



**THE WORK
FOUNDATION**
PART OF LANCASTER UNIVERSITY

Don't Stop Me Now

**Supporting young people with chronic
conditions from education to employment**

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Table of Contents

1. Introduction	5
2.1 Youth unemployment in the UK	7
2. Young people with health conditions and employment	7
2.2 Young people with chronic health conditions	8
2.3 Why is employment important for young people with chronic conditions?	10
3. Current initiatives to aid education to employment transitions	13
4. Careers guidance	17
4.1 Why is it important?	17
4.2 What support is available?	17
4.3 How well is this working?	18
4.4 How can support be improved?	20
5. Work experience	23
5.1 Why is it important?	23
5.2 What support is available?	23
5.3 How well is this working?	24
5.4 How can support be improved?	25
6. Vocational education: apprenticeships, traineeships and supported internships	27
6.1 Why is it important?	27
6.2 What is currently available?	27
6.3 How well is this working?	28
6.4 How can support be improved?	30
7. Health-related transition services	31
7.1 Why is it important?	31
7.2 What is currently available?	31
7.3 How well is this working?	33
7.4 How can the support offered be improved?	34
8. Recommendations	37
8.1 Careers Advice and Guidance	37
8.2 Work Experience	38
8.3 Vocational Education	38
8.4 Targeted health-related transition services	38
References	41

Image Contents

Text Box One: WHO	5
Text Box Two: Characteristics of young people who are NEET	7
Text Box Three: Access to Work	30
Case Study One: Barclays	9
Case Study Two: BBC	10
Case Study Three: Canada	15
Case Study Four: Tower Hamlets (London), the Bromley by Bow Centre	18
Case Study Five: MS	26
Case Study Six: Shift.ms	26
Case Study Seven: Channel 4	29
Figure One: What do we mean by good work?	11
Figure Two: Structure	14

1. Introduction

Youth unemployment is a serious problem in the UK. The unemployment rate for economically active 16-24 year olds stood at 13.6 per cent as of October 2015, more than double that of the adult population (Dar, 2016). However, high levels of youth unemployment predate the recession and will not be solved by the recovery alone. The explanation for the long-term high levels lies in changes in the labour market, and the demand for skills. This has disadvantaged many young people, especially those who leave school with few formal qualifications (UKCES, 2012).

For some young people who have the skills and work experience that are required to enter employment, the transition from education to employment is relatively easy and smooth. However, a considerable number of young people find the pathway to employment increasingly difficult to navigate. This includes those with chronic health conditions, for whom achieving a desired labour market outcome can be highly challenging. Research has shown that young people with chronic conditions have an increased likelihood of being unemployed, earning less and obtaining fewer, and lower, qualifications than their healthy peers (Maslow, Haydon, McRee, Ford, & Halpern, 2011; Sayce, 2011). Given that early experiences in the labour market can shape young people's working lives there is a clear case for policy intervention during this transitional stage.

In recognition of the relationship between employment outcomes and health, and therefore the need to improve links between health services and employment support, the Chancellor announced the creation of a Work and Health Joint Unit in the 2015 Autumn Statement. The Unit brings together the Department for Work and Pensions (DWP) and Department of Health (DH). It was developed to support key pledges in the Conservative manifesto, including halving the disability employment gap and achieving full employment (Conservative Party, 2015). The Unit will lead a drive to improve both health and work outcomes for those with health conditions and disabilities. It also aims to support employers to recruit and retain more people with disabilities and health conditions. Given the government's aim of halving the disability employment gap, removing the gap in the youth labour market and promoting the employment of young people with disabilities and chronic conditions is thus of considerable importance.

Text Box One: WHO

The World Health Organisation (WHO) defines chronic conditions as 'any ongoing or recurring health issues that have a significant impact on the lives of a person and/or their family, or other carers' (Nolte & McKee, 2008). These will include conditions such as arthritis, depression and cancer among others. Chronic conditions are usually not curable and last at least three months.

This policy paper considers the effectiveness of current services that aim explicitly to support the transition between education and employment, as well as looking at health or condition-related services that play a role in this process, and makes recommendation for how these services could be improved. It is not within the scope of the paper to address the number of services, delivered

primarily through the DWP that are available to support young people who have left education and fallen into unemployment.

The paper is therefore structured as follows. Chapter two opens with a discussion of the current state of play with regard to the employment of young people with chronic health conditions, considering the implications of this for their future prospects and for the wider economy. Chapter three then discusses the remit of the paper itself in greater detail, outlining the approach taken to developing recommendations. Chapters four, five and six examine three essential, universal services (careers advice and guidance, work experience and vocational education respectively), considering the current functioning of these services and identifying where improvements can be made. Chapter seven goes through a similar process for an illustrative selection of initiatives that are currently available exclusively to young people with (some) health conditions. Finally, Chapter eight offers an overview of the recommendations.



2. Young people with health conditions and employment

This chapter summarises the current state of youth unemployment in the UK, both for young people generally, and for young people with chronic conditions. It suggests that youth unemployment in general is a significant policy challenge, but that young people with chronic conditions face particular, additional challenges and barriers. It also sets out the case for prioritising employment support for such young people, both in terms of the benefits to the individual and the benefits to the wider economy.

2.1 Youth unemployment in the UK

Young people suffered disproportionately in the labour market downturn that followed the financial crisis in 2008 (UKCES, 2012), and although there are now more people currently employed than before the recession, young people have also been left behind in the job recovery. In 2013 the UK Commission for Employment and Skills (UKCES) reported that although the overall employment rate gap was 1.6 per cent (the difference between 2013 and before the recession), for young people between the ages of 16-17 and 18-24 the gap was 13 per cent and 6 per cent respectively. Additionally, the report highlighted that only 27 per cent of employers had recruited a young person in the previous year, compared to 40 per cent in the year before the recession (UKCES, 2013). That the recovery has not resolved the problem of youth unemployment indicates that there are deeper structural reasons for this trend, which cannot be explained with reference to the state of the economy alone.

The Office of National Statistics (ONS) estimated that in 2014 there were 955,000 people aged 16 to 24 who were not in education, employment or training (NEET) (ONS, 2015). Text box 2 gives an overview of the characteristics of young people who are NEET. These characteristics are important to note, especially as the balance of occupations within the economy is shifting towards a greater reliance on skills, and since young people are having to compete with more mature, experienced workers for entry level jobs (Lee, Sissons, Balaram, Jones, & Cominetti, 2012). These developments underscore the importance of young people leaving schools with relevant skills and experience, and a clear idea of the options that are available to them and how to access them. Those who are not well-prepared for employment during their time at school will face a particular disadvantage relative to young people overall, with implications for job prospects, health and life satisfaction (Bell & Blanchflower, 2009). Nonetheless, young people often leave education without being fully prepared for employment. All too frequently, they lack a practical understanding of how to choose a career path, access the labour market, or an awareness of the breadth of further educational or employment options available to them (Mourshed, Farrell, & Barton, 2012).

Text Box Two: Characteristics of young people who are NEET

Evidence reviews and recent statistics indicate young people who are NEET:

- Have often not enjoyed school
- Tend to have left school without obtaining any, or only minimal qualifications
- Are more likely to be white
- Are more likely to be male
- Tend to come from lower socio-economic backgrounds
- Have low levels of career exploration skills and self-awareness
- Are more likely to have learning difficulties or disabilities

Often have parents with low qualification levels, aspirations and awareness of post-16 options, who may therefore have been ill-equipped to advise and encourage their children.

(Department for Education, 2014 #268; Nudzor 2010)

2.2 Young people with chronic health conditions

If young people in general can face difficulties entering and remaining in employment, achieving a desired labour market outcome can be even more complicated for young people with chronic health conditions or work-limiting disabilities (Bevan et al., 2013). Among 16 - 24 year olds with work-limiting disabilities, the unemployment rate is 24 per cent, compared to 14 per cent for their non-disabled peers (UKCES, 2012). This group is also over-represented in the NEET group: young people with disabilities account for 7 per cent of the 16-24 population, but represent 16 per cent of the NEET group (LTCAS, 2011; The ACEVO Commission on Youth Unemployment, 2012). The employment gap persists as these young people grow older, with disabled people being more likely to be out of work than non-disabled people, and more likely to have never worked. According to the 2011 census, 44 per cent of disabled people (which the census defines broadly, according to the Equality Act)¹ are economically inactive (not looking for work and not able to work), compared to 17 per cent of the non-disabled population, and the rate of unemployment is 8 percentage points higher for the adult population with disabilities than for those without (Purvis, Foster, Lanceley, & Wilson, 2014).

The differences in employment outcomes across all stages of the life course between people with chronic conditions and those without suggests that early disadvantages have a long-term cumulative impact on lifetime employment prospects. This may be partly due to the disruption to education and training that can result from having a chronic condition (Bevan, Zheltoukhova, McGee, & Blazey, 2011). Michaud, Suris, and Viner (2007) and Naylor et al. (2012) describe how young adults who experience the onset of a chronic condition in childhood are at risk of worse educational and vocational outcomes, regardless of the condition that they have. An analysis conducted using the National Longitudinal Study of Adolescent Health in the US showed that young people with chronic conditions have reduced chances of graduating from university, obtaining formal qualifications, being employed, or earning higher wages in comparison to their peers without long-term health conditions (Maslow et al., 2011). Early analysis of Health and Safety Executive data reported that only 39 per cent of people aged 16-24 with one long term condition and 30 per cent of those with two long-term conditions are in school or college full-time, as opposed to 47 per cent of young people in good health (Steadman, Sheldon, & Donnalaja, to be published). Employees without a chronic condition are also three times more likely to earn over £80,000 than those with, suggesting that those with chronic conditions can face higher constraints in rising to senior positions (Sayce, 2011). Similarly, people with disabilities are less likely to fill higher, managerial, administrative and professional occupations (ONS, 2015), and are over-represented in occupations that are expected to decline (for example, junior administrative positions and manual work) (UKCES, 2012).

The experience of a chronic condition while still in school can also create significant challenges because symptoms and hospital appointments can have implications for school attendance, leaving students behind their peers. The resulting struggle to catch up on work can have an impact on exam results, which has obvious further implications for future education and employment options (Christie & Khatun, 2012). Michaud et al. (2007) also noted that as a result of stigma, young people may not disclose their conditions to their school, which can lead to difficulties in explaining sickness absence and chronic illness management. Evidence also suggests that progress for young people with long-term conditions is hindered by an unwillingness or inability of educational institutions to adapt the educational environment to meet their needs by for example, adapting desks (Bevan et al., 2013).

The difficulties that young people with chronic conditions may face at school, and the impact this can have on obtaining qualifications, means that there is an increased likelihood that they will experience unemployment in later years, fall into the NEET category, or be in lower paid employment. In a study reporting on how young people's chronic conditions affect their ability to prepare for and seek employment (Bevan et al., 2013), over half (54 per cent) of respondents said that their health had caused delay to their education or training, while almost two-thirds (63 per cent) reported that their condition had already prevented them from reaching their full educational potential. Even at

(1) The term "disabled" refers to the Equality Act definition (2010): people with a physical or mental impairment, which has a substantial and long term adverse effect on their ability to perform normal day to day activities.

a young age, they perceived health as having an impact on their long-term career prospects. An overwhelming majority (93 per cent) of the sample surveyed suggested that their chronic condition had an impact on their self-confidence, leading them to believe that certain careers were not viable.

Bevan et al. (2013) also found that many young people with chronic conditions were concerned about being screened out by employers during the application process as a result of the stigma associated with having a chronic condition. If the condition was diagnosed and had affected the individual from childhood, respondents reported worrying about how their grades and potential lack of career experience would fare in a competitive work environment. Even the recruitment process itself might be a barrier. For example, performance in face-to-face selection stages could be affected by the symptoms of their condition, or someone may experience difficulties with online applications. Some businesses take proactive steps to address stigma in the workplace, and in their recruitment practices – see case study one and two.

Case Study One: Barclays

Six per cent of their current apprentices have a declared disability and Barclays pride themselves on the support they provide at all stages of their Apprenticeship Programme and beyond. <http://www.employer-toolkit.org.uk/case-studies/barclays-bank-plc>

The “This is Me” Barclays campaign is an initiative that started in 2012 with the aim of fighting stigma towards mental illness in the workplace. The campaign started the promotion and facilitation of employee mental illness disclosure among colleagues. The key element of the campaign is that employees who have experienced or still experience mental health problems have been volunteering to talk about their own issues, how they cope with them, and also the ways in which the organisation has helped them to maintain their employment. Barclays created this ‘safe space’ culture after acknowledging that their employees may fear facing stigma or prejudice from colleagues when openly discussing mental health issues. The open culture fights this prejudice and helps employees to hear from others that mental health conditions do not define them or how they will progress. Nine employees have shared their stories and over 60 have spoken about their problems on internal social media. Discussing personal issues and the adjustments that have been made helps to shift the focus from the problem itself to the good work people are doing.

The “This is Me” campaign has also led the way towards promoting inclusiveness in recruitment. Through their apprenticeship scheme, Barclays is now focusing especially on young people with disabilities, and ensuring that young people with mental health problems are not discriminated against in such initiatives. From the recruitment process through to developing career paths, the Barclays Accessibility Team works to make recruitment fair and inclusive for people who face additional barriers. In partnership with charities that are experts in the field, Barclays provide personalised support and guidance. Central to their scheme is that people are to be considered as individuals.

The company are also piloting to assist new recruits via peer support programme. On a volunteering basis, older people with disabilities offer their insights, advice and stories to younger employees, helping and directing them whenever needed. The current rate of apprentices who have declared a disability at the Foundation level is 2.7% (Barclays state that they are working towards increasing this number). 2.1% of Higher Apprentice Applicants have declared a disability in 2015, and the target for 2016 is to reach a share of 10% of applications made by disabled people over all programs.

The Barclays programme includes a five-week classroom-based induction programme, during which two weeks are spent in relevant departments. Based on this experience and on a formal interview, successful applicants start the Apprenticeship Programme, whereas unsuccessful ones receive feedback and guidance on future career avenues. <http://www.employer-toolkit.org.uk/case-studies/barclays-bank-plc>.

Case Study Two: BBC

“Talented in Tech” is a new initiative run by the BBC aimed at recruiting more disabled people. The scheme holds events targeted exclusively at individuals with disabilities with tech skills, digital qualifications or sector relevant experience. During the event staff share their employment experiences at the BBC and on the flexible working conditions/adjustment they implement to facilitate the work of employees with disabilities. The goal is to include those who benefit the most from the BBC’s accessible online services such iPlayer and News apps, in their design and development.

<http://www.bbc.co.uk/diversity/newsandevents/recruitment-evening>

Stigmatising attitudes and low expectations from employers, educators, health professionals and others about the capacity and capability of a young person with a chronic condition, as well as more structural barriers (some of which are discussed above), may manifest in self-stigma and reduced expectations of the young jobseeker on the part of employers. Employer concerns range from the cost of adjustments and possible need for extra supervision, to lack of awareness of how to manage workers with disabilities, to the fear that the person will not perform as well as his/her colleagues (Schur, Kruse, & Blanck, 2005). Worries over higher levels of absenteeism, poorer performance and higher levels of staff turnover also come into play. The Long Term Conditions Alliance Scotland (LTCAS, 2011) reports that young people with chronic conditions may believe that they have to choose lower-paid and less secure jobs, which could be a result of the negative treatment, stigma and self-stigma that an individual has experienced through job-seeking. This might also be related to the negative effect that chronic conditions can have on a young person’s self-esteem more broadly (Yeo & Sawyer, 2005).

Experiences of education and employment vary significantly between individuals with different chronic conditions (Sayce, 2011). This is the case especially with mental health problems. Schizophrenia, for instance, is associated with one of the highest rates of unemployment among the vocationally disadvantaged groups (Kilian & Becker, 2007). However, existing data and literature suggests that it is not necessarily the condition itself that presents a barrier to employment, but often the social and economic environment that people with chronic conditions have to navigate, alongside psychological pressures and associated stigma (Marwaha & Johnson, 2004; Steadman, 2013).

It is clear from this evidence that having a chronic condition can have a marked impact on young people’s educational progression and preparation for work, and that if not well-managed early on; this can have a cumulative effect on future employment prospects. Having a chronic condition can not only create a physical barrier for young people where adjustments to education and workspaces will need to be made, but can also result in stigma that then creates further progression barriers. It is therefore essential that policy intended to support young people in the transition from education to employment is adequately geared towards recognising and addressing these barriers.

2.3 Why is employment important for young people with chronic conditions?

There is an increasing amount of evidence that suggests that work is good for wellbeing. As such, ensuring that young people with chronic conditions are enabled to work can help to improve their mental and physical health outcomes as well as reducing the life-course ill-effects of unemployment. Additionally, improving the skills and employment outcomes of a greater proportion of the potential workforce has benefits for the UK economy, both in reducing the amount paid in out-of-work benefits and in potentially contributing to up-skilling the younger generation.

Work is good for wellbeing

‘Good work’ is characterised by opportunities for learning, autonomy, variety, control and discretion, a voice at work, positive social relations, security and fairness and a balance between efforts and reward (Coats & Max, 2005). See figure one below.

Although work does not necessarily directly improve chronic conditions, there is indirect evidence that work is good for overall wellbeing (Waddell & Burton, 2006). Work and its positive impact are particularly important for young people with chronic conditions whose wellbeing is already negatively affected by their condition. Experts that we spoke to in researching this paper highlighted that if employment is an asset to good health for everyone, it is even more so for people who are more vulnerable to being left behind and experiencing cumulative disadvantage from a young age. Positive effects will depend on the fit between the kind of work engaged in and a young person's particular experiences of their health conditions; work is potentially a positive influence on a person's health and wellbeing.

Figure One: What do we mean by good work?



On the other hand, being unemployed at a young age has negative life-course effects. It is a predictor of lower future earnings (Gregg & Tominey, 2005; Mroz & Savage, 2006), and of long-term or recurrent unemployment (The AVECO Commission on Youth Unemployment, 2012). The AVECO Commission on Youth Unemployment (2012) suggested that people who are unemployed at a young age (under age 24) will spend on average an additional two months per year out of work between the ages of 26 to 29 than they would have, had their work history been more robust.

The long-term scarring effect of early unemployment does not only impact on young people's earning potential, but is also associated with negative psychological and health effects (Lee et al., 2012). It is one of the factors that contributes to higher mortality, increased incidence of chronic illness, poorer mental health and more frequent medical consultations (Catalano, 2011). Unemployment at an early age has been found to be particularly harmful to young people's mental health (Coutts, 2005; Vaughan-Whitehead, 2011). The Youth Index (The Prince's Trust, 2014) surveyed its respondents to rate their current happiness and how confident they felt about their future. Forty percent of young unemployed people reported mental health problems, including panic attacks, suicidal thoughts and feelings of self-loathing that they perceived as being a direct result of unemployment. Unemployment and lower levels of qualifications were associated with reduced happiness across all life aspects (The Prince's Trust, 2014). This suggests that people with chronic conditions who face a period of

unemployment at a young age are not only at risk of being stigmatised because of their health status, but also because of their experience of being jobless. The NHS Mental Health Taskforce (2016) reported that employment rates for those with mental health problems remain unacceptably low. As employment is important for health, it recommends that employment should be regarded as a health outcome and that the NHS must play a greater role in helping people to find and keep a job.

The economic costs of chronic conditions over the life course

Increased policy attention is also needed for facilitating the transition from school to work for young people with chronic conditions because this cohort of young people often want to and are able to work (Jans, Kaye, & Jones, 2012), but may need targeted support in order to do so. It has been reported that between 30 and 50 per cent of people with severe mental health illness want to work, but only 10-20 per cent actually do (Waddell & Burton, 2006). Overall, young people interviewed by Ofsted (2013) reported that having the opportunity to work in the future was very important to them. At sixteen all young people have the same level of employment aspirations, but by the age of 26 those with disabilities are almost four times more likely to be unemployed (DWP, 2013).

Failing to provide equal opportunities to all young people who are making the transition from education to employment can result in higher public spending, lower tax yields, and lower overall productivity (Black, 2008; Suhrcke, Pillas, and Selai, 2010). The Productivity Commission (2005) also concluded that the participation of people with chronic conditions in education, training and employment contributes to national productivity, increasing both demand and supply in the economy (Powers, 2008). The Social Market Foundation estimated that national income would grow by £1 billion a year if disabled people's skill levels rose to the level of the non-disabled population between 2020 and 2030 (Evans, 2007). It is therefore important to ensure that disabled people have adequate skills to participate in the labour market. However, given that chronic conditions themselves are often perceived by employers as indicative of lower productivity (Licona, 2001), those who experience them face additional pressures in accessing employment: they both need to display that they have the skills required to do the job, and must demonstrate that they can be as productive as their peers without health conditions.

Overall this chapter has shown that being in 'good work' can have positive effects on an individual's wellbeing, providing social and economic benefits, and reducing the likelihood of ill-effects associated with unemployment. Enabling young people with chronic conditions to transition from education to employment also reduces the life-course effects of youth disadvantage, allowing increased progression opportunities and improving wellbeing. Early interventions to help the transition into employment are also cost-effective, as these can reduce the number of individuals who are economically inactive, and can also improve productivity. This all adds up to a compelling case for ensuring that young people with chronic conditions are well-supported in the transition from education to employment. However, as statistics on their participation in the labour market indicate, currently the support on offer is falling short of expectations. It is therefore important to look at what current initiatives there are to aid transitions for young people with chronic conditions, and where improvements are required.

3. Current initiatives to aid education to employment transitions

Youth unemployment remains a significant policy challenge in the UK. Employment outcomes for young people with chronic conditions are even worse than for young people without. As such, although there are a range of policies and services designed to help young people transition from education to employment, we know that these are not always effective. This applies to young people in general, but the challenges around getting support services right are even more acute for young people with chronic conditions.

This chapter outlines the approach taken in the remainder of the paper to assessing improvements that could be made to such services. Overall we argue that poor outcomes for youth employment suggest that young people in general could be better supported to help them to realise their potential and achieve sustainable, good quality employment. However, within this broad challenge, there is a need to provide more effectively targeted support to young people with chronic conditions. Existing weaknesses and gaps in the various universal systems available for young people to access; including education, further education, employment services and welfare, are likely to be exacerbated for those with more complex needs. For young people with chronic conditions, the adequacy of health-related services to support transitions into employment need to be considered, adding a further challenge and layer of complication.

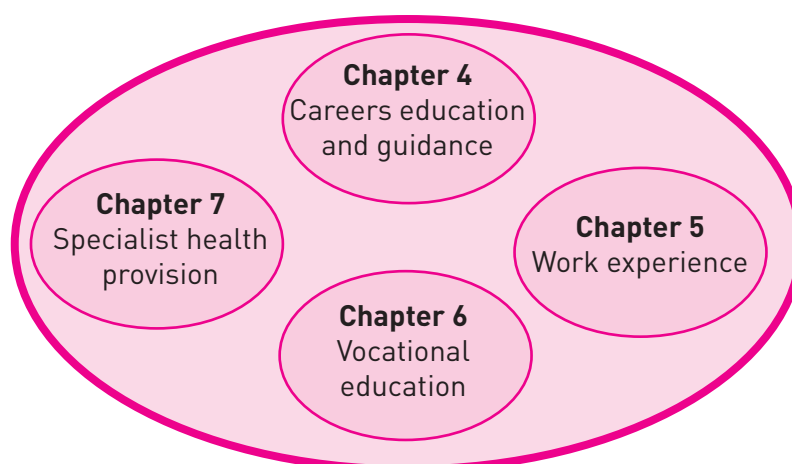
However, an examination of the full range of support services is outside the scope of this policy paper. A recent review by the Centre for Economic and Social Inclusion identified 33 separate services and funds available to support young people's transition into the labour market (Gardiner & Wilson, 2012). Moreover, this report only focused on national-level support available to young people through the Department for Education, Department for Work and Pensions and Department for Business, Innovation and Skills. These departments are responsible for different aspects of provision for all young people. This paper does not look at the existence of local variations in the services that young people might access to support their transitions, nor link into the array of services that young people with health conditions might access through the Department of Health that can play an important supportive role. The sheer quantity of initiatives connected to transitions precludes us from being able to adequately address them all.

In the subsequent chapters, we will focus on large-scale, national initiatives that are intended to support the transition from education to employment: careers advice and guidance, work experience programmes, and vocational education. These are the services that we suggest have the greatest and broadest influence on young people's ability to transition smoothly from education to employment. These universal services represent the vast majority of specific employment support-related initiatives that are part of the education system. As highlighted in the previous chapter young people with chronic conditions are more likely to experience difficulties in the labour market and to underperform educationally compared to their healthy peers. Therefore, it is critically important that these 'universal services' work well for them.

However, we also look at more specific support available to young people with chronic conditions. While the principle of universal services is important, individuals that face additional barriers related to ill health often need greater and more targeted support. This embodies the principle of

proportionate universalism (UCL, 2010). Exclusively targeted programmes can increase the stigma experienced by those with disabilities, but proportionate universalism advocates scaling help or action offered in proportion to individual needs, within mainstream programmes. Applying this principle to services for young people can help to reduce the cumulative disadvantage that having a long-term condition can have for education and employment as early as possible, so that early and appropriate interventions are implemented to provide the right level of support. However, although a good functioning of universal services is particularly important for young people who are particularly vulnerable, we also recognise that they benefit from targeted enablers and services aimed at addressing the added barriers they face because of their condition, included in the last chapter. Each of the following chapters sets out why these services are particularly important for supporting youth transitions and provides an overview of what provisions are currently available. They then provide an assessment of how well the services are currently working; and identify weaknesses and potential improvements to provision.

Figure Two: Structure



Before assessing these services individually, it is important to note the broader implications in terms of responsibility for youth policy that supports transitions from education to employment. At a national level this is shared across multiple government departments. In conducting research for this paper, we carried out a number of interviews with experts who cast doubt on the extent of co-ordination, cohesion and 'joined-up thinking' between these departments and services, creating multiple opportunities for young people to fall through the gaps between various services.

Given the great complexity and fragmentation of these services when viewed as a whole – and the opportunities that this creates for young people to slip through the gaps between different parts of the systems intended to support them – we make an overarching recommendation that there needs to be greater co-ordination and simplification in the delivery of support to young people at the highest level. In this respect Canada provides a good example of a country that tackles youth unemployment with a cohesive employment strategy that involves different departments (please refer to case study three). This is especially important because young people will have less experience and knowledge of how to navigate the services available to them in relation to health, educational opportunities and employment than older people. This is then a barrier to their accessing the support that they may need, and are entitled to.

The new Work and Health Joint Unit is a good start in this respect, recognising that there needs to be greater cohesion between health and employment services to ensure optimal outcomes and offering a model of joint working. However, the transition from education to employment begins in school. We need to ensure that for young people with chronic conditions, employment-orientated support is available at an early stage. The Department for Education therefore represents a third part of the puzzle, and we recommend that **the Department for Education should be represented within the Joint Unit** as a means of smoothing the transition between young people's and adult support into employment.

Case Study Three: Canada

The Youth Employment Strategy (YES) was developed by the Government of Canada to help young people find and maintain meaningful employment. It was developed due to the Government's recognition of the importance of labour market opportunities for young people, and the need for actions to improve their opportunities. Each year the Government invests \$330 million to help young people from age 15-30 to get information, develop their skills, gain work experience and the abilities needed to make successful transitions into the workforce. The initiative was set up in a response to the range of labour market challenges that face young Canadians and is focussed on client-centred employment services and intervention.

YES includes three streams or pathways:

Career Focus: This stream aims to increase the supply of highly qualified people by promoting the benefits of advanced studies, demonstrating federal leadership by investing in the skills required to meet the needs of the knowledge economy, and to facilitate the transition of skilled young people to a rapidly evolving labour market.

Skills Link: The aim of this stream is to help young people overcome barriers to employment and to assist them to develop a broad range of skills and knowledge to participate in the current and future labour market. The stream focuses on an understanding that providing education and skills is key to a young person's labour market participation. The barriers that young people may face and be helped to overcome include disabilities, immigration and non-completion of high school.

Summer Work Experience: This pathway aims to help young people acquire employment and/or career related skills. This is done to support young people in financing and furthering their education, whilst also providing students with career learning and labour market information and assistance in finding summer employment.

A summary of the findings from the 3 streams from 2008 to 2012 found that:

- Career Focus participants experienced a six-year cumulative gain of \$40,488 in annual employment earnings compared to the reference group.
- Career Focus participants did not rely heavily on Social Assistance (SA) benefits.
- The cost-benefit gains in employment earnings were 4.74 times the average cost per Career Focus participant.
- One-quarter of Skills Link participants returned to school.
- 88% of Skills Link participants found employment after the programme and their earnings increased steadily (from \$ 3,651 in the first year) and they were more likely to be employed than the comparison group.
- Summer Work Experience survey respondents reported that they had gained work experience related to the occupation they wished to study in, allowing them to make informed decisions regarding whether or not they wanted to continue in a given career path. Participants were also able to generate income to fund their education; on average earning enough to cover 1/3rd of their educational expenses for the following year.

http://www.esdc.gc.ca/en/reports/evaluations/2015/youth_employment.page#h2.1



4. Careers guidance

4.1 Why is it important?

Research has shown the critical importance of impartial careers guidance in smoothing the transitions between education and work, by enabling young people to make informed choices. An overview of over 100 studies on the impact of good career guidance in schools concluded that positive effects are found on the school's retention rate,² on students' academic performance, on their ability to make successful transitions from school to work, training or further education, and on their longer-term life and career success (Hooley, Marriott, & Sampson, 2011). Balamram and Crowley (2012) suggest that high quality careers guidance also raises student aspirations when it is delivered at key transition points. Such transition points include stages where young adults have to make important decisions about their future education and careers, including those decisions relating to GCSEs, A-levels, and/or apprenticeships. Careers advice and guidance is essential because it helps students to understand what options they have available to them, what subjects and extra-curricula experience they need to achieve their career goals, and the skills that are important for them to develop (Gatsby, 2013). Given the risk of disconnect between schools and the labour market, decisive individual support is essential. Individual discussions give students the chance to discuss their options as well as to develop the confidence and motivation to make important life-choices (Department for Education, 2015).

4.2 What support is available?

There are two main sources of careers advice and guidance available to young people: careers advice and guidance provided by schools; and the National Careers Service.

Prior to the Education Act (2011)³, careers guidance was primarily the responsibility of Connexions – a locally run, centrally funded service that offered information, advice and support services to young people aged 13-19 (or up to 25 for young people with learning difficulties and/or disabilities). Connexions advisors often had a range of different backgrounds (including as career advisors, social workers, youth workers, or teachers) but received specialist training to enable them to carry out the advisor role. One of Connexions' central roles was to help shape young people's engagement with local labour markets and learning opportunities (Hutchinson, Beck, & Hooley, 2015). When funding to Connexions was removed through the Education Act, responsibility for careers guidance was shifted to schools, albeit with no parallel transfer of funding (Hooley, Marriott, Watts, & Coiffait, 2012), resulting in only a few Connexions centres running throughout the country. The extent to which career guidance is being delivered effectively in schools is unclear as its form of delivery and quality of provision varies between schools (Ofsted, 2013). This is discussed in the next section.

Alongside reforms to careers advice and guidance provided in school, in 2012 the Government also launched The National Careers Service (NCS). The NCS offers a range of information and professional advice about education, training and work to young people over the age of thirteen and to adults. Support is primarily provided through the NCS website, a helpline or a web chat service, with face to face guidance generally only provided for those aged nineteen or over. However, there is additional support for individuals with learning difficulties and/or disabilities, who are able to access up to three face-to-face meetings with an advisor at any age (O'Toole, 2014).

[2] The retention rate is the number of students who return to school the following year.

[3] http://www.legislation.gov.uk/ukpga/2011/21/pdfs/ukpga_20110021_en.pdf

4.3 How well is this working?

Schools have struggled in their new duty to secure the appropriate quality of careers advice and guidance provision. As a result careers guidance is increasingly fragmented and inconsistent, and is often of poor quality. Ofsted (2013) evaluation of career guidance delivered in schools found that very few schools have the necessary personnel to provide a comprehensive service. Half of schools surveyed required teachers to provide careers advice in addition to their usual teaching duties, and often they did not have the expertise necessary to give cohesive, up to date information.

Additionally, schools rarely collaborated with external providers or local employers. The information given to students was therefore too narrow, resulting in students leaving school with insufficient awareness of both the opportunities available to them, and the specific skills and experience they would need to access these. For an illustrative example of a community organisation that provides mentoring and training opportunities to young people with mental health problems in partnership with local employers see case study four.

Case Study Four: Tower Hamlets (London), the Bromley by Bow Centre

Based in Tower Hamlets (London), the Bromley by Bow Centre is an internationally renowned Healthy Living Centre that was established and is still governed by local people. The Centre seeks to support families, young people and adults of all ages to learn new skills, improve their health and wellbeing, find employment and develop an individual's confidence so they have the ability to achieve their goals. The Bromley by Bow Centre delivers a range of programmes that support people to overcome barriers to employment.

Active Futures – (2015 – 2016)

The Active Futures programme specialises in supporting young people (14-35 years) with learning disabilities and mental health needs overcome barriers to employment and wellbeing. The programme uses inclusive sport to attract young people, building on the Paralympic legacy of East London. The programme builds on partnerships and specialist referral routes, including Special Educational Needs (SEN) Teams, Social Services, Community Mental Health Teams and schools.

The sports and fitness sector provides 380,000 jobs nationally, 21% of which are held by 16-25 year olds (the sector is second only to retail in terms of youth employment). As entry-level jobs within sport and fitness are created, it's vitally important that underrepresented groups such as disabled people are given the same opportunities as their non-disabled peers.

Active Futures seeks to improve wellbeing and increase employability skills amongst young disabled people, while supporting progression into work and training. The scheme has three key features:

- Inspiring – building on the 2012 Legacy “Inspire a Generation”, opening up a range of opportunities within the sports and fitness sector.
- Engaging – utilising the attraction of participating in inclusive sport to support young people with learning disabilities and mental health needs into further training and employment.
- Accessibility – providing accessible and supportive learning programmes designed specifically around the needs and capabilities of individuals, with the aim of improving employability skills alongside wellbeing.

The programme offers ‘Sports Tasters’ programmes, where participants take part in a wide range of inclusive sports activities locally, undertake Disability Awareness Training, work towards gaining a Level 1 Award in Lifestyle Management, and achieve a First Aid qualification. Participants also partake in a range of employability workshops which aim to support their transitions into employment by teaching useful skills such as welfare advice, and Money Skills.

Alongside the training programme young participants are supported to identify their progression route, which includes opportunities to undertake a peer support role within the programme. Participants are introduced to a wide range of opportunities in the sports and fitness industry and are supported into assisted work placements, further training and employment (both full and part-time). Active Futures supports the young people's transition into employment through offering individualised support to all participants, and by working closely with sports and fitness industry partners. These include Disability Employment Advisors in local Job Centres, Local Authorities, youth, disability and mental health organisations and charities; all working together in order to support referral into the programme, and to enable participants to access further support and skills and employment progression pathways.

Of the 55 young adults engaged in the programme throughout 2015, 9 have gained long term employment, and 22 have entered further education or training.

Motivate East – (2013 – 2016)

Within the wider Motivate East programme, the Bromley by Bow Centre delivers a project to support those with disabilities to become more active and participate in sporting activity. This includes the use of the Olympic Park through the training of Para-Legacy Agents, volunteers who inspire and support disabled people to participate in sport and physical activity.

The project delivered an accredited training and mentoring programme, engaging over 70 local volunteers to become Para-Legacy Agents from 2013-2016. The programme is designed to give local people the skills, knowledge and confidence to successfully support and inspire previously inactive disabled people to participate in sport and physical activity on a regular basis.

Of the Para Legacy Agents engaged to date, over 90% are themselves disabled, and over 20% have moved into employment or self-employment. The Para Legacy Agents have a wide range of disabilities, including those with sensory, physical and psychological conditions, or learning disabilities.

The Government has recognised the challenges faced by schools, and in response to the Ofsted report, in 2015, the Department for Education set out statutory guidance for schools on providing careers guidance and careers inspiration (Department for Education, 2015). This sets out a number of principles that schools should follow when developing their careers advice and guidance provision. These include:

- Offering high quality work experience that reflects individuals' studies and supports the academic curriculum;
- Providing face-to-face advice and guidance, including considering the role that careers professionals can play in supporting pupils;
- Providing a range of activities that inspire young people, including careers fairs, college and university visits, and high quality monitoring;
- Building strong links with employers to help boost young people's attitudes and employability skills, informing pupils about the range of opportunities available to them; and
- Working with local authorities to identify young people who may be more vulnerable, including those with special educational needs, and disabilities, and those at risk of not participating in education, employment and training post 16, and identifying services and opportunities that are available to them.

It is not clear so far whether the introduction of this statutory guidance has improved the provision of careers advice and guidance within schools, particularly in relation to those that were previously failing in their duty to secure appropriate services. However, with no additional funding to support

schools it is likely that there will still be considerable variation in the availability and quality, of careers advice and guidance.

The NCS website and telephone service were also found to be under-promoted to all students (Ofsted, 2013). Our discussions with experts confirmed that lack of awareness of NCS availability and what it can offer young people remains a significant problem. Face-to-face meetings with the NCS represent a further means of advice and support, but opportunities to access this are very limited. For young people without chronic conditions, face-to-face support via the NCS can only be accessed when they are aged 19 or over; for young people with disabilities,⁴ face-to-face support is available at any time but is limited to a maximum of three meetings. In this case, the support on offer for young people with chronic conditions is actually more extensive than for those without, in that it is available at an earlier stage in their transition. However, given their often greater barriers to work, it is uncertain whether three sessions is adequate to provide useful and comprehensive support. Ultimately this depends on the support needed, the individual, and their particular experience of their condition.

One of the recommendations of the National Career Council (2013) stresses that the NCS should provide face-to-face guidance to students. For people who are particularly vulnerable to being left behind, phone services are not enough to help them to navigate the opportunities and challenges that they face. A report by Barnardo's (Evans & Rawlings, 2013) highlighted the importance of vulnerable young people, including those with chronic conditions, having access to face-to-face meetings for a number of reasons. These include potential difficulties in making use of web-based information on targeted initiatives and services such as Access to Work or employer schemes, as this information is scattered across a number of websites, organisations and government departments (Evans & Rawlings, 2013). Specialised personal guidance can help with addressing these difficulties. Therefore, despite the enhanced support that is provided by the NCS for young people with chronic conditions, a **lack of promotion first, and personalisation and flexibility second**, in NCS provision constitute barriers to young people making a smooth transition from education to employment.

For young people with chronic conditions, the general weaknesses in careers advice are exacerbated due to the **lack of specialist occupational health advice** provided through these services. In particular, teachers do not have the expertise needed to provide the sort of specialist advice that such students will require, meaning that opportunities for accessing this through schools are very limited (O'Toole, 2014). Discussions with experts suggested that the NCS website and phone lines suffer from a similar weakness, further failing to offer clear sign-posting for specific help available for individuals with disabilities or health conditions. Instead, the advice provided is often general, taking little or no account of the particular challenges that young people with chronic conditions face in moving into work and failing to adequately speak to their needs. This lack of specialist advice, provided early on, contrives principles of early intervention and contributes to storing up challenges for organisations and agencies that will assist young people as they begin to leave education.

4.4 How can support be improved?

Given the variability of careers advice and guidance in schools, and wider questions about whether teachers are the right professionals to be delivering this, we consider that improvements should focus on the NCS. There are a number of changes that could be made to the NCS that could be highly beneficial for young people with chronic conditions.

Firstly, **flexibility and personalisation within the National Careers Service should be increased, particularly with regard to face-to-face provision**. Currently, although young people with chronic conditions are able to access face-to-face support earlier than their peers without such conditions, they are still limited to only three such consultations. Lifting this restriction could enable young people who do face additional barriers to making the transition to the labour market to access greater support whenever it is needed. As their needs and concerns are likely to vary considerably

[4] The term 'disabled' in this context refers to the Equality Act definition (2010): people with a physical or mental impairment, which has a substantial and long term adverse effect on their ability to perform normal day to day activities.

throughout different stages of the transition process, this would go a long way to ensuring that they are adequately supported throughout. This should be trialled and evaluated to understand how many consultations young people with chronic condition might need, whether other specialist help is required during these consultations, and what the most cost-effective means of providing this help is.

Secondly, **the NCS should invest in developing resources and guidance that focus on chronic conditions and work, and improving signposting to specialist health support.** For the NCS to be useful for young people with chronic conditions, the quality of advice that is given is at least as important as the quantity. Accordingly, there needs to be a greater understanding, and more readily available information about the relationship between health and work – both around the benefits of work for young people with health conditions, and about how conditions can be managed in work. This could include provision of information regarding Access to Work and other relevant support schemes, guidance with filling in any applications, helping young people to understand what reasonable adjustments may prove helpful in the workplace, and providing guidance and support around disclosure.

Any resources will need to be developed with key stakeholders, including organisations representing young people with chronic conditions and employers, to ensure they are well-targeted, useful and relevant. It would also be highly beneficial for young people with chronic conditions to be able to access support from professionals who can advise them specifically on managing their condition in the workplace. As such, we recommend that **consideration should be given to incorporating an occupational health angle into the face-to-face careers support that young people with chronic conditions can access**, including access to occupational health specialists.



5. Work experience

5.1 Why is it important?

Evidence suggests that young people who gain work experience – whether through schools-based activities, internships, or weekend and part-time working – are more likely to have better labour market outcomes as they move into adulthood. For example, findings from recent research into the benefits of work experience include:

- Young people with four or more work experience-type activities during their education are five times less likely to be NEET later in life (Education & Employers Taskforce, 2012).
- Graduates with work experience achieve better degrees, are more likely to obtain higher wages and are less likely to be unemployed in the future (Department for Business, Innovation and Skills, 2013).
- Work experience during education is associated with increased motivation and educational attainment (Education & Employers Taskforce, 2011).

Employers increasingly demand that young people have work experience. They expect young people to have key 'employability' skills – such as communication and team work – from day one in the job. However, an increasing proportion of young people leave school with no experience of paid work: in 2011 almost half of young people who were NEET had no experience of paid work (Lee et al., 2012). This seriously disadvantages them, leaving many young people in a 'catch-22' situation where they have no work experience but cannot access employment in order to gain it.

Suitable work experience can therefore provide benefits to all young people, including the opportunity to acquire soft skills and work-related habits. However, it can provide additional benefits to young people with health conditions. Work experience can be a means of helping young people to understand how to manage their conditions in the workplace. It can also provide an opportunity for understanding how managers and co-workers might respond to having a colleague with a health condition, and can allow them to receive some access to employment/workplace-related guidance on managing their condition (Bevan et al., 2013).

5.2 What support is available?

Work experience in schools has undergone significant reforms in recent years. The Wolf Review (Wolf, 2011) recommended that Year 10 work experience be abolished and provision was instead to be focused on those who are 'closer to the labour market' with work-related training increased for those aged over 16.

Responding to these recommendations the Government launched **16-19 study programmes** in September 2013. Work experience forms an important and integral part of the 16-19 study programmes (UKCES, 2013), and schools/colleges are expected to offer meaningful work experience, so that young people can gain valuable experience of work environments and the skills needed for employment. The Department for Education has described the patterns that work experience are expected to follow:

- Experiential work experience (short periods of work experience to test out vocational ideas connected to future studies or employment options);
- Vocational work experience (focussing on a particular vocational area to contribute directly to a study programme);
- Extended model of work experience (focussing on developing employability skills).

5.3 How well is this working?

There are a number of weaknesses and barriers related to the work experience options that are available to young people. The UKCES (2014) reported that while sixty-six per cent of employers find previous work experience to be the most important factor when they are recruiting, very few of them actually offer the opportunity for young people to gain work experience. Just 27 per cent of employers offered such placements. There has been a decline in the number of young people combining study with employment through part-time jobs (Conlon, Patrignani, & Mantovani, 2015), further limiting their capacity to obtain vital work experience.

As with careers guidance there are considerable **disparities between schools regarding work experience**, ranging from some schools providing tasters of both work and post-secondary education, to others simply informing students about university open days (Ofsted, 2013). This is worrying given that some form of work experience is often a necessary precursor to young people moving into employment. Although schools have the responsibility to provide work experience for students, without appropriate guidance and support (financial and otherwise) schools often end up prioritising organisational issues and teaching commitments. Moreover, the Ofsted report highlighted that students with special educational needs and disabilities often felt that they were excluded from the activities that were organised by their schools – such as visits to employers – because they perceived the visits to be focused on those students that were most able and closest to the labour market. This was also highlighted as a problem in our discussion with experts, indicating that young people's perceptions in this area seem to be accurate. Thus while obtaining work experience is challenging for many young people, irrespective of their health, there is evidence to suggest that young people with chronic conditions are put at a further disadvantage.

Though individual schools may make specific provisions to help young people with chronic conditions, there is no overall strategy for enhancing access to work experience for young people with chronic conditions. Employers may also be creating barriers: our discussion with experts suggested that **many employers are unable or unwilling to make adjustments to the role or to the workplace** which might enable a young person with a chronic condition to take up a placement, particularly as many placements are very short-term. Similarly, schools may lack the appropriate understanding of workplace health to be able to assist with this, as they are likely to have limited access or no access to occupational health support. The limited work experience opportunities that young people with chronic conditions can access can therefore significantly hinder their long-term employment prospects (Moran, McDermott, & Butkus, 2001).

Organisational practices and attitudes of supervisors, managers and colleagues can represent a further obstacle to the employment of people with disabilities and chronic conditions (Schur et al., 2005). A survey of small businesses in the UK suggested that managers are primarily concerned about the ability of their employees to do the job they were recruited for and consequently perceived a number of risks around employing disabled people. This included risks to productivity, risks to the disabled person, risks of offending customers or clients, and the impact of these cumulative risks on other staff (Davidson, 2011). Such perceptions can contribute to developing stigmatising ideas and cultures around disability and chronic conditions. For example, although attitudes towards mental ill-health have slowly improved in recent years, we know that approximately one in five people do not believe that people with a mental illness have the same right to a job as anyone else (Time to Change, 2014). The presence of people with health conditions in the workforce is an important step to tackling these misconceptions, helping to reduce both actual stigma and discriminatory behaviour, and self-stigmatisation. A lack of suitable work experience for young people with health conditions is a

barrier in this respect, as it removes an important opportunity for employers and co-workers to gain experience of working alongside people with health conditions, which can contribute to challenging prejudice and misconceptions.

There are therefore a range of possible benefits to extending provision of work experience, both for young people with chronic conditions themselves and potentially for employers. However, for these benefits to be realised it is essential that work experience is well designed and appropriate. Unfortunately, the possibility of developing such programmes is precluded by the current lack of evidence on what kinds of work experience produce the greatest benefits for young people generally, and even less on **what forms would work best for young people with health conditions**. This lack of evidence and understanding constitutes a further barrier to delivering good quality work experience to young people.

5.4 How can support be improved?

Too many young people miss out on gaining experience of work while still in education. This disadvantages them when it comes to making the transition into employment, and adds to the stigma surrounding individuals with chronic conditions that can exist in the workplace. Improving access to work experience would allow young people with chronic conditions to gain some experience of managing their condition in a work environment and to understand how they manage with particular types of job. It would also give them a much-needed opportunity to gain the practical work experience that many employers see as crucial when making recruitment decisions. See case studies five and six for organisations that provide work experience and internship opportunities to young people with Multiple Sclerosis. There are also potential benefits for employers, some of whom might be reluctant to employ such young people due to perceptions regarding their capability and the necessary adjustments that would be needed. Giving such employers a chance to work with people with chronic conditions would help to address misconceptions and issues around stigma. Clearly this is a much larger issue that can be addressed through work experience alone, but we should move towards normalising and embedding the participation of people with chronic conditions in the workforce at all levels. There is no reason why work experience for younger people should be an exception.

However, it is important that we gain a good understanding of what kinds of work experience could best achieve these objectives. As such, we recommend that the **Department for Education should pilot and evaluate different approaches to work experience**, with an emphasis on the value of different approaches for young people with chronic health conditions. These pilots should not exclusively look at work experience for young people with chronic conditions as this is counter-productive in terms of goals around decreasing stigma, but should consider how this can be best incorporated within a universal approach. As well as ascertaining what the most effective forms of work experience are for young people with chronic conditions, the evaluation of the pilots should also take into account the benefits or drawbacks for employers, to ensure that the model proposed works effectively for all stakeholders.

Case Study Five: MS

100,000 people in the UK are estimated to have MS, of which 70% are diagnosed (European brain council cost of brain diseases in Europe 2010). Unfortunately this can result in a premature exit from the workforce or in some cases (depending on the age of MS diagnosis) difficulties in even entering employment.

Believe and Achieve:

In 2014/5 the European Multiple Sclerosis Platform (EMSP) introduced a partnership programme with European employers. The partnership had two aims; to provide young people with MS an opportunity to enter employment, and to improve the quality of life of more than 700,000 people with MS across Europe. This was an important development as a survey conducted by the EMSP highlighted that 65% of the 1,300 respondents of young people with MS are currently employed or are doing voluntary work, but 80% will have to stop within 15 year of disease onset.

The EMSP website promotes paid internship opportunities of different lengths and entry requirements, whilst member organisations developed an employment pact that focuses on the specific considerations for successful employment of people with MS. The aim is to showcase both the business and societal benefits of tapping into the talent of enthusiastic and capable young people, as well as boosting the employability opportunities for young people diagnosed with the disease, and to develop sustainability and future proofing of opportunities to avoid employment discrimination in the future.

European businesses sign up to the programme and offer suitable roles whilst also being willing to make reasonable adjustments. After a first screening is completed by EMSP, applicants are interviewed by the employer. Every successful applicant is then allocated a mentor who provides support and advice throughout the whole experience. Monthly reporting takes place to allow for open communication and engagement to ensure that placements are a success and so that any issues that do arise are dealt with in good time. Each placement is evaluated by the “Believe and Achieve” Team in order to gain insight on what the intern has learned and what the experience has been like. From reflecting on these experiences, EMSP can adapt and improve the programme where needed. Throughout this experience young people with MS can gain professional experience, have their abilities recognised and rewarded, and gain an understanding and recognition of what support is available to them in employment situations.

Since 2014, two corporate partners have made 14 paid internship positions available, and since the official launch in January 2015, 4 young people have started internships in Greece, Italy and Portugal. Additionally, there is on-going promotion among potential employers and young people.

Case Study Six: Shift.ms

Shift.ms is an online charity that hosts a number of initiatives aimed at supporting people recently diagnosed with MS. A consistent issue discussed in Shift.ms forums is access to employment opportunities and gaining valuable work experience. MS Reporters is a traineeship programme for young people who want to become citizen journalists. The goal is to train young people with MS to interview MS experts and researchers on relevant MS topics on behalf of the Shift.ms community. A half-day training session provides participants with the key skills required to become effective and engaging interviewers. From role-playing to confidence-boosting exercises, and the provision of filming techniques, these young people are given the necessary tools to lead their own interview with participating academics and medical staff, who in turn, get the chance to engage with patients. The result is a video library with useful information, guidelines and advice for the entire MS community. Having started in London, the initiative is now expanding across UK and Ireland and alternative delivery systems are being explored.

6. Vocational education apprenticeships, traineeships and supported internships

6.1 Why is it important?

Apprenticeships, traineeships and, for some young people, supported internships are a useful way of smoothing vocational routes from school to work. In other European countries, such as Germany, the apprenticeship system appears to have played a key role in sheltering young people from the worst of the global economic downturn (Crowley, Jones, Cominetti, & Gulliford, 2013). Apprenticeships have been shown to have a significant positive impact on young people's labour market prospects: for example, evidence suggests that those who complete an apprenticeship are significantly more likely to be employed in the future compared to those who do not (McIntosh, 2007). They have also been shown to bring significant benefits to business, increasing staff retention, as people trained within the organisation are more likely to stay (Hogarth, Hasluck, & Daniel, 2005), which in turn has productivity benefits and reduces recruitment costs (Hasluck, 2012). Given that they can have positive effects on young people in general, apprenticeships, traineeships or supported internships might therefore provide young people with chronic conditions with a good opportunity to enter the labour force. If excluded from this route into employment, those who choose not to continue with their academic studies risk falling into unemployment.

6.2 What is currently available?

The Coalition government undertook large scale reforms of the UK's vocational education systems. This has included reforms to the apprenticeship system, the introduction of traineeships and supported internships.

Apprenticeships are full-time paid jobs which incorporate both on and off the job training, so in effect young people are able to 'earn while they learn'. They are currently available for all young people aged sixteen and over in England, and can last between twelve months and four years. Minimum standards for apprenticeships were published in May 2012. These include:

- Apprentices must be employed for 30 hours a week – including time spent training away from the workplace;
- Apprentices must spend at least 280 hours in guided learning during their apprenticeship – time spent developing technical skills, knowledge of theoretical concepts and practical skills on the job whilst being guided;
- Training must be offered to apprentices so that they reach Level 2 in English and Maths or Functional Skills (if the apprentice does not have these already);
- Apprentices must sign an apprenticeship agreement with their employer before the apprenticeship begins – this is a contract that stipulates the framework followed and the skill/trade/occupation that the apprentice will be working in.

The current government is committed to increasing the number of young people engaged in 'earning and learning'. In the 2015 Queen's Speech, it was announced that a target to create three million new apprenticeships by 2020 had been created. In the 2015 Spending Review and Autumn Statement, the Chancellor also announced details of an apprenticeship levy to help fund the expansion in apprenticeship numbers.

Traineeships are education and training programmes with work experience. They are available for young people between 16-24, including young people with learning difficulties and those on EHC plans⁵. The content of a traineeship includes work preparation training, English and Maths, and a high quality work experience placement. The duration of the work experience element is expected to be between 100-240 hours, can last up to a maximum of six months and should be tailored to individual needs. The core target group includes: those who are not currently employed and who have little work experience, but are focussed on work, or the prospect of it; those who are 16-19 and qualified below Level 3 or 19-24 who have not yet achieved Level 2; and those who employers believe have a reasonable chance of being ready for an apprenticeship or employment within six months of engaging with a traineeship (Department for Business, Innovation and Skills, 2014; Department for Education, 2014).

Supported Internships is a study programme that is specifically aimed at young people aged between 16-24, who have a statement of special educational needs, a Learning Difficulty Assessment or an EHC plan who want to move into employment but may need extra help to do so (Department for Education, 2014). They are intended to help enable young people with disabilities and/or learning difficulties to achieve sustained employment by ensuring they are equipped with the necessary workplace skills to enable this. Supported internships are different to traineeships and apprenticeships, as those on supported internships require higher levels of support, including support from a job coach and support for their non-work learning. They are also expected to need a longer period in the workplace than a trainee in order to gain sufficient levels of work skills (Department for Education, 2014). Additionally, learning providers will need to personalise programmes more specifically to the young person. Intended outcomes of supported internships include building up CV experience, developing and demonstrating the skills needed for work and, ideally, contributing to changing the perceptions of employers about employing young people with learning difficulties and/or disabilities. Although research has indicated backing for supported internships for those with learning difficulties, it is unknown whether these are suitable for young people with mental health problems (Preparing for Adulthood, 2014), and those with chronic conditions.

6.3 How well is this working?

With regard to apprenticeships and vocational education, we know that young people with chronic conditions **have not always been able to take advantage of these transitional programmes**. For example, the Little Report (2012) indicated that although between 2005/6 to 2010/11 the total number of apprenticeships rose, the proportion of young people with a learning disability or other chronic condition gaining apprenticeships within that time dropped from 11.1 to 8 per cent. There is also mixed evidence on evaluation measures. Apprenticeship completion rates for those with learning difficulties and physical disabilities have been reported to be positive, but young people with mental health problems and/or emotional/behavioural difficulties do not seem to have fared as well (O'Toole, 2014).

There are currently no plans to evaluate how widely used the three million new apprenticeships to be created by 2020 are by young people with chronic conditions. This is in contrast to other protected characteristics, such as gender, which will be monitored (Delebarre, 2015). Not knowing how widely used such programmes are by young people with chronic health conditions, or how effective they are in terms of outcomes and destinations, is a barrier in itself to designing inclusive, accessible and helpful programmes for this group of young people. Additionally, the structure of apprenticeships themselves may present a challenge for young people with chronic conditions, especially with regard to the minimum standards that mean that apprentices have to work full time. See case studies one and seven.

[5] Educational and Health Care Plans focus on what a child or young person with special education needs wants to achieve and what support is needed to do this. These are discussed in more detail in Chapter 7.

Case Study Seven: Channel 4

Launched in January 2015 the “360 degree Diversity Charter” is a commitment from Channel 4 to enhance the diversity of people in its shows, on and off the screen. With 2016 being the Year of Disability, the channel has invested £300,000 in two main talent initiatives with two main aims: to double the number of disabled people in 20 of their biggest shows and to progress the careers of 20 disabled people already working off screen. Channel 4 will also commit that 50% of apprenticeships and 30% of work experience placements will go to disabled young people. A small group of stakeholders from active organisations in disability rights chaired by Lord Chris Holmes, the Equality and Human Rights Commission’s disability commissioner, will also be involved to monitor and advise the Channel on its progression throughout the year. Up to date 6.1 per cent of new staff joining the broadcaster have declared themselves to have a disability, compared with just 1.9 per cent of existing staff at the end of 2014.

<http://www.disabilitynewsservice.com/channel-4-enlists-yoda-for-its-year-of-disability/>

<http://www.channel4.com/info/press/news/360-diversity-charter-one-year-on>

The Department for Business, Innovation and Skills (2015) undertook an evaluation of traineeships, finding that most traineeships providers offered, or planned to offer traineeship provision specifically for particular groups, most commonly NEET, benefit claimants, young people with learning disabilities, young people with special education needs and black and minority ethnic young people. However, as with apprenticeships, there is little understanding of whether young people with chronic conditions fit into these categories, and consequently whether they are recorded. Trainees reported being very positive about their time on the traineeship (79 per cent said they were satisfied overall), however, it is unclear whether satisfaction differed between particular groups (e.g. NEET, learning disabilities etc.). Additionally, a breakdown in traineeship outcomes by group, to see if there is a difference in outcomes for those with chronic conditions and their healthy peers, is currently not available.

Research has indicated that supported internships can be beneficial for smoothing the transition from education to employment for young people with learning difficulties (Preparing for Adulthood, 2014). However, the evidence on this is very limited, and we also do not know whether they might provide a suitable intervention for young people with other chronic conditions.

If they are offered a place on an apprenticeship or traineeship, young people with chronic conditions can encounter further barriers resulting from a **lack of awareness of the support services available to them**, such as Access to Work (see text box three). These are often a crucial factor in retaining individuals with health conditions in work. This is compounded by the lack of knowledge that many employers have regarding how to make adjustments (particularly with respect to mental health conditions), and the lack of targeted, employment-related support that young people are able to receive while applying for such positions. As the Sayce Review (2011) highlighted, Access to Work is one of the Government’s ‘best kept secrets’ and remains an under-used and under-publicised programme. Usage is particularly low amongst people with mental health conditions: only three per cent of Access to Work service users cite mental ill-health as their reason for using the service (OECD, 2015). Teachers, or careers advisors without specialist knowledge of health conditions, may therefore not be aware of such schemes, or may not know that they can be used for vocational education. Young people with little to no experience of navigating the adult welfare system are equally unlikely to be aware of the service, and may struggle with making an application if they do know about it. This can contribute to a perceived inability to take up positions that are offered.

Text Box Three: Access to Work

Access to Work provides both the individual and the employer with advice and financial support for any reasonable adjustments, extra costs or travel required for the employee. Types of support provided can include: adaptations to the workplace or work station, special aids or equipment, and grants for travel. In 2011 Access to Work was extended to cover support for employees experiencing mental health problems (e.g. depression, anxiety and stress and other mental health issues that could affect work) (OECD, 2015). In line with recommendations made by the Sayce Review (2011), the scheme now also includes support for young people above the age of 16 on traineeships, supported internships and work experience.

6.4 How can support be improved?

The announcement of a target to create three million additional apprenticeships by 2020 is welcome, but we need to ensure that young people with chronic conditions are not missing out on the opportunity to gain sustained practical work experience and skills that this presents. Current evaluation plans indicate that take-up will be monitored in relation to characteristics such as gender. Building on this, we recommend that **take-up and outcomes of apprenticeships by young people with chronic conditions should be monitored and evaluated**. Evaluation will need to take into account destinations of such young people in order to understand whether they are achieving comparable outcomes to their peers without health conditions, in addition to numbers taking up apprenticeships. There is also a need to consider whether the minimum standards in themselves act as a barrier to young people with chronic conditions taking up apprenticeships. It may be that some flexibility is required for these young people, particularly around the requirement for apprentices to work/study full-time. Without a full evaluation relating to them, however, we cannot know this.

It is essential that we understand how far young people with chronic conditions are able to access, and make the most of these opportunities so that we can also see where more support might be needed and ensure equality of access and opportunities for all young people. There is some evidence suggesting that the supported internships model can work effectively as a means of supporting young people with learning disabilities into work. The intensive, personalised support that supported internships offer may also be beneficial for those young people with chronic conditions who are further from the labour market, and are not currently in a position to undertake an apprenticeship or traineeship. We recommend therefore that **the Department for Education should conduct pilots examining the extension of the supported internships programme to young people with a wider range of chronic conditions**.

We also need to do more to ensure that young people who do access medium to long-term opportunities such as apprenticeships and traineeships receive the support that they need to manage their conditions in the workplace. Often this will be provided through their employers, but government support schemes such as Access to Work are also available for young people undertaking vocational education. We need to ensure that young people are aware that they are eligible for such programmes and that they have the support that they need to apply. This is especially important given that their experiences of applying for such support will likely be very limited, and this can be a complex and confusing process. In particular, we need to ensure that young people with mental health conditions are aware that this support is available to them, given the historically low take-up rates for people with such conditions. We therefore recommend that **the relevant government departments should co-ordinate a targeted information campaign on support services aimed at education providers and NCS advisors**. This could be devised and delivered via the Joint Unit, working with the Department for Education. This would help to ensure that young people with chronic conditions are prepared to access support as soon as the opportunity to move into an apprenticeship or traineeship arises. Some large employers have led the way in making their apprenticeships more inclusive of young people with chronic conditions.

7. Health-related transition services

7.1 Why is it important?

The principle of proportionate universalism, discussed in chapter three, suggests that well-functioning universal services for young people are important as a means of facilitating broadly positive outcomes and not increasing the stigma that young people with disabilities can experience. Applying this principle to services for young people can help to reduce the cumulative disadvantage that having a chronic condition can result in for education and employment as early as possible. However, both the literature and discussions with experts highlighted that some young people may benefit from more personalised or specialist support, to address the significant additional barriers they may face to entering and prospering in the labour market.

In the following section we have selected a small number of national, health-focussed services which have an important role in supporting transitions into employment. This is not intended to be comprehensive: rather, it highlights some of the major programmes. Though our focus in this paper is limited to national, government programmes, we do acknowledge the existence of many locally-run services, throughout the UK, that provide support for different groups. Many of these will contain important lessons for government policy-makers on how to develop appropriate services for young people with chronic conditions. As with previous sections, we describe the selected services and their availability, before looking at where they are not being delivered optimally and how they might be changed to improve access and outcomes for young people with chronic health conditions transitioning into employment.

7.2 What is currently available?

In this section we discuss three different services which all combine health and work and/or education related support to young people with chronic conditions, and as such have a potentially important role in supporting the transition from education to employment. We explore the opportunities offered by Education, Health and Care plans, used in schools, as well as those within specialist health services which take a broad view of recovery to incorporate life and employment goals - such as Early Intervention in Psychosis services, and the transition from child to adult mental health services.

Education, Health and Care plans

Education, Health and Care (EHC) plans are designed to support young people (up to the age of 25) with special education needs and disabilities (SEND) into adulthood. The plans were introduced in September 2014, replacing Special Educational Needs Statements. An EHC plan looks at the education, health and care needs of the individual, focusing on what that individual wants to achieve, and identifying the support that they will need to achieve this. They are only available for young people whose needs are not able to be met by the SEND services usually provided by their schools or colleges, and who require some additional help, such as special learning programmes. The local authority undertakes assessments of eligibility for EHC at the request of the parent/carer, or the young person themselves (if aged 16-25). The local authority will develop the EHC, and send it to the applicant to review.⁶

[6] More information on EHC plans is available here: <https://www.gov.uk/children-with-special-educational-needs/extra-SEN-help> and here: <https://www.ipsea.org.uk/file-manager/SENlaw/ipsea-ehc-plan-checklist-2015-april.pdf>

Schools are required to send local educational authorities data on the number of their pupils with EHC plans three times a year, and the school receives different amounts of local authority funding depending on the needs of students with plans in place. EHC plans are reviewed at least once a year, providing the opportunity for everyone involved in supporting the young person to discuss the young person's progression and whether their needs have changed.⁷ Preparation for adulthood including careers discussions, start when an EHC plan is reviewed in year 9 (young people aged 13-14). At this stage attention is given to what is required to support the young person in their transition into adult life, including further education, employment, health and independent living.

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) are specialist NHS services offering assessments and treatment to children and young people who have emotional, behavioural or mental health difficulties. CAMHS are provided through a network of services, including universal targeted and specialist services. CAMHS include multidisciplinary teams that often consist of psychiatrists, psychologists, social workers, nurses, occupational therapists, substance misuse workers and support workers. CAMHS are crucial services for young people, especially as mental health problems in young people have increased in the last 25 years, and an estimated one in ten young people aged between five and sixteen years has a diagnosable mental health problem – estimated at three pupils per classroom (Green, McGinnity, & Meltzer, 2005).

CAMHS usually work with children and young people up to the age of 18, though some will only see young people aged 16-18 if they are in full-time education. After this stage they may transfer to Adult Mental Health Service (AMHS). In 2015, in order to improve the transition from CAMHS to AMHS, the NHS worked with young people and their parents/carers to develop a Mental Health Services Passport.⁸ The aim of the passport is to help young people using services, or their parents/carers to own and communicate their story when moving between different services. The current template is focussed on the individual's health and medical needs.

Early Intervention in Psychosis

Early Intervention in Psychosis (EIP) is a holistic approach to supporting people aged between 14 and 35 to recover from a first episode of psychosis (Rethink Mental Illness, 2014). Teams comprise of a range of health professionals, including psychologists, psychiatrists, social workers, community health workers, nurses and support workers. The focus of EIP teams is on recovery - with an emphasis on social development, vocational outcomes and personal empowerment. To achieve this, EIP teams work closely with health, social, vocational and educational third parties (NHS Confederation, 2011). EIP teams also recognise the increased risk of physical co-morbidity for someone experiencing psychosis (Royal College of Psychiatrists, 2012) providing targeted support to help young people to manage their physical health as well and thus potentially reducing barriers to employment (Rethink Mental Illness, 2014).

To improve vocational outcomes, some EIP services provide integrated employment support. Individual Placement and Support (IPS) is an evidence-based model of supported employment, which has proven effective in supporting people with severe mental illness to find competitive, paid employment (Bond, Drake, & Becker, 2008), including when used in EIP services (Rinaldi, Miller, & Perkins, 2010). Key to the model is the integration of mental healthcare services and employment support services – with employment specialists co-located within the secondary mental healthcare service. IPS is underpinned by several principles⁹ including: a focus on finding open, competitive employment which is in alignment with the individual's preference, a rapid job search that is open to all people who want to work so that no-one is excluded on the basis of diagnosis or symptoms. IPS can also be successfully adapted to include support into education, recognising that support for the completion of education is just as important as entry into employment (Rinaldi et al., 2010). IPS is commissioned locally and provided through secondary mental healthcare services; it is therefore

[7] [http://www.cafamily.org.uk/advice-and-support/sen-national-advice-service/education-health-and-care-\(ehc\)-plans/](http://www.cafamily.org.uk/advice-and-support/sen-national-advice-service/education-health-and-care-(ehc)-plans/)

[8] <https://www.england.nhs.uk/mentalhealth/cyp/iapt/>

[9] <http://www.centreformentalhealth.org.uk/individual-placement-and-support>

not available systematically across the UK. In recent years there has been an increased effort to test the effectiveness of IPS in different settings and for different client groups. For example, an adapted model is being piloted for use in primary mental healthcare services for people with common mental health problems in the UK (Steadman & Thomas, 2015) while a large pilot is currently underway in Australia, specifically aimed at young people with mental health conditions.¹⁰

7.3 How well is this working?

EHC plans allow for the incorporation of broader health and care plans into education. What remains unclear is how 'special educational need and disabilities' is defined – and whether this includes young people experiencing a broad range of chronic conditions. Expert contributors to this paper suggested that the many young people with chronic conditions who could benefit from the personalised support that EHC plans provide, are likely to be missing out due to this definition. Young people with fluctuating health conditions were noted as being likely particularly to benefit from an EHC plan, given the difficulties of managing conditions which can vary considerably from one day to the next. Such conditions are difficult to manage in an employment setting (Steadman, Shreeve, & Bevan, 2015) and these difficulties also have resonance with young people – impacting on their education, skill development and employment opportunities. It was suggested by our experts that eligibility for EHC plans should be widened to allow more young people with chronic and fluctuating conditions to apply for this support.

When an individual moves into employment or transitions to university, EHC plans are no longer used, yet they are not replaced either. Experts suggested that this was a missed opportunity for helping young people on their pathway into employment or further education. The information (and funding) in the EHC plan could be used not only to support this transition, but to inform ongoing support once university or employment has begun. It was further suggested that the EHC plan could be used to inform the development of an 'employee passport' (Steadman et al., 2015), which the individual could take with them into their new role to help employers better understand the needs and the level of support that an individual has previously had, how successful it was, and what type of adjustments might be helpful.

Even though early intervention to treatment for mental health problems has been shown to be both economically and socially advantageous (Parkin, 2015), CAMHS services in the UK appear to be patchy. Only 36 per cent of CAMHS have specific teams for adolescents (Singh et al., 2012). There are also concerns about the levels of funding for **CAMHS services** (Parkin, 2015). A recent Health Committee inquiry reported that many early intervention services providing support to young people are being cut, or are subject to short-term or insecure funding (Health Select Committee, 2014). Of 55 service providers who responded to a Freedom of Information request for funding budgets by Young Minds, 29 said that they were intending to reduce their spend on mental health. Local authorities were planning the biggest cuts, with some reducing spend by 25 per cent, and a quarter of service providers said funding would remain the same but that they had to abandon plans for developing and improving an often already over-subscribed service (Mind, 2014). Mind (2014) also reported that local authorities allocate a greater proportion of their budgets to preventing problems related to physical health, with just 1.67 per cent of their budget allocated to mental health (Parkin, 2015). Inadequate funding of CAMHS not only reduces the opportunity to incorporate dedicated educational and employment support in the service (for example, access to specialist education and work-related support and advice), but means that many young people will not be able to access the timely treatment and support that they need to recover. Thus there is an even more significant effect on employment outcomes.

It is often the case that the onset of mental illness occurs during childhood and teenage years. Young people are seen as particularly vulnerable when aged 16-18, given the physiological changes they are experiencing as well as educational transitions (Joint Commissioning Panel for Mental Health, 2012). This is also the age when young people usually transition from CAMHS to Adult Mental Health Services (AMHS). The quality of the transition may depend on the quality of both the CAMHS and

[10] <https://orygen.org.au/About/News-And-Events/New-partnership-program-to-help-young-people>

AMHS services, and the links between them. The considerable variation in quality seen across these services could lead to young people not receiving services, and falling through the gap altogether as they undergo this transition from CAMHS to AMHS (Singh et al., 2012, Joint Commissioning Panel for Mental Health, 2012). Indeed, up to a third of teenagers are lost from care during this transition, and a further third experience interruptions to their care (Singh et al., 2012). The importance of transition support between CAMHS and AMHS, described in a recent Health Select Committee (2014) report as a 'Cliff Edge', is not translated into service provision. In 2008 only 23 per cent of mental health services in the UK had specific arrangements for CAMHS to AMHS transitions (Singh et al. 2012). If a young person is not able to access the mental health treatment and support that they need, then the likelihood of falling out of education and employment opportunities is greatly increased.

Where transition teams do exist, the focus is explicitly on the mental health care and treatment needs of the individual, rather than incorporating a more holistic view of recovery and movement into adulthood, which would include educational and employment transitions. This would seem to be a missed opportunity. During this time of transition and change, there would be considerable benefits in providing more holistic, co-ordinated support, across health and education/employment - both at a strategic level through more joined up work among policy makers, but also in terms of how services are provided on the front-line to young people. The new mental health passport might provide an opportunity to take a broader approach to what is important during transitions - beyond medical treatment - and making sure that lessons learnt about managing a young person's health when in CAMHS, are not lost when they enter AMHS.

EIP has proven to have positive effects. The first episode of psychosis (in many cases during adolescence) usually occurs during a critical stage of an individual's development, in terms of personality, educational or vocational development (Rinaldi et al., 2010). Studies of patients with early psychosis have found that an early return to education and employment may delay or prevent the development of the condition (Drake, Xie, Bond, McHugo, & Caton, 2013), and the management of the early phase of psychosis is critical for affecting individual long-term outcomes. EIP services have been demonstrated to improve employment outcomes compared to standard mental health care (Rethink Mental Illness, 2014). Employment outcomes are further enhanced when IPS is integrated with EIP services - one study showed that employment and education outcomes for those who received IPS was 69 per cent in comparison to 35 per cent for a control group (Rinaldi et al., 2010). Nevertheless, Rethink Mental Illness (2014) reported that many EIP services in the UK are struggling to maintain high levels of care, and may be subject to cuts in funding 50 per cent of EIP services report their budget has decreased, in some cases up to 20 per cent, and 58 per cent of EIP services have lost staff in the last 12 months. Additionally, in areas where the services do exist, young people face delays in accessing care, affecting chances of recovery and opportunities for an improved quality of life (which includes employment). In February 2016, the NHS committed to recommendations from the NHS taskforce to improve access to early intervention in psychosis services. These suggested that people experiencing a first episode of psychosis should have access to a NICE-approved care package within two weeks of referral, as a delay in providing care can lead to poorer clinical and social outcomes (Mental Health Taskforce, 2016). Additionally, the Taskforce called for improved access to IPS employment support.

7.4 How can the support offered be improved?

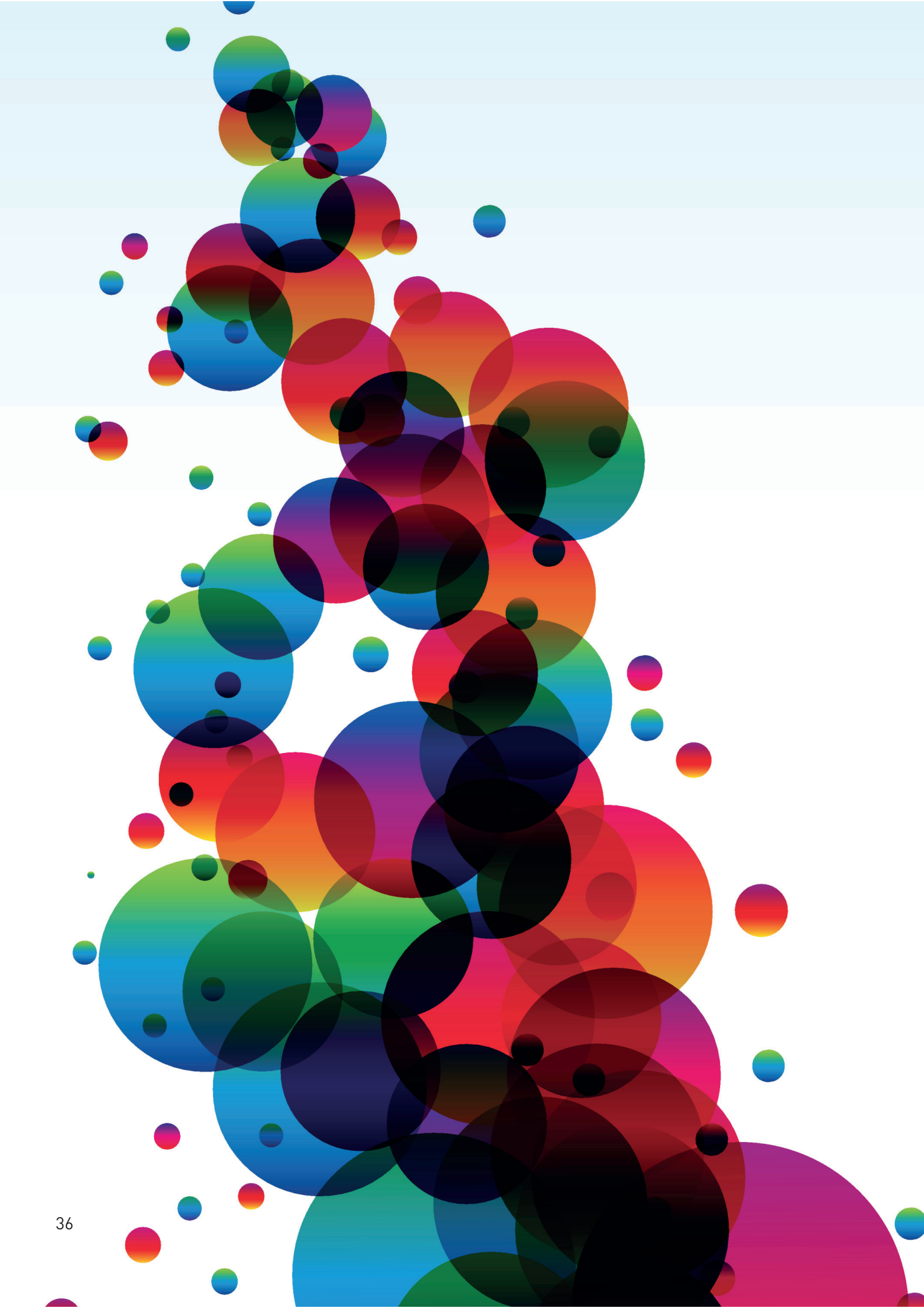
In this section we consider how the above cited interventions and services might be improved in order to improve employment outcomes for young people with chronic health conditions, as well as considering more generally how we might extend good quality support to more young people with a variety of chronic conditions.

EHC plans are not currently available to all the young people with chronic conditions who could benefit from joined up assistance between education and health. Extending the current eligibility criteria for EHC plans to include **all young people with chronic conditions and mental health problems, as defined according to the Equality Act**, would allow more young people to benefit from this initiative. The fluctuating nature of many chronic conditions can result in difficulties both in education and

healthcare that can consequently have an impact on a young person's education, skill development and their opportunities for employment. Additionally, EHC plans cease when a young person enters university or employment, and the plans are no longer in place. Our experts also suggested that **the EHC plan might be developed into a tool similar to an employee passport**, so that employers will have an understanding regarding the level of support that an individual has previously had, how successful it was, and what type of necessary adjustments a person may need. We therefore **recommend that this is piloted for young people with chronic conditions transitioning to higher education and employment**, to see if the process is improved, or smoother, and that necessary adjustments and support are consequently put in place.

Improving access to CAMHS for all young people, children and adolescents is crucial for improving employment and recovery outcomes in general for young people experiencing mental health conditions. Further, there needs to be dedicated support available for transitions between CAMHS and AMHS, to ensure that there is a consistent, holistic support. We consider the fact that less than a quarter of CAMHS have a transitioning team unacceptable, and consequently recommend dedicated investment to ensure that **all CAMHS have a transitioning team**, to the end of reducing the likelihood that young people will fall out of the care gap. In addition, the support offered in this transitional phase should be broader than just focussing on medical treatment and should be expanded to incorporate other support (working with partners) that better reflect an individual's life goals. In particular, **we recommend that in mental health services, employment should be regarded as a health outcome**, and conversations around work aspirations be incorporated into transitional support and AMHS.

Despite the strong evidence base around EIP and IPS in terms of health and employment outcomes, delivery is patchy and inconsistent. Given their proven positive impact in getting in and retaining people with severe mental illness into employment, efforts and finances should be devoted to ensuring these services are available nationwide; for both adults and young people alike. Additionally given the identification of IPS services as a potential model of good practice in supporting individuals with psychosis to achieve vocational and education goals, **the development of a programme of pilots to explore how the model might be adapted and used to benefit people with a range of chronic conditions** should also be considered.



8. Recommendations

In this paper, we have outlined the issues that young people with chronic health conditions may face when transitioning between education and employment. We have reviewed the evidence regarding difficulties that young people may face in engaging with the employment market, and have argued that reaching a desired labour market outcome becomes more complicated when a young person has additional difficulties, such as chronic health problems, physical and mental. We have also identified current initiatives to help young people achieve employment, but additionally, we have recognised gaps and challenges, which we feel could be addressed by policy changes. Overarching all of these changes, however, we strongly believe that there needs to be greater co-ordination at the highest levels of policy-making, in order to ensure that the systems that young people with chronic conditions need to support them from education to employment are cohesive and 'joined-up'.

Recommendation 1: The Department for Education should be represented within the Joint Unit

The newly created Work and Health Joint Unit offers a model of policy-making that offers promising scope to obtain better outcomes related to both health and to employment. We welcome this, but suggest that with regard to young people with chronic conditions, cohesive support needs to be available early in the transition process. Bringing Department for Education representation into the Joint Unit would be a useful way of providing this, ensuring that the transition from education to employment is as smooth and consistent as possible.

The remainder of our recommendations focus on four core policy areas. These are: careers advice and guidance, work experience, vocational education, and health-related initiatives.

8.1 Careers Advice and Guidance

Recommendation 2: Flexibility and personalisation within the NCS should be increased, particularly with regard to face-to-face provision

The Department for Education should trial and evaluate removing the restriction to three face-to-face advice sessions, with the aim to understand how many consultations young people with chronic condition need to support them into work, and what other specialist help may be required.

Recommendation 3: The NCS should invest in developing resources and guidance that focus on chronic conditions and work, and improving signposting to specialist health support

The NCS, working alongside key stakeholders, should develop advice and guidance relating specifically to employment challenges for people with health conditions, and ensure that its advisers are able to signpost young people to appropriate services. Consideration also needs to be given to incorporating occupational health advice into the NCS and what the most cost-effective means of providing this might be.

8.2 Work Experience

Recommendation 4: The Department for Education should pilot and evaluate different approaches to work experience

Different approaches to and combinations of work experience (for example, short taster days to extended models of work experience) should be piloted and evaluated to see if these improve the opportunities for young people with chronic conditions, how useful they are in careers decision making, and whether there are any benefits for the employers in participating in the work experience scheme.

8.3 Vocational Education

Recommendation 5: Take-up and outcomes of apprenticeships by young people with chronic conditions should be monitored and evaluated.

Chronic conditions should be viewed as a protected characteristic in relation to apprenticeships. Evaluation of the Government's apprenticeship initiative for young people with chronic conditions should therefore take into account how widely used apprenticeships are by young people with chronic conditions, whether the minimum standards for apprenticeships are appropriate for such young people, and whether they achieve similar apprenticeship outcomes to their peers without chronic health conditions.

Recommendation 6: The relevant government departments should co-ordinate a targeted information campaign on support services aimed at education providers and the NCS.

Young people who are aware of the support services on offer to them (such as Access to Work) are more likely to be able to make timely and prompt applications, smoothing the transition into the workplace by ensuring that support is available at the earliest opportunity. This could be co-ordinated via the Joint Unit.

Recommendation 7: The Department for Education should conduct pilots examining the possible extension of the supported internships programme to those young people with a wider range of chronic conditions.

The intensive, personalised support that supported internships offer may be beneficial for many young people with chronic conditions who are not currently ready to undertake an apprenticeship or traineeship.

8.4 Targeted health-related transition services

Recommendation 8: The eligibility criteria for EHC plans should be extended to include all young people with chronic conditions and mental health problems, as defined according to the Equality Act.

EHC plans can be a useful tool in supporting young people to achieve their goals, which may include employment, throughout their time in education. However, currently they are only available to young people with narrowly defined special educational needs. We recommend that this eligibility should be extended to young people with chronic conditions and disabilities defined according to the Equality Act.

Recommendation 9: An EHC Employee Passport should be developed and piloted to assess their suitability and usefulness for supporting young people with chronic conditions to transition into, and remain in employment.

Currently the EHC plan ends when a young person transitions to university or employment, and this can mean that valuable information for future employers about what works in supporting the individual's needs as an employee with a health condition or disability is lost. Piloting an 'employee passport' scheme linked to the EHC plan would allow consistency of support to continue after education.

Recommendation 10: All CAMHS and AMHS teams should have dedicated transition teams in place.

Improving the transition from CAMHS to AMHS is important, so that young people do not fall through the gap in mental health services during this critical transitory period. Currently, less than a quarter of CAMHS services have transition teams. We therefore recommend that all CAMHS and AMHS teams have dedicated transition teams to provide consistent and dedicated treatment.

Recommendation 11: A programme of pilots should be developed to explore the suitability and efficacy of EIP and IPS-type services for a range of chronic health conditions.

IPS has shown significant social and financial benefits in relation to psychosis, and we suggest that there is scope to extend this approach to other conditions. We recommend a series of pilots to evaluate the feasibility and utility of this approach in relation to other mental and physical health conditions.



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