



Third Sector approaches to  
bridging the distance from the  
employment market for people  
with Multiple and Complex  
Needs: an evidence review

# **Third Sector approaches to bridging the distance from the employment market for people with Multiple and Complex Needs: an evidence review**

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Abbreviations  
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<i>ALD</i>	<i>About Learning Disabilities</i>
<i>APEL</i>	<i>Accreditation of Prior and Experiential Learning</i>
<i>BILD</i>	<i>The British Institute of Learning Disabilities</i>
<i>BME</i>	<i>Black and Minority Ethnic</i>
<i>BSA</i>	<i>Basic Skills Agency</i>
<i>CIPD</i>	<i>Chartered Institute of Personnel and Development</i>
<i>CLA</i>	<i>Community Learning Ambassadors (Bolton)</i>
<i>DTI</i>	<i>Department of Trade &amp; Industry</i>
<i>ESOL</i>	<i>English for Speakers of other Languages</i>
<i>ICCD</i>	<i>International Centre for Clubhouse Development</i>
<i>ICT training</i>	<i>Information Communication Technology</i>
<i>IPPR</i>	<i>Institute for Public Policy Research</i>
<i>IPS</i>	<i>The Individual Placement and Support</i>
<i>LGBT</i>	<i>Lesbian, Gay, Bi-sexual, Trans-sexual</i>
<i>MAPPAs</i>	<i>multi-agency public protection arrangements</i>
<i>MCN</i>	<i>Multiple and Complex Needs</i>
<i>MIE</i>	<i>Mental Illness Education</i>
<i>NEET</i>	<i>Not in Education, Employment or Training</i>
<i>NIACE</i>	<i>National Institute of Adult and Continuing Education</i>
<i>NLT</i>	<i>National Literacy Trust</i>
<i>NSIP</i>	<i>National Social Inclusion Partnership</i>
<i>OAS</i>	<i>Offender Assessment System</i>
<i>OCD</i>	<i>Obsessive Compulsive Disorder</i>
<i>ONS</i>	<i>Office for National Statistics</i>
<i>OPF</i>	<i>One Parent Families</i>
<i>PGB</i>	<i>The Progress GB Partnership</i>
<i>SAMH</i>	<i>Scottish Association for Mental Health</i>
<i>SCDC</i>	<i>The Scottish Community Development Centre</i>
<i>SCMH</i>	<i>Scottish Centre for Mental Health</i>
<i>SCVO</i>	<i>Scottish Council for Voluntary Organisations</i>
<i>SE</i>	<i>Supported Employment</i>
<i>SETF</i>	<i>Social Exclusion Task Force</i>
<i>SEU</i>	<i>Social Exclusion Unit</i>
<i>SOPO</i>	<i>Sexual Offences Prevention Order</i>
<i>SROI</i>	<i>Social Return on Investment</i>
<i>SYHO</i>	<i>Sing Your Heart Out</i>
<i>TEP</i>	<i>The Transitional Employment Programme</i>
<i>WORC</i>	<i>Work Opportunities for Rewarding Careers</i>
<i>YPLA</i>	<i>Young People's Leadership Academy</i>

## **Executive Summary**

Designing and implementing policy to meet the needs of people with multiple and complex needs is receiving increasing attention. This report presents evidence drawn from a range of publications on how the third sector organisations have engaged with and supported people facing multiple and complex needs, on their journey to employment. It has drawn on literature from within a UK, the EU Australia and the US published, over the last 5 years. The objectives of the review were to map what the literature indicates about the most effective ways to support people facing multiple and complex needs are; to give examples of good practice, identify the role of volunteering and to describe what outcomes have been evidenced in respect to successful approaches by third sector organisations in bridging distance from the employment market.

## **Methods**

A strategic (where expert knowledge was used to prioritise known and influential papers) as opposed to systematic approach was adopted for this evidence review. The first step was to consult with key informants with knowledge of issues concerning MCN, employment and the third sector. This was followed by an exploration of both grey literature and peer reviewed primary and secondary academic literature from 2005 onwards. A range of internet search engines was used in this section of the research. Research concerning adults of working age was the main focus of the review, although evidence relating to life course and transitional issues was also considered. The geographic scope of the review was originally conceived as covering UK and EU literature only but was extended to consider evidence from Australia, which along with comparable health and social care systems, also has a record of policy concern with MCN. North American examples were also considered given its strong history of researching work to welfare programmes.

## **Key Findings**

- There exists a very extensive and broad-ranging array of projects aimed at helping people with MCN into employment being delivered through the Third Sector in the UK and further afield. These projects employ a variety of methods and approaches and are targeted at a range of people.
- Evaluation of these projects is very difficult as there are no simple criteria for judging effectiveness. Simply looking at, for example, employment statistics or other hard measure is not suitable. Other parameters, such as inclusion, empowerment and sense of well being are very difficult to measure and evidence. Also, many of the projects are evaluated on a short-term basis and there is a paucity of longitudinal studies in this area.
- The evidence would suggest that the ethos of the organisation is more important than the method they adopt in helping clients. Successful programmes are those that: address multiple need; take a person-centred approach; are culturally sensitive; include elements of peer support and volunteering; are flexible and work with employers as well as clients. Successful programmes also, have well-developed transition policies to move

clients on, to either competitive employment, volunteering or further employment training.

- All these are areas where the Third Sector is very strong: not only are these organisations often smaller and more adaptable, they are also often well connected with the local community and are aware of their local populations and the needs of their local labour markets.
- A lot of the successful programmes included some element of peer support and there was also some use of volunteers, many of whom were drawn from within the target community.
- Programmes that work well make it easy for people to join, and take place in a friendly, comfortable environment. They adopt practices that are culturally sensitive to the needs of their client group.
- Volunteering plays a crucial role in some these programmes. Many of the volunteers act as positive role models. Volunteering also has benefits for the volunteers, although these do not appear to be as great as may be expected.
- It is difficult to comment on the role of the Third Sector on sustained employment. What little long-term work there has been, such as the reviews of IPS, are disappointing as there is little evidence to suggest that employment is being sustained. There is a paucity of long-term evaluation in general.
- Although most studies recognised that the 'deep need' categories often co-existed and that people had multiple needs, there is still little evidence that employment programmes recognised the complexity of need, especially where people have what might be described as very deep need.
- Little attention has been paid to meeting the needs and concerns of the employers. Employers are reluctant to employ people with multiple and complex needs because of a fear of them being problematic, fear of the risk to co-workers and the fear that the media could spin a negative angle on their employment (which could in turn have a deleterious impact on sales or integration in the local community).

## **Multiple and Complex Needs**

Multiple and complex needs are defined as interlocking needs which cross more than one social policy arena. These can lead to limitation on opportunity for participation in society. MCNs often coincide with poverty and stigma, and span health and social issues. Access to employment is one area that is particularly relevant to people with MCN.

MCNs are a particular issue for the state and the third sector because of the breadth and depth of need faced by each individual and the challenges they place on services and service provision. The cumulative impact of breadth, deepens the need experienced and because they cross traditional boundaries challenges the response by service providers

In previous work on people with MCN there has been a lack of focus on the gendered experience and on the experience of people from BME communities. This is related to a tendency to homogenise experience and so hide the range and

severity of challenges faced by many. Further, third sector organisations often tackle one particular source of need (homelessness or mental health problems for example) and are not geared up to meet complex demands. Greater coordination across organisations would usefully capitalise on the specialist knowledge that others have gained.

Strategies developed to examine need are often located within a temporal framework, examining the process of accessing services, experiencing services and outcomes. A lack of engagement in working life has been associated with chronic social exclusion and carries heavy social costs.

Not all work is 'good' work. People with MCN must be supported into employment that develops their skills and feelings of self-worth.

The economic downturn is likely to increase the number of people who could be defined as having MCN, as poor mental health and poverty are experienced by more people. Further the downturn has impacted negatively on the financial resilience of third sector organisations.

Where third sector bodies rely on funds from commissioning bodies, there is danger that projects have time-limited or focus-limited restrictions that prevent organisations fully meeting the need that they encounter.

The challenge of supporting people with MCN into employment is a policy concern for a number of reasons not least, the burden which welfare dependency places upon the state. However, lack of engagement in working life has also been associated with reinforcing chronic social exclusion, and carries heavy social costs, which are detrimental to both workless people and their families. Employment offers social as well as financial advantages.

Whilst there is a very large amount of literature on this subject area there is little that is directly related to employment pathways through the third sector and what exists appears to be tangential and oblique. This report focuses on the two best evidenced areas; mental health and skill learning and literacies. It also presents findings on working with people with deep need and support and interventions with employers.

These four themes were selected because of their relevance to supporting people with MCN to employment. Mental health was chosen because of the extensive prevalence of mental health problems in the community and the large number of projects in this area. By examining skill learning and literacy we have been able to explore how the third sector is not only providing skill training but is also responding to needs of groups whereby group members do not present a homogenous identity or need. Literacy is important as poor literacy skills not only hamper employability, they also compromise health, confidence and happiness, limiting participation in society. People with what we have described as deep need are those who face very high levels of stigmatisation by employers and who face a multitude of barriers to finding and securing employment. Included in this group are people who misuse drugs and alcohol; offenders, young offenders, sex offenders and homeless people. This third section allows us to look at the breadth of opportunities provided by the

third sector. The final section looks at projects that have sought to challenge employer's attitudes to the employment of people with MCN.

## **Mental Health**

People who have mental health problems, who work, are more likely to be in low paid employment, and are twice as likely to lose their jobs. Stress, depression and anxiety are the cause of more lost working days than any other work-related illness. Absence from work due to mental health issues last an average of 15 weeks compared with 8 weeks for other conditions. The stigma of mental health problems leads many people to go to enormous lengths to hide their additional needs, thus exacerbating symptoms of stress and anxiety.

Poor mental health is associated with educational disadvantage, leading to barriers to employment. Further, this problem is compounded for some individuals who do not have English as a first language and/or who originate from a black or ethnic minority.

Volunteering has been a popular method in the third sector to engage people with mental health problems in work. However, evaluations of the success of volunteering projects are not very positive. There can be a stigma around volunteering work (as if the individual is admitting that they are not equal to paid work) and a positive experience in a voluntary placement may not give individuals the skills and confidence they need to actually progress to work. More rigorous evaluation of voluntary programmes is needed.

Voluntary programmes however, have had most success when supporting younger people with mental health problems into employment.

Peer support is another popular strategy, and has the advantage of encouraging people into employment as they operate in a culture that actively employs people with a mental health problems (as peer mentors). Again rigorous evaluations of such programmes are limited. Some evaluations have highlighted negative consequences to peer support that occur when mentors blur their relationship and undermine their role as service provider.

Social enterprise schemes have had marked success in allowing individuals to complete the transition to employment and in saving money as people depend less on health and social services.

Successful programmes need to attend to some extent to the medical, psychological and social barriers faced by people with mental health problems. Thus finding employment is one of the tasks, employment needs to be sustained, and this can be facilitated by ongoing emotional support and by an effective medical treatment programme.

## **Skills, Learning and Literacies.**

Issues with literacy and numeracy skills compound other issues defined as MCN. They are frequently grouped together under the heading 'literacies'. What it means to

have compromised literacies will depend upon the social, cultural, economic and political contexts. Projects and training courses that reduce literacy to a measure of vocabulary size, often undervalue the abilities of individuals, who are able to function well with their literacy skills. For example, as well as being able to read or count, literacies enable access to the internet, managing money, applying for benefits, loans and jobs, cook a meal from a recipe and even vote.

People who do not have English as a first language may be unable to compete against those more fluent in English, or with UK qualifications. People with low literacy skills tend to avoid training courses assuming that there will be a written basis to their learning or their evaluation. Thus they tend not to benefit from courses that promote vocational skills as well as those that promote literacy skills.

As literacies are a major prerequisite for employment, and as they tend to be restricted for people with MCN, third sector bodies involved in promoting employment should encourage individuals to services that enhance literacies.

Self-advocacy is a successful route to aid individuals to improve literacies and gain employment. This is because choosing the right training course, having the mindset needed to learn and being empowered enough to tell others what they need, often requires a level of advocacy. Advocates can provide practical and emotional support by helping find classes, enrol and accompanying them to the first session. From this basis, skills in self-advocacy grow and learning is enhanced.

Peer support has helped learners in literacy programmes by providing a supportive learning environment, a fun environment, and sustained interest.

Learning centred planning uses knowledge about what environments best aid learning, to provide effective initiatives. Often this involves understanding the needs of the client group well, and responding to their requests for particular learning times and spaces.

Client consultation is more user led, allowing clients to determine how learning occurs often because they are involved in the management of the initiative. In practice, high quality learning centred planning programmes may look similar to client consultations.

The social practice model views people in their social context, so it matches people's skills to the needs of their environments. This moves away then from measures of vocabulary size then, to consider what kind of literacies are the most important for an individual in their job and in their communities.

## **Deep Need**

Although most studies recognised that the 'deep need' categories often co-existed, there was little evidence that employment programmes recognised the complexity of need. Organisations tended to focus on one area of an individual's life, such as drug rehabilitation, or offenders, or homeless people.

Individuals defined as having 'deep need' often have issues to overcome, before unemployment can be tackled. For example, those individuals who have a drug or alcohol addiction must control their addiction before a job is a realistic aim. Thus routes to employment begin with a focus elsewhere.

Offenders need to gain relevant experience during their sentence. Early attention needs to be given the skills needed within the local job community, and matching training to this. Stable employment reduces the risk of re-offending.

Sex offenders face multiple barriers to employment. There are statutory barriers, perceived (and actual) risk of employing someone who has served a sentence to other employees and to the reputation of the business, and limited roles that can be performed.

Homeless people may represent a less stigmatised group, but the transition to employment is problematic. Initiatives that push homeless people into full time employment are often unsuccessful, rather a more gradual transition is required, with smaller steps taken.

Social enterprises can usefully help homeless people into employment, but they tend to work best for people who's only challenge is homelessness. People who also have a disability, a mental health problem or a substance addiction are less able to perform well in such enterprises and can be excluded from participation.

Initiatives and programmes set up are most successful if they have strong communication and collaboration with other programmes in the area, with employers and with Government funded organisations, such as job centres.

Programmes which employed former clients were perceived to be more trustworthy by current clients, and also were valued because they offered progression for individuals at the start of the process.

Unpredictable funding issues compromised the survival of programmes and what they could achieve.

### **Employer Support and Interventions**

While work is clearly recognised as a stabilising and positive factor in the lives of people with MCN, it is clear that people with MCN and employers need to shift from a 'problem' attitude to one that sees the value of promoting health and well-being through employment.

Employers were reluctant to employ people with MCN because of a fear of them being problematic, fear of the risk to co-workers and the fear that the media could spin a negative angle on the employment of people with MCN (which could in turn have a deleterious impact on sales or integration in the local community). These fears are particularly prominent with concern to sex-offenders.

There is also evidence that disabled people's abilities are underestimated thus excluding an important and productive workforce. The third sector can play an

important role in providing accurate information here, and facilitating placements so that employers can know the value of potential employees.

There is also a gap in the skills and qualifications held by some adults from an ethnic minority and the employment opportunities available as UK qualifications and experience are seen as more credible by employers, again, this excludes a productive and important workforce.

Work placements allow people with MCN to receive on-going support as they work, contributing to a more successful transition into work. Further it gives their co-workers the chance to work alongside people with MCN to recognise that excluding people is a result of stigma, and largely unjustifiable.

## Table of Contents

1	INTRODUCTION	2
	Aims and objectives	2
	Methods	2
	Structure of Report	3
2	UNDERSTANDING MULTIPLE AND COMPLEX NEEDS (MCN)	4
	Defining MCN	4
	MCN and barriers to employment	6
	MCN, employment and the economic downturn	8
	MCN and the third sector	9
	Summary	10
3	MENTAL HEALTH	11
	Introduction	11
	Background	11
	Volunteering	12
	Peer Support, Advocacy and Outreach	14
	The Recovery Framework	15
	Supporting Interpersonal Skills	15
	Time Investment	17
	Social Enterprises	19
	Individual Placement and Support (IPS) model	20
	Transitional employment programmes	21
	Summary	22
4	SKILLS, LEARNING AND LITERACIES	24
	Introduction	24
	Background	24
	Advocacy	27
	Peer support	28
	Learner-centred practice	31
	The Importance of Client Consultation	32
	The Social Practice Approach	33
	Summary	35
5	DEEP NEED	37
	Introduction	37
	Drug and Alcohol Misusers	37
	Offenders	38
	Young Offenders	40
	Sex Offenders	41
	Homeless	42
	Summary	43
6	EMPLOYER SUPPORT AND INTERVENTIONS	45
	Introduction	45
	Moving into employment	45
	Sustaining employment	47
	Moving on in employment	48
	Summary	48

7	CONCLUDING REMARKS
	REFERENCES

50
52



# 1 INTRODUCTION

## Aims and objectives

1.1 The aim of the project is to better understand best practice, and identify innovation, in how third sector organisations engage with and support people facing multiple and complex needs, on their journey to employment, within a UK and EU context, over the last 5 years.

1.2 The objectives of the review are as follows:

- To map what the literature indicates about the most effective ways to support people facing multiple and complex needs overcome barriers in their journey to the employment market, and how economic downturns impact on that journey;
- To describe examples of good practice and innovation by third sector organisations in supporting the journey to the employment market of people facing multiple and complex needs, including identifying the success factors evidenced;
- To identify from the literature what role volunteering can play in bridging the distance from the employment market for people facing multiple and complex needs;
- To describe from the literature what outcomes have been evidenced in respect to successful approaches by third sector organisations in bridging distance from the employment market e.g. sustainable employment, skills and individual and community well being.

## Methods

1.3 A strategic (where expert knowledge was used to prioritise known and influential papers) as opposed to systematic approach was adopted for this evidence review. The first step was to consult with key informants<sup>1</sup> with knowledge of issues concerning MCN, employment and the third sector. This was followed by an exploration of both grey literature and peer reviewed primary and secondary academic literature from 2005 onwards. Research concerning adults of working age was the main focus of the review, although evidence relating to life course and transitional issues was also considered. The geographic scope of the review was originally conceived as covering UK and EU literature only but was extended to consider evidence from Australia, which along with comparable health and social care systems, also has a record of policy concern with MCN. North American examples were also considered given its strong history of researching work to welfare programmes.

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<sup>1</sup> Key informants were colleagues from the academic sector and colleagues working in the third sector. The aim was to utilise their expertise so that we could focus our search and prioritise most effectively.

- 1.4 A range of internet engines including Google, Athens, Web of Knowledge, Google scholar and Ovid were also used in the search, with an extensive range of search terms.
- 1.5 Whilst there is a very large amount of literature on this subject area there is little that is directly related to employment pathways through the third sector and what exists appears to be tangential and oblique. This report focuses on the four best evidenced areas; mental health, skill learning and literacies, working with people with deep need and support and interventions with employers.
- 1.6 These four themes were also selected because of their relevance to supporting people with MCN to employment. Mental health was chosen because of the extensive prevalence of mental health problems in the community and the large number of projects in this area. By examining skill learning and literacy we have been able to explore how the third Sector is responding to needs of groups whereby group members do not present a homogenous identity or need. Literacy is important as poor literacy skills not only hamper employability, but also compromise health, confidence and happiness, limiting participation in society. People with what is described here as deep need are those who face very high levels of stigmatisation by employers and who face a multitude of barriers to finding and securing employment. Included in this group are people who misuse drugs and alcohol; offenders, young offenders, sex offenders and homeless people. This third section looks at the breadth of opportunities provided by the third sector. The final section looks at projects that have sought to challenge employer's attitudes to the employment of people with MCN.
- 1.7 In looking across these four themes we have tried to highlight innovative projects to see what works well and to identify any common elements.

### **Structure of Report**

- 1.8 Chapter two provides an overview of the concepts Multiple and Complex Needs and how they are defined. The section also includes a discussion of MCN and Barriers to employment, the impact of the economic downturn on people with MCN and the role of the Third Sector.
- 1.9 Chapters 3-6 are the substantive chapters of the evidence review and discuss the four themes of mental health, literacy, deep need and employer attitudes. Chapter 7 contains the concluding remarks.

## 2 UNDERSTANDING MULTIPLE AND COMPLEX NEEDS (MCN)

### Defining MCN

- 2.1 In both the UK and Australia interest in MCN has been grounded in the field of social care. The core underpinning idea behind the concept of MCP is that institutionally segregated service systems do not satisfactorily respond to people with MCN. The argument is that different aspects of disadvantage are often inter-related and these can combine and reinforce each other. The extensive literature review of MCN conducted by Rosengard et al (2007) highlighted the relationship of MCN to social exclusion and 'dual diagnosis' where issues such as poverty and stigma can exacerbate other challenges. Gallimore et al also conceptualised MCN in terms of social exclusion, defining them as "multiple interlocking needs that span health and social issues that lead to limited participation with society" (2008, p4). Rankin and Regan described MCN as impacting beyond the individual challenges faced, and described MCN as "interlocking problems where the total represents more than the sum" (2004, p7).
- 2.2 Rankin and Regan have conceptualised MCN in terms of breadth and depth of need (2004). The concept of breadth refers to the range of different needs that someone might have whilst depth reflects the severity of need. They note that people with MCN often face breadth and depth of need simultaneously. Breadth of need in particular is presented as a challenge. Each individual need might appear minor to the relevant service agency, however, the cumulative impact of breadth of need can lead to the individuals needs being listed as low priority when they are in fact under severe strain (Keene, 2001; Rankin and Regan, 2004).
- 2.3 The literature emphasises breadth of need and the wide range of people who will have MCN at different times of their lives and is critical of regarding MCN as a minority issue: "multiple needs are common in the mainstream population as well as among particular client groups" (Rosengard 2007, p129). They also point out a lack of focus on gendered experience as a potential issue for both service users and carers.
- 2.4 Defining MCN by listing 'at risk' groupings poses certain problems. Henwood and Hudson, in their 2009 report to the Commission for Social Care Inspection, critique MCN as a term suffering from a "surplus of meaning" (p8). Similarly, in highlighting the potential role of factors as ubiquitous as gender and ethnicity, Rosengard et al demonstrate the challenge of identifying exactly who we are talking about when we speak of people with MCN (2007). Furthermore, they note that adopting a broad definition can undermine the utility of a concept.
- 2.5 In contrast, the Hirst et al evaluation of the Scottish Executive's MCN initiative approached the topic of definition by using shortlists of depth criteria, representing service needs such as homelessness or severe mental health problems, categorised as intense, and breadth criteria, representing complicating factors such as substance abuse or having a first language other than English. MCN were defined as having a combination of one depth need

and at least two complicating factors (2009). For any given example, the selection of criteria for what qualifies as MCN can seem arbitrary, relegating the concept to “another service label to determine eligibility” (Rankin and Regan, 2004, pi).

2.6 Keene’s perspective investigates the points in time that clients have MCN as well as who might be susceptible to MCN (2001). She specifies her review as covering:

- Psychological, mental health and other problems
- Learning and developmental difficulties and other problems
- Social problems, homelessness and other problems
- Crime and other problems
- Drug and alcohol misuse and other problems

2.7 Although complex needs are conceptualised on a continuum from people requiring support from one agency for one problem through to a minority of “vulnerable persons who have multiple and usually intractable problems and who seek their solution by attending a number of agencies on many occasions”, a focus on the requirement for access to services as the driving concern in defining MCN is retained in Keene’s statement that “The list of topics is not exhaustive, by its nature is not logically exclusive, and is not in any order of importance” (ibid, p11, p14).

2.8 Despite the prescriptive definition of MCN adopted by Hirst et al (2009), they too analysed MCN from the perspective of the individual within a temporal framework, looking at the process of accessing services (‘getting in’), the service experience (‘getting through’), and outcomes (‘getting on’).

2.9 Henwood and Hudson remain critical of what they see as “variable and subjective” understandings of complexity (2009, p9). However, the Rosengard et al review comments on the wide spectrum of diverse interests which the MCN concept covers and notes that much of the literature is geared towards the service needs of particular client groups (2007). The lack of consensus regarding the definition of MCN can be attributed to differing contexts and requirements of those using the term (Gallimore et al 2008).

2.10 Following Rosengard et al, this review has adopted an understanding of MCN that encompasses both range and intensity of needs, and which will be open to change over the life course. This inclusive perspective draws on literature relating to all of the following groups as potentially having MCN:

- People with disabilities and community care needs in general, including older people; children and young people; people with learning disabilities; people with mental health problems; people misusing substances and who have health related problems; and people connected with the criminal justice system

- Gender and sexuality related needs, including those of women affected by gendered violence, and lesbian and gay people
- Minority ethnic-related needs, including those of asylum seekers and refugees and gypsy travellers
- People affected by other aspects of exclusion, such as homeless people; people leaving institutions – hospitals, hostels and offenders establishments; people in rural areas, or in poverty and deprived communities.

(Rosengard et al, 2007, p11)

2.11 A fundamental concern with the MCN concept is the danger of homogenising highly heterogeneous groups, which face different challenges and have different priorities. The Scottish Community Development Centre (SCDC) in combination with Communities Scotland held a series of seminars designed to support the development of an advice note on engaging young people, older people, minority ethnic communities and refugees, and people with a disability or health condition: the title of their output was “Don’t treat us all the same”, challenging the idea of a “one size fits all” approach to equalities (p6, 2006). This injunction can apply as much to the range of issues faced within any one of the MCN groups as it does to differences between them. In contrast, the MCN perspective seeks to take into consideration that disadvantage groups tend to overlap, facing multiple difficulties.

2.12 Nevertheless, a focus on the idea of MCN rather than the specifics of each group is valuable to policy analysis in that how we understand any given problem influences the kinds of solutions that are available to us. The MCN approach is aligned with the social model of addressing needs. MCN provides “an active and useful description to highlight those people who need a more targeted intervention from service providers”, resolving any deficit in services rather than considering the challenges to be the ‘fault’ of the individual (Henwood and Hudson, 2009; Rankin and Regan, 2004, pi).

### **MCN and barriers to employment**

2.13 The challenge of supporting people with MCN into employment is a policy concern for a number of reasons not least, the burden which welfare dependency places upon the state (Freud, 2007). However, lack of engagement in working life has also been associated with reinforcing chronic social exclusion, and carries heavy social costs, which are detrimental to both workless people and their families (SETF website). Employment offers social as well as financial advantages (Waddell and Burton, 2006).

2.14 Dame Carol Black’s review of the health of the working age population, *Working for a Healthier Tomorrow*, described the multiple links between being in employment and enjoying greater health and wellbeing, noting that health problems stand in complex relation to lack of employment as both a cause and an outcome (‘The Black Report’, 2008). The policy attention paid to the issue of young people and employment (SE 2006) makes particular sense when considered within an MCN framework. Youth unemployment is associated with

adult unemployment and an “unemployment scar” of lower earnings throughout working life (Atrulampalam et al, 2001). The resulting socio-economic disadvantage is itself associated with poor health outcomes (Marmot and Wilkinson, 1999). In 2007, charity Revolving Doors estimated that there were 66,000 adults in the UK with MCN requiring specialised support (SETF website).

- 2.15 People with MCN also face multiple barriers to employment. Citing work by the Social Exclusion Unit (SEU), Rosengard et al pointed to people with physical or mental health problems. Those lacking skills and qualifications, and people from ethnic minority groups including asylum seekers and refugees as “broad and overlapping groups of people for whom policies seem consistently less effective” (2007, p11).
- 2.16 Designing policies and projects for people with MCN seeking to gain and sustain employment might seem an overwhelming prospect given the diversity of needs and the diversity of barriers which they face. SCDC/ Communities Scotland identify several common principles to support equalities in community engagement. These include involving as many different groups of people as possible from the start, getting good advice, using peer workers, adopting accessible procedures and ensuring all groups can participate and establishing dialogue. (SCDC 2006; 24)
- 2.17 Not only can common ground be found between different groups with MCN, there is also evidence of potential synergy across what have traditionally been considered discrete client groups (NSIP, 2009, p34). The National Social Inclusion Partnership (NSIP) contends that co-ordination across user groups<sup>2</sup> will gain in importance and different groups will be able to capitalise on the specialist knowledge that others have gained. The NSIP points to knowledge transfer between services for people with learning difficulties, which have considerable expertise in introducing a new group of people into the workforce, and mental health services, which have historically focused on job retention in employment (ibid).
- 2.18 The issue of MCN and barriers to employment is also of importance in that both individuals who do not work - even in areas where there is high unemployment - can suffer from stigma, causing further disadvantage (Dean and Hastings, 2000). Conversely, work can itself provide a means of inclusion and functioning within a working environment has the potential to promote social inclusion and reduce the stigma that can be associated with people who have MCN (Waddington, 2007).
- 2.19 Additional challenges when seeking work are faced by migrants and refugees. These might include poor English skills and inadequate provision of suitable training course, and possibly a disrupted education or having qualifications,

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<sup>2</sup> Different literature sources refer variously to people with MCN as service users, clients and consumers. For the sake of consistency “users” has been selected as the term with greatest connotations of action and control for this review

skills, references and experience which are not recognised in this country (2007, p7).

- 2.20 It should be noted here that although employment can be of great benefit to people with MCN. Not all work is “good” work: Waddell and Burton are careful to specify that, in addition to providing a safe and healthy working environment, it is important that the work supports the person’s sense of self worth; some element of control over how the work is carried out is also important (2006). Bond and Campbell, in their extensive review of successful evidence base practice for supporting people with mental illness into the labour market note that there is no distinction between the aspirations of people with mental health problems and the mainstream population: all are looking for “meaningful work, decent housing, financial security, friendships, health and a high quality of life” (2008, p34).
- 2.21 Building on the idea of service delivery barriers raised by Harris et al (2009), the way in which programme funding is awarded can also provide a barrier towards people with MCN accessing and sustaining employment. As well as the short-term nature of funding, an increasing focus on qualifications at level 2 and above (aimed at more work-ready groups) has led to a reduction in the availability of non-accredited and lower-level qualifications (NSIP). This overlooks those who might have to build more gradually to level 2 and those for whom employment might not be a realistic option.

### **MCN, employment and the economic downturn**

- 2.22 People with MCN already face additional barriers accessing the employment market. The economic downturn makes it likely that the size of this group will grow, as the number of people experiencing poor mental health will increase (NSIP, 2009). Further, uncertainty about the future, reduction in income and removal from normal working life or social settings are all associated with both physical and mental health problems (Black, 2008). People under these circumstances may develop anxiety and/or depression (ibid). People who are already unemployed or in unskilled occupations are more likely to develop psychiatric disorders or attempt suicide (ONS webpage). The downturn has had an especially hard impact upon young people. Over the last year the number of 16 to 24 year olds in employment had fallen by 7.6% and that youth unemployment was at its highest for 15 years (Dolphin 2009).
- 2.23 There are also some concerns about the resilience of the third sector, which provides support to many people with MCN (De Lima, 2009). In 2009 52% of charities surveyed by the Charity Commission in England indicated that they had been negatively affected by the economic downturn. Of that 52%, 17% described themselves as providers of services not funded by public sector grants or contracts whilst 9% were grant-making trusts or foundations. Although overall voluntary sector income might not decrease, smaller organisations are more vulnerable to difficulties (SCVO, 2008). The future of small voluntary organisations in rural areas is especially fragile (De Lima, 2009).

## **MCN and the third sector**

2.24 The Charity Commission categorises ‘third sector’ bodies as: Voluntary and community sector organisations (VCS); Registered charities; Foundations and trusts, including grant making trusts; Trade unions; Not-for-profit associations; Political organisations; Co-operatives and social enterprises; Private clubs; Sports organisations; Places of worship.

2.25 In a joint publication, HM Treasury, the DTI and the Home Office defined third sector organisations as:

- non-governmental,
- value driven (driven by social, environmental or cultural objectives rather than profit)
- and that they principally re-invest surpluses to serve those objectives

(HM Treasury, DTI & Home Office 2005, p23).

2.26 The role of the third sector has become increasingly high profile in recent years alongside the shift in welfare provision towards a mixed economy of care, contributing to policy (development and implementation) and employment, as well as service delivery (Dacombe and Batch, 2009; Rocket Science).

2.27 Third sector service delivery has been argued to be superior to that of the public and private sectors in cases where government or market failures exist. Specifically, it has a reputation for:

- Both equitable and efficient response to service requirements
- A strong focus on user needs
- Knowledge and expertise to meet complex personal needs and tackle difficult social issues
- An ability to be flexible and offer joined-up service delivery
- The capacity to build users trust; and
- The experience and independence to innovate (ibid, p)

2.28 Nevertheless, whilst Aiken and Bode recognise the role of third sector organisation particularly in offering training, support and employment to groups disadvantaged in the labour market, their research also indicates cause for concern over the relationship between third sector organisations and commissioning bodies. The requirements of the funder can lead to perverse outcomes such as a disconnection from other community organisations and “creaming” those nearest to the labour market rather than supporting those who require most assistance (pp.218-219, 2009).

2.29 Having briefly examined the background, this report now moves on to examine specific examples of work on employment by the Third Sector, focussing in particular on mental health, learning and literacy, those with deep need and employer's needs.

## **Summary**

2.30 MCN are defined as having more than one 'diagnosis' that triggers social exclusion. MCN's often coincide with poverty and stigma, and span health and social issues.

2.31 MCNs are a particular issue for the state and the third sector because of the breadth and depth of need faced by each individual. The cumulative impact of breadth, deepens the need experienced.

2.32 There is a lack of focus on the gendered experience. This is related to a tendency to homogenise experience and so hide the range and severity of challenges faced by many. Further, third sector organisations often tackle one particular source of need (homelessness or mental health problems for example). Greater coordination across organisations would usefully capitalise on the specialist knowledge that others have gained.

2.33 Strategies developed to examine need are often located within a temporal framework, examining the process of accessing services, experiencing services and outcomes.

2.34 A lack of engagement in working life has been associated with chronic social exclusion and carries heavy social costs.

2.35 Not all work is 'good' work. People with MCN must be supported into employment that develops their skills and feelings of self-worth.

2.36 The economic downturn is likely to increase the number of people who could be defined as having MCN, as poor mental health and poverty are experienced by more people. Further the downturn has impacted negatively on the financial resilience of third sector organisations.

2.37 Where third sector bodies rely on funds from commissioning bodies, there is danger that projects have time-limited or focus-limited restrictions that prevent organisations fully meeting the need that they encounter.

## 3 MENTAL HEALTH

### Introduction

- 3.1 This section explores how the Third Sector has helped to support the journey to the employment market of people with mental health problems. It starts with a brief overview of the issues and then looks at specific responses including; volunteering, peer support, the concept of recovery, supporting interpersonal skills and time investment. It finishes with an examination of three different approaches to tackling employment in people with a mental health problem; social enterprise, individual placement and support and transitional employment programmes.

### Background

- 3.2 As a theme, mental health provides an excellent illustration of the utility of MCN as a concept. Mental health is a cross-cutting issue which has a bearing on many groups with MCN, creating both a breadth and depth of need. Mental health problems cover a range of conditions, from mild to severe, with very high prevalence. For example, the Black report commissioned a review by the Royal College of Psychiatrists which showed that around 5 million people of working age have a common mental health disorder and just under 1 million of those have a severe condition (2008, p42). Around one in six adults suffer from 'common' disorders such as anxiety, depressive, phobic, OCD or panic disorders (ONS).
- 3.3 Mental health problems bear a strong relation to the issues of employment and employability. For those people with mental health difficulties who are in work, they are at greater risk of being in low paid employment and at double the risk of losing a job (Evans 2007 cited in Lawton 2009; SCMH et al, 2009).
- 3.4 Poor mental health keeps people out of work, whilst stress, depression and anxiety are the cause of more lost working days than any other work-related illness (Black, 2008; NSIP, 2009). Furthermore, the average certified time off for people with mental health issues is 15 weeks, as opposed to 8 weeks for all other conditions (Black, 2008). Black also notes that the stigma associated with mental illness means that people can sometimes go to extraordinary lengths to hide their illness. Mental health problems are the most rapidly growing reason for early retirement in Western Countries (Elovainio et al, 2007). In a study of the business case for supporting positive mental health at work, the SCMH' Centre for Mental Health (SCMH) estimated that reduced productivity due to poor mental health in the workplace caused approximately one and a half times the working time lost as absence due to sickness (2007).
- 3.5 Within the framework of MCN, the impact of the economic downturn is likely to exacerbate existing geographic income and health inequalities: mental health problems are associated with socio-economic disadvantage including unemployment, separation or divorce (NSIP, 2009, p16; ONS). Additionally, depression and the use of psychoactive drugs are also associated with past

and current violence, whilst over 90% of prisoners suffer from one or more of psychosis, neurosis, personality disorder, hazardous drinking and drug dependence (Bradley, 2009; Romito et al 2005).

- 3.6 Poor mental health is also associated with educational disadvantage, compounding labour market problems for the sufferer (Utting and Law, 2008). Qualitative research has confirmed the negative mental health impacts which discrimination can have on immigrant groups and people for whom English is not their first language; their status as socio-economically underprivileged also contributes to stress and other mental health problems (Agudelo-Suarez et al, 2009). Some black and ethnic minority communities are also subject to high levels of compulsion within the mental health services (FVC, p28).
- 3.7 Mental health problems are also of particular concern in the case of young people. The category of young people Not in Education, Employment or Training (NEET) contains a disproportionate amount of young people with mental health problems (Cusworth et al, 2009). Evidence from the British Cohort Study further substantiates this showing that unemployment as a young person increases the risk of being depressed later in life. Young people who are NEET comprise the majority of young people who are homeless, and are also more likely to smoke, drink alcohol, take drugs and be involved in crime (Keen, 2008).
- 3.8 There are a lot of programmes and initiatives in this area. For example the Scottish Association for Mental Health (SAMH) run a Workstep programme which supports people with a mental health problem in both getting a job and keeping a job. The programme works by identifying people's needs and providing support to help them stay in work. Rethink, the leading mental health membership charity in the UK, has a remit to support "everyone affected by severe mental illness recover a better quality of life" (Rethink, 2009, p2). Rethink fund an employment agency providing work experience placements and placements into training and further education. Evaluations of these programmes are however rare and it is difficult to find much information on them beyond brief descriptions.
- 3.9 Measuring success of the Workstep and Rethink projects is problematic. Some projects have used numbers completing programmes (Holtz et al 2002), others have looked at symptom reduction (Tehrani 2004) whilst others have looked at employment rates after the intervention.
- 3.10 Work in this area broadly falls under two categories, those targeted at challenging and ending the discrimination faced by people with a mental health problem and those aimed at helping people with mental health problems live with and manage their condition.

## **Volunteering**

- 3.11 Volunteering is seen by many as a way to help people with MCN into employment. Vision and Progress, is National Social Inclusion Program based in the UK. The program works to support and represent people with mental health problems. Their report on social inclusion and mental health, advocates

the development of structured volunteering arrangements and notes the need to promote as well as support volunteering as a means of increasing both the capacity for obtaining and retaining employment (NSIP, 2009, p14). However, there is no clear-cut picture of voluntary work acting as a pathway towards paid employment and evidence in this area is not very strong (Cordon and Ellis, 2004; Lacey, 2006). Although some employers respond positively to the skills and experience which volunteering can bring, culturally stereotyped attitudes towards people who do voluntary work can remain problematic (Cordon and Ellis, 2004).

- 3.12 Lacey (2006) reports engagement with voluntary and community organisations on an unpaid basis can become a pathway to paid work within the third sector itself and there is little evidence to suggest that people move beyond this sector. However, even though volunteering is not necessarily a direct conduit to employment, as well as providing benefits to the volunteer, supporting volunteering opportunities can also help to break down perceived barriers from the perspective of the host institution. To this end, working with the National Youth Agency and YMCA, the Prince's Trust has developed an accredited programme introducing young people from a range of support programmes to volunteering in youth work. Allen has found that these activities have improved attitudes amongst staff towards the involvement of the young people in the working environment (Allen, 2009).
- 3.13 Situating the positive benefits of youth volunteering to mental health within a MCN framework, there is potential value extending far beyond direct employment outcomes. Columba 1400 is a social enterprise in Scotland, founded in 1997. Amongst other projects, it runs the Young People's Leadership Academy (YPLA), for young people between 16 and 19 years old. The YPLA is a voluntary programme for groups of young people who, for diverse reasons, are having a problematic transition between school and working life. Some will be under stress because of serious issues such as homelessness, leaving school to care for a sick parent or chaotic lifestyles and 2 in 5 will have recently left local authority care.
- 3.14 The programme works through a workshops format focusing on leadership skills and values, which fall under the broad category of social skills (getting on well with others, having the determination to see something through; and bouncing back after disappointment). It aims for young people to "fulfil their potential."
- 3.15 The projected benefits for young person are: to be more confident; to make friends or get to know other participants better; to make changes in his or her life, e.g. to get off drugs, into employment, education or training.
- 3.16 Keen (2008) conducted an evaluation of the Columba 1400 Youth Leadership Programme in 2006, which included 167 young people over 19 workshops. The evaluation centred on the concept of social return on investment (SROI), looking at the young people's activities in education, employment or training both before and after the programme. The analysis is designed to estimate the difference the YPLA makes to the young people's activities in education, employment or training in comparison with peers who have not been through

the academy. Of the 79 people for who data were available, the expected (in comparison to data representing young people outwith this program) number went into training, seven fewer than expected went into education, fourteen more than expected were in employment and seven fewer than expected were NEET. The social return on every pound sent on the YPLA was estimated at £2.50 (Keen, 2008, p13, p21). The report concludes that there is huge value to be gained from this investment.

## **Peer Support, Advocacy and Outreach**

- 3.17 Peer support describes a process where people with experience of mental illness support one another (Rethink, 2009, p7). The rationale behind this approach is that people with the condition are the best placed to offer advice on living with it, people feel better if they receive advice from peers and also when they are able to give advice to others. Peer support is widely used in the mental health area and there it has been successfully used to provide a link between being a service user and a service provider (Hutchison et al, 2006). Peer support has also been identified in numerous studies as an important factor in recovery (Solomon, 2004). Whilst these programmes are extensive, empirical evaluation of their efficacy is limited (Corrigan 2006)
- 3.18 In a cross-sectional analysis of the impact of user operated services on the recovery of people with psychiatric disabilities, Corrigan (2006) suggests that there is evidence to support multiple benefits to people carrying out peer support. Benefits included improved self-worth, confidence, coping skills and a sense of empowerment.
- 3.19 King describes the role model effect that has been used as a rationale for encouraging peer support activities (2009). King describes extending the idea of peer support to peer outreach, where current or previous service users go out to other groups and provide information on available support resources (2009). This approach has enabled more people to stay in work, a particular problem with mental health (Black, 2008).
- 3.20 Advocacy and outreach work is not just about employment, it can be about breaking down the stigma attached to mental health and in so doing improve the opportunities for people with mental health problems. Reid and Rickwood, describe an Australian advocacy project where people with experience of mental health problems, either as a service user or a carer, undertake mental illness education (MIE) in an outreach role with schools and community groups (2009). The presentations take between 50 and 90 minutes and comprise a structured programme, including interactive activities to engage the audience and supplemented with written materials about mental health services and resources. An important feature of these workshops is that they are adapted to emphasise the personal stories of the presenter (ibid). In an external evaluation, this aspect of the workshops was recognised as fundamental to engaging young people and reducing the stigma associated with mental illness by showing the scope for recovery and that that mental illness is an ordinary health condition that can be treated effectively (Rickwood et al, 2004).

3.21 Peer support is not without challenges or critiques. Corrigan's review notes that a number of studies have reported no or only very minor improvements and or documented difficult behaviour from recipients, feelings of inadequacy beside other healthcare professionals, and boundary issues including negative personal impacts from support recipients and the blurring of their role as a friend and service provider (2006). Similarly, Read and Rickwood mention feelings of vulnerability both during and after presentations, fear about stigma and occasional challenges in working with co-presenters.

### **The Recovery Framework**

3.22 Central to many of the approaches that seek to tackle the problems faced by people with a mental health problem is the concept of recovery. SAMH for example in their documentation on their Workstart programme state:

*We recognise the importance of the process of recovery - its role in building self-esteem, providing a valued status and offering economic independence.*

3.23 Recovery is a poorly understood or theorised concept. Frak describes "recovery" as term which is simultaneously popular, poorly understood and open to abuse in that it is used opportunistically (p4, 2005). Whether explicitly or implicitly operationalised, the concept of personal recovery seems to be an underpinning feature of supporting positive mental health. The recovery framework posits four (loosely) ordered personal tasks:

- Recovery Task 1: Developing a positive identity
- Recovery Task 2: Framing the 'mental illness' within some personally satisfactory professional, spiritual, cultural or existential understanding
- Recovery Task 3: Self-managing the mental illness
- Recovery Task 4: Developing valued social roles – which often have nothing to do with mental illness (Slade, 2009 p5)

3.24 The focus of the recovery approach is on promoting well-being rather than treating illness and as such it emphasises hope, self image and identity, personal meaning and responsibility (Slade, 2009). With support from the Big Lottery Fund, Rethink has developed Uthink, a series of recovery programmes for young people aged 14-24. These projects have supported over 250 young people with, or at risk of, developing severe mental illness since 2008. An evaluation of these will become available at the end of March 2010 (Rethink website).

### **Supporting Interpersonal Skills**

3.25 There is an emerging body of work looking at skills development and employment for people with a mental health problem. Many of these

programmes have adopted innovative settings, including art, gardening and singing.

- 3.26 The positive impact of learning on mental health comes not just from the acquisition of new skills: there can be a virtuous cycle of promoting confidence, increasing resilience to stress and increasing sense of purpose. The Vision and Progress Report (2009) explored social inclusion and mental health and links these aspects of learning to meeting other students, making new friends and, possibly, getting back into the labour market or seeking better work. The National Social Inclusion Program (NSIP) aims to implement the Vision Progress Report and considers learning within a holistic context, where employment is one (possible) outcome along a continuum of improving mental health. (NSIP, 2009, p18). The potential and challenges of using learning as a means of supporting people with MCN into employment will be discussed in greater depth in the following section.
- 3.27 Learning is not the only means of facilitating social inclusion for people with MCN. Sing Your Heart Out (SYHO) is a mental health project at the Phoenix Centre in Norfolk. SYHO currently has two voice coaches and holds weekly singing workshops that attract up to fifty people. The project also has a management committee, which has a majority of service users serving and is also led by a service user. The remit of SYHO is inclusive and welcoming. As well as current or previous users of mental health services, the workshops are open to their family, friends, carers, support workers, staff or “anyone who thinks they might enjoy it” with no special experience or talent required. The project combats stigma in a practical manner. By current, previous and non-service users singing together, SYHO aims to break down barriers giving a focus for everyone to work together “often seeing each other in a new light, supporting one another over that high note or complicated rhythm.”
- 3.28 As well as promoting the benefits of singing to mental health, the SYHO mission statement includes advocating for arts therapy and publicising the benefits of the arts for mental health. The group is not targeted at employment or employability issues – the SYHO slogan reads “It’s all about having fun”. However, they are unequivocal about the mental health benefits of participation. Improved concentration, relaxation, optimism, and group members share stories of what one person refers to as the “SHYO effect”, being inspired to do something else out in the community. Another member recommends not only singing but “activities that take you into a different area of your life”, such as gardening or building, as being positive for good mental health.
- 3.29 Enjoyment and interaction – without a targeted endpoint relating to employment – can have unexpected effects. Over the first three years of the project there have been over 400 members. The group itself has undertaken numerous public performances and at an individual level, increasing confidence levels have helped members move on to other things including community choirs, other societies or returning to work. SYHO also share the story of one member, who faced multiple challenges with illness and had been declared unemployable. The meaningful social contact provided by the group is one of

the factors cited as improving his wellbeing and he now gives lectures about the benefits of singing to trainee doctors.

3.30 The 2008 NSIP evaluation of the SYHO workshops emphasised the role of social interaction and the sense of inclusion fostered by the workshops as a key factor in supporting the recovery of those involved (socialinclusion.org). Features of the workshops which developed that sense of inclusion were evaluated as being:

- An opportunity to develop skills within a supportive environment, contributing to increased resilience and the development of interpersonal skills
- A bridge to connect with socially inclusive opportunities within the local community
- A means of tackling stigma, discrimination and inequalities encountered by people with mental health problems

3.31 SYHO stands here as a case study example of the role of the arts in supporting improved mental health. Although in this instance singing provides the medium for interaction and empowerment, these key features of the project leading towards enhanced social inclusion can be operationalised through other means. Examples of an enhanced sense of self worth and links to the wider community being developed can come through other participatory arts projects, involving theatre, dance, music or other creative arts. Similarly, the “Open to All” training package, developed by NSIP in conjunction with the University of Nottingham promotes the involvement of people with mental health difficulties in libraries, galleries and museums ([http://www.socialinclusion.org.uk/work\\_areas/index.php](http://www.socialinclusion.org.uk/work_areas/index.php))

3.32 The Black report endorses such holistic approaches based on a bio-psychological model, which “simultaneously considers the biological (the disease or condition), the psychological (the impact and perceived impact on mental health and wellbeing) and the social (wider determinant s that can have a negative impact on health and wellbeing including work, home or family situations and the links between all three factors) (2008).” Further work confirms a correlation between participation in arts projects and a significant reduction in the proportion of participants identified as regular or frequent users of services (‘Mental Health, Social Inclusion and the Arts’, NSIP, 2009).

3.33 However, to draw on the SYHO slogan, having fun and supporting interaction does not need to be restricted to arts projects. It is also notable that the NSIP report confirms that the benefits of involvement in arts projects are not restricted to those with minor mental health challenges and those with more severe mental health needs also gain in a sense of empowerment and mental wellbeing (NSIP, 2009).

### **Time Investment**

3.34 The Hirst et al evaluation emphasises the importance of time investment in supporting people with MCN (ref). The Vision and Progress report echoes this

theme in several places. Although noting that for some work is not an immediate option, an effective route to securing sustainable employment for those with mental health difficulties is through individual placement and support. The report advocates a holistic attitude, meeting the needs of the individuals concerned (pp15-16).

- 3.35 Writing from the Centre for Social Policy and Practice in the Workplace in the United States, Akabas et al (2006) reviewed best practice for achieving employment outcomes for people with mental health conditions as part of the Work Opportunities for Rewarding Careers (WORC) programme (2006). Evidence from the US also endorses client involvement, pre-work activities and on-going support. In particular, they cite evidence indicating that “pre-vocational activities” should be minimised as there is a risk that people will fail to move on, making exit from programmes problematic. Their review recommends that as soon as someone indicates interest in work, an active job search process should begin; best practice allows for a “place and train approach”, where skills training takes place once the client is employed and participation in placement activities from the first day of programme enrolment.
- 3.36 Whist recognising that a majority of jobseekers will require only limited support to find work, Lawton, an IPPR researcher specialising in welfare, reform, employment, poverty and housing, qualifies the value of the ‘work first’ approach (2009). In the light of increasing Government recognition of employment retention and progression as important concerns, as well as advocating consideration of the suitability of the job offered, she acknowledges that a minority of people will require more support and these would notably include people with mental health problems. In these cases, as well as finding greater support finding work, perhaps through job preparation and placement, in-work support post-employment is very valuable. Lawton summarises effective measures for job sustainability by drawing on a range of evaluations. In alignment with NSIP recommendations, these emphasise integrating pre- and post- employment support to provide a seamless support service, noting that “providing retention and advancement support can be complex and the results...may not become evident for some years” (ibid).
- 3.37 Akabas et al’s recommendations go beyond integrated pre-and post employment support. Their review of research recommends coordination between clinical and vocational services to assist the client with their wider needs. The authors note that people with mental health difficulties moving into work often have a range of issues to contend with, citing unstable housing, involvement in the criminal justice system, domestic violence, lack of transportation and physical health problems among others. Findings indicate that coordinated support with these other needs lead to enhanced work outcomes (ibid).
- 3.38 Again, drawing on a range of literature, Akabas et al lay out on-going support for people with mental health difficulties in terms of emotional, instrumental, informational and appraisal support.
- Emotional Support: sharing feelings about the employment with counselling or peer groups; co-workers

- Instrumental Support: helping the client to sustain work: job coaching or skills training – although the authors note that people with mental health problems are often qualified to do the job and do not need skills training;
- Informational Support: information about their rights as workers; benefit implications; understanding of information needed to work in the widest possible sense, including where to get lunch
- Appraisal Support: provides feedback on performance within the job but counselling or peer group support can help people with mental health problems distinguish whether or not a particular experience is a function of their mental health condition. (Akabas 2006, p20)

The next three sections document three specific approaches to providing employment experiences for people with a mental health problem; the use of social enterprises, and two different supported employment schemes where individuals are placed in mainstream employment.

## **Social Enterprises**

3.39 Social enterprises provide an alternative employment strategy and are used extensively in the mental health field because they allow people to compete directly in the job market. Social enterprises started to emerge in the late 70's and early 80's in response to dissatisfaction with available policies to tackle social exclusion. The Department for Trade and Industry in its 2001 social enterprise strategy defines social enterprises as

"... businesses with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners." (DoTI, 2001)

3.40 Forth Sector, a social enterprise firm based in Edinburgh is one of the UK's leading social enterprise programmes, provide supportive employment to people with mental health issues through a variety of business ventures. Forth Sector supports approximately 80 people with mental health issues in a range of social firms and training and support programmes. In 2006 it helped 12 people back into mainstream employment and saw 7 people into training and further education (Durie and Wilson 2007).

3.41 St Mary's Guest House is one of its flagship programmes. It operates out of a Georgian house in the middle of Edinburgh and employs 4 fulltime staff, 2 of whom have a mental health problem, and provides 20 training places for people with a mental health problem. People are paid £20 per week for 16 hours work experience per week.

3.42 All those interviewed as part of the evaluation claimed improvements in their mental health after working at Six Mary's Place. In follow up of past employees who had entered mainstream employment, 3 years after leaving Six Mary's

Place, 11 out of 14 individuals were still in employment. Six Mary's Place has a good record of moving people into the mainstream – 15% of trainees have moved on, which compares well to the 5% rate for this client group in general. Whilst these figures are impressive, perhaps the biggest success of the project has been its savings on other budgets. The evaluation claims that:

“The analysis shows savings to mental health and support services in Edinburgh of over £420,000 per annum, and savings on welfare benefits and gains in employment income and tax income of almost £50,000 per annum. Social added value per participant is almost £25,000 per annum, for an investment of £3,500”. (*Ibid p 2*)

### **Individual Placement and Support (IPS) model**

3.43 The Individual Placement and Support (IPS) model is a variation of supported employment (SE) and aims to tackle inequalities that often co-exist with unemployment, for example substance misuse (Lawlor and Perkins, 2009). IPS has gained popularity in the US and Western Europe, and can be operationalised by any level of organization from being a Government strategy to being used by a local community based initiative. It involves people with a mental health problem working in open employment with support from a job coach and the client is paid the going rate for the job (Lawlor and Perkins 2009). It views work as an essential part of an individual's recovery and recognizes its central role in social inclusion. IPS starts from the principle that people with mental health issues will face complex, ongoing support needs and that there may be other barriers to employment including substance misuse (Cook et al. 2007), homelessness (Lehman et al. 2002), and contact with the criminal justice system (Rosenheck & Mares 2007). These issues are tackled at the same time as vocational issues. It has a very strong focus on work and aims to move people rapidly into mainstream employment but it does this from an approach that recognizes individual preferences and needs.

3.44 IPS is based on a coordinated approach, it is an individualized, client-led model and there are seven key principles:

- a goal of competitive employment
- zero-exclusion policy – eligibility based on consumer choice
- rapid job search
- integration of vocational and clinical services
- attention to consumer preferences
- time-unlimited and individualized support
- personalized benefits counselling (Bond 2004).

- 3.45 The approach uses both an employment specialist and a clinical specialist and their roles are separated. Individuals are assessed in terms of need and a plan is rapidly established setting goals and identifying support requirement. The emphasis is on client preference, and selected jobs must match the client's goals. Whilst developed primarily for use in the statutory sector, this approach has been adopted by some third sector organizations.
- 3.46 Work in the US points to the ease of implementation of IPS and Cochrane review of vocational rehabilitation suggest that IPS is an effective programme. (Bond 2004)
- 3.47 IPS has been used by a range of third sector organisations, including Way2Work run through a voluntary sector organisation in St Albans. Clients on the programme were offered a range of supports including; one to one support; group work; mentoring; work placements and volunteering. An independent evaluation of Way2Work points to the success of this approach (Hurford 2007). The evaluation reported that the involvement of the Third Sector 'was strongly appreciated by service users for its welcoming feel and accessibility' (Hurford, 2007, p.6). It concludes that this sector should be involved in the delivery of employment support to people with mental health problems.
- 3.48 However, IPS is not without its critics and researchers have pointed out that most IPS jobs are entry-level, part-time, and often short-lived, with clients quitting or being fired before securing other work (Lawlor and Perkins 2009). They are also only suitable for clients who are able or willing to work in 'competitive' employment situations (Auerbach 2002).

### **Transitional employment programmes**

- 3.49 The Transitional Employment Programme (TEP) is an employment programme, used by among others organisations that operate as part of the Clubhouse Model and Greendoor. These initiatives place people with mental health problems into local job vacancies, with real pay, for a short period of time. If the placement breaks down for any reason, those organising the initiative will complete the work, so that local businesses can rely on having someone to fill the post throughout the placement period. The approach aims to give work experience to people who have not worked due to mental health problems. Transitional jobs are part-time, short-term placements in the community and are used by organisations such as the International Centre for Clubhouse Development (ICCD), of which there are seven currently in the UK, and Greendoor from the US. Partnerships are formed with local businesses, voluntary sector organisations, statutory bodies, and corporations to provide on-the-job experience to clients.
- 3.50 The placements last from six to nine months and give members real work experience and the opportunity to gain skills while being paid a wage. The placements are time limited to ensure that the client moves on and the work tend to be of a low level. This, it is claimed, make the work accessible to as many clients as possible.

- 3.51 In the Clubhouse Model and Greendoor, the jobs are rotated and members are given experience of working in many different types of environments. The jobs are also structured according to need. For example a first placement may be a quiet one working with one other person. When confidence is gained the member can be moved to a busier place. Support is gradually withdrawn as the member becomes more confident. If a member feels ready, they can then progress to a supported employment placement or even an independent job. TEP is however often an end in itself. The Old Fox House has been using the Clubhouse model for some time to what they claim to be great effect. (Old Fox House, see <http://www.keme.co.uk/~oldfox/oftep.htm>).
- 3.52 This is one of the many schemes run by Clubhouse, which aims to provide “a place where people with serious mental illness – who are known as “members – participate in their own recovery by working and socialising together in a safe and welcoming environment”. Clubhouse has been well evaluated in their work supporting and promoting supported employment and outreach work as well as peer support (King, 2009; Mowberry 2006). People who use Clubhouse claim that in addition to help with employment they tackle isolation by allowing them to maintain contact with existing members as well as making contact with new ones and help challenge their feelings of isolation. They are much less competitive than the IPS model and their proponents claim that that they provide a risk-free environment to begin working. They are also less medicalised in their approach than the IPS and are more responsive to individual need although there is some evidence to suggest that this approach may reduce the likelihood of rapid direct entry into the competitive workplace (Auerbach 2002).

## Summary

- 3.53 People who have mental health problems, who work, are more likely to be in low paid employment, and are twice as likely to lose their jobs.
- 3.54 Stress, depression and anxiety are the cause of more lost working days than any other work-related illness. Absence from work due to mental health issues last an average of 15 weeks compared with 8 weeks for other conditions.
- 3.55 The stigma of mental health problems leads many people to go to enormous lengths to hide their additional needs, thus exacerbating symptoms of stress and anxiety.
- 3.56 Poor mental health is associated with educational disadvantage, leading to barriers to employment. Further, this problem is compounded for some individuals who do not have English as a first language and/or who originate from a black or ethnic minority.
- 3.57 Volunteering has been a popular method in the third sector to engage people with mental health problems in work. However, evaluations of the success of volunteering projects are not very positive. There can be a stigma around volunteering work (as if the individual is admitting that they are not equal to paid work) and a positive experience in a voluntary placement may not give

individuals the skills and confidence they need to actually progress to work. More rigorous evaluation of voluntary programmes is needed.

- 3.58 Voluntary programmes however, have had most success when supporting younger people with mental health problems into employment.
- 3.59 Peer support is another popular strategy, and has the advantage of encouraging people into employment as they operate in a culture that actively employs people with a mental health problems (as peer mentors). Again rigorous evaluations of such programmes are limited. Some evaluations have highlighted negative consequences to peer support that occur when mentors blur their relationship and undermine their role as service provider.
- 3.60 Social enterprise schemes have had marked success in allowing individuals to complete the transition to employment and in saving money as people depend less on health and social services.
- 3.61 Successful programmes need to attend to some extent to the medical, psychological and social barriers faced by people with mental health problems. Thus finding employment is one of the tasks, employment needs to be sustained, and this can be facilitated by ongoing emotional support and by an effective medical treatment programme.

## 4 SKILLS, LEARNING AND LITERACIES<sup>3</sup>

### Introduction

4.1 This section explores how the Third Sector has responded to meeting the skill needs required by people with MCN to enable them to gain employment. It starts with a brief overview of the background to and justification of the inclusion of this topic. It then moves on to explore the use of advocacy, peer support and volunteers, the concept of learner centred practice and client consultation and finishes with a look at the social practice approach.

### Background

4.2 Skills, learning and literacies provide a second, albeit different cross-cutting theme on supporting people with MCN towards employment. The National Literacy Trust (NLT), an independent charity which campaigns to promote wider understanding of the importance of literacy, point out that as well as hampering employability, poor literacy skills also compromise health, confidence and happiness, limiting participation in society (Dugdale and Clark, 2008; NLT website). Researching into literacy in terms of “English language provision for adult speakers of other languages” (ESOL), emphasised improved health and individual aspirations as well as increased participation (Furlong and Hunt 2009; NIACE, 2006, p19<sup>4</sup>). NLT figures indicate that 92% of the British public believe that literacy is vital to the economy and essential for finding employment (ibid).

4.3 Literacy and numeracy are now frequently grouped together under the heading of ‘literacies.’ This term reflects that major shift in educational thought about how and why people learn. The student learns most successfully by carrying out activities which are meaningful within their wider lives. Since literacy is now understood to be fundamentally about achieving particular goals, what it means to be literate will alter both in different situations and over time, depending upon social, cultural, economic and political contexts (SG, 2009). As well as reading, writing and arithmetic, the ability to access the internet, manage money, apply for benefits or a loan, fill in a questionnaire, cook a meal from basic ingredients or even vote can all be described as literacies (Barton and Hamilton, 1998; Madison and Steen, 2008; WEA, 2009). These multiple and changing literacies place an additional burden on people with additional support needs. Using this broad conception, literacy has been broadly defined as:

*The ability to read, write and use numbers, to handle information, express ideas and opinions, make decisions and solve problems, as family members, workers, citizens and lifelong learners (SE, 2001, p7)*

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<sup>3</sup> Reference all About Learning Difficulties as "<http://www.aboutlearningdisabilities.co.uk>"  
Reproduced courtesy of [www.AboutLearningDisabilities.co.uk](http://www.AboutLearningDisabilities.co.uk) - comprehensive advice on learning disabilities

<sup>4</sup> From Fylog and Hunt NIACE (2006) More Than A Language Leicester: NIACE

4.4 Underpinning these skills at a very fundamental level are speaking and listening skills (NLT). Reasons for poor literacy might include specific educational needs or difficulties, disaffection from learning or low aspirations but, regardless of causation, it is strongly associated with socio-economic disadvantage (Dugdale and Clark, 2007). Poor literacy has implications for employment and for level of earnings within employment (Bynner and Parsons, 2006). Women with poor literacy skills are more likely than others to be employed in manual work, whilst men with poor literacy and numeracy are more likely to be in semi-skilled and unskilled jobs with less work-related training, lower wages and poorer promotion opportunities (D&C, 2007, p17). Low levels of literacy carry implications at multiple levels (see table below)

<i>Level</i>	<i>Impact</i>
<i>Individual</i>	<p>More likely to live in a non-working household: 22% of men and 30% of women with literacy below entry level 2 live in nonworking households.</p> <p>Less likely to have children</p> <p>Individuals with low levels of literacy are more likely to lead solitary lives without any children.</p> <p>Individuals with low literacy levels are more likely to live in overcrowded housing with reduced access to technology.</p> <p>Less likely to vote</p> <p>Men and women with the poorest literacy or numeracy skills were the least likely to have voted in the 1987 and 1997 general elections.</p>
<i>Family</i>	<p>A literate family is less likely to experience divorce, as divorce rates amongst those with high literacy are low, and significantly lower than those with poor literacy.</p> <p>Families with high literacy levels are far more likely to live in working households, with only 2% of families with good literacy living in workless households.</p> <p>More likely to own their own home</p> <p>Families with high literacy are more likely to own their own houses and not live in overcrowded conditions.</p>
<i>Community</i>	<p>Individuals with good literacy are far more likely to participate in their community.</p> <p>Among those with level 2 literacy 21% of men and 29% of women actively participate in community activities.</p> <p>Scottish data shows that individuals with good literacy are significantly more likely to trust people in their community, with only 2% of men and 1% of women with good literacy saying they didn't trust people at all.</p> <p>Literate residents also consider their communities to be much safer, than those with low literacy. Only 1% of men and women with high literacy levels reported never leaving their houses.</p>
<i>National</i>	<p>Highly literate individuals are more likely to vote and have an interest in politics, therefore participating in the democratic process and holding an interest in the</p>

	<p>governance of the nation.  High literacy levels are associated with lower drinking and smoking, as well as higher levels of good mental health. This takes pressure off the health service and public funds, and contributes to a healthier nation.  A literate workforce is advantageous to both employees and employers. Good literacy skills provide an opportunity for flexibility in the workforce across all sectors.</p>
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Source: Dugdale and Clark, 2007, pp.6-7

4.5 Those with increased literacy rates have been shown to:

- Become less likely to be on state benefit
- Become more likely to own their own home
- Become more likely to use a computer at work
- Become more involved in democratic processes

4.6 Effective communication can prove problematic for people with learning disabilities, with mental health problems, with physical impairments.

4.7 People from black and minority ethnic (BME) backgrounds can face barriers to participating in learning including: the prospect of having to learn with people from other cultures who may be better qualified or more fluent in English; cultural or religious restrictions; lack of confidence in using English to find out about learning opportunities; reluctance to attend classes outside their home area due to lack of confidence or fear of attack; tutors from different backgrounds may not understand their religious and cultural needs and they are amongst those least likely to be able to pay for adult education (White and Weaver, 2007)

4.8 Dugdale and Clark comment that the lower an individual's literacy levels, the less likely it is that that have been on a training course, observing that "this is particularly worrying as those with lower level skills are most in need of training" (2007, p18). People struggle with literacy for a number of reasons including "severe educational needs to a disaffection from learning and low aspirations." (*ibid* p5).

4.9 It is clear that literacies are an important element of any approach to tackle unemployment. This is hardly surprising as "*good literacy, language and numeracy skills underpin almost everything we do in our daily lives – at work and at home*". (Skills for Life: Changing Lives 2009:3).

4.10 *Skills for Life* have documented three main ways that the Third Sector can help in this are:

- to signpost potential learners who access their services to literacy, language and numeracy provision
- as an employer to improve the literacy, language and numeracy skills of the staff that work in their own organizations
- to potentially deliver training

4.11 In the remainder of this section this report looks at some of the approaches adopted by third sector organisations in meeting these challenges, including advocacy, volunteering and peer support, learner centred practice and the social practice approach. Whilst none of these programmes specifically target employment, promoting employment is at the root of many literacy programmes, as Skills for Life, a programme of qualifications that builds up skills around literacy and numeracy as *The Innovation, Universities, Science & Skills Committee* (2009) makes clear:

“... giving everyone in our society the opportunity to develop their skills will help us tackle social exclusion and create a fairer society in which everyone has the opportunity to realise their full potential. By helping people improve their grasp of the basics, we help them develop the platform of skills they need to find, stay and progress in work. We help them to improve their earnings. We help them to play an active role in their children’s educational development. And we help them to play an active role in their community”. (2009; <http://www.parliament.the-stationery-office.co.uk/pa/cm200809/cmselect/cmdius/365/36504.htm>)

## Advocacy

4.12 About Learning Disabilities (ALD) identify advocacy as an especially important issue in supporting people with learning where people have severe or profound impairments, not least because they might be vulnerable to financial, physical or institutional abuse. The British Institute of Learning Disabilities (BILD) provides specialist advocacy teams which support local authorities and other advocacy groups in providing services geared towards individuals with learning difficulties (ALD). A core concern is that advocacy must focus on the needs and wants of the individual (rather than their disability) and support them in making informed choices about their lives. About Learning Disabilities describes advocacy as “a step in the right direction towards total equality between both those with and without learning disabilities” (ibid). Parallel to the empowerment ethos underpinning much of the work supporting people with mental health problems, ALD also endorses self-advocacy.

4.13 Self-advocacy when applied to this area implies teaching more than just literacy. The ideas behind the concept implies that people are more likely to learn if they learn to speak up for themselves, and are able to tell others what they need. In a self-advocacy approach teaching is targeted at enabling adults with learning disabilities to: (a) make informed decisions; (b) set goals; (c) communicate interests, needs, and rights to achieve goals; (d) take responsibility for decisions and advocacy; (e) apply self-advocacy information, skills, and strategies across a variety of situations; and (f) link with support

resources or agencies in the community that will provide the adult with opportunities to develop self-advocacy skills over time.

4.14 Learners can also become advocates for learning and can be important role models for others entering the system. In their review of the Community Learning Ambassadors (CLA) Project in Bolton which provides training, volunteering and paid work opportunities with the aim of promoting and supporting adult community learning, White and Weaver (2007) point to the importance of advocates in attracting black and minority ethnic learners to adult education. They argue that the use of advocates who can act as role models can:

- help learners overcome barriers to learning;
- provide practical and emotional support to learners by for example, helping people with enrolment and accompanying them to their first session;
- promote learning opportunities;
- undertake local research for statutory agencies;
- work to identify local learning needs;
- widen participation (White and Weaver, 2007, pp48-49).

Similar points are made by Koniotou and Torode (2009 see below for a discussion of their work) and the use of what they term 'barefoot workers', who they suggest are best placed to help with recruitment of the most isolated from hard to reach communities. Many projects suggest that using integrating learners with similar backgrounds, learning in informal settings and being supported by learning champions are key methods in developing programmes.

## **Peer support**

4.15 The use of volunteers and peer support play many roles in literacy programmes. As well as supporting the learning experience, fostering peer relations and a sense of being part of a group has also been found to be an important means of sustaining learner interest. Literacy projects can be valued as a social experience even more than they are as a learning environment (Prins, 2006). Kefallinou headed a team working in adult basic literacy in Australia. Historically, their courses had a poor rate of learner retention. Over a five-month period they introduced a Learner Persistence Program, to find out how persistence, attendance and learning gains would be affected if learners were given extra support. Persistence was defined as:

“...adults staying in programs for as long as they can, engaging in self-directed study when they must stop out of their programs, and returning to a program as soon as the demands of their lives allow”.  
(Kefallinou, 2009, p106)

4.16 The experimental Persistence Program team comprised a program manager, three counsellors and an administrative assistant. The approach involved:

- Communicating the objectives of the Program to teachers and staff at meetings
- Drawing on teachers input and expertise as well as attendance records to target learners at risk of dropping out
- Following up with both the teacher and learner when there were two consecutive absences
- Counsellors regularly visited classes and met with students individually. Learners were able to discuss barriers and how the program and learner could work together to prevent dropping out. Where stopping study was unavoidable, a study plan and a way for the learner to come back was devised
- As a result of learner feedback on barriers, checklists were made of the skills the learners achieved at each level. Learners could then check off skills they had mastered themselves. This increased their sense of motivation and achievement.
- A persistence orientation was included with the general orientation procedure for new adult basic learners where lively discussion about motivation, goals, barriers and realistic expectations were facilitated.
- Support resources were identified
- Learners who had stopped were followed up and offered the opportunity to reconnect and return
- A buddy-system was started where learners were encouraged to look after one another and support newly placed learners (Kefallinou, 2009, pp.107-108)

4.17 Kefallinou reports a huge difference between the year the Persistence Programme was in force and the previous intake. She says “We were surprised at the scope and depth of the project’s impact on our program – on the staff, on the students, and on our processes (orientation, attendance, enrolment, curriculum and teaching)” (ibid, p108). Learning gains, learner retention and completion all improved and there was consensus that the intervention created a major difference in terms of learner attitudes, relationships and the sense of community. Kefallinou concludes that there was a “considerable change in staff and program attitudes towards students who had to stop out” and many Persistence Program strategies have been incorporated into their normal work (2009, p109).

4.18 This approach may be particularly significant for people with MCN. In particular, Waddington points out that ESOL courses tend to have a high drop out rate (2007, p25).

4.19 Peer interaction also forms a dominant theme in Terry’s research. She reviews literature about the importance of interpersonal skills for a positive classroom experience and notes the value of supporting interaction between learners (2006).

- Fostering Peer Relations to support group learning encouraging students to:
- Respect each other's different perspectives
- Connect emotionally with one another in the learning environment
- Supporting one another in the learning environment
- Actively teaching questioning, listening and responding skills between learners
- Encouraging collaborative enquiry
- Offering 'feelings-orientated' feedback in the learning situation
- Fostering a feeling of belonging

(Source: Derived from Belenky & Stanton, 2000; Brookfield, 1995; Byrne, 1990; Caffarella & Barnett, 1994; Jackson & MacLissac, 1994 and Taylor, 1999 all cited in Terry, 2006)

4.20 Terry conducted a large qualitative research project, exploring the experience of seventy stakeholders within community-based literacy programs (2006). She interviewed 26 learners, two co-ordinators/ instructors, 10 other staff members, 7 parents/ significant others and 8 referral agents. She used open-ended questions to gain information about changes in the learner and their goals after the literacy program and always followed by asking about any other issues that had not been discussed. Learners achieved "striking" personal and academic changes as a result of their learning experiences, in the fields of:

- General attitude toward life
- Levels of interpersonal awareness
- Self-esteem
- Academic confidence
- Learning goals
- Employment plans (Terry, 2006, pp.6-12)

4.21 Volunteering, as in mental health programmes, has been used to promote employment opportunities for people with low literacy, although again the employment is mainly in the Third Sector. The learning advocate idea, where course graduates go on, either on a voluntary or paid basis, to support and attract new learners is a recurring theme. As well as providing positive reinforcement and potential employment for the learning advocates, this activity performs a valuable role in that a very low proportion of adults with literacy difficulties tend to go on courses to improve their skills, since people find ways to adapt with the skills that they have (Bynner and Parsons, 2006)

## Learner-centred practice

- 4.22 Learner-centred practices take advantage of knowledge around cognition, to create environments that facilitate learning. This approach has been used by a number of initiatives. For example, the charity One Parent Families (OPF), supported by funding from the Basic Skills Agency (BSA), developed a financial literacy programme based on the needs of lone parents (OPF, 2006). OPF targeted areas within community settings across Greater Manchester and, using focus group research, identified a profile of participants and a preliminary programme content based on participant defined subjects. The main areas of interest identified were benefits and tax credits, budgeting, borrowing and dealing with debt. OPF developed a modular course based on these findings and also included a section on returning to work. These modules were run in collaboration with Marks and Start programme (a work experience programme run in partnership with Marks and Spencer). They subsequently ran a second phase which took a more selective, 'taster' approach. This development was again based on evaluation of phase 1. Their evaluation indicated that 100% of participants in both phases had achieved what they wanted from the course, finding it useful and 79% believed that participation had helped them to overcome some of the barriers they faced (ibid, p2).
- 4.23 Key to the success of this programme was the preliminary research on the needs of the client group. This not only identified the preferred mode of delivery, a modular, interactive structure, but also the content and method including a strong emphasis on fun and participation. The modular structure facilitated an inclusive approach, allowing the design of materials geared at those with basic skills needs and no educational qualifications. Enjoyment was a key factor in provoking engagement through discussion and ensuring that learners would persevere with the course. OPF used colourful flyers, emphasising a relaxed, non-threatening learning environment and devised taster session with light hearted names such as 'Money Magicians' to attract participants (OPF, 2006, p2). This was designed to place an emphasis on building learners skills and empowering them; OPF use the example of naming a course "Talking Money" rather than "Financial Literacy Training Day" (OPF, 2006, p4) puts the accent on what the learners know rather than placing them in the passive role of those with a learning deficit which must be remedied. They emphasise the need to make adjustments at short notice in order to respond to the needs of potential learners.
- 4.24 Although OPF recommend building contacts with other training providers in the area so that learners can be referred on after finishing the introductory courses, a familiar learning environment proved important for the OPF numeracy projects. Direct consultation was necessary to understand where and when people would be comfortable learning. Appropriate times fitted to the needs of the learners, with easily accessible and preferably on site crèche facilities were found to be an advantage. OPF found that learners had a tendency to be territorial, and were reluctant to visit neighbouring estates and that even participants who had enjoyed learning were resistant to moving on to unknown venues with new trainers (OPF, 2006, p3). As well as local knowledge, time

investment is required to build trust and enthusiasm with the local community and intermediaries (ibid).

## **The Importance of Client Consultation**

4.25 Whereas learner-centred practices focus on cognitive strategies to promote learning, Client Consultation initiatives focus on individual experiences of learning and aim to tailor strategies to meet individual needs. In Work with people with MCN it is important to remember that they are not an homogenous group and that they have many identities. Gender, age, social class religion current home or area of 'home' country can all play a part in forming the individual's identity and influencing their choices and learning style. This is particularly the case for BME groups, where social and geographical location and culture can have impacts on participation as White and Weaver (2007) discuss in their review of the Pakistan Muslim Centre (PMC) in Sheffield. This review shows how a BME voluntary organisation can attract and engage learners who might not be confident in a formal educational setting. The starting point of their initiative was extensive local, regional and national research into the lack of participation of Muslim learners in learning activities. PMC identified culture, language, and a lack of awareness of the needs of Muslim learners on the part of conventional educational providers. All these acted as barriers to participation in learning. On the basis of this a Learning Champion was appointed to consult with organisations and potential learners on opportunities in which they might be interested. Women in the community were targeted by visits from female outreach workers (again employed); the timings of courses were planned to accommodate the needs of different groups (e.g. taxi drivers at lunchtimes or school times for mothers); settings were provide such as local mosques where the learners could feel comfortable. The resulting learning programme combined leisure, employability and vocational skills including:

- citizenship classes for those wishing to acquire British nationality;
- communication, employability and life skills for new arrivals;
- employability and confidence building for women;
- community languages that include Arabic and Urdu;
- Islamic programmes that included Islamic Awareness, Art and Islamic Counselling;
- health activities to address emotional and well-being issues;
- construction skills; and
- PC maintenance and repair. (White and Weaver, 2007, pp53-54).

These topics were chosen after consultation with prospective clients.

- 4.26 Client consultation is key to finding topics and activities which people can engage with and *enjoy*. Dugdale and Clark review a number of sources<sup>5</sup> identifying enjoyment as positively impacting on general knowledge, understanding of other cultures, community participation, insight into human nature and decision making, as well as reading ability (2007, pp11-12).
- 4.27 A strength of the Third Sector is its ability to provide flexible and responsive services, delivered where and when appropriate for learners (NIACE, 2007). Koniotou and Torode (2009) present a review of an NIACE funded project, 'A Woman's Place' which worked with women from the Pakistani, Bangladeshi and Somali communities in three London boroughs. The project was designed to bring women in these communities together, identify their learning needs and help them access adult learning. Subsequent case studies identify a range of methods and practices that can be employed to help promote education and learning in this group. Many are simple, such as running classes in the local Mosque which tend to be in easy reach, are comfortable for the women to be in and somewhere their husbands approved of.
- 4.28 Targeting courses precisely at specific communities or groups within groups proved especially valuable in attracting women from some Asian Communities Blackburn and Bolton case studies (ibid, p41)
- 4.29 The Dawn Women's Group is a support group created by and consisting of mainly Bangladeshi mothers who care for their physically or learning disabled children. The group takes an holistic approach and aims to empower the women through educational activities. The group also works with the husbands, who are assured that the women are coming to a safe environment where they do not mix with other men. Through a range of activities, including health education, cooking and ICT training, many of the women are now looking to move into employment and are keen to gain work experience and some of the women are now booking appointments to get matched to a local voluntary job.
- 4.30 By working with, rather than against cultures and adopting niche – curriculum planning these projects have been inclusive and have provided opportunities for learners from different backgrounds, cultures, class and status to use their existing knowledge and experience to contribute to learning and makes it clear that these contributions are valued. They have been able to draw in and include groups who do not normally take part in adult education activities.

### **The Social Practice Approach**

- 4.31 Hiller (2009) reviews the contrast between older functional approaches towards literacies and the newer social practice model (pp537-538). Functional approaches measure reading skill which has historically dominated literacy programmes. From this perspective, the teacher deposits their knowledge into the student who is a largely passive 'empty vessel' (Baynham, 1995; Freire, 1996). Social practice models view people in their social context, where vocabulary size is perhaps less significant than fulfilling the activities of daily

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<sup>5</sup> Cunningham and Stanovich, 1998; Meek, 1991; Bus, van Ijzendoorn and Pellegrini, 1995; Bruner, 1996 cited in Dugdale & Clark (2008, pp11-12)

living. The Social practice model works from the basis that even where people have weaker basic skills as traditionally assessed, they all have a wider variety of literacy abilities which allow them to function satisfactorily in their everyday lives (p537). Using strategies such as managing their friends, family and communities to assist, it is possible to operate effectively in situations requiring a high level of literacy and numeracy (p537 again).

- 4.32 Bell presents an evaluation of a support group for people with dyslexia run through a voluntary sector organisation (2009). Her research adopted a social rather than a medical model for understanding dyslexia. This understanding means that rather than think of dyslexia as a personal, medical problem, it is social institutions and practices which render it a 'disability' (Barnes, 1999).
- 4.33 Current skills policy emphasises the need for high quality learning opportunities that have relevance in the workplace; what is more, those opportunities should be provided "at times and places accessible by workers" (SG, 2007, p48). Those who Bell worked with felt that existing learning support was inadequate for individuals with dyslexia on a variety of counts. The opportunity to attend classes was linked to targets for progression. This was problematic for two reasons. Firstly, the only way to progress was by passing an annual test. Although some learners successfully passed vocational qualifications, they were unable to perform in the test environment. Secondly, although it may take an individual with dyslexia many years to progress from one level to another, the institutional requirement meant that learners who did not pass the test were not allowed to continue as they could not progress to the next level (Bell, 2009). A further problem was that testing using multiple choice (both paper-based and online options) meant that students could 'pass' exams "while still being unable to write effectively" (2009, p75). Successfully passing different qualifications, such as a certificate in childcare, could also lead to a potential learner being barred from the class as overqualified.
- 4.34 After examining existing provision, Bell outlines a case study of how a group of adults with dyslexia dealt with the funding for their literacy classes being withdrawn. With her assistance as a facilitator, they formed a support group to provide for their own needs. They also welcomed other adults with dyslexia in the local workplace. A group does not itself necessarily need to be a provider of education for its members. However, Bell demonstrates that it provides mutual support and sharing of knowledge. It also allows members to take on new responsibilities and develop greater independence. Although advertising the existence of the group to people who have difficulty reading remains a challenge, the group has plans for developing contacts with local schools and businesses, along with fund-raising and publicity activities.
- 4.35 Bell concludes:
- "...stakeholders in workplace training and community classes should consider funding this sort of group rather than doggedly pursuing curriculum-based literacy outcomes. Policy makers must listen to the voices of adults with dyslexia when decisions are made about the funding of future support projects. In order to support an inclusive workplace, groups of adults with

dyslexia should be involved in consultation processes to support the implementation of disability acts". (1990, p79)

- 4.36 Bell's assertive conclusion is supported by Mikulecky *et al* (2009). They carried out a review of evidence on the teaching of literacy skills. They highlight findings that "teaching literacy skills in a highly structured fashion can sometimes conflict with addressing more immediate learner needs related to topics such as family, health or employment" (*ibid*, p72).

## Summary

- 4.37 Issues with literacy and numeracy skills compound other issues defined as MCN. They are frequently grouped together under the heading 'literacies'.
- 4.38 What it means to have compromised literacies will depend upon the social, cultural, economic and political contexts. Projects and training courses that reduce literacy to a measure of vocabulary size, often undervalue the abilities of individuals, who are able to function well with their literacy skills. For example, as well as being able to read or count, literacies enable access to the internet, managing money, applying for benefits, loans and jobs, cook a meal from a recipe and even vote.
- 4.39 People who do not have English as a first language may be unable to compete against those more fluent in English, or with UK qualifications.
- 4.40 People with low literacy skills tend to avoid training courses assuming that there will be a written basis to their learning or their evaluation. Thus they tend not to benefit from courses that promote vocational skills as well as those that promote literacy skills.
- 4.41 As literacies are a major prerequisite for employment, and as they tend to be restricted for people with MCN, third sector bodies involved in promoting employment should encourage individuals to services that enhance literacies.
- 4.42 Self-advocacy is a successful route to aid individuals to improve literacies and gain employment. This is because choosing the right training course, having the mindset needed to learn and being empowered enough to tell others what they need, often requires a level of advocacy. Advocates can provide practical and emotional support by helping find classes, enrol and accompanying them to the first session. From this basis, skills in self-advocacy grow and learning is enhanced.
- 4.43 Peer support has helped learners in literacy programmes by providing a supportive learning environment, a fun environment, and sustained interest.
- 4.44 Learning centred planning uses knowledge about what environments best aid learning, to provide effective initiatives. Often this involves understanding the needs of the client group well, and responding to their requests for particular learning times and spaces.
- 4.45 Client consultation is more user led, allowing clients to determine how learning occurs often because they are involved in the management of the initiative. In

practice, high quality learning centred planning programmes may look similar to client consultations.

4.46 The social practice model views people in their social context, so it matches people's skills to the needs of their environments. This moves away then from measures of vocabulary size then, to consider what kind of literacies are the most important for an individual in their job and in their communities.

## 5 DEEP NEED

### Introduction

- 5.1 This section examines routes to employment for individuals known to experience 'deep need'. This describes those who are stigmatised by employers and who face a multitude of barriers to finding and securing employment. Work with people in this area has generally assigned individuals to particular categories, and this review replicates this. In this section we look at how the Third Sector has tackled the employment needs of people who misuse drugs and alcohol; offenders, young offenders, sex offenders and homeless people. Almost all the literature recognises however that such categorisation is a construction, and that most individuals described face multiple barriers. For example, most unemployed homeless people will have experienced some level of mental health problem, and will have offended. Most offenders will also have a mental health problem and may also face problems with housing.
- 5.2 Almost all of the people who are described in the following categories tend to have little work experience, limited literacy, low self-esteem and poor qualifications, these factors alone make the transition to secure employment difficult (Social Exclusion Unit, 2002).
- 5.3 Three broad categories of support exist according to Eley, (2007). Treatment and rehabilitation services offer 'soft' skills training such as how to write curriculum vitae, letters and how to present at interview. Specialist employability programmes should relate to individuals interests and seek to teach new and relevant skills, useful in the workplace, such as earning a HGV licence or gaining a qualification in plumbing. Thirdly training and employment services aim to find work placements to gain real experience. Eley (2007) reviewed the task of job searching for people with a history of crime and substance misuse, but the three approaches to support are relevant to all of the 'deep need' categories.

### Drug and Alcohol Misusers

- 5.4 Before employment generally becomes a realistic aim, an individual must control their addiction to alcohol or drugs. As McIntosh and McKeganey (2001) point out, they must be 'job ready', that is, they must be able to perceive that work can help them transit to an alternative and desirable lifestyle, free of substance abuse. In Eley's (2007) study, not all individuals on training programmes had made this internal transition of accepting work as a path to recovery.
- 5.5 A study by The Chartered Institute of Personnel and Development (CIPD, 2007) reviewed the practices of 505 businesses in the UK to explore what policies existed for managing employees who presented at work under the influence of alcohol or drugs. The majority of organisations (303 of 505 surveyed, or 60%) had disciplinary procedures in place for managing alcohol or drug misuse at work. In most cases, this was managed under health and safety policies. Although two-thirds of staff handbooks outlined the policies on alcohol and drug misuse, managers were less likely to be trained (around one-third) on

how to manage staff members. As a result, problems acquired during employment are not easily detected as the issue is not seen as an ongoing priority. Around half of these organisations referred employees to external organisations for support, including specialist counselling and occupational health. Only 38% offered rehabilitation back to work following substance misuse treatment. Further, only 60% of those offered some kind of treatment, continued to work for the organisation.

- 5.6 Sutton et al (2004) reviewed 16 employment placement programmes for adults with a history of alcohol or drug misuse. Seven of these programmes were based in the UK. Most programmes were integrated, so that counselling and help in recovering from addiction were delivered alongside skill training. One indication of success was the training given to those employed by the program. For example a programme in Coventry & Warwickshire (Hughes and Westwood, 2001) used specialist employment placement workers placed within the community drug teams, so that a sound knowledge of the local labour market was built into the programme. Not only then were staff able to advise on employment opportunities, they also had the knowledge to advise on transport and childcare support for example.
- 5.7 Sutton et al (2004) also highlighted the links programmes made with their local community as being an important indication of success. For example, they promoted the example of the From Residential Drug Treatment to Employment Project based in Dublin (Lawless and Cox, 2000), which hosted 'employer evenings' where local employers could visit the project and informally make links. This allowed staff members to learn more of the skills and training valued by employers, and allowed employers to gain a positive image of substance users.
- 5.8 In addition, a climate of trust, useful inter-agency co-ordination, communication and collaboration and intensive one-to-one support were reported as key strengths of projects (Sutton et al, 2004).
- 5.9 Factors that impeded success were staff turnover, a lack of inter-agency working or collaboration, failure to network sufficiently with organisations working in the same sector, low recruitment of clients (falsely giving the impression that need for the service did not exist), and underestimation of the time and resources required to adequately support substance misusers through treatment and to employment and poorly trained staff (Sutton et al, 2004).

## **Offenders**

- 5.10 Around two-thirds of prisoners in England and Wales have no job at the time that they are sentenced and 70% leave prison with no job (Niven and Stewart, 2005). To put this into context, compared to the general population, prisoners are 13 times more likely to be unemployed (Social Exclusion Unit, 2002).
- 5.11 Sameil et al (2009) in their review of programmes aimed at securing employment for offenders with mental health problems suggest that the most effective existing UK and US schemes to help offenders into employment include the following characteristics:

- Direct links with employers, to facilitate rapid job-search and overcome any prejudices among employers
- Support that continues ‘through the gates’ between prison and the community
- In-work support once a person starts a job
- Input from ex-offenders
- Addressing multiple needs
- Successful programmes therefore include elements of peer support and volunteering, are overarching in their approach and work with employers as well as offenders.

5.12 *The Wisegroup* Routes out of Prison is an example of one programme that has adopted many of these methods. Run in partnership with the Scottish Prison Service Apex Scotland, Families Outside and the Scottish Government, Wise Group work to provide support to offenders released from prison in the West of Scotland. Volunteering and peer support have been central to the success of this programme and ex-offenders are employed as life coaches to work with ex-prisoners helping them acquire the life, social and employment skills they will need when they rejoin society and supporting them in employment on leaving prison. Evaluation of the project has suggested that it has had a direct impact in the reduction of ex-offenders re-offending and increased employment levels and reconnected families (Schinkelet al 2009).

5.13 There is much evidence to suggest that employment is a worthwhile endeavour with this group. Those in paid work are less likely to re-offend (Social Exclusion Unit, 2002; Pleace and Minton, 2009). A stable job is recognised as a factor in reducing the risk of re-offending by up to 50% (Rhodes, 2008; Local Government Association, 2005). In 2006/07, 35% of offenders were in part or full time employment compared to general employment rate of approximately 75% (H.M. Government, 2007).

5.14 Training for offenders can offer rehabilitation, but there are many barriers to success. For example, being in large groups, being anxious and feeling exposed generally can restrict how well probationers engage with educational or employment opportunities. Offenders tend therefore to be drawn to short-term training courses that offer intermediate gains and that can have tangible benefits, such as a reduction in probation time, free food or in some cases a small payment. In time, the longer-term benefits of training become evident and so attrition is reduced (Pleace and Minton, 2009).

5.15 Training courses offered to offenders may need to be more flexible on discipline, understanding that those recently out of prison have poorer impulse control, limited emotional literacy, problems in concentrating and low self-esteem, (Pleace and Minton, 2009).

5.16 Training that takes place in prison can support skill learning that does not necessarily fit the gaps in the labour market. Further, work experience in prison

is far more isolating than in the 'real world' and the absence of the 'employer' means that offenders are unable to learn the social skills required in maintaining employment, (Webster et al, 2001).

- 5.17 Training can raise expectations regarding job prospects (Webster et al, 2001; Simon and Corbett, 1996). High expectations where offenders think a job will come quickly, and conversely low expectations where offenders believe that no job will ever be available can make offenders disinclined to continue job searches should they be immediately unsuccessful. Training that realistically reveals job requirements is valued (Pleace and Minton, 2009).
- 5.18 However, some initiatives have overcome these barriers. 'Strengths-Based Resettlement' programmes aim to train offenders in skills that meet a trade shortage in their local community. Thus work placements allow offenders to use their skills and learn that there is a place for them in their communities. In this way, programmes meet the needs of offenders and the local community in tandem, ensuring that work experience is a realistic exposure to employment, and that the skills learned through training programmes are relevant to the local labour market, (Hunter and Boyce, 2009).
- 5.19 Some employers seemed reluctant to value voluntary work undertaken by offenders as an example of their employability. This was seen as frustrating by those working to help offenders into employment as they felt the offender had shown the main attributes that qualified them for employment (Pleace and Minton, 2009).
- 5.20 The St. Giles Trust is a strengths-based resettlement programme based in London. It offers peer based support to help offenders and newly-released offenders learn 'soft' skills such as writing letters and writing their curriculum vitae. Offenders can volunteer with the programme for three months, and this could result in paid employment with the trust as offenders move on to offer the peer support. Hunter and Boyce (2009) reported that 35% of the Trust's 120 staff were offenders. Peer workers can offer support on finding employment, housing, form-filling, claiming benefits and so on. Many offenders were positive about their experiences, however despite the progression built into this programme, (offenders can move from recipients to peers), some found it raised their hopes rather than delivering a useful service. Like many charitable organisations, the St. Giles Trust has an unstable funding base and as such is limited by how long it can sustain support, (CIPD, 2004).
- 5.21 The St. Giles Trust offers an NVQ level 3 in Advice and Guidance allowing offenders to train for the peer work (though passing the course is not a prerequisite for peer work) and to earn a qualification that is recognised outwith the Trust's work, (Hunter and Boyce, 2009).

## **Young Offenders**

- 5.22 Youth Steps is an initiative set up by the Prince's Trust, the YMCA and the National Youth Agency to provide a Level 1 accredited programme to introduce young people to work. Young offenders would qualify for membership but the

paper did not provide evidence about how well the programme is working (Allen, 2008).

- 5.23 Participation in extra-curricular activities (characterised by being part of a group, with a clear hierarchy, well-defined aims and regular meetings) can reduce the likelihood that a young person will behave anti-socially or offend (Margo et al, 2006). Where the activity also provides skill-learning opportunities, the young people are able to develop their employability.
- 5.24 The Business Start-Up programme is also supported by the Princes Trust and offers grants, loans and mentor support for young people (18-30) to set up their own business. This can be popular to offenders as it bypasses problems with finding an employer. The Department for Work and Pensions has reduced funding. Again, an evaluation of the programme was not included, (Allen, 2008).

### **Sex Offenders**

- 5.25 Kruttshcnitt et al (2000) found that the only factors that contributed to the reduction of re-offending, was sex offender treatment and stable employment.
- 5.26 A plethora of research has shown that sex offenders experience more significant barriers to finding employment than other offenders, (Brown et al, 2007). A major issue surrounds the risk that sex offenders may continue to embody to others and so risk assessments are used before employment strategies are initiated, for example the OASy (Offender Assessment System) and MAPPAs (Multi-Agency Public Protection Arrangements). Thus this emphasis on public protection is itself a significant barrier to the employment of sex offenders. Hanson and Harris (1998) found that unemployment was highest among sex re-offenders compared to all offenders.
- 5.27 Legal restrictions on employability come from the 1974 Rehabilitation of Offenders Act (which places additional requirements on sex-offenders to declare their conviction to prospective employers even if it's 'spent') and the Criminal Justice and Court Services Act 2000 which can bar sex offenders from working with children and vulnerable adults. Further a Sexual Offences Prevention Order (SOPO, Sexual Offences Act 2003) can be served to prohibit the ownership of a computer or use of the internet on any computer. These legal duties not only restrict the number of available employers they also restrict the roles that offenders can perform.
- 5.28 Brown et al (2007) interviewed 20 sex-offenders about their employability and were able to construct two general groups. The first were characterized by having low-skilled jobs, or long-term unemployment prior to conviction giving them restricted ability to compete in the employment market post-sentence. The second, much smaller group were well educated and had professional jobs prior to conviction but frequently worked in a sector that was now restricted, for example, they had worked in the education or health sector. Retraining or learning new skills are facilitated in prisons, but choices made by prisoners are not usually informed by the restrictions imposed on released. Rather if prisoners were informed of potential restrictions at the start of their sentence

(rather than as normally happens, just prior to release), then greater advantage can be taken of skill-learning opportunities during their sentence.

## Homeless

- 5.29 McNaughton's qualitative and longitudinal study a small group of homeless people in Glasgow (2005) showed that for some participants, sustained employment marked the end of homelessness. For others, the move to a home and employment is too stressful, and shorter term goals, like interaction with other homeless people at a day centre, are more manageable (Smith, 2008).
- 5.30 The prospect of employment can be threatening, and for some, the loss of benefits is sufficient to threaten housing placements, making some people reluctant to consider entry into the labour market, (Faenkel et al, 2005). As a result, individuals may be reluctant to consider, or commit to skills-training programmes leading programme organisers to consider them to be unmotivated, uncooperative or irresponsible (Fraenkel et al, 2009).
- 5.31 Further some skills-training programmes are seen as patronizing, focusing on skills that many individuals possess and ignoring the structural barriers to work (such as childcare, transport or continued housing issues). Such programmes could fail to see individuals as experts in homelessness, and few reported being consulted as to what support they would find helpful (Fraenkel et al, 2009; Anderson and Goolishian, 1992).
- 5.32 Many homeless projects have aimed to provide employment (or enhance employability) as well as new housing, recognising how much employment contributes to integration and autonomy within a community. However, suitable jobs are scarce. This often means jobs that are local, part-time jobs, secure jobs and jobs that require low-skills. Busch-Geertsema's (2005) study looked at homelessness in Germany, Italy and Ireland and identified a fear among some participants of finding security and integration, but losing it through a breakdown in employment.
- 5.33 Social Enterprises (such as the Big Issue) have been a popular method of providing a route to employment for homeless adults. The Department of Communities and Local Government provided £3.4 million funding for their SPARK initiative in 2007, to fund social enterprises that provided employment for homeless people (Teasdale, 2009). However there is little evidence that these Enterprises do indeed help adults find secure long-term employment. Further, it tends to serve those adults with relatively few problems (other than being homeless) and avoids a focus on adults with more complex social support needs (Teasdale, 2009). For example, one organisation had to exclude some of its clients from participating because it had become unprofitable to include them. These adults had complex needs including drug or alcohol addiction, or a disability and the impact of this, and being homeless was enough to impact negatively on performance in the Social Enterprise activity, (Dart, 2004).
- 5.34 Routes to employment become harder if an individual has no postal address, and though some organizations are able to provide this (in a situation where

accommodation couldn't be provided), a French study showed sometimes a disinclination to take advantage of this (Firdion and Marpsat, 2007). This study also noted that although 60% of its respondents (around 300 people) had qualifications, a third of these were earned outside France and were given less recognition by employers.

- 5.35 The Green Chimneys Transition Living Program was based in New York City between 2000 and 2005 and gave young LGBT adults a refuge. Most young adults who attended the program had been asked to leave their family homes because of their sexuality. The aim of the program was to provide not just housing, but to establish a community for young LGBT adults so events were organised like 'Pride'. In order to remain in the program, clients had to work for 20 hours a week, this could include school, or training supplied by the program, for example on resume writing or attending interviews. Of the 40 clients who lived in the program, 17 were identified as educational successes (graduating from school or college), 57% were employed when they left the program, and 69% of the young people who had attended the program for more than 6 months left employed. Learning how to manage money, interpersonal skills and independence and responsibility were the 3 most valued lessons according to the young people, (Nolan, 2006).
- 5.36 An Australian project, the Clemente program was set up in collaboration with the Australian Catholic University to provide education in the humanities (such as ethics and philosophy) to disadvantaged and marginalised people in Australia. This program avoided skill or vocational learning, on the premise that training people for work is not sufficient to break the cycle of homelessness and poverty (Shorris, 2000), rather the aim is for learners to become engaged public citizens. The study (Stevenson et al, 2007) chose not to evaluate the program's success in terms of employment. Rather they reported the improvement in the self-reported self-esteem of the learners to be testament to the success of this approach.

## Summary

- 5.37 Although most studies recognised that the 'deep need' categories often co-existed, still there was little evidence that employment programmes recognised the complexity of need, often focusing on just drug rehabilitation, or offenders, or homeless people.
- 5.38 Individuals defined as having 'deep need' often have issues to overcome, before unemployment can be tackled. For example, those individuals who have a drug or alcohol addiction must control their addiction before a job is a realistic aim. Thus routes to employment begin with a focus elsewhere.
- 5.39 Employment for ex-offenders is extremely important as there is a substantial body of evidence to suggest that there is a link between reduction in offending and employment. Programmes aimed at offenders need to start early allowing them to gain relevant experience during their sentence. Early attention needs to be given the skills needed within the local job community, and matching training to this. Stable employment reduces the risk of re-offending.

- 5.40 Sex offenders face multiple barriers to employment. There are statutory barriers, perceived (and actual) risk of employing someone who has served a sentence to other employees and to the reputation of the business, and limited roles that can be performed.
- 5.41 Homeless people may represent a less stigmatised group, but the transition to employment is problematic. Initiatives that push homeless people into full time employment are often unsuccessful, rather a more gradual transition is required, with smaller steps taken.
- 5.42 Social enterprises can usefully help homeless people into employment, but they tend to work best for people whose only challenge is homelessness. People who also have a disability, a mental health problem or a substance addiction are less able to perform well in such enterprises and can be excluded from participation.
- 5.43 Initiatives and programmes set up are most successful if they have strong communication and collaboration with other programmes in the area, with employers and with Government funded organisations, such as job centres. The importance of knowledge of local labour market and community in providing training is also important.
- 5.44 Programmes which employed former clients were perceived to be more trustworthy by current clients, and also were valued because they offered progression for individuals at the start of the process.
- 5.45 Unpredictable funding issues compromised the survival of programmes and what they could achieve.

## **6 EMPLOYER SUPPORT AND INTERVENTIONS**

### **Introduction**

- 6.1 In preliminary consultation with informants for this current study, the role of employer support and intervention formed a key theme with regard to how third sector organisations could support people with MCN. Research suggests that employers are reluctant to employ many people with MCN. These include ex-offenders (Fahey et al 2006), people with a mental health problem (Mindful Employer), and disabled people (Lengnick-Hall et al, 2008). The importance of what might be termed demand side development has been highlighted by research into best practice in supporting people into the labour market (Akabas et al, 2006).
- 6.2 The significance of the employer and the working environment, rather than “work” per se also recurs as a theme within recent research in different manifestations. Black calls for a shift in the attitudes of both employers and employees to recognise “the key role the workplace can play in promoting health and wellbeing” as well as preventing poor health (2008, p10). Lawton also draws attention to the role of good management in minimising stress as a means of maintaining good health or sustaining employment where health problems develop (2009).
- 6.3 As well as having important health and social inclusion implications for the individuals concerned and families of those with MCN, good employment practice in relation to people with MCN also has implications at the level of the state. Delivering a level of autonomy within the working environment along with attention to morale and employee satisfaction are linked to both positive health outcomes and good business performance measures (Lawton, 2009; Veldhoven, cited in Black, 2008). Similarly, within the context of immigrant workforces, ignorance or insecurity about workers’ rights can negatively affect quality of work (Agudelo-Sua´rez, 2009).
- 6.4 This section highlights the role of the third sector in relation to working with employers and promoting employment for people with MCN.

### **Moving into employment**

- 6.5 Third sector organisations can play a role in providing information for both potential employers and people with MCN who want to get in to work. For example, within the UK, the organisation About Learning Disabilities has highlighted the fact that although people with learning disabilities and difficulties can often work effectively and be valuable employees, only a small percentage of them have entered the labour market (ALD website). As well as providing

information on the requirements of the Disability Discrimination Act (2004), they give advice on how to provide equality of opportunity in the application process for people with physical and learning disabilities.

- 6.6 In the section on 'deep need' it is argued that offenders hold the view that employers are reluctant to employ them, to the extent that they can refuse to disclose their convictions (Eley, 2007). There is evidence that offenders may be right in their views. Pleace and Minton (2009) argued that some employers avoided offenders for fear of the media finding out and criticizing their action. This is a particular concern with sex-offenders. Metcalfe et al (2001; and CIPD, 2004) revealed that applicants disclosing any criminal conviction would be rejected for 50% of vacancies, and if they disclosed a serious criminal offence, would be rejected for 90% of vacancies.
- 6.7 Employers may be misguided in their approach to avoid offenders. It is estimated that almost a third of working-age men in the UK hold a conviction (Mecalf et al, 2001), so the likelihood is, particularly for larger organisations, that they already employ offenders. There are positive reasons for favouring offenders as employees: as a social duty, to reinforce community cohesion in terms of making connections with all potential customers and employees; in terms of a business case; recognising that offenders can be trained and become reliable workers; understanding that any employee can be problematic (Pleace and Minton, 2009). Some offenders have found employment with their old employer (the organisation worked for before they served their sentence) but usually at a lower grade and for less wages (Pleace and Minton, 2009).
- 6.8 The NLT has worked to draw attention to the economic implications that a workforce with poor literacy skills have for employers and policymakers as well as the individuals concerned. Their Words for Work programme uses creative workshops, themed around speaking and listening skills, mixing volunteers from the business community with secondary school pupils. Building links and mutual understanding between young people and the business community is also an approach that has been adopted by Columba 1400.
- 6.9 The Progress GB Partnership (PGB) has the promotion of skills and training for refugees and migrant workers as its primary focus. One strand of its work, though the Centre for Urban and Regional Studies at the University of Birmingham, has involved devising model of Accreditation of Prior and Experiential Learning (APEL), with the aim of communicating to employers that refugees have a similar level of education to the general population in the UK. They also stress that the majority would like to find work related to their former careers as soon as possible. The importance of building networks with employers, who can provide information on their skill requirements and shortages recurs across the different PGD initiatives throughout England (Waddington, 2007, pp.11-15). So Waddington writes:

Migrants bring skills, work, community and life experience and qualifications with them, but these are often ignored or disregarded by mainstream organisations such as colleges or employment services. This is one of the reasons that refugees and migrants fail to make progress in the labour market. They are expected to begin again at the

bottom rung of the ladder of qualifications or careers. By undertaking skills audits, and where possible assessing and validating existing skills it is possible for refugees and migrants to gain quicker access to the appropriate learning or employment opportunities. Such recognition also provides the participants with a level of confidence to enable them to set goals and maintain their motivation to return to employment after adapting these skills and acquiring new ones for use in the UK. (2007 p25)

- 6.10 In 2005, the Department for Work and Pensions launched the initiative 'Opportunity and security throughout life' which aimed to raise employment rates from 75% to 80% (DWP, 2005, cited in Willott and Stevenson, 2006). The DWP report recognised that action needed to be targeted at those with complex needs, with low educational attainment, at people with behavioural, stress or organisational management problems, at certain ethnic minority groups, ex-offenders, those with precarious housing, people with mental health problems and adults who misuse alcohol or drugs (Metcalf et al, 2001 cited in Willott and Stevenson, 2006)
- 6.11 The Leeds Equal e-Employability Development Partnership aims to link socially and economically excluded adults with jobs. At the time of Willott and Stevenson's review (2006) the Partnership had supported 750 adults. Many of these adults were supported in collaboration with other organisations, institutions and projects in the city. While the Partnership did valuable work, it did little to recognise the added pressure many women face in terms of managing child-care, and other caring duties, causing greater attrition compared with male clients.

### **Sustaining employment**

- 6.12 As well as raising awareness with employers of the contribution which workers with MCN can make their organisations, third sector organisations involved in mental health have also been involved in helping people in work to sustain employment. The social and economic costs of failing to recognise and address stresses on mental wellbeing have previously been outlined in section 4.44.
- 6.13 Black cites lack of appropriate information and advice as the most common barrier to employers, particularly smaller businesses, investing in the health and well-being of their employees (2008, p16). Mental health organisations have been involved in awareness-raising and stigma-reduction activities with employers, fostering a preventative approach towards mental illness in the workplace. Additional to working with individual placement plans to support people into employment and providing guidance for employers on making reasonable adjustments the Scottish Association for Mental Health (SAMH) support employers in managing mental health in the workplace. Their "Working it Out" guide stresses the value of proactive measures to create a mentally healthy workplace to reduce absence levels and staff turnover (SAMH, ND). Similarly, Mind Workplace, and in particular their publication Managing for Mental Health: The Mind employer's resource pack highlight the benefits to business of employing people with mental health problems and of adopting a strategy in the workplace that promotes mental health well being. Mind also

undertakes consultancy with employers on good practice, allying stigma reduction and health awareness to productive business (Mind website).

- 6.14 The Mindful Employer initiative, is a network of employers and support organisations. Like the above organisations it also places emphasis on the role of the employer in sustaining good mental health through good management practice, and runs training courses across the UK (Mindful Employer website). The objective of these courses is to promote mental health awareness among managers and staff and to ensure working practices that take account of the mental health needs of the staff.

### **Moving on in employment**

- 6.15 Whilst employment will not be appropriate for everyone, work placements, particularly supported by third sector organisations can provide an important transition towards other positive employment outcomes.
- 6.16 Placements have been found to be particularly helpful for migrants and refugees as they provide a means of gaining work experience and references, the lack of which have been identified as a major barrier to integration and progress within the labour market (Waddington, 2007, p29). In a study of 68 employers from 6 regions, PGB found that employers wanted more support to help refugees and migrants progress further within employment (ibid, p32). In a 2006 study by Willott and Stevenson, they found that women from ethnic minority groups felt pressurised to gain UK qualifications and UK-based employment experience before they were recognised as being eligible for employment, despite having higher-level qualifications and work experience in their home countries.
- 6.17 Progress into the labour market has also been associated with integration for people with learning difficulties, who have found employment a means to overcome marginalisation and take a step towards independent living (ALD).
- 6.18 From the employer perspective, taking on people with mental health problems is also likely to be a positive experience. A Royal College of Physicians study into mental health and work found that 85% of employers who had employed people with mental health difficulties did not regret doing so (cite in Black, 2008, p 90).

### **Summary**

- 6.19 While work is clearly recognised as a stabilising and positive factor in the lives of people with MCN, it is clear that people with MCN and employers need to shift from a 'problem' attitude to one that sees the value of promoting health and well-being through employment.
- 6.20 Employers were reluctant to employ people with MCN because of a fear of them being problematic, fear of the risk to co-workers and the fear that the media could spin a negative angle on the employment of people with MCN (which could in turn have a deleterious impact on sales or integration in the

local community). These fears are particularly prominent with concern to sex-offenders.

- 6.21 There is also evidence that disabled people's abilities are underestimated thus excluding an important and productive workforce. The third sector can play an important role in providing accurate information here, and facilitating placements so that employers can know the value of potential employees.
- 6.22 There is also a gap in the skills and qualifications held by some adults from an ethnic minority and the employment opportunities available as UK qualifications and experience are seen as more credible by employers, again, this excludes a productive and important workforce.
- 6.23 Work placements allow people with MCN to receive on-going support as they work, contributing to a more successful transition into work. Further it gives their co-workers the chance to work alongside people with MCN to recognise that excluding people is a result of stigma, and largely unjustifiable.

## 7 CONCLUDING REMARKS

- 7.1 There is, as this evidence review has demonstrated, ample evidence to suggest that there is a very extensive and broad ranging array of projects aimed at helping people with MCN into employment being delivered through the Third Sector in the UK and further afield. These projects are not only targeting a very broad range of people but they are doing so through using a variety of approaches. The approaches include those that are relatively directive, such as IPS, those following a more business model, such as the social enterprise approach and those that approach employment from a very tangential angle, such as the Sing Your Heart Out Scheme.
- 7.2 Given the diversity of these projects and approaches it is very difficult to comment on effectiveness and evaluation of these projects. Simply looking at, for example, employment statistics or other hard measure is not a suitable method. Other parameters, such as inclusion, empowerment and sense of well being are very difficult to measure and evidence. Also, many of the projects are evaluated on a short term basis and there is a paucity of longitudinal studies in this area.
- 7.3 There are however clearly some factors which seem to make projects work. The same sort of themes emerged in both the academic literature and the grey literature where projects present their own self-evaluations. The evidence would suggest that the ethos of the organisation is more important than the method they adopt in helping clients, and all the programmes deemed to be successful shared some common elements. Successful programmes are those that: address multiple need; take a person-centred approach; are culturally sensitive; include elements of peer support and volunteering; are flexible and work with employers as well as clients. Successful programmes also have well-developed transition policies to move clients on, to either competitive employment, volunteering or further employment training.
- 7.4 This need for flexibility and adaptability is an area where the Third Sector is particularly useful for this type of work. Not only are these organisations often smaller and more adaptable, they are also often well connected with the local community and are aware of their local populations and their needs.
- 7.5 A lot of the successful programmes included some element of peer support and there was also some use of volunteers, many of whom were drawn from within the target community. Programmes which employ buddies, advocates or barefoot learners are very highly regarded by the participants. The use of peer support not only make the clients more comfortable the peers themselves can also act as advocates for entering a programme or joining learning/training programme. In acting as positive role models they can quickly help break down barriers.
- 7.6 Programmes that work well make it easy for people to join, they take place in a friendly, comfortable environment and they adopt practices that are culturally sensitive to the needs of their client group.

- 7.7 There is also evidence to suggest that good intersectoral and interagency collaboration is needed. There is a danger that, given the relatively large numbers of organisations working in this area, some organisations may work against each other. Good communication between different organisations is needed.
- 7.8 Volunteering plays a crucial role in these programmes. Many of the volunteers act as positive role models. Volunteering also has benefits for the volunteers, although these do not appear to be as great as may be expected. It appears from the literature that where a volunteer does get a job they tend to be in the Third Sector itself, in that the volunteer starts to become paid for what they were already doing on an unpaid basis. There is little evidence to suggest that volunteers are moving into employment beyond the Third Sector. This may however be because of the result of the current evaluation research, much of which is relatively short term and there has, to date been little long term evaluation of this sort of work.
- 7.9 Whilst it is possible to claim that the Third Sector has had an impact on promoting employment in the short term it is difficult to comment on their success in the promotion of sustained employment. What little long-term work there has been, such as the reviews of IPS, are disappointing as there is little evidence to suggest that employment is being sustained. There is a paucity of long-term evaluation in general. Many programmes point to claims of increased feelings of well-being by participants whilst on training courses or employment placements. There is however little evidence to examine the long-term impact of these placements. Much of the work offered through these programmes is very basic, entry level work and may, in the long term, be unattractive.
- 7.10 Although most studies recognised that the 'deep need' categories often co-existed and that people had multiple needs, there is still little evidence that employment programmes recognised the complexity of need, especially where people have what might be described as very deep need. Programmes for example tended to focus on just drug rehabilitation, or offenders, or homeless people. It was rare to see programmes that have been developed to take all the needs of their clients into account. This points to the need for a greater development of and awareness of the concept of MCN.

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