



Department  
for Work &  
Pensions

# Residential Training Provision – Independent Advisory Panel Report

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July 2013

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# Section 1: Executive summary of Recommendations for Residential Training Provision

**Note: The purpose of this report is to review Residential Training (RT) Provision and not the current Residential Training providers (known collectively as Residential Training Colleges).**

**In this report, the term Residential Training has been used to encompass a potentially wider training offer that could comprise residential and non-residential training, and other options including on-line and distance support.**

**If the provision continues following this review it will be subjected to an open competition to tender for contracts for provision post August 31<sup>st</sup> 2014.**

The Independent Advisory Panel was set up in August 2012 to review DWP funded Residential Training Provision, by the then Minister for Disabled People, Maria Miller.

The panel's aim is to make recommendations following Liz Sayce's review of employment programmes, "Getting in, staying in and getting on"<sup>1</sup> on the way forward for the delivery of services provided by Residential Training providers.

Considerations of the panel included:

- Residential Training's unique employment support offer and its role into the future;
- How government support should evolve to reflect the Sayce recommendations;
- How to address the issues of transition, sustainability, retention of expertise and geographical variations.

Although the primary focus of the panel's work has been to review the provision of what is often referred to as specialist disability employment training as delivered by Residential Training providers, the panel has been mindful of other DWP programmes such as Work Choice and Work Programme and note the disappointing statistics published recently.

The panel are keen to see some robust analysis of the outcomes and outputs of the Work Programme and Work Choice against the initial expectations and the learning accounted for in the forthcoming Disability Employment Strategy.

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<sup>1</sup> <http://www.rcpsych.ac.uk/pdf/DWPpreport.pdf>

## **1.1 How did the panel work?**

The panel first met on October 1<sup>st</sup> 2012 and our final meeting took place on Monday 25<sup>th</sup> March 2013. A total of 8 panel meetings have taken place. Two of these meetings were held at Residential Training College (RTC) premises with representatives from the current RT providers to provide input to the panel's work and to share their views, ideas and opinions as well as their concerns. The panel also visited all 9 of the RT providers in England as part of our research. During these visits, the panel met with staff, trainees and governors and viewed the work of the RT providers at first hand. We also sought evidence and data from DWP on a range of issues.

Paragraphs 1.2 to 1.8 provide an overview of some of our key messages to DWP. The full report goes into our findings in further depth.

## **1.2 Given the costly and segregated nature of the provision, is there still a case for Residential Training Provision?**

The panel came across strong and compelling evidence that significant numbers of people receiving residential training provision have benefited from the service. In particular the panel saw that those who benefit do so through the exposure to:

- The holistic and intense nature of the support that residential training provides;
- The opportunity to “think new thoughts” about their life chances and their ability to work, especially when they are able to discuss and network solutions with their contemporaries i.e. other disabled people looking for work;
- New ways of learning and managing newly acquired health conditions especially when the impairment requires the acquisition of a new skill in order to participate in learning and employment and where the learning of that skill is best done intensively and impacts every area of their life including practical living skills as well as soft-skill development as a pre-cursor to work.

The panel therefore conclude that to date significant numbers of disabled people have directly benefited from the holistic and intense nature of the Residential Training offer.

## **1.3 Should the provision be residential or day or a mix?**

Although many trainees find a day offer most helpful in meeting their needs, some find the residential element valuable. There are a number of reasons for this, including:

- The peer support and development that can come from being with other disabled people;

- Being away from a home setting which may not be particularly supportive for reasons as diverse as over-protection, not yet suitably adapted home environment, stressful home circumstances etc;
- Being able to develop life-skills linked to employment, such as time keeping or workplace related communication skills;
- Being able to develop other skills that will support their ability to retain employment. The case for acquisition of these skills, based on the testimonials of the recipients themselves, seems to be the intensity of learning with others, especially when the impairment has been acquired late in life and/or under dramatic circumstances (though not exclusively).

The panel has not been able to report on the exact likely markets that exist for residential or day training, but would strongly suggest that currently there is a case for both. It is recommended that DWP conducts further work with existing residential training providers and suppliers/providers for the Work Programme and Work Choice to determine the likely markets.

#### **1.4 Should the provision be focused on specific impairment groups or “pan impairment”?**

The Residential Training providers all have a different ‘history’ with regard to how they were set up, their governing instruments, the range of courses and services that they offer, the ‘typical’ clientele group. The majority provide the provision they do as a direct result of plugging gaps in state provision and the pace and pattern of change in how British people perceive of the value of disabled talent.

Five colleges support disabled people with different impairments. Three colleges support people with visual impairments. One college supports people who are deaf.

The panel were not asked to draw conclusions about whether DWP should make commissioning decisions with regard to the appropriate balance between provision for specific impairment groups and pan impairment provision.

However, the panel would suggest that DWP take account of the following facts when considering commissioning criteria:

- In the vast majority of cases, the type and severity of a person’s impairment/health condition has little bearing on their ability to secure and sustain employment and assumptions should not be made about a persons ability to secure sustained employment as a result of impairment/condition;
- There is significant evidence that suggests some impairment groups experience more barriers to finding work e.g. people with significant learning difficulties (10% employment rate), people with mental health issues, phobia, panics, nervous disorders (14% employment rate) and depression, nerves/anxiety – (33% employment rate);
- Access to learning and development for some disabled people can sometimes require the new acquisition of hard skills [such as communication skills] and many

disabled people with sensory impairments chose to learn communication methods not easily obtainable from some Work Programme and Work Choice providers.

- The costs of specific equipment, costs to deliver training and support to some disabled people are significant and need to be met by any provider delivering such training.

## 1.5 Consideration of the market and volumes

The panel has not been able to secure information about the optimum market for such provision and recommends that DWP do further statistical work to determine the appropriate volume.

Current RT providers have consistently told us that referrals have significantly decreased recently, in particular over the last year. The panel therefore recommend that DWP explores the options to exploit the existing provision and encourages existing providers to market the Residential Training offer, to help disabled people into work.

During the visits, all of the current providers and trainees talked of the “uniqueness” of the RT offer and the benefits that the intensity of training gave to trainees. Many trainees had other issues aside from their impairment/health condition and RT providers gave them the opportunity to concentrate on their training away from outside barriers. The providers offer a holistic approach to finding employment which the panel believe is not yet replicated elsewhere.

Aside from the vocational aspect of the training they offered, providers and trainees told us about how trainees benefited from the support that they gave in terms of daily living and /or independent living skills. This could include a wide range of activities that enable someone to have greater autonomy and control over their life. For example, shopping, cooking and other household tasks, personal care, managing your own support (directing a personal assistant/carer for example), budgeting and money management. For some newly disabled people, or those with a degenerative, fluctuating condition, these skills will need to be re-learnt or adapted, and without them they may find themselves at significant disadvantage to others competing for limited work options.

Their views were broadly in keeping with many of those outlined in the independent report on RT providers provided to DWP in 2007 <sup>2</sup>.

As part of the panel’s work, Disability Employment Advisors (DEAs) and Work Choice providers were approached and interviewed.

The panel have considered RT provision in the context of “Fulfilling Potential: The Discussions So Far” and “Fulfilling Potential Next Steps” <sup>3</sup>.

The panel are of the opinion that the employment rate gap between non-disabled and disabled people is too great (46% of disabled people are in employment compared to

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<sup>2</sup> <http://statistics.dwp.gov.uk/asd/asd5/rports2007-2008/rrep448.pdf>

<sup>3</sup> <http://odi.dwp.gov.uk/docs/fulfilling-potential/fulfilling-potential-discussion-so-far.pdf>

76% of non-disabled people). The panel note that DWP is developing a disability employment strategy alongside the new disability strategy and that this will look at the current landscape of disability employment provision and how best to support people with an impairment/health condition to get into, stay and progress into work.

The panel recommend that DWP consider the emerging findings in this report against a review of Work Programme, Work Choice, and the recent review of Access to Work. Any changes to Residential Training provision will need to be considered in that wider context and the likely work to determine markets in each of these areas.

## **1.6 Payment structure/balance of risk**

Because of the uniqueness of the RT offer, in particular the intensity of the training provided and the opportunity for trainees to concentrate on vocational training away from possible outside influencing factors, we recommend that DWP continues to support this type of facility. The panel came across no reason why at present such provision should be significantly reduced or stopped altogether. This view is balanced with some remaining unease from panel members with some aspects of the segregated nature of the provision which, in the main should be avoided and is not entirely aligned to the overall view of disabled people themselves.

However, there are real examples of disabled people who are helped substantially to secure mainstream jobs with employers via this provision, and to do so from a strong platform of support and practical help to accommodate significant lifestyle changes that come with disability and impairment.

## **1.7 Further work on cost / benefit analysis**

There have been severe limitations in the panel's deliberations with regard to scale, scope, geographical provision, the case for expansion. Our recommendations are therefore limited and it is recommended that DWP does further analysis. These limitations come from:

- A lack of DWP comparative data with regard to outcomes for disabled people across all of the support mechanisms available;
- Limited information with regard to cost benefit analysis;
- Inconsistent methods across work programmes regarding definition of disability and or outcomes reached.

The panel therefore strongly recommend that their initial findings be subject to more detailed work on feasibility and a cost benefit analysis. The panel are mindful and supportive of the need to ensure that the analysis regarding cost / benefits to disabled people is conducted in a way that provides value for money.

Of the analysis the panel was able to conduct, it can be seen that of the spend DWP makes, the RT provision is delivering a net loss to the department. However, this is based on job outcomes alone. The panel has not been able to quantify other benefits such as:



- Qualifications secured during the provision and the subsequent appetite to want to continue to learn and succeed;
- The acquisition of additional skills (often referred to as daily living and/or independent living skills), which can help people, move closer to the jobs market more swiftly than if people remain at home with limited training and provision;
- The effects of intense networking and support from other disabled people that in some cases boosts confidence and morale and where on-going alumni networks help people sustain their appetite for employment beyond the lifetime of the course.

Currently the panel take the view that RT provision should be seen in the context of whether many of those helped by the provision would get the same assistance elsewhere and believe that until there is some capacity building and skills sharing amongst providers, currently in many cases they would not.

## **1.8 The future commissioning options for DWP**

The panel have been able to deliberate on some of the options that exist for DWP in their commissioning, as well as the existing Residential Training providers in how they gear up for potential change. These options are not mutually exclusive and nor are they exhaustive. They should all be explored further in future discussions, and as part of usual 'business as usual' discussions in how DWP monitors and scrutinises outcomes and outputs from Residential Training providers.

The panel considers that the provision can be improved in the following ways:

- 1) Increase numbers that use the residential element including reaching out to non-disabled people who are long term unemployed and would specifically benefit from the provision e.g. they would benefit from a holistic and intense approach. It could be more cost effective to increase numbers of RT trainees, as the unit cost of provision would then be driven down. However, costs overall may rise as an increase in referrals and trainees and a corresponding increase in successful job outcomes would attract extra payments.
- 2) Take more people from within daily travel distance i.e. non-residential based training. Increase direct referrals to RT (e.g. not last resort) and develop better links with other training programmes, including mainstream programmes (The Work Programme and Work Choice) so that people could move from one to the other with greater ease than currently.
- 3) Increase levels of remote support for people who cannot get to colleges or where they have family commitments that prevent the residential component - i.e. online resources/ mentoring/ social networking. This is an approach that could also apply to Work Programme and Work Choice providers. A further extension could be setting up satellite facilities in different parts of the country as has been done already by one of the current RT providers.

Again, it is recommended that DWP do significantly more work on the cost/benefit analysis and that each of the themes of the report are explored in much more depth.

The report that follows is based on specific recommendations around the following themes:

- referrals
- funding
- geography
- partnerships
- sustainability.

## **Recommendations**

<b>Recommendation 1</b>	DWP to revisit and re-define the criteria for those people who, in their view, would be able to benefit most from Residential Training Provision.
<b>Recommendation 2</b>	DWP to provide all new and existing Job Centre Plus (JCP) staff with universal training to enable them to better identify and support people who face significant barriers to work.
<b>Recommendation 3</b>	DWP to enable other staff in addition to DEAs to make referrals to Residential Training providers and increase awareness of RT within the organisation.
<b>Recommendation 4</b>	DWP to change the process for assessing clients for referrals to Residential Training providers and other specialist employment training to ensure that the right provision is secured the first time.
<b>Recommendation 5</b>	DWP should ensure that the DEA role is changed to require more active case management of clients who have been referred to Residential Training providers, in the context of the forthcoming Disability Employment Strategy.
<b>Recommendation 6</b>	DWP to create an internal network/support group to share and cascade knowledge and best practice within DWP in terms of RT providers.

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<p><b>Recommendation 7</b></p>	<p>DWP continues to work with and support Residential Training providers to integrate the provision with other specialist employment training programmes to form part of the overall “DWP offer” to unemployed disabled people. Performance measurement criterion should be based on:</p> <p>Supporting disabled people into work through the provision of vocational training and work focussed skills development.</p> <p>Moving disabled people with significant barriers to work closer to the labour market through the provision of vocational training and work focussed skills development and personal development that improves their confidence.</p> <p>The disabled person experience of the support received.</p>
<p><b>Recommendation 8</b></p>	<p>DWP should work with other Government Departments – in particular the Department for Business, Innovation &amp; Skills (BIS) – to consider moving towards a more outcome based funding model for RT provision, for example BIS funding qualifications.</p>
<p><b>Recommendation 9</b></p>	<p>DWP contracts should require that, Residential Training providers recognise and respond to the need for greater geographical reach in the provision they provide and the need for greater and more effective partnership in achieving this goal.</p>
<p><b>Recommendation 10</b></p>	<p>DWP should encourage RT providers to seek and sustain partnerships with a greater range of relevant stakeholders, including local mainstream learning providers, employers, support agencies and others. RT providers should use their partnerships to extend their offer to include a wider range of vocational options and where need dictates, promote access to mainstream provision where this will enable trainees to achieve their individual goals, including (where appropriate) qualifications.</p>
<p><b>Recommendation 11</b></p>	<p>DWP should facilitate a cross-government approach to Residential Training provision, working together with other government departments to ensure good training provision for disabled people across the piece and ensure the best use of public funds.</p>
<p><b>Recommendation 12</b></p>	<p>DWP should encourage Residential Training providers to align themselves with other employment provision such as Work Choice and The Work Programme depending on the outcome of those reviews and to stimulate such alignment.</p>

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<b>Recommendation 13</b>	When contracting with Residential Training providers, DWP should ensure that emerging job market trends and vocational need inform provision and that this can be demonstrated in the training that they provide.
<b>Recommendation 14</b>	DWP should extend the provision to some long term unemployed non disabled people who would specifically benefit from the intensity of provision and holistic approach that residential training can provide.
<b>Recommendation 15</b>	DWP should work with Residential Training providers and referral staff to increase the equality of access to residential training.

# Section 2: Introduction

## Background

The Residential Training offer has been instrumental in helping some disabled people into employment and also to manage their day to day lives.

RT providers offer specialist disability employment training provision to people with an impairment/health condition with the most significant barriers to work. The Department for Work and Pensions (DWP) and its predecessors has been using RT services since at least 1985.

The origin of the RT provider network is varied. Some were established for the purpose of rehabilitating disabled war veterans, some set up as charitable foundations before the Second World War, and others established as schools for disabled children and subsequently developed into training centres for disabled adults.

DWP currently has contracts with 9 RT providers. The table below lists the RT providers, their location and the type of impairment which they focus on:

RTC	Location	Region	Disability Type
Queen Elizabeth's Foundation for Disabled People	Leatherhead	South East	Pan Impairment
Doncaster College for the Deaf	Doncaster	Yorks & Humber	Hearing Impairment
Finchale Training College	Durham	North East	Pan Impairment
Queen Alexandra College	Birmingham	West Midlands	Visual Impairment
Royal National College for the Blind	Hereford	West Midlands	Visual Impairment
RNIB College	Loughborough	East Midlands	Visual Impairment
Portland College	Mansfield	East Midlands	Pan Impairment
Enham	Andover	South East	Pan Impairment
St. Loye's Foundation	Exeter	South West – but with facilities in the North West (Warrington) and Wales (Cardiff).	Pan Impairment

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There are no RT providers based in North West England, Scotland or Wales. However, one of the colleges has recently established “satellite” facilities – one in Wales (Cardiff) and one in the North West of England (Warrington).

With regard to Scotland, several years ago the Scottish Government undertook a feasibility study regarding the setting up of a Residential Training centre. However, they came to the conclusion that there was insufficient demand for such a centre, although Job Centre Plus offices in Scotland do refer a small number of trainees to RT providers in England.

The courses that the colleges offer vary between providers, but typically offer qualifications in anything from massage to fork-lift driving, joinery and accounting. The duration of the courses vary, the average length being 35 weeks. However, each college offers different types of courses covering differing durations – and all let individuals work at a pace that is right for them - so it is hard to generalise the provision.

RT provider contracts are managed/administered by DWPs Contracted Customer Services Directorate. Each RT provider has a dedicated Performance Manager, who monitors the college’s performance against agreed contract outcomes. Contracts are standardised, although numbers of outcomes differ between each RT provider and the colleges submit monthly Management Information (MI) returns to DWP.

Up until 2010, RT provision was administrated/managed by the Residential Training Unit, which was part of (the now defunct) Government Office North East (GONE). The contracts that were drawn up with the colleges were bespoke – with college strengths being reflected in particular categories of outcomes. There was also a tendency by GONE to re-evaluate outcomes as the period of the contract went on, so that numbers of less successfully performing outcome categories were reduced and the more successful ones increased. However, this changed when the management of the RTC contracts was transferred to DWP and now categories of outcome are negotiated in advance of each financial year and are not subject to re-negotiation or change during the course of the contract tenure.

RT providers are independent organisations and do not fall under the direct control of government. Consequently, colleges have the freedom to develop their services without recourse to government. All of the RT providers are registered charities or part of a larger parent charity.

The funding that DWP provides accounts for a proportion of each RT provider’s overall annual funding. Two of them – Finchale College and St. Loye’s - are significantly more reliant on this funding than the others.

In 2009/10, DWP supported around 840 people in residential training, a very small number compared to the 110,000 disabled people, identified by the Labour Force Survey (LFS), in Further Education. The training led to around 230 job outcomes, of which two thirds were sustained at six months, at a (then) cost of £18 million a year. These were the last publicly available figures in 2010/11.

More recent (unpublished) figures for 2011/12 show around 850 starts on RT, from a wide mix of age groups. These are taken from around 1100 referrals. From this, there were 317 job outcomes achieved at a cost of (approx) £49k per job.

From the 317 job outcomes achieved through residential training, 253 of these were sustained outcomes, meaning that the trainee was in employment for at least 13 weeks in the 26 week period after leaving their RT programme (29% of RT starts).

For illustrative purposes, the Work Choice figures for 2011/12 were 17,190 referrals which resulted in 12,750 starts (74%), from which 5,660 (44%) people achieved job outcomes.

In terms of the job outcomes to starters ratio, the numbers are pretty good, around 1 in 3 find employment - a similar ratio to Work Choice - of which over 70% are sustained, again, similar to Work Choice.

In terms of unit costs, based on Shaw Trust data (as the largest Work Choice provider), Work Choice had an average unit cost of just under £30,000 per paid outcome in 2011/12.

The budget for RT provision is ring fenced and does not fall to Jobcentre Plus District Managers. Residential Training is also small in comparison to the number of disabled people who receive specialist disability employment support. Theoretically, only disabled people experiencing the most complex barriers to employment are referred to RT providers by Jobcentre Plus Disability Employment Advisers (DEAs).

## Review of Residential Training Provision

In December 2010 the Government asked Liz Sayce to review specialist disability employment provision. Her report "*Getting In, Staying In and Getting On*" was published in June 2011.

The review contained the following recommendations regarding RT Provision:

- The Department should not directly fund Residential Training as a distinct facilities-based programme. RT providers should be encouraged to seek funding from a wider range of sources, including the Skills Funding Agency, and Work Choice and Work Programme providers funded by the Department. Colleges should be supported by the Department to make this transition.
- The Department should use the budget currently allocated to funding Residential Training to open-up opportunities for work experience, including internships, work placements and on-the-job learning.
- The Department should encourage RT providers to explore options for:
  - developing as centres of excellence and sharing their expertise on accessibility, learning, employment, independent living skills, and adaptation to impairment through partnership working with Further Education and training providers, the National Health Service commissioning board and local authorities; and
  - adapting their provision and seeking new opportunities to operate directly in provider markets including: – education and training;

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- welfare-to-work;
- independent living and adaptation to acquired impairments;
- advising on accessibility; and – diversity training and workforce development.

The then Minister for Disabled People (Maria Miller) told the existing RT providers of her intention to set up a panel to review and determine specialist employability training for disabled people, when she met with their representatives at Portland College on June 21<sup>st</sup> 2012. The aim of the panel is to make recommendations following the Sayce review to the Government on the way forward for the services provided by RT suppliers, post August 2014.

The panel were tasked with undertaking analysis of the provision and training that Residential Training provides and its effectiveness for their consumers. We also considered recommendations made by the current RT providers themselves about future provision, in reply to the Government's published response to the Liz Sayce review and have taken account of all of these things in our recommendations.



# Section 3: Themes

## 3.1 Referrals

### Recommendation 1

**DWP to revisit and re-define the criteria for those people who, in their view, would be able to benefit most from Residential Training Provision.**

Candidates for Residential Training are referred to the current RT providers by Disability Employment Advisors (DEAs). DEAs have told the panel that they refer to RT providers on a case by case basis and often when other provision has failed. They have said that they tend to refer “harder to help” candidates. All were unable to provide a detailed and coherent explanation as to why RT provision was a better option than other available provision.

The current DWP eligibility criteria for being referred to a Residential Training course are as follows:

“Residential Training is intended to help long term unemployed adults with disabilities , particularly those at risk from exclusion from the job market, to secure and sustain employment or self employment through an individually tailored combination of guidance, learning in the workplace, work experience, training and approved qualifications. This will include helping Participants to overcome barriers to enable them to secure employment that is expected to last at least 13 weeks. In addition, in work support must be provided both to individuals and employers to ensure that the work is sustained. Residential Training is not designed to train a Participant to the highest level available in their chosen vocation, but to equip an individual with the skills and knowledge that enable them to obtain and sustain employment.”

The criteria above are broad and mirror that of the eligibility criteria for referring candidates to the Work Choice programme and some candidates who would benefit from Residential Training are referred to a specialist employment training that is not suitable for their need and requirements.

The panel recommends that the definition of those who are referred to Residential Training provision should be revisited and better defined. In addition this could be widened to include those non-disabled people who face the most significant barriers to work who would specifically benefit from the RT offer (see recommendation 14). A suggestion for a definition is outlined at the end of this section.

Further work needs to be undertaken by DWP to progress this.

**Possible criterion for those customers that are likely to benefit from Residential Training provision:**

The client group could be defined as adults of working age who could become capable of employment or self employment within 12 months, only if they received substantial, specialist training. They would need to demonstrate:

- A commitment to achieving employment or self employment
- A background level of skills and experience whereby this could be achievable within 12 months
- The ability, experience and personal circumstances to benefit from a substantial programme of training
- One or more of the following:
  - Newly disabled;
  - A significant change in the level or impact of their impairment within the last 3 years;
  - A substantial gap in skills and experience needed for realistically available employment.

## **Recommendation 2**

**DWP to provide all new and existing Job Centre Plus (JCP) staff with training to enable them to better identify and support disabled people who face significant barriers to work.**

From interviews with DEAs it is clear that not all JCP clients who have an impairment/health condition are being referred to them. Often their needs and requirements are not identified by frontline Personal Advisors (who do not have the benefit of DEA training) and they are entered into the Work Programme, which sometimes turns out to be less than suitable for them.

During the panel's interviews with RT trainees, we have been told by some of the interviewees that they themselves had to suggest the college to their DEA as an option for receiving specialist employment training. Also, some trainees have told the panel that their DEA was not aware of RT providers and what they were in terms of specialist employment training.

The panel have raised this with JCP and they provided us with the following response:

“The DEA helps disabled customers facing a complex employment situation, to identify what is required to enable the customer to move themselves into or closer to work, in their local area. DEA training covers the disability specific programmes, including Residential Training, and is aimed specifically at those individuals whose needs cannot be met locally through other government work-related programmes. DEAs are directed to the college web-sites, to find out more about the colleges and what they can offer, during their training. They are also advised that all colleges actively promote contact with DEAs.

We do also recognise that the resource picture can be challenging and that workforce fluidity needs to meet an ever changing labour market. It is therefore important that we maintain a suitable level of resource and certainly, there has been no change in impetus around the function to support disabled people. However, we will explore what more we can do about improving the knowledge, around Residential Training Colleges, with colleagues.”

The panel suggest that providing training of this type to all new and existing JCP staff would enable them to better support disabled people who face significant barriers to work and who would benefit from specialist disability employment training. This could include person centred planning and information about the range of service providers – including RT providers – and the support on offer to them.

More work would need to be carried out by DWP in terms of training and resources as well as where responsibility and accountability sits, to examine the feasibility of this proposal.

### **Recommendation 3**

#### **DWP to enable other staff in addition to DEAs to make referrals to Residential Training providers and increase awareness of RT within the organisation.**

The current RT providers maintain that they are not receiving sufficient numbers of referral candidates to choose from in terms of whom they take for training (the colleges themselves make the final decisions as to who attends their courses) and that an increase of referrals would widen this and enable them to fully populate their courses, thus increasing cost effectiveness.

The providers have told the panel that they have experienced a major reduction in referrals from DEAs over the past year - 40 to 50%. The panel have examined the available referral figures for the period April 2012 to end of January 2013 and compared them to the same period for the 2011/12 year and found that most (but not all) of the colleges have experienced a fall in numbers to varying degrees ranging from 10% to 42%, averaging 25%. We understand that there is work going on within DWP to understand the reasons for this.

From the panel’s discussions with DEAs, we found that there were variations in the reasons for referral to a RT provider. The decision to make a referral is subjective – based upon interviews that a DEA will conduct with a potential candidate over a period of time. The DEA will then decide on an individual basis if referral to RT – and working in partnership with the disabled person - is the best course of action to help the customer move into and remain in employment, as they (the disabled person), are best placed to understand and articulate their requirements in terms of training and care.

There is guidance available to DEAs, but the variations in the practice of RT referrals meant that some Job Centre Plus areas were more willing/likely to make RT referrals. Often, RT referrals are more likely to happen in areas where a Residential Training College is located or is within daily travelling distance.

The current RT providers view Disability Employment Advisors as the “gatekeepers” in terms of referrals, as they alone can refer a person to a residential training college – a situation that they believe is limiting.

The panel agree that the current route of referral is too narrow – and we recommend that other DWP staff should be able to make referrals although DWP will need to consider how they can ensure the “appropriateness” of the referrals.

The panel also considered the question of allowing referrals to RT providers from other agencies - as is the case with Work Choice – known as Statutory Referral Organisations (e.g. Local Authorities, Primary Care Trusts, and Disability Organisations). However, we are aware that the numbers of referrals made to Work Choice by these organisations only accounts for 7% of total Work Choice referrals, so DWP would need to consider the value and/or appropriateness in using this as a referral route and whether numbers could be increased and how such organisations would be funded.

However, there are several disability organisations that would wish to be involved in this process, who do not have a sufficient understanding of the RT offer and the mechanics of the referral process. This may lead to confusion and in some cases, unnecessarily raise the expectations of people who might wish to access RT provision, but then find that that they are unable to do so.

DWP might – in the future - wish to investigate the possibility of allowing other agencies to make referrals to RT providers. However, DWP need to be mindful that allowing referrals from other sources would need to be part of any Departmental performance management and compliance monitoring process and would need to consider further how this would work in practice.

Consideration should be given as to whether self –referrals might be an option. This is a process that is currently being used by the Troubled Families initiative, which is managed by DWPs European Social Fund Team. This would involve allowing the RT providers to self-refer potential clients, but DEA referrals would still take priority. The panel understand that DWP are considering this.

### **Recommendation 4**

**DWP to change the process for assessing clients for referrals to Residential Training providers and other specialist employment training to ensure that the right provision is secured the first time.**

In interviews with DEAs, the panel asked them why they would make a referral to a RT provider. They stated that it depended upon the person and their individual circumstances. There were no criteria that they could point to, but they did mention that for some clients, Residential Training was seen as a “last resort” because of the commitment involved, the residential element and geographical location of the colleges, as they had not benefited from other programmes.

This appears to be borne out by current DEA guidance on RT referrals which states that:

“Residential Training should only be used for those customers for whom all other attempts at securing employment have been unsuccessful”.

The panel suggest that this could result in significant spend even prior to the candidate reaching the RT provision. In addition, the panel recommend that DWP should consider how DEAs can “get it right first time” in terms of referrals. This would be beneficial to clients as:

- DWP would save costs by developing a better understanding of the pros and cons of different types of provision available and the suitability of training for different candidates;
- Candidates would get the most appropriate training at the earliest possible opportunity, wasting less of their time in sampling different training as well as missing out on future income-earning opportunities.
- They can avoid the potential stigma of being seen as having “failed” other programmes and arriving at a RT provider as a “last resort”.

There would be a direct cost benefit to DWP, in a client being referred to the most appropriate training, in the first instance - even if it is more expensive - instead of taking part in several other programmes prior to this, where costs would be incurred.

## **Recommendation 5**

**DWP should ensure that the DEA role, is changed to require more active case management of clients who have been referred to Residential Training providers, in the context of the forthcoming Disability Employment Strategy.**

As the current single avenue of referral, it is appropriate for DEAs to have a more active case management role with regard to clients who have been referred to RT providers. From interviews with DEAs and RT trainees, the panel has found that in some situations once a client has been referred to a college there is sometimes little or no contact with the DEA, until that client has finished their course. Potentially, some DEAs would only have contact with the client during the course if they are contacted by the college, or the client contacts the DEA themselves.

At least one example of good practice was found by the panel during a visit to one of the current RT providers, where the local DEAs regularly visited the provider to talk to their trainees and the provider about their progress.

We therefore recommend that DWP takes a fresh look at the current DEA role in the context of the Disability Employment Strategy to ensure a more consistently active approach to case management.

DWP should investigate the feasibility of this, particularly in terms of resource, training and financial implications as well as the responsibility and accountability. This could be extended to other JCP staff in the light of our other recommendations.

## Recommendation 6

**DWP to create an internal network/support group to share and cascade knowledge and best practice within the organisation in terms of specialist disability employment training, particularly in light of the forthcoming Disability Employment Strategy.**

From panel interviews with DEAs, there are limited vehicles and opportunities for them to share professional knowledge, awareness and best practice about RT and the providers with their counterparts on a national basis. As a result there are different levels of RT awareness and referrals in different regions of England, Scotland and Wales. Referral history by location shows that the RT colleges' trainees overwhelmingly are referred by DEAs from their own or nearby locations.

The panel recommends that an internal network/support group should be established to share and cascade knowledge and best practice within DWP in terms of supporting disabled people into work.

## 3.2 Funding

### Recommendation 7

**DWP continues to work with and support Residential Training providers to integrate the provision with other specialist employment training programmes to form part of the overall “DWP offer” to unemployed disabled people. Performance measurement criterion should be based on:**

- **Supporting disabled people into work through the provision of vocational training and work focussed skills development.**
- **Moving disabled people with significant barriers to work closer to the labour market through the provision of vocational training and work focussed skills development and personal development that improves their confidence.**
- **The disabled person experience of the support received.**

One of the recommendations relating to the current RT providers in the Liz Sayce review was that DWP should not directly fund Residential Training as a distinct facilities-based programme. The panel are of the view that at present there is still a requirement for the training provision that the current RT providers deliver – particularly in the unique quality of intense period of person centred training combining vocational training and additional skills development. However, DWP should explore ways of integrating better RT provision with other specialist employment training programmes – The Work Programme and Work Choice – as part of the overall “DWP offer” to unemployed disabled people (see section 3.4: Partnerships). This needs to be considered in the context of the developing work on the disability employment strategy.

Currently performance measurement of RT providers is based on the numbers of job outcomes that they achieve, based on a contract negotiated between the provider and DWP.

During the review the panel found that although the basis of the provision that RT provides is employment focussed, there is real value in the supplementary provision of the teaching of independent living skills, work focussed skills (e.g. interview skills, job search, CV/application writing) and personal development to improve confidence, which help trainees to overcome significant barriers to employment.

While the panel acknowledges the value of teaching a range of additional skills to RT trainees, they must be linked to work focussed skills development which is more useful in helping them to secure employment.

As in section 3.1 of this report, there is a view that Residential Training is beneficial to those who are “hardest to help” in terms of overcoming significant barriers to employment. There is recognition that although employment training is the primary focus of RT courses, some of those who attend benefit from intense training that supports them to move closer to the labour market.

The panel recommends that a RT provider’s performance measurement is now judged on the three outcomes contained in this recommendation, which includes recognition of moving closer to joining the labour market and a measurement of the disabled person’s experience.

These proposed measurements are important as they will help to determine what it is that DWP would want to buy in terms of RT provision in the future and whether RT can meet these criteria and be effective in helping disabled people into employment.

## **Recommendation 8**

**DWP should work with other Government Departments – in particular, the Department for Business, Innovation & Skills (BIS) – to consider moving towards a more outcome based funding model for RT provision, for example BIS funding qualifications.**

The current RT funding model is as follows:

Each of the current RT providers negotiate on an annual basis with DWP as to how many people they can accept for training and are paid an (monthly upfront) amount of money for a service fee (averaging 75% of the contract value), with separate payments for outcomes (15% of contract value) and, for some colleges, 10% to cover assessments, starts, qualifications and sustainment (where payments are made up to 26 weeks after they have started work to encourage long-term employment). The 2007 report criticises this funding model as it incentivises starts and occupancy rather than job outcomes.

The panel found that current RT providers would be in favour of moving towards a more job outcome based (including self-employment) payment model – funded by DWP on a sliding scale relating to numbers – as it would incentivise the providers to deliver training at a more attractive unit cost, as they would need to achieve more job

outcomes to make up for any shortfalls in core funding, the reliance upon which would be removed.

They favour a payment model that does not include payments by DWP for qualifications, but moves more towards outcome payments for jobs obtained. Payments for qualifications should attract outcome payments from the Department of Business, Innovation and Skills (BIS). BIS are aware of this proposal.

It should be noted that not all of the current RT providers are paid for qualifications that trainees obtain whilst they are undertaking their training. Targets and payments for qualifications are negotiated with RT providers prior to the new financial year and are contained in DWP, RT contracts. The monies that are paid to current RT providers vary. Payments made are for work based, NVQ/SVQ, qualifications.

The panel agrees that a move to more of a cross-government approach could be considered but could impact upon the devolved administrations of Scotland and Wales, specifically in relation to the suggestion of BIS funding qualifications. Further work would be needed on this area.

RT providers have also put forward the suggestion that “rapid” job finding should be incentivised to reduce the average length of time spent in employability training and that an enhanced sliding scale of reward payments should be considered. They also recommend that payments for jobs sustained should be increased to avoid the “any job” scenario. However, care needs to be taken to ensure that more people who need high levels of support are not disadvantaged as they are likely to take longer to help into work and the panel supports this approach.

The panel agree that the funding model should move much more towards outcome based funding. However, funding should be “person centred”. Payment could consist of “staged” payments made at certain points throughout a trainee’s progress through their RT course (e.g. when they have finished a particular module of course work). This could incentivise the colleges to progress trainees through their courses and give more assistance to them in finding employment.

We are aware that should DWP continue to fund this provision that contracts will need to be competed on the open market and we suggest that the department takes account of our recommendations in developing a funding model.

## 3.3 Geography

### **Recommendation 9**

**DWP contracts should require that, Residential Training providers recognise and respond to the need for greater geographical reach in the provision they provide and the need for greater and more effective partnership in achieving this goal.**

All of the current RT providers have national contracts so can take referrals from across the country. In practice colleges tend mainly to take referrals from their own areas apart from those which cater for specific impairments.



The location of the providers is an accident of history, dating back to when they were founded and the reason for them being set up (e.g. to teach deaf schoolchildren, to re-train wounded and injured ex-servicemen), rather than a reflection of government or DWP strategy. Disability Employment Advisers in Job Centres in Scotland can refer clients to RT providers in England (there is no separate legislation/regulation in operation in that country), but DWP data on referral numbers from different JCP regions around the UK show very low numbers of RT referrals from Scotland in comparison to the rest of the UK (there were only 6 referrals to RT providers from Scottish Job Centre Plus offices in 2011/12).

It is essential that people across the UK have equal access to RT provision. There are various ways that this can be achieved, for example, much more use needs to be made of remote support, online resources, mentoring and social networking. The current RT Providers need to extend their reach to employers and DEAs/JCP staff outside of their own area and market their offer more widely. DWP could help to facilitate this by providing support to RT providers in terms of promotion of RT and helping to forge links with employers and training organisations/charities in local Job Centre Plus areas.

On the majority of RT courses, the providers offer work experience placements and try to ensure that these placements are within the trainee's home area. They all have links with employers and organisations across the country to facilitate this.

Using these arrangements as a framework, it may be possible for the colleges to increase their geographical spread by forming partnerships with training organisations, providers and employers in other parts of the country and we believe that RT providers should be doing more work in this area to extend their geographical coverage of the RT offer.

We are aware that should DWP continue to fund this provision that contracts will need to be competed on the open market and as part of this, the question of geographical coverage by RT provision will need to be addressed. Several suggestions have been discussed to try and define contract package areas for this provision (e.g. Job Centre Plus Regions), but further work would need to be done on this. However, this would be for DWP as the commissioning body to determine. RT providers are aware of this and should continue to note that securing future contracts is likely to rest (in part) on their ability to provide national coverage.

## 3.4 Partnerships

### Recommendation 10

**DWP should encourage RT providers to seek and sustain partnerships with a greater range of relevant stakeholders, including local mainstream learning providers, employers, support agencies and others. RT providers should use their partnerships to extend their offer to include a wider range of vocational options and where need dictates, promote access to mainstream provision**

**where this will enable trainees to achieve their individual goals, including (where appropriate) qualifications.**

There is limited evidence of joined up working with other colleges and providers outside of the RT network to help trainees get educational and vocational qualifications.

DWP should work with the providers to determine how this might be encouraged, specifically to consider how they might actively promote and support access to mainstream provision (both placement and course type). DWP should consider making this a requirement in future commissioning arrangements. The panel appreciate the challenge of doing so in terms of referring people to, in effect “competitors” of funding streams. However, they are not persuaded that the challenges are so great that it cannot or should not be done.

RT providers should use their partnerships to capacity build other providers by the two way sharing of good practice and experience. With reference to recommendation 6, the panel recommends that internal DWP network/support group could be used to facilitate these partnerships with relevant stakeholders and share good practice.

## **Recommendation 11**

**DWP should facilitate a cross-government approach to Residential Training provision, working together with other government departments to ensure good training provision for disabled people across the piece and ensure the best use of public funds.**

We recommend that DWP should work with other government departments to help support and promote the provision of specialist disability employment training and work focussed skills development as offered by RT providers. In particular, links should be made with BIS, MoD, DH and DfE to promote and raise awareness of the college’s profiles, as they are the government departments who have initiatives that might be served by RT provision.

It is worth noting that the 5 RT providers who are members of The Association of National Specialist Colleges (NATSPEC) already have DfE funded provision.

## **Recommendation 12**

**DWP should encourage Residential Training providers to align themselves with other employment provision such as Work Choice and The Work Programme depending on the outcome of those reviews and to stimulate such an alignment.**

The panel believes that there should be a greater integration between all of the specialist disability employment training programmes – Residential Training, Work Choice and Work Programme -and (potentially) other programmes to help long term unemployed people and those with long term health conditions.

Some RT providers have told us that they have previously acted as sub-contractors for Work Programme and Work Choice providers, but had not felt this was successful as there were issues around the numbers of clients referred by these programmes.

The different commercial bases that underpin each of these programmes may not align, which may introduce unworkable tension that makes integrated delivery impossible. However the panel suggest that DWP working with the current providers should better explore the options around integration of services.

Knowledge and skills exist within the RT providers that could be shared with other training providers and could engage/sub-contract with other local providers and the panel believes that RT providers should use their partnerships to capacity build by the two way sharing of good practice and experience.

RT providers could link with Work Choice providers to offer a range of specialist support.

Possible activities might be:

- Assessments – RT providers have established assessment processes;
- On-site Training to Work Choice/Work Programme providers;
- Remote support/on line support/mentoring/social networking for people who find it difficult to attend a Work Choice/Work Programme provider.

However, the panel believes that the onus is for RT providers to sell their products and expertise to providers, who will buy them in if they believe there is value for them and it makes commercial sense. DWP could help the providers from all programmes to explore these options.

### **Recommendation 13**

**When contracting with Residential Training providers, DWP should ensure that emerging job market trends and vocational need inform provision and that this can be demonstrated in the training that they provide.**

At a strategic level, partnerships could also be of a benefit in terms of “future proofing”, by looking at emerging trends in the job market and potentially tailoring vocational training courses to better meet requirements of employers and enhance trainee’s chances of finding employment.

The panel saw little evidence of a deep and sophisticated understanding of emerging markets and new opportunities from the Residential Training providers.

## 3.5 Sustainability

### Recommendation 14

**DWP should extend the offer of the provision to some long term unemployed, non-disabled people who would specifically benefit from the intensity of provision and holistic approach that Residential Training can provide.**

The 2007 DWP review of RT provision suggested disabled people face a number of issues when seeking work (for example) barriers created by employers, the workplace, the limited definition of “work”, inaccessible transport and non person centred approaches to support. If people have been out of the workplace for any length of time, they may lack confidence, particularly if they are also learning to manage a newly acquired impairment/health condition.

Recent trends show that more participants are those with learning impairments or mental health conditions or, as the colleges have cited, multiple barriers to work and who have not accessed RT provision.

There is potential to offer the type of support provided by current RT providers to a much wider group, particularly those people who have been unemployed for a long time who would benefit from an intense retraining programme.

The panel recognises that Residential Training is a costly option. However, we consider that this unique provision is only likely to be appropriate to a relatively small number of non-disabled people. As set out in the Executive Summary of this report, the wasted human potential experienced by many unemployed people, who have difficulty in accessing the labour market and finding employment has a social cost and ultimately a financial cost, so it is not a straightforward picture. We therefore consider that for this small group, DWP should seriously consider extending the provision of RT.

DWP will need to work with colleagues in other Government departments to determine how this might work. They will also need to work with internal colleagues to identify funding for any extension of eligibility. However, DWP would need to be mindful that there was no duplication of funding in addition to that which is currently available (and ring fenced) for specialist disability employment training.

The panel suggest that the development of an employment programme that provides consistent, individualised support that recognises and addresses the many barriers that exist and that prevent a wider range of people from accessing employment opportunities of their choice is necessary and that DWP should look at the feasibility of this.

The panel believe that sustainability can only happen with partnership working/capacity building/shared learning between employment support providers. Long term unemployed people who require additional support to find work should expect to get the support from a local provider who has the right level of expertise and resources to meet this need and this expectation can only be met through partnership working/capacity building and shared learning.

## Recommendation 15

### **DWP should work with Residential Training providers and referral staff to increase the equality of access to residential training.**

DWP contracts require RT providers to satisfy the department that they employ and operate equal opportunities and diversity policies which are in accordance with DWP's own. However, there is cause for concern about the student demographic profile and the under-representation of groups with differing protected characteristics. Some reasons for this include:

- RT providers can only accept trainees that are referred to them by DEAs and in particular in relation to race and gender demographics.
- Because many RT trainees tend to come from the area in which the provider is located, by and large the demographic profile of students reflects the local population. If the majority of that local population are white, British then that will be predominantly reflected in the RT provider's students.
- Women may find it more difficult to access RT provision particularly as a residential student, often because of family and childcare commitments.
- Some ethnic groups will not access RT provision, because of their cultural or religious attitudes to disability.
- Lack of culturally sensitive support services mean that some groups with protected characteristics will not access RT (this can be evidenced by work carried out by the Equalities National Council).

DEAs have similarly suggested that these are the reasons behind their lack of referrals of women and ethnic groups. Whilst further work would need to be undertaken, the panel feels that there are initiatives that RT providers could implement to address this issue:

- Offer part time training courses which would benefit those with family commitments;
- Offer courses to more people within daily travelling distance (thus removing the need to stay away from home and family for long periods of time);
- Offer courses that are a mix of on-line training and attendance at RT premises, where work/training modules are carried out at home and consolidated with visits to the provider on a weekly, fortnightly or monthly basis;
- DWP and RT providers to work to promote and explain the benefits of residential training to other cultural groups in order to encourage access.

Some RT providers have said that they are considering different ways of operating to make their courses attractive to a wider group of participants. St Loye's for instance, now offer courses in child care and social care on a part time basis in an attempt to attract more women trainees.

DEAs would be crucial in promoting these types of courses to disabled people and in considering them as a viable option to help a disabled person secure employment.

The forming of partnerships by RT providers to increase geographical spread might also help to attract trainees from these groups to access RT. As mentioned earlier,

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RT providers argue that the current make up of their student cohort is often a representation of the local population of where the provider is based.

Having trainees from other areas outside of the RT provider's locale access this provision might provide a more diverse candidate pool than that of the RT provider's local population. The adoption of distance and on-line learning methods might also improve the diversity of the candidate pool and in particular improve the rates of women, ethnic groups and other protected characteristics.

## Section 4: Conclusion

The panel found that RT provision is an important component of all the provisions made available by DWP to support disabled people to get in and stay in employment.

We hope that this report goes some way to explain some of the unique features of the RT provision.

RT provision is costly in terms of job outcomes achieved, however we saw no evidence that the provision does not offer valuable support to some disabled people, moreover in some cases it offers significant value and especially for those with significant barriers to employment and / or where additional skills need to be re-learnt as a result of the sudden and / or dramatic onset of some impairments.

The panel therefore conclude that at present there is still a need for Residential Training to be made available to disabled people as part of the DWP offer. Furthermore DWP should explore the possibility of extending some aspects of the provision to non-disabled people who might specifically benefit from the intensity of the package. Crucially the panel saw no evidence currently that would support a move to reduce RT provision in the UK.

This type of intense provision of employment training for disabled people:

- Is a valuable offering that in some case avoids the potential of wasting real talent that cannot be realised in other ways;
- Has already successfully supported significant numbers of disabled people who have difficulty in accessing the labour market and finding employment;
- Is one of the very few provisions that provide a service to people who require significant investment in order to secure employment;
- Reduces the risk of significant social cost that would result if some people could not access such provision. The social cost of unfulfilled lives would in most cases be borne by individual families whose own opportunities would be reduced by the requirement to support them thereby risking their own work potential;
- Supports some disabled people from valuable networking opportunities with other disabled people that they find essential as a way to sustain their commitment to finding work, independent living and the ongoing exposure to the soft bigotry of low expectation that many disabled people experience.

While the panel are mindful of the limitations of the RT provision outlined in full in this report, they are of the opinion that all can be addressed by both DWP as the commissioning agent and ultimately RT providers. There should be equal provision and access to provision throughout England, Scotland and Wales. Also, there should be a more joined up approach to working with other specialist disability and mainstream employment training programmes, in order to make sure that the most

appropriate training is available to disabled people at a local level at the earliest possible opportunity.

Our conclusions are:

- Residential Training has an important and continuing role to play in the provision of specialist disability employment training – especially in the use of their holistic approach and intensity of training delivery – but that they need to look towards breaking from location constraints and expand their geographical reach in order to facilitate wider delivery of their expertise.
- An extensive evolution of RT provision that is more outward looking and integrated more closely with other specialist and mainstream employment programmes, such as Work Choice and the Work Programme, bringing the intensity of the provision to a wider audience. RT providers must have the opportunity to extend their eligibility criteria to people who are not disabled, who may experience barriers to finding employment and would benefit from the training that they provide in a residential setting.
- The Government - through DWP – still has a role in supporting Residential Training and providing some funding. However, we agree with the Liz Sayce recommendation that RT providers should seek supplementary and/or alternative means of funding.
- More cross-government working must take place with regard to Residential Training, as other Government departments can support the work of the RT providers.
- DWP as commissioners must require RT providers to build the knowledge base of mainstream providers at both a local and national level, to support a more sustainable, person centred DWP offer.

In the document “Fulfilling Potential: The Discussion so Far”, disabled people interviewed stated that they wanted more access to skills and work related training. The combination of vocational training, work focussed training and additional skills training fit this requirement in order to help people into employment or at least nearer to the labour market. To summarise, the panel feel that at this moment in time RT provides unique and intensive training that enables disabled people to gain employment.

We very much hope that the Government will accept these recommendations. We also recognise, however, that some of the business processes and cultural changes underpinning our recommendations are substantial, and may require significant investment and time. It would be helpful, therefore, if the Government could give disabled people, employers and current and potential RT providers a clear indication of timescales, so that they can see the progress in modernising and improving the Residential Training offer.



# Annexe A: Liz Sayce's RT Recommendations

## Recommendation 1

The Department should not directly fund Residential Training as a distinct facilities-based programme. RT providers should be encouraged to seek funding from a range of sources including the Skills Funding Agency, and Work Choice and Work Programme providers funded by the Department. Colleges should be supported by the Department to make this transition.

## Recommendation 2

The Department should encourage RT providers to explore options for:

- developing as centres of excellence and sharing their expertise on accessibility, learning, employment, independent living skills, and adaptation to impairment through partnership working with FE and training providers, the NHS commissioning board and local authorities; and
- adapting their provision and seeking new opportunities to operate directly in provider markets including:
  - education and training;
  - welfare to work;
  - Independent living and adaptation to acquired impairments;
  - advising on accessibility; and
  - Diversity training and workforce development.

## Recommendation 3

The Department should use the budget currently allocated to funding Residential Training to open-up opportunities for work experience, including internships, work placements and on-the-job learning. This could be through ring-fenced funding under Access to Work.

# Annexe B: Government Response to Liz Sayce's RT Recommendations

## **Government response to Liz Sayce's Residential Training College provision recommendations (Polished March 7<sup>th</sup> 2012):**

We welcome the recognition in the Sayce Review of the unique and very valuable function which the Residential Training Colleges perform in supporting disabled people to achieve qualifications and to adapt to disability. However, compared with other specialist employment provision, the Sayce Review found that this service supports relatively few people and the cost per job is relatively high at £78,000.

The review questions whether employment programme funding should be used to fund these services directly and recommends that the Department for Work and Pensions no longer funds the Residential Training Colleges as a separate provision. Instead, the Department should work with Residential Training Colleges to help them make the transition to alternative funding sources.

We agree with the need to work with Residential Training Colleges to improve provision so that it can offer a more employment-focused service providing better value for money. We would not want to lose the expertise the colleges provide. Through the consultation launched today we are seeking views about whether the approach recommended in the Sayce Review is the right one, and, if implemented, how a transition to a wider range of funding sources could be achieved.

# Annexe C: Panel Details

## Residential Training Colleges Advisory Panel Chair

### **Kate Nash OBE**

Kate Nash OBE is a freelance diversity consultant. She has 20 years experience in working strategically to effect long-term attitudinal and major social systems change in relation to disabled people. She has worked extensively with the business community and the public sector in their becoming more 'disability confident'. She specialises in helping organisations to set up workplace disability networks. She is also a Non-Executive Director at Remploy and the former Chair of Disability Rights UK which was established in January 2012 following the merger of Disability Alliance, National Centre of Independent Living and Radar. From 2001 – 2006 she was Chief Executive of RADAR.

## Residential Training Colleges Advisory Panel Members

### **Tara Flood**

Tara Flood has been the Director at the Alliance for Inclusive Education since April 2006. Tara has been involved with the disability rights movement at a grassroots level for the last 15 years, and she is committed to creating social and political change that will deliver equality for all disabled people at a local, regional, national and international level. Tara was involved in the discussions at the United Nations in the development of the new UN Convention on the Rights of Disabled People and is now part of the campaign to get the Convention fully implemented. Tara works with organisations led by disabled people, allied organisations, children's rights organisations, statutory agencies and Government departments, both in a personal and professional capacity.

### **Nick Goss**

Nick Goss studied International Law and Politics at Staffordshire University prior to becoming Associate Editor of Arberry Pink, a national careers magazine for disabled trainees. At RADAR (Royal Association for Disability Rights), he was an Information Officer and then head of policy for education, training and employment. During this time, Nick was responsible for responding to consultations and influencing the development of the Disability Discrimination Act and the emerging New Deal programmes. As Managing Director of Goss Consultancy Ltd., Nick is responsible for

the day to day running of a rapidly growing business which has trebled in sized in the last three years and is now recognised and one of the UK's leading providers of training and consultancy in equality, diversity and Inclusion. Nick was a Board Director of RADAR for six years and now Chairs POhWER, a national provider of Advocacy. He is also a UK Magistrate.

## **Ann Stead OBE, MA**

Ann Stead is a consultant specialising in health, social care and inclusion.

Ann has had mobility impairment from birth which gives her the desire to see that disabled people have equal rights and control over their own destiny. By training an Occupational Therapist, she finished her full time employment as Director of Disability Services at the Nuffield Orthopaedic Centre NHS Trust in Oxford in 2002. Over recent years, in addition to consultancy work in the public and voluntary sector, she has been a board member of a number of disability related charities including being Chair of RADAR from 2001-2005.

In recognition of her work and influence in 1999 Ann was awarded the OBE for Services to Disabled People.

## **Alison Boulton**

During her career in education for people with learning difficulties and or disabilities, Alison has seen enormous change in attitudes and expectations. Not long before she started teaching, the 'mentally handicapped' were deemed in-educatable. Now she promotes employment and independent living for people with learning difficulties. Alison believes that further education has had a significant role to play in these developments, being outward looking and responsive. Her own work has included teaching and managing in FE, advising and inspecting in FE and adult learning, supporting self-advocacy groups and working with a wide range of disability organisations. She was principal of a specialist college just as the Further Education Funding Council took over responsibility for FE. Now as CEO of NATSPEC, Alison promotes the value of specialism and is building links with partners including Local Authorities to ensure that "the legitimate aspirations of learners with learning difficulties and/or disabilities will be realised".

## **Matthew Thomas**

Matthew Thomas was Senior Employee Relations Manager at Ernst & Young and he has recently taken up a new post at Coca Cola. He has more than 10 years experience working in Human Resources and has developed a strong interest in employment issues and disability. CIPD qualified, CEDR trained mediator, Disabled Employee Networks (DEN) Ambassador and assessor of the Business in the Community Healthy Workplace Awards, Matthew's passion for disability coupled with his specialist knowledge of employment law, employee engagement and change management has helped develop the Ernst & Young Disability Working Group, subsequent network sub groups, dyslexia, stammering and mental health as well as

assist a number of organizations move from legal compliance to disability confidence and engagement.

### **Geoff Jackman**

Geoff Jackman is blind. He was the Vice Principal of RNIB College in Loughborough for several years until his retirement in 2004. He has maintained his links with the college, acting as College Governor in an advisory role. Geoff has an extensive amount of managerial and hands-on experience of residential training.

# Annexe D: RTC Trainee Case Studies

The following are case studies relating to RTC clients, who have undertaken and completed courses at one of the 9 colleges. All case studies are anonymised.

## Case Study 1

B is 34 years old and after leaving school with 6 GCSEs (grades A – C) she undertook a Counselling course at her local College of Further Education. She was employed on short-term contracts as a carer and with a catering company but depression and an opiate addiction led to long-term unemployment.

B was referred to a RTC by her DEA for a vocational training programme in Horticulture. In addition to completing her training programme, addressing her functional skills and achieving the Diploma in Horticulture, the Health, Safety and Manual Handling certificate, and the NPTC certificates in the safe use of Pesticides, Strimmers, Bush Cutters, and Lawnmowers, she worked with the College's medical and counselling services to address her opiate addiction and mental health issues. Support for housing and debt counselling was provided, and, as she commented herself, her confidence in her own abilities and in her potential for the future grew as she progressed. Residential attendance helped her to develop her social skill and reduce the social isolation that she had experienced and she became a driving force behind College social and fundraising events. B was also a member of the College team that achieved Gold medal awards at the Tatton Park and Harrogate Flower Shows, and the Silver Gilt at the Gateshead Flower Show.

A work placement and support with her employability skills led to full-time employment with a regional horticultural services company and she has been employed with that company since April 2012.

## Case Study 2

A is 21 years old and has been diagnosed with Scoliosis, Asthma, Autism, Aspergers, ADHD and Depression. She left mainstream secondary school with four GCSEs (grades D and E), six Entry Level 3 passes and the ASDAN award. A progressed to a local Further Education where she took a Vocational Access course and then to a local training provider, achieving a Food Safety qualification. This education and training did not lead to paid work and she undertook three work placements through local vocational schemes, none of which led to employment. A lived at home, was isolated socially and had not been able to develop her long-term employability skills.

A was referred to a RTC through her DEA to undertake a vocational training course leading to employment as an Accounts Technician. In addition to a full vocational training programme and achieving the AAT Level 2 Certificate in Accounting and the C&G Literacy Level 1 qualification, she learnt how to manage her health and mental health conditions through professional counselling and health support, integrated as part of her customised programme. A received support in relation to her social and behavioural issues and was able to progress these further in developing her life and living skills through residential attendance. She built on her strengths in addressing her self-confidence and employability skills and undertook a period of work placement with a firm of Accountants in her home area.

A has been employed since July 2012 as a full-time Accounts Assistant.

### Case Study 3

C is 47 years old and on leaving school he worked as a Die Technician for twenty years. However, changes in his life led to severe mental health issues, alcohol abuse and long-term unemployment. He was socially isolated, had lost his self-confidence and self-belief and did not have the qualifications necessary to develop a new career.

Although he started a number of local vocational support programmes C was not able to complete and he was referred by his DEA to a RTC for a customised vocational support programme leading to employment in the electrical sector. Support was provided through the College's health and mental health staff. Residential attendance helped C to address his social isolation, develop his social skills and re-acquire the living patterns needed for employment. He was able to re-build his self-confidence as well as his employability skills, improve his functional literacy and numeracy, and achieve a range of industry-led qualifications, including the Inspection and Testing of Electrical Equipment certificate, the CITB CSCS H&S Card., the 2382-100 Level 3 Certificate in the Requirements for Electrical Installations, and the Level 2 Certificate for Electrical Installers (Part-P). Although he undertook a work placement with a local company, C decided that he wished to set up his own business and a full programme of enterprise support was provided. He has been trading full-time since June 2012.

# Annexe E: Panel Terms of Reference

## Terms of Reference: Residential Training Provision – Independent Advisory Panel

### **Aim:**

The aim of the Residential Training Independent Advisory Panel is to make recommendations following the Sayce review to the Government on the way forward for the provision of services provided by RT providers including:

- RT providers unique employment support offer and its role into the future;
- How government support should evolve to reflect the Sayce recommendations;
- How to address issues of transition sustainability, retention of expertise, and geographical variations.

The panel will also provide the Government with further advice on Liz Sayce's recommendations on Residential Training Colleges, including how Government might encourage the colleges in seeking funding from a wider range of sources.

### **Timing:**

The panel will run from September 2012 to the end of January 2013, with findings and recommendations to Ministers in February 2013. It is expected that the panel members will work for between 4-7 days (including meetings and visits to RT providers) and that the Chair will work for between 7-10 days (Including meetings and visits to RT providers).

### **Key Tasks:**

1. To undertake analysis of the provision and training that Residential Training providers deliver and its effectiveness for their consumers, including:
  - An investigation of the effectiveness and cost of current RT provision - how does it compare alongside other DWP/Government support in respect of specialist disability training? Are there aspects of the RT "offer" which are not captured in other specialist disability employment programmes (e.g. Access to Work);
  - An analysis of numbers and characteristics of disabled people who benefit from RT provision;



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- An understanding of the alternatives to offering RT support – e.g. Work Choice, Access to work;
  - The identification of and “choosing” of customers by the RT providers – how does it work and can it be improved?
  - Exploration of alternative funding streams by the colleges.
2. Consideration and investigation of the viability of recommendations made by RT providers in their document “Into the Future” (a copy of which is include in your induction pack), issued in reply to the Government’s published response to the Liz Sayce review - these being:
- The only contractual pre-requisite for acceptance on to a Residential Training (RT) programme should be that a person meets the agreed eligibility criteria. RT providers should be able to self select trainees who may be referred by other agencies and charities as well as (DWP) Disability Employment Advisors.
  - Control over the number of people who start an RT programme should move from DWP to the providers. No payments should be made for starts on RT.
  - In order to improve accessibility, reasonable targets for geographical, gender and ethnicity mix should be negotiated and monitored as part of the contract performance management process.
  - In future, the term “Specialist Employability Training” is used in favour of “Residential Training”.
  - RT providers suggest that DWP should only make the outcome payments for jobs obtained. Qualifications (currently £500 is paid for each qualification), should attract outcome payments from the Department of Business, Innovation and Skills (BIS).
  - In order to incentivise rapid job finding and therefore reduce the average length of time spent in employability training, an enhanced sliding scale of reward payments should be considered.
  - Recommend that payments for “jobs sustained” should be increased to avoid the “any job” scenario.
  - Proposal to ban incremental shift, over a five year period, of more of the under performing risk from the DWP on to the providers themselves, thereby incentivising performance accordingly and through a reasonable transition period of five years. This would give Specialist Employability Training Providers the confidence to invest more in the infrastructure of the facilities.

## **Membership:**

### **Chair**

Kate Nash

### **Panel members**

Alison Boulton

Tara Flood

Nick Goss

Ann Stead

Matthew Thomas

Geoff Jackman (Special Advisor)

# Annexe F: Disability Definitions

## Note about Definitions

### **Disabled people face a wide range of barriers**

The types of barriers faced by disabled people include:

- **Attitudinal**, for example stereotyping, discrimination and prejudice.
- **Organisational**, for example, inflexible policy and practice which do not take disabled people into account;
- **Environmental**, for example through inaccessible buildings, transport systems, etc.; and

The cumulative effect of these barriers is to limit disabled people's choices and opportunities, and also to restrict the growth of our society and economy. Removal of these barriers is key to enabling disabled people to realise their aspirations, fulfil their potential, and have opportunities to play a full role in society.