



# 'Empowering People to Work' Consultation Response

The Revolving Doors Agency Response to  
the Department for Work and Pensions

21 April 2006

## REVOLVING DOORS AGENCY

Revolving Doors Agency is an independent, award-winning charity with over 13 years' experience of developing, testing and promoting innovative ways of working with people caught up in the damaging cycle of crisis, crime and mental illness. All of our clients have mental health problems and have been arrested or imprisoned, but most also present with a wide range of problems, such as homelessness, substance misuse and histories of abuse and institutionalisation. We are the United Kingdom's only national charity exclusively devoted to working with this client group.

### 99% of our clients are unemployed

The green paper notes that "the scale of the challenge is typically more concentrated in some of the poorest and most disadvantaged areas, and among people who often face other disadvantages, such as low skills". Revolving Doors Agency offers a particular expertise in relation to this challenge since all of the individuals with whom we work not only fall into this bracket but are also isolated from their local communities and from services.

One area of our work is the development of practical 'Link Worker schemes' based in police stations, courts and prisons, which offer a needs-based service combining assertive outreach with the provision of emotional support and practical help. We assist our clients to gain access to services such as housing, primary health care, welfare benefits, education and employment, and drug and alcohol rehabilitation services.

This response is the result of consultation with Revolving Doors Agency service users

and staff. We have endeavoured to tailor our response to the specific consultation questions, but have added additional notes where necessary and appropriate.

## GENERAL POINTS

We draw attention to the following:

- the green paper refers to the reforms to the tax and benefit policies since 1997 which "have ensured that work pays": this does not accurately reflect the position as we have found it and more needs to be done<sup>1</sup>
- effective referral routes for individuals coming out of residential settings, such as psychiatric facilities or prison, and the avoidance of delay should be priority areas for any reform of the current system

## CONSULTATION QUESTIONS

### **I. What else should we consider to give the right incentives to employers to provide increased health support to their workforce?**

Revolving Doors Agency is concerned particularly with mental health support in the workplace. It is well-documented that stigma about mental health is rife amongst employers and this places sufferers at a disadvantage in even finding a job, never mind sustaining employment. The DWP is right to say that this is not the sole responsibility of

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<sup>1</sup> N. O'Shea, I. Moran and S. Bergin (2003) 'Snakes and Ladders' London: Revolving Doors Agency

that department and pan-Government initiatives are required.

However, in addition to stigma, there is a number of practical reasons why mentally ill people have problems accessing and sustaining employment. This needs urgent attention in the context of these reforms. Employers may be concerned about reduced reliability due to the risk of relapse. Many people with mental illness, but by no means all, feel that the most they can manage at first is part-time or intermittent work. This may not be attractive to employers recruiting full-time, permanent posts. Moreover, the additional flexibility that is often required to support individuals with mental illness, and the resources needed to educate existing employees about mental illness in the workplace, are significant investments to make when there may be other individuals without mental illness who are equally as good at the job.

For some employers, the economic incentive will be the only one to bite. This means providing convincing economic evidence that employing individuals with mental illness will be beneficial; or in the absence of any such evidence, legislation requiring compulsory provision for supporting mental illness in the workplace.

Other more community-spirited employers may be willing to offer individuals opportunities without such economic incentives but the majority will nevertheless still be risk averse. Minimising risk will therefore be crucial. In practice, this means equipping potential recruits with a package of support which will underpin their first steps into employment; not one that stops on their first day at work. Employers need the reassurance that there is external support to employees undergoing the transition from unemployment, particularly those individuals with mental health problems, past addictions, traumatic childhoods etc.

The fact that the statutory and voluntary sectors do not operate on the basis of

commercial gain may mean that employers in these sectors may be more receptive to diverse recruitment initiatives. However, the fact that the private sector is harder to reach should not mean that it drifts out of the focus of these reforms and significant steps should be made by the DWP and the DH to engage with private sector employers in supporting individuals with mental health problems.

### **Note on Healthcare Professionals**

On referral to Revolving Doors Agency, 34% of clients who need to see a GP are not registered with one<sup>2</sup>. As such, GPs are often not the gateway to health services for our clients. Moreover, as the Rt. Hon. John Hutton recently pointed out at the recent meeting of the All Party Parliamentary Group for Mental Health on 18<sup>th</sup> April 2006, most GPs are not trained in mental health and may not be in the best position to assess the effects of mental illness on capacity to work.

We therefore strongly support the proposal to involve other healthcare professionals in the new Employment and Support Allowance system. For example, Community Psychiatric Nurses may often be better placed to undertake the Personal Capability Assessment for individuals such as our clients. However, we stress that CPNs are usually specialists in certain types of mental illness and may not always be best placed to understand wider mental health problems. We strongly recommend taking account of evidence from wider sources, such as drug and alcohol services, probation and social services.

Since 40% of existing claimants of Incapacity Benefit have mental health problems, a proper grasp of mental illness in the new system is not only necessary, but absolutely crucial in light of the conditional nature of that system to avoid patent injustice to claimants with mental illness.

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<sup>2</sup> *ibid*

#### **4. Do the types of 'suitable activity' we have set out provide a sensible range of activities that could be undertaken in order to fulfil an acceptable action plan?**

The range of suitable activities is to be welcomed, particularly the inclusion of stabilising life activities, which will be of great significance to our client group. Rather, we are much more concerned about the way in which the personal action plan will be drawn up and implemented, particularly for individuals with mental health problems.

(a) Personal advisers will now be required to build up intensive relationships of trust in order to better support claimants.

This proposal is welcomed in principle. However, our clients point out that lack of mental health awareness is a primary reason why they experience problems with benefits staff: they simply don't understand mental health and its implications on an individual's ability to function.

(b) Personal advisers will now be required to enforce the conditionality requirements of the new system

This requirement puts personal advisers in a compromising position and may jeopardise their ability to build up relationships with claimants and work with them productively to enter into employment.

It is clear that the government perceives conditionality as a crucial part of the new proposals. The Rt. Hon. Margaret Hodge has framed this in terms of fulfilling responsibilities and meeting the expectation that, where more support is offered, individuals should engage in it<sup>3</sup>. In principle, this does not sound unreasonable, but there is enormous scope of hardship if the support offered is inappropriate and the expectation unrealistic.

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<sup>3</sup> CareandHealth.com, 'Special Feature: Hodge defends welfare reforms', 13 February 2006

Moreover, it must be accepted that despite the most carefully planned packages of support, for a minority of individuals these reforms will not always lead to employment. Rather than penalise them for failure, personal advisers must be able to recognise when that failure is a result of deep-seated problems rather than sheer refusal to engage.

A significant factor to bear in mind is suitability for different types of work. For example, one third of our client group has a formal diagnosis of personality disorder and a further third is assessed by Link Workers as having personality issues<sup>4</sup>. Personality disorder affects thinking, feelings, interpersonal relationships and impulse control – all of which are highly relevant to the question of suitability for employment, as recognised by the National Institute for Mental Health in England. Individuals with this type of mental health problem may find office-based work or dealing with members of the public difficult. On no account should they then be set up to fail in unsuitable placements simply because the local job market cannot offer the kinds of employment that they can sustain.

(c) Discretion

A measure of discretion is clearly needed amongst personal advisers in order for them to gauge the most appropriate course of action for a claimant. However, discretion can breed inconsistency and bad practice and therefore simply must be accompanied by thorough training and good management.

(d) Joined-Up Working

To be effective, personal advisers must now succeed where so many others have failed: they must create and sustain relationships with the full range of different support services. For example, drug and alcohol addiction is a critical issue for many of our clients. Personal advisers must work very

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<sup>4</sup> N. O'Shea, I. Moran and S. Bergin (2003) 'Snakes and Ladders' London: Revolving Doors Agency

closely with addiction services to ensure appropriate support, since it is not acceptable to draw up an action plan which does not take into account the effects of addiction and the timescale of recovery.

## Training

Many of the points made in our response to this consultation depend on thorough training for personal advisers. This should include:

- Mental health training for specialist mental health advisers: individuals with mental health problems should not be advised by a personal adviser who is not competent or confident in dealing with mental health issues.
- Ensuring a good understanding of the dynamic of the local job market, particularly current and predicted trends, to prevent target-setting that is unrealistic.

Skills in creating and sustaining relationships with other organisations.

## **7. How do you think that we can best improve work incentives within the new Employment and Support Allowance so that individuals have the opportunity to try out periods of work and progress to full-time work where possible?**

There are systemic barriers to employment. For our clients the three most significant are: employers' attitudes to mental health; lack of formal qualifications (although not necessarily lack of experience); and a criminal record. The latter, in particular, raises wider issues outside the scope of this consultation but is an important point to bear in mind when setting targets for ex-offenders.

There are also personal barriers to employment. For individuals struggling with a

lifetime of trauma and instability, overwhelming and self-defeating under-confidence is the single biggest barrier to success in employment. (Incidentally, this is a very real example of the kinds of mental health issues that personal advisers need to be confident in grappling with.)

Many of our clients would like to undertake voluntary work and to 'try out' employment. This could be of significant benefit to employers as well. It is a low risk venture economically and particularly valuable in demystifying mental health and encouraging employment of individuals with mental health problems.

In the current climate of conditionality, it would be important to 'reward' individuals who do engage in voluntary work. Incentives work both ways: it is unfair, on the one hand, to penalise people who do not engage, and, on the other, fail to recognise individuals who go over and above 'work-related activity' and actually begin to reintegrate into the workplace.

Recognition of achievements falling short of formal qualifications is also very important for individuals who frequently lack the self-confidence, and hence the motivation, to get back into work. Even certificates of attendance at voluntary work placements are of value to people who otherwise struggle to prove that they are reliable, since it shows a certain level of commitment. Character references have also been identified by our clients as very important, since they are often labelled by their past; their current abilities and state of mind are often overlooked.

Examples of good practice in preparatory skills are programmes run by Fairbridge, the Creative and Supportive Trust and Barrier Breakers.

## **Note on Appeals**

Whilst improvements to the appeals procedure are necessary, the real thrust

behind the current reforms should be to ensure that bad decisions are not made in the first place. The fact that so many decisions are successful at appeal has nothing to do with defects in the appeals system, but defects in the original decision-making process. We therefore echo our previously made point that personal advisers specially trained in mental health are necessary and should be equipped with the time and resources to deal with mental illness properly the first time round.

**10. Does utilising voluntary sector and private providers in this way sound sensible? Would outcome-based payments incentivise providers to meet the challenges of delivering Pathways to Work and the new arrangements described in Chapter 4?**

Revolving Doors Agency is the lead agency for Partners in Reducing Re-offending<sup>5</sup>, a pan-London project aimed at building effective partnerships between voluntary and community sector (VCS) organisations to help reduce levels of re-offending. Commissioned by the Voluntary Sector Unit in the National Offender Management Service, it is one of several pilot projects aimed at exploring the development of constructive joint-working between voluntary sector organisations using consortium-based models of service delivery. Our response to this question is based on the learning taken from this project.

The principle of partnership-working is of great value, since there is a wealth of evidence to promote the objective of a joined-up approach to public service delivery. The VCS can offer particular strengths: the primary objective of this sector is largely to support, or to procure support, for disadvantaged people.

We make a number of recommendations in support of partnership work with the VCS:

1. The expertise of the VCS lies in identifying unmet need and the failings of the market and existing service provision. When VCS organisations become service providers the emphasis shifts such that the innovation and forward-thinking which make the sector what it is can be lost in bureaucracy. The VCS should be encouraged and enabled to retain its nature as a dynamic and proactive sector, which in real terms means retaining statutory services provision, rather than wholesale contracting out to the VCS and private sector.

2. The current culture of target-driven performance is not compatible with the way in which the VCS operates. And it is precisely because the VCS does not operate in this way that it achieves results that the statutory sector cannot. A more sophisticated means of measuring is required if the commitment to partnership-working is to be made real. This means ensuring that the focus is on outcomes rather than outputs *i.e.* on actual results, not on the way in which organisations achieve them: it is very difficult for the VCS to *prove* its capacity to innovate, particularly in the context of complex inter-sectoral partnerships. Part of the process should also be about capturing the 'added value' of a service, which requires qualitative assessment.

3. Outcomes measurement should also take into account investment in the long-term. Real progress can be sacrificed for the purposes of achieving short-term goals and the subtleties of the process of 'transforming' a life ignored: moving from chaos to stability takes place in a series of incremental steps which are not necessarily measurable in a quantitative way. Nor would a series of targets be likely to line up over time such as to instigate change over a long period. For example, what length of time do you allocate for recovering from the loss of a child? Sexual abuse? Physical trauma? These are the

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<sup>5</sup> [www.PiRR.org.uk](http://www.PiRR.org.uk)

kinds of issues that personal advisers will be faced with on a regular basis.

4. Most small voluntary organisations face a constant struggle to secure funding. A significant source of additional difficulty are funding sources which impose considerable administrative burdens, Supporting People is a common example. Meeting these arduous requirements can compromise an organisation's capacity to deliver the very service that it is commissioned to provide. The DWP must work with key stakeholders in the VCS to design systems which are administratively workable.

### **11. Will this proposal provide an effective mechanism to join up the work of different agencies and make better use of existing funding to tackle the problems in cities?**

Community-based consortia are to be welcomed. Revolving Doors Agency organises a regular Local Advisory Group in each area where we have a Link Worker scheme. This brings together health, criminal justice, substance misuse and social care agencies, both statutory and voluntary, to review the performance of our schemes locally and to discuss practical ways of improving inter-agency working in the area. This has proved a successful model in creating a desirable dialogue.

The VCS has traditionally objected to compulsion and prefers non-coercive service delivery. The new conditionality requirements will need to be the subject of open and frank discussion to ensure that concerns are addressed and mechanisms put in place for smooth and consistent delivery.

Of particular note are Education, Training and Employment (ETE) providers working within the criminal justice system, since they operate in a unique sphere and play an important role in bridging the custody-community divide. This leads to consortium arrangements which are especially complex

but which can also be very positive in addressing the needs of the client group. Such consortia should be invested in and supported. An example of good practice in this area is the work of Pecan.

### **12. How should Housing Benefit be adapted to meet our welfare reform objectives for tenants in the social housing sector?**

Any simplification of the incredibly complex Housing Benefit system is welcome.

Our real concern is in ensuring that the new emphasis on personal responsibility does not cost vulnerable people their homes. Unsatisfactory unstable or inappropriate housing has been shown to be a significant risk factor for mental health<sup>6</sup>. There is also a demonstrable link between access to suitable housing and re-offending rates. A Home Office study found that suitable, stable accommodation may reduce an individual's chances of re-offending by more than 20%<sup>7</sup>.

As our clients point out, individuals with addictions do not have the self-discipline to take responsibility for paying rent themselves. A significant number of individuals with whom we work already have real problems with arrears even when their Housing Benefit is paid directly to the landlord.

The question is not whether or not certain vulnerable people should receive their Housing Benefit directly – because some clearly should not – but how vulnerability should be assessed, and by whom. We urge thorough consultation with key stakeholders about vulnerability criteria and about the appropriate rigour with which these criteria are applied in practice.

<sup>6</sup> Page, A. 'Poor Housing and Mental Health in the United Kingdom: Changing the Focus for Intervention in The Journal of Environmental Health Research Volume 1, Issue 1' February 2002

<sup>7</sup> OASys Pilot Study (2001)

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