Department for Work & Pensions

What works for whom in helping disabled people into work?

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Summary

This working paper presents a quick review of international research evidence, mainly from the European Union (EU) and Organisation for Economic Co-operation and Development (OECD), on ‘what works’ to help disabled people into employment and to remain and progress in work. The review was commissioned to augment DWP’s evidence base in this area and its conclusions will be used to help inform proposals for the forthcoming disability employment strategy.

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Acknowledgements

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Executive summary

A rapid review of international evidence from the European Union (EU) and Organisation for Economic Co-operation and Development (OECD) was commissioned to establish 'what works' to help disabled people into employment and to remain and progress in work. This was to inform proposals for the forthcoming disability employment strategy. The review builds on previous work and focuses more closely on disabled people and movements into work. Evaluations of Department for Work and Pensions (DWP) initiatives were specifically excluded from the review.

The review found a lack of robust evaluation evidence, and challenges, therefore, in determining 'what works for whom'; however, some themes did emerge from the evidence examined.

In terms of increasing entry into employment and reducing multiple absences, there have been positive impacts from policies designed to make **workplaces more flexible and accommodating**. Additionally, ensuring an inclusive work culture has been found to be important for the integration of disabled people into the workplace. **Financial incentives**, including wage subsidies, to address employers' concerns about the extra costs of employing disabled people, have also shown evidence of positive impacts, although offset sometimes by the risks of deadweight and restriction to low paid/low skill jobs. There were examples, for instance, in Finland, where strict targeting of subsidies had mitigated the deadweight[1] risk. **Legislation** to promote the employment of disabled individuals, including anti-discrimination legislation and quotas for the employment of disabled people, has been shown to be necessary but insufficient, by itself, to close the employment gap. Some Scandinavian countries have increased the responsibilities of employers to **monitor sickness absence** and to implement return-to-work plans shortly after individuals go off sick (e.g. the Netherlands), with OECD concluding that this has led to a reduction of individuals flowing onto disability benefits.

Approaches directed at individuals that have been found to be most effective in terms of entry into, and the retention of, jobs on the open labour market include **supported employment programmes**, characterised by intensive personalised support to help individuals into and at work. Key elements of success include having specialist 'job coaches' or employment advisers, ensuring close links with employers and the availability of structured long-term support whilst in work. Because such programmes tend to focus on small numbers of individuals, they are not sufficient, on their own, to close the employment gap. **Sheltered employment programmes** for individuals with the most severe conditions do not tend to lead to employment on the open labour market, partly because some participants are not realistically able to make this transition. However, evidence also suggests that more could be done on such programmes by way of skill development and other steps to aid such movement. There is less clear evidence regarding the effectiveness of **general employment programmes** (e.g. focused on job search and support) in improving disabled people's employment chances, but more successful programmes often include early intervention, a supporting/trusting adviser relationship, a balance between specialist and mainstream provision and access to other types of support where appropriate. **Workplace training** appears to be more successful than general training programmes prior to work, with limited evidence of the effectiveness of vocational training or voluntary work.

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1 'Deadweight loss' is the extent to which funding or provision generates outcomes that are not additional to what would have occurred in the absence of such funding/provision.

Evidence of the effectiveness of **incentives to enter employment** was also limited, with some positive impacts found for in-work payment schemes and work trials allowing claimants to retain their eligibility for benefit. Some positive evidence was found for **health-based interventions** such as Cognitive Behavioural Therapy (CBT) to manage low back pain, but a focus on both health and employment is key.

While many interventions cover all disabled people, it is possible to identify types of intervention that are most relevant for specific impairments. For example, there is evidence of success for supported employment for people with severe mental health conditions and, to a lesser extent, those with a learning disability. In addition, different interventions can be distinguished according to the target age group and level of work experience. Supported employment schemes help young people lacking work experience, while initiatives focused on in-work retention and workplace flexibilities can help older people, who despite later onset conditions have good work histories.

In summary, the review found an overall lack of robust international evidence to determine 'what works for whom' to help disabled people into, and to remain in, work. However, there is evidence of the success of some interventions, particularly supported employment programmes, with additional positive findings regarding flexible and accommodating workplaces, return-to-work planning and some health interventions (particularly with an employment focus). The review also highlighted that:

- interventions should focus on both individuals and employers;
- availability and awareness of support are important – many of the more successful interventions were small scale or have low take-up;
- early intervention is key, both to prevent individuals leaving employment due to the onset of an impairment, and to ensure early access to the right support for those on benefits;
- employment interventions are only one element of the range of possible initiatives; in particular, focusing on preventing individuals leaving work may have a greater impact on the numbers on disability benefits than employment programmes themselves.

1 Introduction

1.1 The working paper

This working paper describes the findings from a quick review of research evidence carried out between March and April 2013. Its purpose was to augment DWP's evidence base on what works to help different groups of disabled people into jobs and to remain and progress in work to inform a disability employment strategy, which will be published later this year. Its main aim was to identify and report on significant research evidence from countries outside the UK, other government departments, voluntary sector organisations, local authorities and UK employers. The review complements previous work[2] and focuses more closely on disabled people and movements into work. Evaluations of DWP initiatives were specifically excluded from the review.

1.2 Background to the review

DWP's forthcoming Disability Employment Strategy is being developed alongside the Disability Strategy and focuses on how the Government can improve the position of disabled people in the labour market. Its main objectives are to: significantly reduce the employment rate gap between disabled people and non-disabled people[3]; and maximise the opportunity for disabled people to realise their employment aspirations and achieve greater economic independence. Work being carried out as part of the Strategy includes:

- reviewing the currently available package of disability employment support;
- examining how best to support disabled people into work and to remain and progress in work;
- exploring how to help young people meet their aspirations and support their transition from full-time education to work;
- finding out how to support employers;
- identifying where finite resources for disability employment support should be focused.[4]

It is recognised that different groups of disabled people are affected by different issues and concerns when it comes to work, and evidence is being amassed about which kinds of policies are most effective in supporting these groups into employment and in helping them to do well there[5].

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2 *Fulfilling Potential: Building a deeper understanding of disability in the UK today* (http://odi.dwp.gov.uk/docs/fulfilling-potential/building-understanding-main-slide-deck.pdf), February 2013. Dibben, P., Wood, G., Nicolson, R. and O'Hara, R. (2012), *Quantifying the effectiveness of interventions for people with common health conditions in enabling them to stay in or return to work: A rapid evidence assessment*, DWP Research Report No. 812 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193381/rrep812.pdf)

3 Currently there is a gap of about 30 percentage points between the employment rate of disabled and non-disabled people, see *Fulfilling Potential: Building a deeper understanding of disability in the UK today*, February 2013.

4 This is being undertaken by DWP working with disabled people as well as employers and other groups such as recruitment specialists in a series of Task and Finish groups.

5 Evidence on disability employment was published on 13 February as part of the wider Fulfilling Potential Building Understanding evidence pack.

The review described in this working paper was designed to flesh out this evidence base with any important international studies that could be identified within the timescale for the project, as well as with any additional robust evidence from other government departments, local authorities and the public sector, and employers.

1.3 Research questions

A number of broad research questions were set by DWP at the start of the review, as follows:

- What interventions are successful at helping disabled people progress in work? What are the most helpful interventions?
- How far, and how successfully, are disabled people helped by mainstream employment programmes? Are labour market interventions the most effective way to move disabled people into work or are alternative approaches (e.g. employer engagement) more effective?
- Are there examples of specialist employment programmes, aimed at all disabled people or particular groups of disabled people, which are successful at moving large numbers of disabled people into work?
- What is the value for money and additionality of employment programmes? What soft outcomes/wider social benefits have been achieved through employment programmes?
- What groups/segments of disabled people do employment interventions work best for? Are there some groups for whom employment interventions have been ineffective? How are interventions targeted at different segments of disabled people? (See also Section 1.4).
- What is the role of conditionality in increasing employment outcomes for disabled people?
- Are there examples of effective local partnerships?
- How effective is self-employment as a route into employment for disabled people?
- What is effective in supporting young disabled people's transitions from education into employment?
- What works for people with mental health conditions?

These questions helped to inform the review, and Chapter 4 summarises the information pertinent to each that was identified.

1.4 What works for whom – population segments

Disabled benefit claimants comprise a very heterogeneous group covering not only a wide range of types of impairment and health condition but also a wide variety of other socio-demographic and economic characteristics. In order to consider 'what works for whom' DWP identified a number of groups of disabled people with specific characteristics using a variety of data sources from which to consider the effectiveness of different types of employment support. At the start of this review these included:

- economically inactive disabled people over the age of 55 with a work history and impairment acquired after age 40;

- economically inactive disabled people of 'prime age';
- disabled people aged under 25;
- disabled people of prime age with mental health conditions;
- unemployed disabled people of prime age who are all actively seeking and available for work.

For reasons described in Section 1.6, it was not always easy directly to 'map' evidence from the review to these segments. However, some synthesis of relevant findings organised roughly around these target groups is presented in Chapter 4.

1.5 Scope and approach

Of key interest to the review were interventions designed to move disabled people who are economically inactive or unemployed closer to the labour market and into work. However, interventions to help disabled people already in employment to stay and progress in work were also within scope. The review covered initiatives aimed specifically at disabled people, as well as mainstream initiatives accessed by both disabled and non-disabled people.

The review was tailored to a tight timetable, so the focus was on high quality reviews and overviews of qualitative and quantitative research conducted in the last ten years, with less emphasis on single studies. Methods used to identify and select publications for inclusion in the review were purposive and 'intelligence led'; items were identified by DWP and also by the research team, for example, using key word searches of the web and hand searches of bibliographies. Studies included in the review are listed in the appendices.

1.6 Note on the evidence base

A number of observations can be made about the available research evidence in the area covered by this review. First, good evaluation evidence is scarce. For example, a major cross-national review of evidence from five countries, including the UK, found only 86 studies that met the authors' inclusion criteria out of more than 6,000 initially identified, and only one-sixth of these involved case controls (Public Health Research Consortium (PHRC), 2009).

Second, the evidence is 'patchy' with more studies conducted in relation to certain kinds of interventions and target groups than others. In some areas evidence is very thin and in others there are a number of studies that can be looked at together to draw more robust conclusions.

Third, as mentioned above, the evidence base does not necessarily map easily to key population segments identified by DWP as a basis for identifying what works for whom. There is a lack of detailed findings in relation to specific groups defined either in terms of single variables (e.g. by age group) or combinations of variable (e.g. age groups with different impairments).

Fourth, different types of intervention lack agreed definitions. For example, as discussed in Section 3.3, 'supported employment' initiatives can include a wide range of different programmes and interventions with different aims and target audiences. It is, therefore, difficult to gauge the success of any 'generic' type of intervention.

Fifth, studies use different methods for assessing success and failure of different initiatives, and this makes it more difficult to synthesise findings.

Finally, the finer details of studies need to be assessed carefully to take account of possible alternative explanations for reported success or failure of initiatives; for example, whether participants were 'typical' or represented easy or hard cases because of selection bias in the sampling methods used; or if the evaluation was carried out too soon or used an inappropriate design.

1.7 Structure of the report

The remainder of this report discusses evidence linked to different types of interventions. Chapter 2 focuses on initiatives targeted at employers designed to stimulate the 'demand' for disabled employees or to make the workplace more disability friendly and Chapter 3 focuses on initiatives targeted at disabled individuals. Within each of these chapters, initiatives are further subdivided, but it is important to note again (see Section 1.6) the problems of synthesising and comparing evidence in this field because of the lack of acknowledged definitions for different intervention models. Chapter 4 returns to the key research questions and synthesises relevant information from the preceding two chapters to help inform responses.

2 Initiatives targeted at employers

This chapter describes key findings from studies included in the review that evaluated initiatives targeted at employers and designed to stimulate the 'demand' for disabled employees or make the workplace more disability friendly. Initiatives covered are of four main kinds:

- employment legislation;
- financial incentives to employ disabled people;
- workplace and employment accessibility;
- enhanced return-to-work planning.

2.1 Employment legislation

This section looks at various types of employment legislation, and examines the extent to which they help disabled people to move into and stay in employment. All of the legislation covered in this section affects **all** disabled people (i.e. it is not targeted at specific impairments).

Anti-discrimination legislation tries to tackle possible discrimination against disabled people by employers, either when recruiting staff or when deciding if redundancies or cutbacks are called for. It aims to help disabled people into jobs as well as to stay and progress in work.

Examples of relevant anti-discrimination legislation in the UK include the Equality Act 2010 (EA) and the Disability Discrimination Act 1995 (DDA) that preceded it. Similar legislation in other countries includes the Disabilities Act (US), the Act on Prohibition of Discrimination in the Labour Market 2004 (Denmark) and the Working Environment Acts 1977/2005 (Norway).

Across the studies included in the review, there was no strong evidence of positive effects on **employment rates** for people covered by the DDA in the UK. Some evidence suggests that for disabled people who are not in work, anti-discrimination legislation can be counter-productive if employers anticipate additional costs and stringent employment protection requirements; an OECD report suggests that disabled people in employment are protected by anti-discrimination legislation, but that the recruitment of certain groups of disabled people may be hindered. The same report notes that there have also been mixed results in the US, in terms of employment outcomes for disabled people resulting from anti-discrimination legislation (OECD, 2010).

In the literature reviewed, some key reasons suggested for the apparent lack of success with anti-discrimination legislation in the UK include low levels of awareness and understanding of the DDA[6] among employers and of the main provisions of the Act, in particular 'reasonable adjustment' (PHRC, 2009). Employers may wrongly associate 'reasonable adjustments' with costly adaptations to the workplace. Respondents in one study who said adjustments could have helped them stay in a job were most likely to cite better support and understanding

[6] The DDA was in place at the time of this report; this has subsequently been replaced by the Equality Act 2010.

from an employer, followed by flexible hours and time off, and a change to their work role. Only nine per cent cited aids or adaptations as the missing component (Williams *et al.*, 2008 quoted in Equality and Human Rights Commission (EHRC), 2012).

Other employment legislation includes: Statutory Sick Pay and various alternatives such as partial sick leave[7] in Sweden and Denmark, which are designed to protect disabled people in work; minimum quotas applied variously in different countries aimed at encouraging employers to recruit and retain disabled employees in order to meet set targets; and a variety of other types of initiatives, for instance, aimed at encouraging employers to manage the return to work of employees who have been off sick. For example, a scheme in Luxembourg obliged employers to find appropriate work for sick members of the workforce.

An OECD study reviewed for this working paper concluded that more generous and/or lenient sickness policy contributes to more people on sickness benefits (OECD, 2010). However, results were mixed for approaches such as partial sick leave in Sweden and Denmark. The evidence from Sweden suggests that partial sick leave can have a positive effect on full recovery after one year, although it reduces the chances of recovery for shorter-term absence (less than 120 days). Evidence from Denmark indicates no significantly positive impacts of a move from full to partial sick leave (OECD, 2011).

Evidence about minimum quotas was inconclusive and raised concerns about 'cream skimming' whereby employers meet their quota obligations by offering jobs to disabled people whose impairments pose few personal barriers to employment (Greve, 2009).

An Austrian report noted that a review of employment protection legislation as a whole in the US had inconclusive findings, and that research conducted in Austria found positive effects in terms of job retention but negative effects in terms of job entry for disabled people not in work (Humer *et al.*, 2007).

Separate analysis indicates that countries with more flexible labour markets such as the UK and Canada generally show little clear advantage or disadvantage in terms of employment rates for disabled people, compared with more regulated labour markets such as Norway and Sweden (PHRC, 2009).

Overall, the evidence on employment legislation is robust, with analysis available from a number of countries on the impact of various types of legislation. This analysis tends to suggest that employment legislation has a limited effect, and can bring unintended consequences (such as 'cream skimming'). However, the evidence tends to be very much at the 'headline' level, indicating overall impact on numbers in employment or on benefits. There is less evidence on the reasons for lack of success, or how these types of employment legislation can be made more effective.

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7 Partial sickness and disability benefits allow people to combine part-time work with partial absence from work.

2.2 Financial incentives to employ disabled people

Initiatives included under this heading are designed to address employer concerns that it costs more to employ disabled people or that they will be less productive. Examples include: the Flexijobs scheme in Denmark whereby employers offering adjustments to hours and workplaces for eligible disabled people are awarded a permanent wage subsidy of 50 to 60 per cent; a Finnish scheme that grants employers of disabled people a flat-rate wage subsidy paid at a level below the minimum wage for up to 24 months, and even more generous subsidies to social enterprises; and schemes such as the Opportunities Fund in Canada. In some countries, employer subsidies form part of a wider system of support; in Austria, for example, subsidies form part of supported employment, with wage subsidies and subsidies for adjustment costs tapering off over time (Purvis *et al.*, 2013). In all cases, the initiatives covered in this section affect all disabled people, rather than being targeted at specific impairments.

The literature review found only limited evaluation of wage subsidy schemes. PHRC (2009) reported positive employment effects for people aged 35 to 44 in the Danish Flexijobs scheme, but for no other age groups. No explanation for this effect was offered (PHRC, 2009). Another report reviewed the evidence and concluded that progression to unsubsidised employment is low in both Denmark and Poland, another country which provides permanent subsidies (Purvis *et al.*, 2013).

The evaluation of Flexijobs raised concerns about a potentially marginalising effect, with disabled people encouraged into low skilled work with low pay, mainly outside the normal legal framework of employment rights. It was also found that over time people were increasingly assigned to Flexijobs who would have got jobs anyway, potentially crowding out target participants (PHRC, 2009). This is confirmed by Høgelund and Pedersen (2002), who concluded that wage subsidy schemes could have negative side effects in terms of deadweight loss[8] and stigmatisation, and did not always result in full integration of disabled employees in the workplace.

OECD (2010) note that the approach in Finland avoided the problem of deadweight by imposing very strict conditions on employers. As a result, the Finnish scheme was shown to have stimulated employment in subsidised firms without distorted competition or crowding out of employment in non-subsidised firms. This was seen as contrasting with findings for the 'very generous' Danish Flexijobs subsidy which produced only modest employment effects, with an estimated 52 per cent deadweight loss (OECD, 2010, drawing on evidence from Kangasharju, 2005 and Datta Gupta and Larsen, 2007). However, a more recent report stated that in Finland, there is a low take-up of the subsidies and few individuals are kept on after the subsidy ends (Purvis *et al.*, 2013).

The evidence on financial incentives is rather patchy, focusing only on a small number of initiatives. However, the evidence on these individual initiatives is robust and can provide useful indications of what does and does not work.

[8] 'Deadweight loss' is the extent to which funding or provision generates outcomes that are not additional to what would have occurred in the absence of such funding/provision.

2.3 Workplace and employment accessibility

Interventions described in this section are aimed at improving recruitment and employment retention rates by reducing employment and workplace barriers for disabled people. Examples include: financial incentives to employers to make necessary changes, for example the Access to Work scheme in the UK; initiatives such as flexible work schedules and modified work and hours as exemplified by the Working Life Fund in Sweden; and various support services such as JobAccess in Australia, Spain's National Centre for Personal Autonomy and Technical Aids, the Employers' Forum on Disability in the UK and Workplace Health Connect, also in the UK. In most cases, these initiatives cover all disabled people, although some initiatives focus on specific impairments. Employer case studies in one report included GCHQ policies designed to encourage employment/retention of people with neuro-diverse conditions, notably autism; and BT who have a toolkit for managers on mental health and mental health first aid (EHRC, 2011).

In general terms, there is some evidence that changes in workplace practices can have positive effects. A five country study found some limited evidence from Canada, Sweden and the UK suggesting that: flexible work schedules/modified work are associated with increases in length of employment; light duties and reduced hours were associated with the likelihood of returning to work after time off and reduction in multiple absences; and that the chance to adjust work to reflect state of health after a long period of absence (adjustment latitude) increased the likelihood of return to work (PHRC, 2009).

However, there is limited evidence of success for specific interventions. OECD (2010) note a previous EU study (conducted by Heckl in 2009) that concludes that workplace accommodation subsidies tend to be too limited in focus, often concentrating too much on the reimbursement of direct costs (e.g. for making workplace adjustments), whereas effective workplace accommodation subsidies should combine this with other costs, such as training, on-the-job assistance and awareness-raising measures for managers and employees. Similarly, there is little evidence of success for employer support initiatives. For example, Workplace Health Connect, a two-year pilot scheme run by the Health and Safety Executive (HSE) in the UK, provided businesses employing between five and 250 people with free and confidential expert advice on health, safety and getting people back to work. It was found to be not cost-effective. There was no direct impact on absence or accident rates, but some indirect effect on health and safety procedures (Tyers *et al.*, 2010).

There is also evidence of what works best in this area. According to OECD (2010), workplace behaviour initiatives directed at better communication with staff and better accommodation and rehabilitation services were found to be a key factor influencing movement into work for people with mental health conditions. Hill *et al.* (2007) noted that timely provision of modified duties was found to be effective, specifically in managing back pain. For people with learning disabilities, studies show that people tend, more commonly, to lose jobs for social reasons rather than because of inability to do the work, suggesting that more importance needs to be placed on socially embedding people with learning disabilities into the workplace (Beyer and Robinson, 2009).

Wider evidence from research among employees and employers is also relevant. Studies among disabled **employees** generally highlight their perceived need for more support and understanding at work and greater flexibility in offering adapted roles, work practices and/or aids and environmental adaptations (Williams *et al.*, 2008 quoted in EHRC, 2012). Disabled

respondents to the Life Opportunities Survey mention modified or reduced work hours as the main thing that would help them at work[9]. Disabled workers have stressed the importance of other employees understanding and accepting any workplace adjustments offered by employers (EHRC, 2011). In addition, qualitative research highlights the issue of disclosure of health conditions and impairments, which is necessary in order to ask for adjustments. Factors inhibiting disclosure may include employer and colleague attitudes to disability, (Pennington, 2010), and concerns that requests for 'special treatment' will be resented. Therefore disabled employees prefer adjustments policies that are inclusive (open to all, not just those whose needs are related to their health conditions and impairments) (EHRC 2011). A small scale review of Disability Disclosure literature recommended disability awareness training for employers and employees, especially around non-visible disabilities such as psychiatric disorders (Pennington, 2010). Both disabled employees and their employers in one study said that workplace adjustments had been critical to attaining and maintaining employment for disabled people (PHRC, 2009).

Among **employers** in one UK study, the majority who had made adjustments found that the easiest changes to make were in relation to flexible working, special leave or extra time off and job location (Dewson *et al.*, 2005). A majority in the same study also said there were no direct costs associated with these changes.

Overall, there is little hard evidence of success for initiatives aimed at improving workplace and employment accessibility. There is some evidence that (in general) this type of approach can be successful, and there are also studies indicating best practice in this area, but there is a lack of individual interventions with proven measures of success.

2.4 Enhanced return-to-work planning

This final section dealing with initiatives targeted at employers focuses on efforts to improve employers' return-to-work strategies, sickness monitoring and sickness management, with a view to increasing return-to-work rates and bettering records on length of absence and detachment from the labour market. The initiatives do not focus on specific impairments; they are general initiatives covering all employees who are absent from work or are at risk of being absent. However, as indicated below, in some cases evaluations have analysed the success of initiatives for people with specific types of impairment (e.g. lower back pain).

Examples of interventions covered in the literature review include: initiatives in the Netherlands to transfer long-term absence costs to employers along with support and resources to implement reintegration of employees; Active Sick Leave in Norway; various Swedish schemes initiated to improve co-ordination in respect of vocational rehabilitation (in Sweden, vocational training is potentially available to all working adults on sick leave); and Fit for Work Service Pilots in the UK.

Findings from an OECD study concluded that a fall in the number of new disability benefit claims could be attributed in the Netherlands to increased responsibilities among employers to monitor sickness absence; and in Switzerland to co-ordinated, early intervention services aimed at keeping people in their current job (OECD, 2010).

In the UK, there is some research evidence on the positive impact and cost-effectiveness of workplace-based interventions for return to work for people with lower back pain (Dibben *et al.*, 2010). More broadly, a literature review combined with stakeholder research with GPs found

[9] Based on secondary analysis of the Life Opportunities Survey 2009-11.

support for an early intervention to help sick-certified individuals return to work, with strong evidence that the intervention should combine biopsychosocial and vocational rehabilitation, hence 'multi-professional input based on the individual's needs' (Campbell *et al.*, 2007).

Among Swedish projects to improve vocational rehabilitation, reported results were mixed; employers were found to have initiated rehabilitation late, inadequately or not at all and there was lack of awareness of statutory duties (PHRC, 2009). A literature review and UK stakeholder consultation concluded that referral to rehabilitation could be by health service or self-referral but referrals by employers may be less appropriate (Campbell *et al.*, 2007).

The following factors were among those put forward to explain the success or lack of success in enhanced return-to-work planning initiatives:

- early or timely intervention is crucial – for example, for low back pain it is suggested that best results are obtained from concentrating efforts around one month after the start of pain (Hill *et al.*, 2007);
- referrals are potentially best made by seven weeks of certified sickness absence but not before four weeks (Campbell *et al.*, 2007);
- it is important that greater responsibility is placed on employers, for example through financial incentives such as those offered in Norway and Finland (OECD, 2010);
- a co-ordinated approach is important, for example employer/employee partnerships, co-ordination with occupational health providers and health professionals (Hill *et al.*, 2007);
- an emphasis on prevention is important (Hill *et al.*, 2007).

The evidence in this area tends to focus on a relatively small number of examples. There appears to be some evidence of successful interventions (e.g. those in Netherlands and Switzerland), as well as other examples where results are mixed (e.g. the Swedish projects). The amount of detail available about these interventions is limited (at least in the publications included in this review), so there is a gap in terms of establishing what are the key elements and success factors among the more successful interventions.

2.5 Conclusions

There have been some positive impacts, in terms of increasing entry into employment and reducing multiple absences, from policies designed to make **workplaces more flexible and accommodating**. Additionally, ensuring an inclusive work culture has been found to be important for the integration of disabled people into the workplace. **Financial incentives**, including wage subsidies, to address employers' concerns about the extra costs of employing disabled people, have also shown evidence of positive impacts, although offset sometimes by the risks of deadweight and restriction to low paid/low skill jobs. There were examples, for instance in Finland, where strict targeting of subsidies had mitigated the deadweight risk. **Legislation** to promote the employment of disabled individuals, including anti-discrimination legislation and quotas for the employment of disabled people, has been shown to be necessary but insufficient, by itself, to close the employment gap. Some Scandinavian countries have increased the responsibilities of employers to **monitor sickness absence** and to implement return-to-work plans shortly after individuals go off sick (e.g. the Netherlands), with OECD concluding that this has led to a reduction of individuals flowing onto disability benefits.

3 Initiatives targeted at employees

This chapter describes key findings from studies included in the review that evaluated initiatives targeted at individuals; employees and potential employees. The main types of initiative covered include:

- initiatives to increase motivation through financial incentives;
- individualised case management and job search support;
- supported employment;
- sheltered employment;
- education, training and work experience;
- health and impairment management.

3.1 Financial incentives to increase motivation

There are many examples of initiatives that use financial incentives to encourage economically inactive disabled people into work. For example, Tax Credits in the UK; Ticket-to-Work in the US that gives people in receipt of Social Security Disability Insurance (SSDI) a 'ticket' that can be exchanged for a job or support services from public and private providers, employers and other organisations jointly referred to as the employment networks; In Work Payments in Denmark and the Netherlands which top up wages to the level they would be without reduced earnings capacity; and Resting Disability Pension (RDP) in Sweden, which is a scheme that awards additional income to those making the transition from welfare benefits to a job, to make up for potential or fear of loss of income. In this scheme, disability 'pensioners' are able to have a three-month trial period at work during which they continue to receive their benefits as well as a salary from work. During their first year of work they can leave at any time and return to benefits. These initiatives are not targeted at people with specific impairments, although (as noted below) some evaluations analyse the impact of the initiatives for impairments such as musculo-skeletal disorders.

With regard to Ticket-to-Work, fewer than 1,400 of the 12.2 million tickets issued over approximately five years had been converted successfully to workforce participation. It has been asserted that, in the US context, the reluctance of older disabled people to come off disability benefits is intrinsically linked to fear of loss of health insurance (Medicare) (Autor and Duggan, 2007).

In Work Payments in Denmark were found to be ineffective, but more positive findings have been reported for the Netherlands including a rapid fall in the number of new disability claims (OECD, 2010).

With regard to RDP in Sweden, less than 0.5 per cent of all disability pensioners (771 people) took up the scheme in 2000, but of these 70 per cent continued their work trial for more than a year. In a controlled trial involving people with musculo-skeletal disorders, results were positive enough to justify implementation even for people who had been on

benefits for some years. The study also concluded that as a stand-alone initiative it was less likely to be effective for people with lower educational attainments with common musculo-skeletal disorders who had a history of carrying out strenuous jobs (PHRC, 2009).

The evidence in this area is patchy, limited to a small number of examples and with findings mainly at the 'headline' level. This makes it difficult to establish what works best, or how future interventions should be designed.

3.2 Individualised case management and job search support

This is a broad category, covering a large number of employment programmes aimed at helping disabled people into work. The review did not attempt to cover all of these programmes, but has drawn on sources that attempt to summarise the success of initiatives in different countries.

A systematic review of evidence from five countries noted varying levels of exclusion of chronically ill and disabled people (of working age) from the labour market. This variation by country suggests that different interventions may be more or less successful at assisting this section of the population into the labour market. Employment rates for healthy individuals were broadly similar across the five countries, however, there were differences in the employment rate gap between chronically ill and disabled people compared with 'healthy' people, with, at the time, the UK having the largest gap of the five. The study also notes that of the five, the UK was the country where low education aggravates the employment effect of Limiting Longstanding Illness (the main measure used in the national comparisons) significantly more than in other countries.

Various possible explanations for variations in employment differentials[10] between countries were considered, including: the degree of labour market regulation, de-commodification, macro-economic factors, post-industrialisation effects and active labour market policies (ALMPs). In relation to the last of these, it was noted that higher employment rates among chronically sick and disabled people were characteristic of countries in which spending on ALMPs is highest: Denmark and Sweden, compared with Canada and the UK. Although Norway, the fifth country in the study, is not among the high spenders it also has relatively high employment rates for disabled people. However, it has suffered fewer periods of high unemployment than the other four countries (PHRC, 2009).

An OECD report concludes that:

> *'Sickness and disability policy is changing in most OECD countries and largely in the same direction ... However, despite a number of efforts, most countries' reforms have not gone far enough to change sufficiently the continuously disappointing outcomes in terms of low employment and high rates of benefit dependency. The message given by many systems to workers, employers and public authorities administering the system continues to be slightly contradictory in terms of whether or not employment is seen as the best way to tackle disability. The lack of far-reaching reform in several countries is to a considerable degree the consequence of the difficult policy process involved in changing a passive system that was designed for a narrow group and is now serving a highly heterogeneous target group.*

[10] Variations in the size of employment differentials between chronically ill/disabled people and healthy people.

> *The good news on which further structural reform should build is that policy matters: Countries which embarked on comprehensive reform involving both the benefit and the employment support system have seen the biggest changes in outcomes.'*
>
> (OECD, 2010)

There is no conclusive evidence about which scheme elements lead to greater or lesser levels of success. Results from various studies are summarised below; unless specified, these studies or initiatives cover all disabled people rather than specific impairments:

- Guidance and counselling alone are not enough to help people into sustained employment. This support needs to be enhanced by other elements of intervention (Greve, 2009).
- There needs to be a balance between mainstream services and the provision of specialist knowledge and support for particular groups; in particular, it is important that disabled people are able to access mainstream services (Greve, 2009). Some countries have tried to address this balance. Denmark, for instance, has one expert for disability employment in each employment office, as well as one dedicated, central office focusing on the needs of disabled people. New Zealand provides special funds to develop innovative services that can be more finely customised to the varying needs of persons with disabilities (OECD, 2010).
- A key element of the process should be a systematic profiling of clients' work capacity, as in Australia and Norway, combined with the facility for a swift referral to the most appropriate service, if required (OECD, 2010)[11].
- According to OECD (2011), for people with mental health conditions identification of conditions is important. The report states that public employment services in OECD countries generally have no particular tools for identifying mental ill-health and no corresponding statistics either. This is particularly problematic, given that many people with common mental disorders are claiming mainstream out-of-work benefits (as opposed to sickness/disability benefits).
- Early intervention (pre-benefit if possible) is important for cases of sickness absence at risk of becoming long-term, and in particular for mental health conditions (OECD, 2011). This report notes that the start of a benefit claim can often be a long time after the individual has become sick and left work; therefore, at this late stage, return-to-work programmes are less likely to succeed. According to the report, the evidence shows that such programmes are likely to be more effective at a much earlier stage, ideally at the very first longer-term sick leave for reasons of mental ill-health and at a time when work motivation is high. Some countries have introduced ways of intervening before a benefit claim is made. In Australia, after a certain period of prolonged sickness absence, the person is called in for an assessment of both work capability and support needs. Other countries, such as Finland and Denmark, have introduced a categorisation so as to better identify cases at risk of developing into long-term absence (OECD, 2010).

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[11] Australia's Job Seekers Classification Index, which is performed when a job seeker first registers for employment assistance, is an example of an individual, but streamlined, profiling approach. This can lead to a Job Capacity Assessment, which has a dual role: to assess work capacity and refer the person to appropriate assistance. In 2008, Norway introduced a work-ability assessment for all benefit claimants, aimed at identifying those in need of more help at an earlier stage, assessing what measures would be required to maintain labour market attachment, and developing an individual action plan.

- Trusting relationships between claimants and case managers is key to success in overcoming claimants' concerns and building confidence about going back to work (PHRC, 2009).

Although some elements of best practice can be established on this issue as above, this is a very broad area, and therefore, it is difficult to identify clear messages on what works or what should be included for any individual intervention.

3.3 Supported employment

Supported employment schemes help disabled people to get and keep paid jobs that are available in the open labour market (described as a 'place, train and maintain model', Beyer and Robinson, 2009). Supportive measures are aimed at employees but can also include measures that are directed at their employers.

Examples include a range of Supported Employment and Individual Placement and Support (IPS) schemes in the US and elsewhere; the National Autistic Society's Prospects Service in the UK; and UK-based Leading by Example council and employer partnerships. Also in the UK, the Project Search model is aimed at people with moderate and severe learning disabilities or autism; it includes a year-long programme of work training via a series of work placements.

In Australia, 'job carving' involves Disability Employment Services working with employers to shape roles and then providing ongoing support to both employer and employee (Purvis *et al.*, 2013).

Supported employment is generally aimed at people with more severe impairments or health conditions – typically a severe learning disability or mental health condition. However, the target group varies by initiative.

A best practice model of supported employment has been developed by the European Union for Supported Employment (EUSE), and this includes 'best practice' steps such as vocational profiling, job matching and in-work support (as reported in Purvis *et al.*, 2013).

An OECD study reported 'unequivocal' evidence of the effectiveness of supported employment in helping disabled people gain and retain work (OECD, 2011). This is based on the evidence of a large number of randomised controlled trials (RCTs) conducted in the US, which reported employment rates among participants of 30 to 40 per cent, compared with 10 to 12 per cent for other approaches (Rinaldi *et al.*, 2008). Another study found that people who took part in IPS schemes were twice as likely to get a job as people taking part in traditional vocational rehabilitation alternatives (Rinaldi *et al.*, 2008).

Much of the positive evidence relates to people with severe mental illness. Rinaldi *et al.* (2008) report that a Cochrane review of vocational rehabilitation for people with severe mental illness found that IPS was more effective than other approaches in helping individuals to gain and retain competitive open employment.

Beyer and Robinson (2009) focus more on supported employment schemes for people with a learning disability. This report notes that in the US, severity of learning disability appears to be inversely correlated with success in achieving employment and associated outcomes such as wage levels and work integration; also that severity of disability (and age) were significantly negatively correlated to whether an individual would be referred to a supported employment scheme. However, according to this report, the evidence suggests that when

severity of learning disability is controlled statistically, supported employment still provides better outcomes than sheltered alternatives.

There are also positive findings in terms of cost-effectiveness, suggesting that supported employment is more cost-effective than sheltered employment. Beyer and Robinson (2009) state that the cost-benefit of supported employment schemes improves over time in comparison to sheltered workshops where cost-benefits tend to be static. However, a study of outcomes from the Prospects Service found evidence of high net costs per job gained (£1,500 per job), despite positive findings on improved employment prospects and benefit savings (Eurofound, 2012).

Findings from across different studies suggest that: the role of the 'job coach' or employment/ personal adviser is critical to the success of supported employment schemes (Beyer and Robinson, 2009); long-term support with a structured process is also important (Greve, 2009) as are close links maintained with employers (Eurofound, 2012); some cases need specially created jobs for disabled employees and/or wage subsidies or financial support for employers (European Commission, 2012).Overall, studies stress the value of a coherent national approach – for IPS the role of regional trainer has been fundamental to positive outcomes (Rinaldi *et al.*, 2008).

Various factors need to be acknowledged when interpreting the positive results reported for supported employment schemes. First, this is a large banner that covers a multitude of different types of schemes with varying content and associated levels of success. Second, cost benefits are generally relative only to other options such as sheltered employment which is relatively more costly and there are also some question marks over cost savings for part-time work options (Greig and Eley, 2013). In addition, supported employment schemes do not offer a large-scale solution; they are generally targeted at very small numbers of specific groups of people and are highly resource-intensive (OECD, 2010). Finally, the critical role of 'job coach' or employment/personal adviser is highly skilled and specialised, requiring investment of resources (Beyer and Robison, 2009). In other words, this type of intervention can be successful, but only if it invests in recruiting and training high quality, specialist staff.

Overall, there is robust evidence on the success of various supported employment initiatives, although the caveats in the previous paragraph should be noted.

3.4 Sheltered employment

Sheltered employment differs from supported employment in that jobs are not available in the open market. Sheltered employment is common in a number of countries including Germany and France and provides a bridge to open market employment for those with more severe impairments facing extreme barriers to work.

Studies of the efficacy of sheltered employment have found that rates of transition to the open labour market are typically low; various sources report that sheltered work schemes *'do not provide a route to open employment'* (Rinaldi *et al.*, 2008; Greve, 2009). Participants can become 'stuck' in sheltered work, although some countries have tried to tackle this: Poland has extended its large subsidies to non-sheltered workplaces; Hungary has introduced a better accreditation system and clearer subsidy rules, which aim to provide disabled people with services that better match their reduced work capacity (OECD, 2010).

Although the evidence in this area is somewhat limited, it all points in a consistent direction, indicating that sheltered employment schemes are less effective than alternatives.

3.5 Education, training and work experience

This section covers initiatives designed to equip disabled people with relevant skills and experience that will help them move closer to work. Unless specified, studies cover all disabled people, rather than focusing on specific impairments.

A cross-national review of studies in five countries (UK, Canada, Norway, Sweden and Denmark) found 13 relevant evaluations, the results from most of which were not very conclusive; showing either no effect or only weak effects for certain groups (PHRC, 2009).

Other sources conclude that the overall effectiveness of vocational training programmes for disabled people across the European Union has been limited (Greve, 2009). A Cochrane review found no evidence that prevocational training was more effective in terms of moving people with severe mental health conditions into employment, than standard care (Rinaldi *et al.*, 2008).

Regarding the effectiveness of voluntary work experience as a pathway to employment, one study concluded that there is a *'lack of firm evidence, with most evidence being anecdotal'* (Beyer and Robinson, 2009). This report references a study by Corden (2002), which found that voluntary work may help some disabled people move into paid work, but that it may take some time for such effects to become apparent.

Overall, studies have found that services geared to the workplace are more successful than those focused on training; and workplace training is more successful than general educational programmes (OECD, 2010). Eurofound (2012) concluded that many successful projects for young disabled people have taken the approach of training clients for specific jobs rather than offering more generic training courses:

> *'In practice, this involved identifying local labour demand with the help of employers and then providing targeted training to meet the demand. Good examples of this kind of approach could be found in all countries.'*
>
> (Eurofound, 2012)

In a number of studies looked at by one review, 'cream skimming' was a suspected issue with 'easier' cases dominating scheme participation (PHRC, 2009).

The evidence on this issue is fairly limited, but there appears to be a consensus that training needs to be focused on specific types of work. It would be useful to have more detailed evidence on the types of intervention that work best and why.

3.6 Health and impairment management

Various approaches to treating or managing health conditions that are potentially work limiting have been evaluated to assess their efficacy in terms of reducing work absence and/or improving movement into work. For example, a five-country review identified ten such studies from Norway, Sweden and the UK (PHRC, 2009).

In the UK, qualitative evidence from the Condition Management Programme found that clients and staff were positive about the potential health effects and positive impact of the programme on employment outcomes. Increase in confidence, self-esteem and general outlook on life and work were among the benefits cited. People with complex personal problems were less likely to make progress and needed more specialist and long-term assistance (PHRC, 2009).

There is also some evidence that the most effective interventions for low back pain take account of physical, psychological and social aspects of an individuals' condition (the biopsychosocial model) (Hill *et al.*, 2007). Other research points to positive benefits from interventions that combine biopsychosocial and vocational rehabilitation (Campbell *et al.*, 2007).

Evidence from the US indicates that 'adequate' treatment of mental health conditions can improve work outcomes (OECD, 2011). Cognitive Behavioural Therapy (CBT) has been found to increase motivation and self-efficacy in job-seeking behaviour for people with severe mental health conditions (Rinaldi *et al.*, 2008). A UK-based review found 'strong evidence' that CBT interventions were effective in returning employees to work in cases of mental health problems, and 'moderate evidence' that brief therapeutic interventions were effective for employees experiencing job-related distress (Campbell *et al.*, 2007). There is also evidence that CBT can be effective in the management of physical impairments, such as potentially work limiting low back pain (Dibben *et al.*, 2012).

Key observations about health and impairment management schemes and initiatives from various studies covered in this review include that: early intervention is important for success (Hill *et al.*, 2007); to maximise benefits in employment terms, treatment needs to be built around an employment focus. For example, in Sweden guidelines for GPs are issued about sickness absence durations for common health conditions (OECD, 2010). Finally, in regard to mental health conditions, in most countries there is only limited access to, and availability of, effective treatments (OECD, 2010).

In the UK, studies have emphasised the need for greater co-ordination between policies on work and health and with the activities of the NHS:

> *'The NHS focus on priorities/targets often meant that people identified by their GPs as unfit for work over a period of time, but not an immediate medical risk, were not regarded as priorities for treatment and put on a waiting list ... time out of work could lead to a downward spiral with distance from work becoming greater.'*
>
> (EHRC, 2012)

> *'Evidence shows that effective vocational rehabilitation depends on work-focused healthcare and accommodating workplaces. Both are necessary: they are interdependent and must be co-ordinated.'*
>
> (Waddell *et al.*, 2008)

Although somewhat disparate, the evidence in this section provides useful pointers as to the types of intervention that can be successful. However, there is a lack of information as to the detailed content of interventions (i.e. what are the key factors that lead to success?).

3.7 Conclusions

Approaches directed at individuals that have been found to be most effective in terms of entry into and the retention of jobs on the open labour market include **supported employment programmes**, characterised by intensive personalised support to help individuals into and at work. Key elements of success include having specialist 'job coaches' or employment advisers, ensuring close links with employers and the availability of structured long-term support whilst in work. Because such programmes tend to focus on small numbers of individuals, they are not sufficient on their own to close the employment gap. **Sheltered employment programmes** for individuals with the most severe conditions do not tend to lead to employment on the open labour market, partly because some participants are not realistically able to make this transition. However, evidence also suggests that more could be done on such programmes by way of skill development and other steps to aid such movement. There is less clear evidence regarding the effectiveness of **general employment programmes** (e.g. focused on job search and support) in improving disabled people's employment chances, but more successful programmes often include early intervention, a supporting/trusting adviser relationship, a balance between specialist and mainstream provision and access to other types of support where appropriate. **Workplace training** appears to be more successful than general training programmes prior to work, with limited evidence of the effectiveness of vocational training or voluntary work. Evidence of the effectiveness of **incentives to enter employment** was also limited, with some positive impacts found for in-work payment schemes and work trials allowing claimants to retain their eligibility for benefit. Some positive evidence was found for **health-based interventions** such as CBT to manage low back pain, but a focus on both health and employment is key.

4 Addressing the key research questions

This chapter attempts to organise relevant findings from the literature review in order to address the key research questions set by DWP that are outlined in Section 1.3. This task was easier for some questions than for others depending on the relevance, amount and quality of the evidence covered by the review.

4.1 What interventions are successful at helping disabled people progress in work?

Some evaluations have looked at whether work is sustainable over time, but there appears to be a lack of evidence on career progression. In general, the available evidence on this issue is very small-scale and/or qualitative only. For example, one study mentioned the support needs of disabled people in order to catch up with development training after absences from work (EHRC, 2011). The same research has identified the need for better employer awareness and inclusive personal needs policies for staff that reduce stigmatisation and resentment of disabled staff by colleagues in the workplace (EHRC, 2011).

4.2 Are labour market interventions the most effective way to move disabled people into work or are alternative approaches (e.g. employer engagement) more effective?

An OECD study (OECD, 2011) has argued that labour market interventions are implemented too late, often taking place a long time after people have left work (see Section 3.2). Employer-based return-to-work initiatives, on the other hand, have the advantage of addressing the issue earlier and more directly, as do schemes that identify people on Statutory Sick Pay prior to making a benefit claim. Interventions for benefit claimants need to include swift identification and referral (OECD, 2011).

There is evidence of the benefits of employer engagement, especially examples of success at a small-scale level (e.g. as described in Eurofound, 2012). General lessons about the process of engagement and what works best are less easy to draw from the evidence covered in the literature review. However, there are suggestions from employees' experience that flexibility and inclusive approaches work best (EHRC, 2010; EHRC, 2011).

Overall, this is a wide-ranging and complex issue that needs to take account of the type of workplace and type of impairment.

4.3 How far and how successfully are disabled people helped by mainstream employment programmes?

Most disabled people look for work on the open market – that is mainstream employment, although protected or specialist employment, for example in voluntary sector schemes is prevalent in some countries, as noted in Section 3.2. Participation rates for disabled people in mainstream schemes like apprenticeships tend to be very low (EHRC, 2010).

The extent of 'mainstreaming' in the provision of employment services varies by country; some balance a mainstream approach with specialised support – for example in Denmark, Australia and New Zealand; again, this is discussed in Section 3.2.

4.4 Are there examples of specialist employment programmes, aimed at all disabled people or particular groups of people that are successful at moving large numbers of disabled people into work?

There is some evidence of success in different countries of specialist employment programmes helping to move disabled people into work, as outlined in Chapters 2 and 3. However, this review has found that it can be difficult to identify key features of these schemes that are effective and transferable.

The best available evidence is for supported employment schemes, where there is a good record for producing successful employment outcomes (see Section 3.3). However, these schemes generally focus on small numbers of people with specific kinds of needs.

4.5 What is the value for money and additionality of employment programmes? What soft outcomes/wider social benefits have been achieved through employment programmes?

Some evaluations of interventions aimed at disabled people examine cost-effectiveness. For example, some supported employment schemes have been found to be cost-effective relative to alternative types of schemes (see Section 3.3). However, some schemes carry net costs per job, for example the National Autistic Society's employment service, Prospects. However, Prospects is effective at getting people into work and the evaluation also found improvements in quality of life for participants as well as improvements in health outcomes (Eurofound, 2012).

4.6 What groups/segments of disabled people do employment interventions work best for? Are there some groups for whom employment interventions have been ineffective? How are interventions targeted at different segments of disabled people?

In relation to the DWP population segments outlined in Section 1.4, the following observations can be made on the basis of evidence covered by this literature review:

- For **over-55s and prime age inactive** disabled people, the most relevant evidence of effective interventions relates to workplace and employment accessibility (see Section 2.3) and enhanced return-to-work (see Section 2.4). There are examples of effective early interventions at the workplace or during sick leave at the national level in Switzerland and in the Netherlands (OECD, 2010). Effective specific types of support include CBT for various conditions including mental health, and biopsychosocial models of support for low back pain (Dibben *et al.*, 2012).
- For **under-25s**, the most relevant evidence is that relating to transitions from education to work and supported employment (Sections 3.3 and 3.5). These approaches require high levels of intensive support through mentoring and job coaches with a strong employment focus and coherent individualised plans.
- For people of prime age with mental health conditions, Section 3.2 notes that the identification of conditions is of crucial importance (OECD, 2011). Section 3.8 indicates that CBT can be effective in improving work outcomes. The evidence on supported employment (Section 3.3) is also relevant for some people with mental health conditions.
- For people of prime age who report 'lack of jobs' as the main barrier to work, the evidence on individualised case management and job search support (Section 3.2) is particularly relevant, indicating some of the ways in which employment support can be effective.

4.7 What is the role of conditionality in increasing employment outcomes for disabled people?

A shift towards greater conditionality and employment focus in disability benefits has been noted by OECD, although this analysis finds limited effect on employment rates (OECD, 2010). However, rounded strategies combining employment support with tighter access to disability benefits through stronger work incentives for workers and financial obligations for employers *'seem to have a great potential in changing labour supply and labour demand'* (OECD, 2010).

4.8 Are there examples of effective local partnerships?

An example of local partnerships in the UK is Leading by Example, a programme in Windsor and Maidenhead involving partnerships between council and employers (European Commission, 2012).

Research by Greig and Eley (2013) suggests that local authorities in the UK have little detailed information about spending on employment support, for example, on the use of personal budgets for employment support, and that this may hamper efforts to provide effective support.

4.9 How effective is self-employment as a route into employment for disabled people?

There was limited evidence relevant to this question in the material covered by the review. One study noted that this is *'emerging as an additional option'* for people with impairments, including people with learning disabilities. The study identified a number of potential strengths of self-employment for people with learning disabilities, in that it respects the capacity and assets of people with learning disabilities, and focuses on their interests and strengths. In addition, it notes that self-employment can be more flexible than mainstream employment, which can be appropriate for some people (Beyer and Robinson, 2009).

4.10 What is effective in supporting young disabled people's transitions from education into employment?

Young disabled people at school have similar employment and earnings aspirations as their non-disabled counterparts, but their experiences diverge starkly when they have completed their full-time education (Burchardt, 2005 quoted in EHRC, 2012).

There are very few initiatives directed exclusively at young disabled people (Eurofound, 2012). According to this study, initiatives that are most successful:

- take an integrated approach to skills development, training and job placement;
- include individualised plans;
- ensure that training is employment focused, sometimes in relation to specific jobs;
- have close links with employers.

This report also indicated that supported employment schemes and schemes involving job coaching are most likely to be successful. It also noted that mentoring schemes have been successful, especially at the stage of tertiary education.

An initiative in the US aimed at 15 to 25 year-olds in receipt of Social Security disability benefits includes projects offering employment services, benefits counselling, links to services available in the community and other assistance, both to disabled young people and their families. Out of six projects, three had positive and statistically significant impacts on paid employment. The evaluation concluded that successful projects were those with a sharp employment focus and that provided intensive support to participants over a large number of hours (Fraker, 2013).

4.11 What works for people with mental health conditions?

Mental health conditions are the main cause of disability in the UK and the main reason for dependency on health-related benefits. People with mental health conditions are significantly disadvantaged in any attempts to gain or stay in employment. Evidence for this includes graduate destinations, where even among those with equal qualifications, those with mental health difficulties do worst in the jobs market (together with those with mobility impairments) (EHRC, 2010). Studies where identical job applications are sent for vacancies, save for differences in disclosed disabilities, show a hierarchy in attitudes to disability, with no disability being preferred, followed by hearing impairment, then mobility impairment, and those disclosing 'recovery from reactive depression' getting the least number of positive responses (Pennington, 2010).

There is some evidence regarding individual level interventions for people with mental health conditions. OECD (2011) stress the importance of early intervention in preventing cases of sickness absence becoming long-term. Rinaldi *et al.* (2008) report that a Cochrane review of vocational rehabilitation for people with severe mental illness found that IPS (a form of supported employment) was more effective than other approaches in helping individuals to gain and retain competitive open employment. Also, as cited in Section 3.6, a review found 'strong evidence' that CBT interventions were effective in returning employees to work in cases of mental health problems, and 'moderate evidence' that brief therapeutic interventions were effective for employees experiencing job-related distress (Campbell *et al.*, 2007). In job search support, OECD (2011) state that for people with mental health conditions identification of conditions is important. This report notes that public employment services in many countries lack the tools for identifying mental health conditions, and that this is particularly problematic given that many people with common mental health conditions are claiming mainstream out-of-work benefits (as opposed to sickness/disability benefits).

There is a lack of conclusive evidence about organisational level interventions. EHRC (2012) included a descriptive case study of BT's 'toolkit' for managers on mental health, and its mental health first aid training programme to give managers confidence. Anecdotally, this has helped employees to disclose problems and find ways to stay in employment.

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