

Research Summary

What works to support disadvantaged groups towards employment?

Overview

The Department for Work and Pensions (DWP) commissioned the National Centre for Social Research (NatCen) to conduct a systematic evidence review to better understand what works to support people from disadvantaged backgrounds to move towards and into employment. The review focused on four groups: care leavers, ex-offenders, people experiencing homelessness, and people with substance misuse issues.

Context

In November 2024, the Government published the Get Britain Working White Paper, which set out an ambition to achieve an employment rate of 80%. Part of this effort will involve supporting people with complex needs into work. This includes groups such as care leavers, ex-offenders, people experiencing homelessness, and people with substance misuse issues. Whilst there is a large volume of published evidence, it tends to focus on a single population group, or on a single type of intervention. There was a need to bring this evidence together to provide a holistic overview of what works across disadvantaged groups, including those experiencing multiple forms of disadvantage

Methodology

This study used a systematic review methodology which followed a robust and comprehensive process for searching for literature, screening it for eligibility and quality, and extracting and synthesising information from it. The review covered both academic and non-academic (grey) literature. Due to the quantity of published studies found the review focused primarily on existing systematic reviews, with a small number of primary research studies included to fill notable gaps.

To be included in the review, studies had to have been conducted in the OECD, have been published after 1990, and include samples of ex-offenders, care leavers, people with substance misuse issues, or people experiencing homelessness. They had to investigate the impact of interventions that explicitly aimed to improve employment outcomes, and/or had to report on employment outcomes for interventions that aimed to improve outcomes on a pathway towards employment, such as health, housing, education and skills. In total 77 studies were included in the review, including 47 systematic reviews, 13 academic primary research studies, and

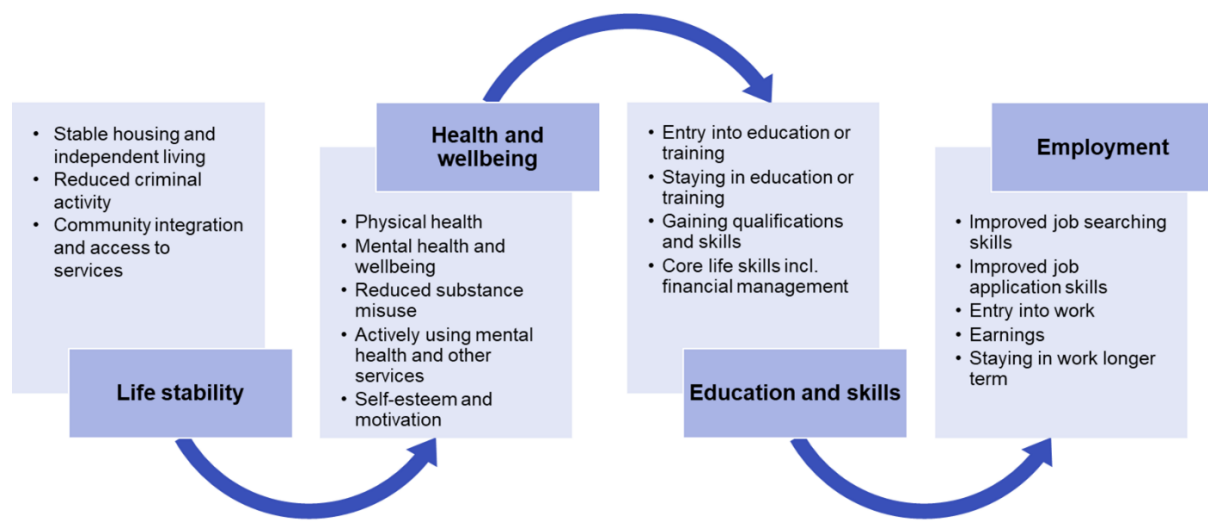
17 non-academic studies. To note, there are many interventions being delivered in the UK that are not subject to evaluation and are therefore not included in this review. This review should be read as providing a high-level overview of the evidence on a broad topic.

Key Findings

What works for ex-offenders, people experiencing homelessness, and people with substance misuse issues?

The literature shows that a broad range of interventions can help to support these populations further along the pathway to work. For the earlier stages in the pathway towards employment, there is evidence for the positive impact of housing interventions, substance misuse interventions, peer mentoring interventions, educational interventions and others.

Pathway into work



Stage 1: Life stability interventions

- Stable housing and independent living
- Reduced criminal activity
- Community integration and access to services

Stage 2: Health and wellbeing interventions

- Physical health
- Mental health and wellbeing
- Reduced substance misuse
- Actively using mental health and other services
- Self-esteem and motivation

Stage 3: Education and skills interventions

- Entry into education or training
- Staying in education or training
- Gaining qualifications and skills
- Core life skills including financial management

Stage 4: Employment interventions

- Improved job searching skills
- Improved job application skills
- Entry into work
- Earnings
- Staying in work longer term

For moving people into work, the evidence of positive impact is unsurprisingly strongest for interventions that explicitly aim to achieve this, such as Individual Placement and Support (IPS), and other Employment Support programmes.

A conclusion that emerges from this holistic review of the literature is that interventions that explicitly aim to address multiple barriers appear to be more effective than those aimed at addressing only a single disadvantage. For example, housing interventions that integrate other elements, such as addiction or mental health support, are generally more effective than those that do not. There is strong evidence of impact on employment outcomes for IPS which has an explicit 'zero exclusions' policy, meaning support is available for a wide range of issues.

Individual Placement and Support (IPS)

IPS involves rapidly placing individuals into employment and then providing the necessary support to sustain that employment. This contrasts with other Employment Support programmes that aim to prepare individuals for work before helping them find jobs. IPS was originally developed for people with severe mental health issues and is well-evidenced in that context, but the evidence shows that IPS can also be effective for a broader range of populations. The evidence is strongest for people with substance misuse issues, but there is also promising evidence for ex-offenders and people experiencing homelessness. More UK-based trial evidence is required that specifically focuses on these populations. There is evidence from the UK that IPS interventions need to be highly tailored to local labour market contexts, such as the quantity and type of work available.

Employment Support programmes

Overall, the interventions and the evidence are too diverse to draw clear overarching conclusions about what works best. But there is evidence from individual studies that some of these types of interventions can work for some groups. For example, there is evidence that a range of programmes that aim to support ex-offenders into work by providing vocational skills alongside wider support services can be effective. More

intensive interventions that provide holistic services both pre- and post-release showed the most promise. There is also evidence that interventions that provide subsidised temporary work placements for ex-offenders can help them to transition into permanent employment. Further work is required to identify those interventions within this category that show the most promise and synthesise the primary evidence or conduct new trials.

Community and peer mentoring interventions

The literature included several “recovery housing” interventions, all in the US. There is a limited amount of evidence on these interventions, but the findings are promising and show that recovery houses can have a positive impact on employment outcomes. Oxford Houses, being entirely peer-run, are particularly cost effective. These interventions would need testing in the UK context to establish if these positive findings are maintained.

Other peer mentoring interventions included 12-step programmes. The evidence shows that these are effective for achieving abstinence, but there is no evidence, to date, on employment outcomes specifically.

Case management interventions

Overall, there is evidence that case management interventions for homeless populations are an effective way of reducing homelessness, but there is only very limited evidence available on the impact for other outcomes areas (including employment), or on the impact for other groups.

Education interventions

Correctional education programmes have been comprehensively evaluated in the US. The evidence shows that correctional education programmes reduce rates of reoffending, and there is some promising evidence that they can improve employment outcomes. The evidence on educational programmes for care leavers was generally qualitative or low quality, but findings indicated positive impacts on care leavers feeling supported and confident.

Housing interventions

The evidence shows that housing interventions that involve additional support for co-occurring disadvantages (such as Housing First) are more effective than basic housing provision, when it comes to improving housing stability. However, there is not sufficient evidence to determine whether housing-focused interventions have positive effects on employment outcomes.

Inmate work programmes

There is a reasonably strong body of evidence on these interventions, but all of it comes from a single US state that has a long history of similar programmes. While there is promising evidence that these programmes can have a positive impact on

employment post-release, these findings should not be generalised beyond the highly specific context in which the interventions were tested.

Substance misuse interventions

Many interventions included components that aimed to help with substance misuse as part of a broader package of support. Some interventions, however, focused entirely on substance misuse, most notably Medication Assisted Treatment (MAT). This has been shown to be an effective treatment for substance misuse, but the evidence suggest it has limited broader impacts, including on employment or mental health outcomes.

What works for care leavers?

The evidence on what works for care leavers was considerably weaker than for the other three groups. The interventions in the literature took a wide range of different approaches to supporting care leavers. While some tried to help care leavers to live independently, others tried to help them remain in their existing care arrangements, and others tried to help them build connections to family members or other adults. The evidence for these three approaches is addressed in turn.

Independent living programmes (ILPs)

Several systematic reviews tried to determine the impact of ILPs generally, but the conclusions were mixed and conflicting due to the diversity of ILP interventions. The systematic reviews identified high-quality studies that suggest certain individual ILPs are effective at improving employment outcomes, but drawing an overarching conclusion about all ILPs is not possible. ILPs that involve mentoring, coaching and job readiness training can have positive impacts on employment, offending and education outcomes. ILPs that provide supported living can reduce the risk of homelessness.

Creating connections with family and other adults

There is some promising evidence that these programmes can increase the likelihood of adoption or reunification with family. And there is evidence that young people in care, who are later adopted, were more likely to enrol in non-compulsory education, to have higher earnings and to have criminal convictions. However, due to limitations in the scale and quality of the evidence, it is not possible to conclude that creating connections between young people in care and caring adults leads to positive longer-term outcomes.

Extending existing care arrangements

There is some promising evidence that extended care may improve employment, housing, education and health outcomes, but in general, the quality of the available evidence is low, and it is not possible to draw strong conclusions about impact.

The role of mental health

Overall, there was a consensus in the literature that a sensitive consideration of mental health was an essential component of almost any intervention aimed at any of the population groups considered in the review. Many of the interventions included a secondary mental health component alongside a primary service. Others were primarily focused on mental health but also included elements that focused on other needs, such as homelessness. There were also interventions, such as IPS, that were originally developed for people with mental health issues and have since been adapted for use with other populations.

Findings and evidence map overview

The table to the right provides a high-level overview of the evidence.

Cells in green indicate that there was evidence that a category of intervention has a positive impact for a given group on the stated outcome.

Cells in yellow indicate evidence of promise, meaning there is some evidence, but that we cannot be fully confident in the impact of the intervention.

Cells in red indicate that there is evidence available, but it does not show an impact.

Cells in grey show that there is no evidence available. The rest of this section provides more detail on these findings.

	Ex-offenders	Substance misuse	Homeless	Care leavers
Individual Placement and Support	Employment outcomes	Employment outcomes	Employment outcomes	No evidence available
Employment Support	Employment outcomes	Employment outcomes	Employment outcomes	Employment outcomes
Community and peer mentoring	Substance misuse and employment outcomes	Employment outcomes Substance misuse outcomes	No evidence available	No evidence available
Case management interventions	Employment or health outcomes	Employment or health outcomes	Housing outcomes Employment outcomes	No evidence available
Education interventions	Reoffending outcomes Employment outcomes	No evidence available	No evidence available	Employment and education outcomes
Housing interventions	Housing outcomes Employment or health outcomes	Housing outcomes Employment or health outcomes	Housing outcomes Employment or health outcomes	Housing outcomes Employment or health outcomes
Inmate work programmes	Reoffending outcomes Employment outcomes	No evidence available	No evidence available	No evidence available
Medication assisted treatment	No evidence available	Reoffending outcomes Employment or health outcomes	No evidence available	No evidence available
Independent living programmes for care leavers	No evidence available	No evidence available	No evidence available	Employment, housing, reoffending and education outcomes
Creating connections with family and other adults	No evidence available	No evidence available	No evidence available	Rates of adoption and social connectedness Employment, health and reoffending outcomes
Extending care arrangements past the age of 18	No evidence available	No evidence available	No evidence available	Employment, education, housing, crime, and health related outcomes

Individual Placement and Support

- Ex-offenders, Substance misuse and Homeless - positive impact on employment outcomes
- Care leavers – no evidence available

Employment support

- Ex-offenders, Substance misuse - positive impact on employment outcomes
- Homeless and Care leavers - evidence of promise for employment outcomes

Community and peer mentoring

- Ex-offenders - evidence of promise for employment and substance misuse outcomes
- Substance misuse: evidence of promise for employment outcomes; positive impact on substance misuse outcomes
- Homeless and Care leavers - no evidence available

Case management interventions

- Ex-offenders, Substance misuse and Homeless - no evidence of positive impact on employment outcomes
- Ex-offenders and Substance misuse - no evidence of positive impact on health outcomes
- Homeless - positive impact on housing options
- Care leavers - no evidence available

Education interventions

- Ex-offenders - positive impact on reoffending outcomes; evidence of promise for employment outcomes
- Substance misuse and Homeless – no evidence available
- Care leavers - evidence of promise for employment and education outcomes

Housing interventions

- Ex-offenders, Substance misuse, Homeless and Care leavers: positive impact on housing outcomes; no evidence of positive impact on employment or health outcomes

Inmate work programmes

- Ex-offenders - positive impact on reoffending outcomes; evidence of promise for employment outcomes
- Substance misuse, Homeless and Care leavers - no evidence available

Medication assisted treatment

- Substance misuse - evidence of promise for reoffending outcomes; no evidence of positive impact on employment or health outcomes
- Ex-offenders, Homeless and Care leavers - no evidence available

Independent living programmes for care leavers

- Care leavers - evidence of promise for employment, housing, reoffending and education outcomes
- Ex-offenders, Substance misuse and Homeless - no evidence available

Creating connections with family and other adults

- Care leavers: positive impact on adoption rates and social connectedness; evidence of promise for employment, health and reoffending outcomes
- Ex-offenders, Substance misuse and Homeless - no evidence available

Extending care arrangements past the age of 18

- Care leavers - evidence of promise for employment, education, housing, crime and health-related outcomes
- Ex-offenders, Substance misuse and Homeless - no evidence available