



## **Improving Lives: The Work, Health and Disability Green Paper – consultation response from Revolving Doors Agency**

### **About Revolving Doors Agency**

Revolving Doors Agency (RDA) is a charity working across England to change systems and improve services for people who face multiple and complex needs, including poor mental health, and come into repeated contact with the police and criminal justice system (CJS). We work with policymakers, commissioners, local decision-makers, and frontline professionals to share evidence, demonstrate effective solutions, and change policy, while involving people with direct experience of the problem in all our work through our national service user forum.

Everyone should have the chance to work and to benefit from the improved financial resilience, self-esteem and new social networks employment can bring. Good quality, appropriate work can also be supportive of health. Many who have themselves used services for people with complex needs, including ex-prisoners, are keen to 'give something back' or to create a new identity for themselves through employment.

### **Executive summary**

#### **Chapter 1: Tackling a significant inequality**

- People with multiple and complex needs will typically face serious and overlapping health and social problems; understanding and addressing these problems will be an important part of any offer of employment support
- The Department for Work and Pensions is accountable for Jobcentre Plus, and should be able to use that to influence local actions and priorities
- For the Work and Health Programme, DWP should consider introducing more robust minimum service standards, and ensuring that contracts lock in specialist provision
- Helping commissioners and other stakeholders understand where and how much savings accrue should help to incentivise joint or pooled commissioning
- Progress is likely to depend on partnership work; expectations of all partners should be realistic, given capacity and resources

#### **Chapter 2: Supporting people into work**

- Some labour market interventions can be costly. Where there is evidence to confirm their effectiveness and cost effectiveness, investment should be made. We welcome the commitment to pilot, trial and evaluate approaches and interventions
- The Jobcentre Plus offer for substance misusers should be extended to all members of the revolving doors group
- Rationalising and simplifying conditionality through legislation where required and through guidance elsewhere would be welcome

- Helping all stakeholders to develop a shared and robustly evidence-based assessment and diagnostic tool would be a valuable addition to the repertoire of employment support providers
- We support the Black report's recommendation to trial IPS and IPS Lite for people affected by substance misuse, and would recommend further evaluated pilots of IPS at larger scale
- We would welcome a mixed ecosystem of provision that could include wage incentives and intermediate labour markets these alongside IPS, training and job search support
- More effective partnerships including colocation, provide ways to keep ESA support group claimants in contact with appropriate support, but this should be only with consent and should be unconditional. For many it should be light touch, or no touch

### **Chapter 3: Assessments for benefits for people with health conditions**

- The processes of assessing barriers to employment and fitness to work are linked but essentially separate, and should be treated as such

### **Chapter 5: Supporting employment through health and high quality care for all**

- DWP should consider the recommendations made by the National Audit Office in its report into sanctions
- Having mediated conversations with the jobseeker or claimant, Jobcentre Plus and partners is likely to help to improve disclosure and retain a positive and strengths-based focus
- A flexible approach to all with fluctuating conditions, including mental ill health, incorporating the freedom to move in and out of support as their health changes, will maximise opportunities
- Each Jobcentre Plus district, or possibly each upper tier, unitary or metropolitan authority, or combined authority, should be tasked with designating a health and work champion, regardless of sector
- DWP should consult directly with jobseekers, other claimants and representative groups to establish common ground on data sharing which respects individual rights to privacy, confidentiality and control but allows more easily for appropriate information sharing to improve support. Cross-government consideration should be given to this consultation looking more broadly than merely health and employment support

### **Chapter 6: Building a movement for change: taking action together**

- Large scale campaigns should be continued, and beacon employers should be sought, particularly for conditions or issues where stigma is a significant factor, like substance misuse and offending
- Government should monitor and publish progress in the employment of people in the public sector with long term health conditions and other significant barriers to work, including contact with the CJS

### **About this response**

RDA welcomes the opportunity to respond to this consultation but will limit comments to matters most relevant to itself and the groups it advocates on behalf of. We have also hosted a consultation event at one of its forum meetings, facilitated by a member of the joint DWP/DH Work and Health Unit; notes from that meeting have been submitted separately. Members of RDA's forum have also been consulted as part of the process of drafting this response. RDA has previously responded to relevant related consultations and calls for evidence around health, labour market programmes and policy, and welfare reform. We have also participated in stakeholder discussions with DWP officials and experts such as the independent reviewer Dame Carol Black.

## About the revolving doors group

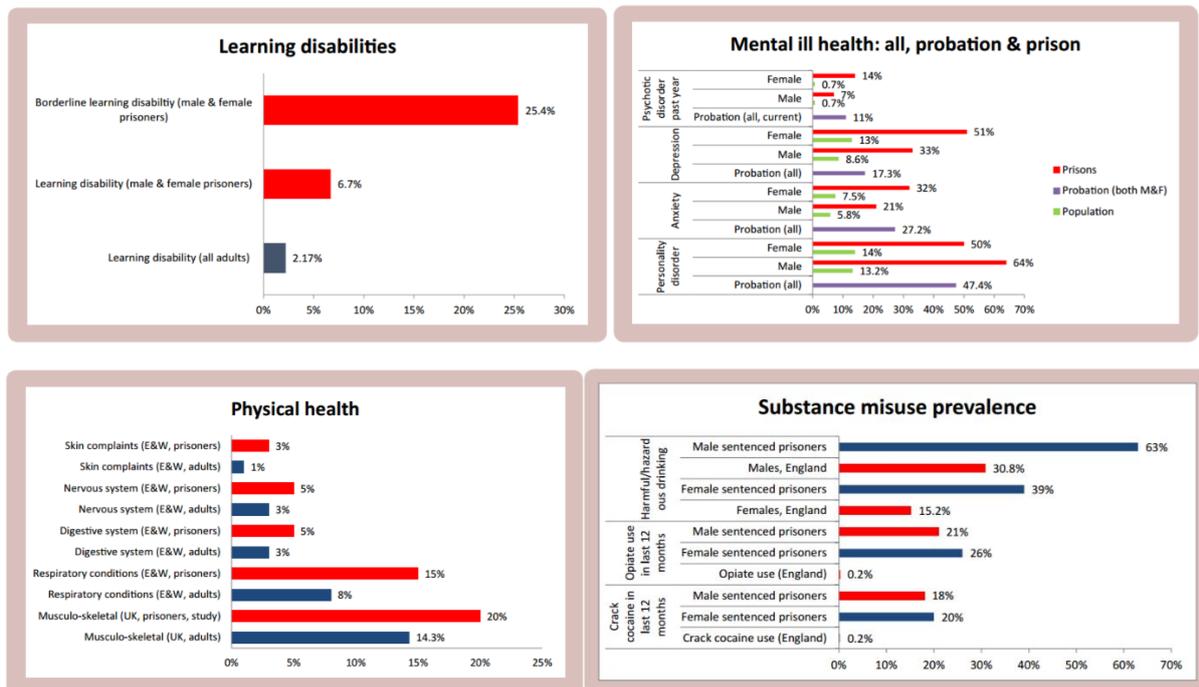
The precise size of the revolving door cohort is difficult to quantify. The most robust recent estimate suggests that just over 120,000 people are in contact with homelessness services plus one or both of substance misuse services and the CJS, or just under 90,000 who are in contact both with homelessness services and the CJS.<sup>1</sup>

For this group, high rates of unemployment, and concomitant poverty, deprivation and social exclusion go hand in hand with their health, housing and offending-related needs. The associations and causal relationships between these needs can be complex and changeable, and can often be mutually reinforcing – either positively, or negatively.

The same report found that employment rates ranged between 6% and 35%, depending on the combination of homelessness, offending and substance misuse-related needs. Subjectively, people with these needs, perhaps unsurprisingly, tend to report very low quality of life. Public spend per year on the cohort with all three needs has been estimated to lie in the range of approximately £15,000 to approximately £20,000 per person per year, while the cost of a prison place is over £35,000 per year.<sup>2</sup>

## Health inequalities

Our recent report Rebalancing Act<sup>3</sup> highlighted some of the combinations of needs faced by those in contact with the criminal justice system:



In addition to these selected headline measures, people in contact with the criminal justice system face elevated mortality rates, are disproportionately likely to have low educational attainment, and face significantly higher mortality rates, including suicide, than the general population. Pre-

<sup>1</sup> <https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>

<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/563326/costs-per-place-cost-per-prisoner-2015-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/563326/costs-per-place-cost-per-prisoner-2015-16.pdf)

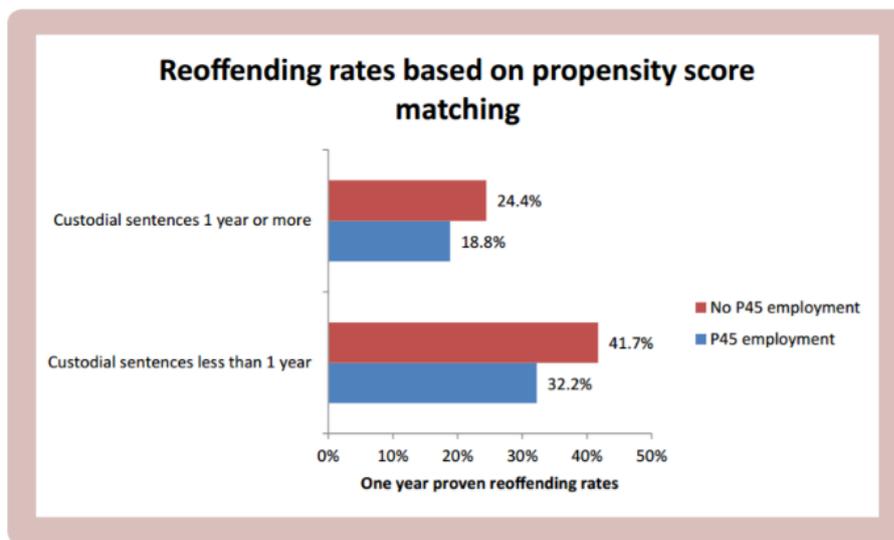
<sup>3</sup> <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I>

conviction homelessness rates are high, as is the need for housing support to prisoners on release, and care-leavers are grossly over-represented across the criminal justice system (CJS).

There are some risks of intergenerational effects. 25% of female prisoners are lone parents, as are 3% of male, and 65% of boys with a convicted parent go on to offend. Children of prisoners have at least double the risk of mental health problems compared to their peers; parental imprisonment can lead to stigma, bullying and teasing, and children of prisoners are often subject to unstable care arrangements. There is, unsurprisingly, a negative financial impact on families including financial instability, poverty and debt, and potential housing disruption.

### Associations between employment and other outcomes

There is some evidence that employment can make a significant reduction to reduced reoffending:



The cost of reoffending has been estimated to be between £7bn and £10bn per year.<sup>4</sup> While it cannot be assumed from this analysis that a 20-25% reduction in reoffending of ex-prisoners across the board is achievable, or that it would result in a proportionate reduction in the cost of reoffending, there are clearly significant savings to be made through supporting people with offending histories into employment.

For substance misuse, a much larger population than the core revolving doors cohort, there is evidence, supported by analysis of English treatment data, that employment is associated with improved treatment outcomes, as well as moderating relapse<sup>5</sup>. As the costs associated with drug and alcohol misuse are estimated to be in the region of £36bn<sup>6</sup>, there is again considerable potential to reduce avoidable financial and social costs through improving treatment outcomes.

Finally, Dame Carol Black's review of substance misuse, obesity and employment<sup>7</sup> has pointed to some of the more generic savings that can be obtained by supporting ESA claimants into employment, finding that the benefits are £33-35 per day to the exchequer, and £53-56 to society.

<sup>4</sup> <https://www.nao.org.uk/report/managing-offenders-on-short-custodial-sentences/>

<sup>5</sup> [http://cdn.basw.co.uk/upload/basw\\_52317-3.pdf](http://cdn.basw.co.uk/upload/basw_52317-3.pdf)

<sup>6</sup> <http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf>

<sup>7</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/573891/employment-outcomes-of-drug-or-alcohol-addiction-and-obesity.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573891/employment-outcomes-of-drug-or-alcohol-addiction-and-obesity.pdf)

The New Economy Manchester unit cost database<sup>8</sup> suggests that the corresponding figures for a JSA claimant are somewhat higher.

## Consultation questions

### **Chapter 1: Tackling a significant inequality**

*How should we develop, structure and communicate the evidence base to influence commissioning decisions?*

In the current ecosystem of employment support in England, there appear to be at least three considerations in play here – the public employment service Jobcentre Plus, the outsourced and specialist services commissioned by DWP, and the role of other stakeholders, such as local authorities, clinical commissioning groups (CCGs) and the CJS.

There are also gaps in the evidence. While there are several meta analyses of labour market programmes<sup>9</sup> and individual evaluations of programmes and interventions, there is limited evidence of a ‘what works’ nature for the revolving doors group. Over the last two decades, billions of pounds have been spent on labour market programmes and employment support in the UK, while adding relatively little to the common understanding of effectiveness and efficiency. We welcome the commitment to pilot, trial and evaluate approaches and interventions.

Freedom and flexibility, introduced under the coalition government, removed many of the process-driven expectations from Jobcentre Plus, placing more discretion in the hands of local managers, who were at greater liberty to determine their own priorities. This has arguably been successful for non-complex jobseekers, although there has been little movement in employment rates for the most disadvantaged. Jobcentre Plus, formerly an executive agency of DWP, was subsumed into its parent department in 2011: **DWP should use that direct engagement with and management of Jobcentre Plus to influence the service – and ensure the quality of the service – that is provided.**

Likewise, the Work Programme (and Work Choice) have been relatively successful and have offered good value for money compared to previous programmes. Where it has fared less well is, again, with those with the most significant barriers to employment. The Work Programme evaluation found that there was relatively limited involvement of specialist provision, and that more attention had been given to those perceived to have fewer barriers to employment. Varying the model, including the payment by results model (PbR) in pilots such as Recovery Works<sup>10</sup>, did not succeed in influencing provider behaviour to the extent anticipated. **For the Work and Health Programme, DWP should consider introducing more robust minimum service standards, and ensuring that contracts lock in specialist provision.**

The analysis conducted as part of Dame Carol Black’s review and referred to above highlights the complicated nature of costs and benefits, and illustrates that the costs and benefits rarely lie entirely in the same place. While the analysis in the Black review provides a helpful illustration and starting point, Public Health England has commissioned new analysis which is due to be published later this year, which is intended to provide a user-friendly tool for commissioners to use to determine

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<sup>8</sup> <http://neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis/unit-cost-database>

<sup>9</sup> For example, see Card, D., Kluve, J. and Weber, A., 2015. What works? A meta analysis of recent active labor market program evaluations (No. w21431). National Bureau of Economic Research.

<sup>10</sup> <http://www.drugwise.org.uk/wp-content/uploads/work-programme-pilots.pdf>

potential savings and where they accrue to. **Helping stakeholders understand where and how much savings accrue should help to incentivise joint or pooled commissioning.**

Persuading commissioners and providers of the evidence will have little value if the interventions are insufficiently resourced. Programmes and interventions such as intermediate or transitional labour markets and Individual Placement and Support (IPS) are routinely dismissed as being high cost. While it's true that they are costly compared to the per-participant cost of recent labour market programmes such as the DWP Work Programme, the cost of non-intervention makes them look affordable.

However, as has been acknowledged in the Black review and elsewhere, much will depend on effective partnership. For example, while it is entirely reasonable to ask substance misuse treatment, or homelessness services (for example) to aim to address the broad spectrum of needs their clients face, they must have sufficient resources to do so. Funding for services such as substance misuse<sup>11</sup> and homelessness services<sup>12</sup> has fallen considerably in recent years. While it is for members of those sectors to make their own cases for investment, we argue that **expectations about what partners and commissioners can bring to the table must be tempered.**

## **Chapter 2: Supporting people into work**

### **Building work coach capability**

*How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?*

DWP has already taken steps that are likely to improve the service offered to jobseekers, including the introduction of the Work Coach role; these are welcome. The Black report also highlights the Jobcentre Plus Offer for people who misuse substances, and makes recommendations to improve provision and consistency. **We suggest that the same approach be adopted more broadly and extended to all members of the revolving doors group.**

We also note that knowing when to relax conditionality can be the other side of the coin, particularly for those with complex and/or fluctuating needs. We welcome the additional discretion Work Coaches now have, and acknowledge the presence in legislation for tailored conditionality in Universal Credit (UC) and Jobseekers' Allowance (JSA) for people in treatment for substance misuse treatment and formerly homeless, respectively. **Rationalising and simplifying conditionality through legislation where required and through guidance elsewhere would be welcome.**

*What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?*

One of the essential roles of all partners in employment support is to correctly diagnose or identify the needs and barriers faced by a jobseeker, where personal, structural or attitudinal. There have been attempts in the UK<sup>13</sup> to adapt some of the tools and techniques commonly used abroad to assess need, to predict the likelihood of a person becoming long-term unemployed, or to assign to a programme stream. **Helping all stakeholders to develop a shared and robustly evidence-based**

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<sup>11</sup> <http://www.collectivevoice.org.uk/blog/briefing-health-select-committee/>

<sup>12</sup> <https://www.nao.org.uk/report/the-impact-funding-reductions-local-authorities/>

<sup>13</sup> See, for example:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/210303/WP116.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210303/WP116.pdf)

**assessment and diagnostic tool would be a valuable addition to the repertoire of employment support providers.**

### ***Supporting people into work***

*What does the evidence tell us about the right type of employment support for people with mental health conditions?*

As DWP is aware, there is a good and growing evidence base for IPS, a manualised and evidence-based approach to employment support. There is also some evidence that IPS Lite, a time-limited version, can improve efficiency by boosting capacity. There is some evidence that IPS is effective for other groups, such as those with problems primarily related to substance misuse. **We support the Black report's recommendation to trial IPS and IPS Lite for people affected by substance misuse, and would recommend further evaluated trialling of IPS.**

**We are also persuaded by the evidence for some clients around wage incentives, and of intermediate labour market approaches, and would welcome a mixed ecosystem of provision that could include these alongside training and job search support.**

### ***Improving access to employment support***

*How might the voluntary sector and local partners be able to help ESA claimants in the support group?*

As we set out above, people with multiple and complex needs will typically face serious and overlapping health and social problems; understanding and addressing these problems will be an important part of any offer of employment support. They are likely to be engaged with multiple services over a lifetime, and often more than one at any given time. **Jobcentre Plus, working with local authorities, local VCS services (including in the context of Universal Support) and contracted provision such as the Work and Health Programme could, through more effective partnerships including colocation, provide ways keep ESA support group claimants in contact with appropriate support.**

We also note that claimants in the support group have been found to be unfit to work, and therefore urge that any efforts to remain in touch or offer support are entirely voluntary and unconditional, made only after consent has been given, and that they are reasonable and proportionate. **For many in the support group, this may involve very light touch, or no touch at all.**

### **Chapter 3: Assessments for benefits for people with health conditions**

*Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?*

The two parts of the process – **assessing barriers to employment and fitness to work, are linked but essentially separate, and should be treated as such.**

### **Chapter 5: Supporting employment through health and high quality care for all**

#### ***Improving discussions about fitness to work and sickness certification***

*How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual can do, particularly during the early stages of an illness/developing condition?*

As above, there is clearly scope – capacity permitting at both ends – to improve communication and partnerships between different parts of the stakeholder ecosystem, including Jobcentre Plus, local authorities, GPs, other health services, VCS services, social landlords and so on. However, for these to be effective, all parts of the system – including the jobseeker or claimant – need to understand and trust one another. The arguably over-zealous application of conditionality and sanctions, a process that at least for JSA claimants, appears to now have tailed off<sup>14</sup>, although ESA sanctions are more volatile. **DWP should consider the recommendations made by the National Audit Office in its report into sanctions.**

As well as concern about inappropriate use of conditionality there is considerable fear about stigma, particularly for issues such as substance misuse and homelessness, despite genuine efforts on the part of Jobcentre Plus to improve performance. **Having mediated conversations with partners is likely to help to improve disclosure and retain a positive focus.**

### ***Mental health and musculoskeletal services***

*How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?*

Among other changes, we welcome the move to voluntary programmes with the Work and Health Programme. We do, however believe that elements of the process revealed so far may mean that employment support is rationed, with again the strongest focus on the easiest to help. Helping those closest to the labour market is rational, particularly when resources are constrained, but support should be made available to all who seek it. **A flexible approach to all with fluctuating conditions, including mental ill health, incorporating the freedom to move in and out of support as their health changes, will maximise opportunities.**

### ***Creating the right environment to join up work and health***

*How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?*

As we have argued in Rebalancing Act, the essential ingredient in transforming partnership and collaboration is strong local leadership. **Each Jobcentre Plus district, or possibly each upper tier, unitary or metropolitan authority, or combined authority, should be tasked with designating a health and work champion, regardless of sector.**

*How can government and local partners best encourage improved sharing of health and employment data?*

This question poses multiple challenges – acceptability, regulatory, ethical, legal, technical and financial. Consultation with RDA’s service user forum suggests that while people want their data, and particularly sensitive data, to be protected and used appropriately, they also want and expect the services they use to communicate effectively on their behalf. People do not want to lose control over their data. **DWP should consult directly with jobseekers, other claimants and representative groups to establish a common ground on data sharing which respects individual rights to privacy, confidentiality and control but that better facilitates appropriate information sharing to improve**

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<sup>14</sup> <https://www.gov.uk/government/statistics/jobseekers-allowance-and-employment-and-support-allowance-sanctions-decisions-made-to-september-2016>

**support. Government should give consideration to this consultation looking more broadly than merely health and employment support.**

***Chapter 6: Building a movement for change: taking action together***

*How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change?*

*What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?*

The Black report recommends using the See Potential campaign and others. We welcome this, although note that expectations must be realistic. Evaluations of large and long-term campaigns such as Time to Change<sup>15</sup> have found positive effects on overall attitudes, and have found that employer attitudes to current employees who experience mental ill health have improved. They have however found little movement in recruitment intentions, which may serve to frame expectations for other campaigns. **Large scale campaigns should be continued, and beacon employers should be sought, particularly for conditions or issues where stigma is a significant factor, like substance misuse and offending.**

We also welcome the commitment to utilise the size and power of the public sector as an employer, although we note that this has been a policy objective of multiple previous strategies<sup>16</sup>, with little visible progress made. **Government should monitor and publish progress in the employment of people in the public sector with long term health conditions and other significant barriers to work, including contact with the CJS.**

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<sup>15</sup> <http://www.time-to-change.org.uk/research-reports-publications/campaign>

<sup>16</sup> For one example, see: <https://www.gov.uk/government/publications/drug-strategy-2010>