, as we lack information on characteristics of all potentially eligible long-term benefit recipients in Switzerland and other countries, we are unable to conclusively assess the representativity of our data.

Table 4. Descriptive Statistics.

Variable	Intervention group ($n = 31/32$)		Comparison group ($n = 50/48$)	
	Pre (T_1)	Post (T_2)	Pre (T_1)	Post (T_2)
Mastery				
M (SD)	2.48 (0.77)	2.73 (0.71)	2.38 (0.71)	2.40 (0.80)
95% CI	2.20–2.77	2.46–2.99	2.17–2.58	2.17–2.63
Vitality				
M (SD)	2.92 (0.79)	3.19 (0.95)	2.86 (0.77)	2.74 (0.88)
95% CI	2.63–3.21	2.84–3.54	2.64–3.08	2.49–3.00
Life satisfaction				
M (SD)	5.90 (2.04)	5.94 (2.35)	5.30 (2.31)	5.64 (2.28)
95% CI	5.16–6.65	5.07–6.8	4.64–5.96	4.99–6.29
Cash transfers (CHF/month)				
M (SD)	2631 (1870)	2477 (2186)	2279 (899)	2221 (1071)
95% CI	1957–3305	1689–3265	2018–2540	1910–2532
Earnings (CHF/month)				
M (SD)	404 (839)	632 (960)	447 (702)	548 (1102)
95% CI	101–706	286–978	243–651	228–868
Health costs (CHF/month)				
M (SD)	372 (499)	538 (662)	347 (358)	373 (434)
95% CI	192–551	300–777	243–451	247–499

Table 5. Effects of the Intervention on Outcomes of Interest.

Outcome	B	95% CI	β	t	p
Mastery	0.29	[0.02, 0.56]	.46	2.12	.038
Vitality	0.44	[0.12, 0.76]	.62	2.73	.008
Life satisfaction	−0.17	[-0.97, 0.64]	-.10	-0.41	.683
Cash transfers	28.02	[-445.66, 501.7]	.03	0.11	.906
Health costs	85.59	[-102.16, 273.33]	.21	0.91	.365
Earnings	120.28	[-222.76, 463.32]	.17	0.70	.486

Note. Reported are coefficients (and 95% confidence intervals) of the effect of the intervention (the difference in the change scores between the intervention and the comparison group). Coefficients for covariates are not shown. Results based on weighted samples with weights calibrated to study population at intervention start (adjusting for individuals that dropped out of the study). N outcomes measured in survey: 81; N outcomes measured in administrative data: 80.

In sum, this study underscores the effectiveness of a systematic counseling approach like CD in improving clients' mastery and vitality. These findings suggest that social workers should integrate such methodically structured empowerment strategies into their interventions, tailored to meet the unique needs of long-term welfare recipients.

However, to optimize the intervention's effectiveness in promoting labor market participation and economic independence, further refinement of the approach may be necessary. Addressing high intervention dropout could involve providing clearer preliminary verbal information about the program's nature. For instance, initial discussions about the intervention led by a client's current case manager could help decrease dropout. Additionally, introducing such interventions earlier in the welfare cycle (e.g. after 2 years of benefit receipt) might increase reemployment chances. Strengthening collaborations with social insurances, vocational training programs, other municipal administrative units, and local businesses as well as activating private support networks and community support could also provide more effective access to suitable employment opportunities. Yet, these are complex challenges that often transcend the scope of individual social work; hence, a comprehensive and coordinated set of public policies is essential to foster meaningful change and development for individuals affected by long-term poverty and reliance on welfare.

Important Information

Protocol

The full trial protocol is available under Steger et al., 2023.

Declaration of Interests

Stakeholder Investments

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Declaration of Conflicting Interests

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