

Crisis response to the Work, Health and Disability Green Paper

February 2017

Introduction

1. Crisis, the national charity for homeless people, is pleased to respond to this consultation on work, health and disability.
2. Crisis is dedicated to ending homelessness by delivering life-changing services and campaigning for change. We believe passionately that for many of the people we work with, finding employment is the best way of making a sustained exit from homelessness. Through our eleven Skylight centres across the UK we have a wealth of experience supporting homeless people into work, including many who also experience health-related barriers to seeking and finding work.

Summary of recommendations

3. Crisis welcomes the Government's direction of travel on better integrating health and employment support services to provide tailored support that recognises and addresses an individual's needs. We believe however that support to address housing need must also be incorporated into this model if it is to effectively support those who experience both health and housing related barriers to work, given that these are often experienced alongside one another.
4. In this response we recommend the following:
 - a) Improvements must be made to the training and support provided to Jobcentre Plus Work Coaches, so they are equipped to build supportive, trusting relationships with claimants and provide personalised support that meets their needs**
 - i. Work Coaches should receive training to improve their knowledge of mental health conditions, including an understanding of how they can fluctuate
 - ii. Work Coaches should also receive training to increase their knowledge of homelessness (including hidden homelessness)
 - iii. Work Coaches should receive comprehensive training on DWP's internal processes and policies that relate to vulnerable claimants, including the easement rules that suspend conditionality requirements for some homeless people
 - iv. Work Coaches should receive training to deal with straightforward queries about the housing element of Universal Credit
 - v. Work Coaches should receive skills-based training to improve their practical skills in making 'better off' calculations, particularly in relation to the removal of existing 'permitted work' rules under Universal Credit
 - vi. Classroom-based training covering Motivational Interviewing techniques should be provided to help Work Coaches develop their skills in interacting with claimants and encouraging disclosure of hidden needs, with the impact of this training monitored in observation sessions with Team Leaders
 - vii. The Department for Work and Pensions should undertake an assurance process of its training roll-out to ensure Work Coaches have the skills they need to effectively support claimants on their journey towards work

- viii. Jobcentre Plus must undertake a thorough analysis of the staffing levels required to meet both current and future demand
- b) Specialist advisors should be reintroduced to Jobcentre Plus to work with people experiencing homelessness, possibly in the form of a Senior Work Coach role as recently recommended by the Select Committee for Work and Pensions**
- c) Jobcentre Plus should provide support once someone enters work, in order to help manage their transition into work and to help them both sustain their job, maintain their housing and promote their health**
- d) The conditionality and sanctions regime must be reformed, to ensure it does not create additional barriers for those who are already vulnerable**
 - i. A more personalised employment support offer must include a better tailoring of conditionality requirements that take into account individual support needs
 - ii. A new financial assessment should be introduced before an individual is sanctioned, to determine if a financial sanction is likely to put an individual at risk of homelessness or destitution, in which case it should not be issued
 - iii. The homelessness easement should be extended to all those who are homeless, not just those who are newly homeless, with this principle extended to Universal Credit
 - iv. Conditionality requirements must be sufficiently flexible to accommodate fluctuating conditions and not penalise irregular attendance where this is a result of that condition
- e) DWP must collect data on movement into work amongst claimants engaging with Jobcentre Plus and monitor performance against this data. For people experiencing severe barriers to work, including in relation to health and housing, the department should consider measuring progress towards work such as participation in training or volunteering**
- f) Once the proposed new Dynamic Purchasing System is introduced, existing rules must be relaxed that limit smaller specialist providers from delivering more than three contracts**
- g) No-one in the Support Group of ESA should be subject to the conditionality and sanctions regime. Any attempts to engage with people in this cohort should be on their terms and entirely voluntary**
 - i. If the Government is to offer targeted support to this cohort, it must be willing to invest in the intensive support required to work with people with higher support needs, while accepting that for a significant proportion of this cohort this may not result in short-term or even long-term employment outcomes
 - ii. Any support provided should be delivered at the individual's pace rather than assuming any 'quick wins' into employment
 - iii. Such support is best provided by specialists who understand the client group, most likely within the voluntary sector
- h) Claimants engaging with Jobcentre Plus should receive an in-depth assessment that takes into account all the barriers to employment that individuals face, including health and homelessness**

- i. This should determine the most appropriate *support* based on the individual's distance from the labour market, rather than the broad level of conditionality that should be attached to their benefit claim
 - ii. Government should retain the status quo of having one independent assessment to identify those people who are too unwell to be required to engage with Jobcentre Plus, and who are also eligible for the higher rate
 - iii. The assessment should identify 'hidden homelessness' as well as rough sleeping, and capture the varying levels of need within the homeless population
 - iv. Homelessness should be included as a separate descriptor in the Work Capability Assessment, to be considered in conjunction with medical issues
- i) Jobcentre Plus must collaborate and where possible integrate with other local services to address health and housing needs where these are identified as barriers to work**
- i. In jobcentres which co-locate with local authorities, Work Coaches must work together with housing, homelessness and public health teams towards shared objectives that centre on the individual and their particular needs
 - ii. Work Coaches should be supported to establish links with statutory and voluntary homelessness services, including specialist health services for homeless people such as Pathway.
 - iii. Where claimants are making positive efforts to improve their employability by accessing support, courses or volunteering through the voluntary sector, Work Coaches should support and accommodate this activity
 - iv. Work Coaches could play a meaningful role in signposting homeless people to GPs and specialist mental health services
 - v. Local commissioning decisions around the support provided through Universal Support should reflect the need for housing and homelessness support in the local area
 - vi. Jobcentre Plus should be included in the 'duty to refer' regulations of the Homelessness Reduction Bill, along with health organisations including NHS trusts, NHS England, Clinical Commissioning Groups and Health and Well-being Boards
- j) Greater opportunities should be provided for people to engage with talking therapies face-to-face via employment support services**

Chapter 1: Tackling a significant inequality

What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?

- 5. The vast majority of homeless people want to work despite having high support needs; recent research commissioned by Crisis found that 88 per cent said they wanted a job now or in the

future.¹ However very few are in work. In 2016 just 7 per cent of Crisis' clients were in either full- or part-time work.²

6. The lack of a stable and settled home makes it extremely difficult for people to find and maintain employment. At the same time homelessness can create or exacerbate a range of other issues, including poor mental and physical health and substance misuse. In 2016, 51 per cent of Crisis' clients reported a limiting illness or disability and 44 per cent reported a history of mental health problems, at the point of first coming to Crisis. 30 per cent reported problematic use of drugs and/or alcohol.³
7. Crisis Skylight centres offer employment services and learning opportunities embedded within a holistic model that offers support across a whole range of issues. We work with those who are currently homeless, those at risk of homelessness and those with past experience of homelessness.
8. The employment service is delivered through a coaching model, with each client allocated their own trained coach to provide tailored support to overcome the individual's barriers to work. Coaches build trust and encourage clients to take personal responsibility for their journey towards work, as well as providing practical support to write a CV, complete job applications, search for jobs and prepare for interviews. Job coaches provide support up to the first twelve months of employment to ensure clients can sustain their job.
9. Crucial to the Skylight model is the positioning of our employment services within a broader framework that offers holistic support across a whole range of issues. This includes support to secure access to adequate and affordable housing in the private rented sector, as well as support to improve access to mental health services and promote individual well-being. Some Skylight centres have dedicated mental health coordinators who provide low level support through group based activities and one-to-one sessions, and facilitate access to NHS and other forms of support. Clients in all Skylight centres also have access to progression coaches who focus on goal-setting, directing people towards courses, activities and specialist services, as well as providing advice on welfare rights and benefits.
10. We are independently funded, giving us a significant degree of freedom to innovate and determine what works in supporting the hardest to help jobseekers. Clients engage voluntarily but we also receive referrals both through formal contracts and informal service level agreements with other agencies. This has included a number of projects funded through the Jobcentre Plus Flexible Support Fund, most recently a tailored, intensive, pre-employment support programme for single homeless people and those at risk of homelessness in the East London boroughs of Tower Hamlets, Newham and Hackney.
11. In 2016 our employment services worked with 1047 homeless and vulnerably housed people across eleven centres who self-reported a 'health issue or disability' when they first approached Crisis. Of these, we supported 283 into paid work, giving our employment offer a success rate of 21 per cent for this cohort. In addition, 221 progressed onto further education, 214 volunteered and 782 gained at least one qualification.
12. During the same period our employment services worked with 1073 homeless and vulnerably housed people who reported mental health issues. Of these, we supported 306 into paid work, giving our employment offer for this cohort a success rate of 23 per cent. In addition, 209 progressed onto further education, 200 volunteered and 687 gained at least one qualification.

¹ Batty, E., Beatty, C., Casey, R., Foden, M., McCarthy, L. & Reeve, K. (2015) *Homeless people's experiences of welfare conditionality and benefit sanctions*. London: Crisis

² Crisis Skylight evaluation data

³ Ibid.

13. In our London Skylight centre, where our in-work support offer is most developed, we have also been able to demonstrate strong job sustainment outcomes. Out of 89 people who reported a health issue or disability and started a job more than three months ago, 44 (49 per cent) have sustained work for three months. Of the 63 who started a job more than six months ago, 17 (27 per cent) have sustained work for six months. Out of 56 people who reported a mental health issue and started a job more than three months ago, 29 (52 per cent) per cent have sustained work for three months. Of the 39 who started a job more than six months ago, 7 (18 per cent) have sustained work for six months.⁴
14. An independent evaluation of Crisis Skylight found that the service delivers progression towards education, training, volunteering and paid work for single homeless people, as well as towards better health, social supports and self-esteem. This is in spite of our clients facing multiple barriers to work. The evaluation identified that one-to-one coaching and access to specialists in mental health, housing and employment are instrumental in delivering positive outcomes.⁵
15. This replicated the findings of an earlier study specifically focused on mental health services offered by Crisis Skylight. This found that working with Skylights had helped people with a history of homelessness and mental health problems into paid work. Of the 685 individuals who made at least one use of a Skylight mental health service between September 2010 and March 2013, 90 (13 per cent) secured full or part time work. Paid roles ranged from a handyman through to a bicycle mechanic, work in catering and factory jobs. In addition, 124 achieved an educational outcome and 111 volunteered. 122 individuals reported an improvement in their mental health.⁶

Case studies: Crisis Skylight leading to positive outcomes for people experiencing poor mental health

I've had no outside help. I've been in London for three years. I'd really like to thank Crisis for all that they've give me [sic], and through all different steps I'm now seeing someone about my addictions, a counsellor, progression worker, a housing worker, furthering my education, in the six months I've been here.

(Female user of Crisis' mental health services)

It's always positive though as well, it's always like full of encouragement and it's not like someone telling you there is no end to your problem, it's not going to get better, it's always like you feel this place is helping you progress and is going to help you step out of the situation you are currently in.

(Female user of Crisis' mental health services)⁷

Chapter 2: Supporting people into work

Building work coach capability

How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?

16. Crisis welcomes the Government's vision as set out in the Green Paper to provide a 'more personalised approach to employment support, which reflects the wide variety of conditions and needs' amongst disabled people and those with health conditions. We agree with the

⁴ Ibid.

⁵ Bretherton, J. & Pleace, N. (2016) *Crisis Skylight, Pathways to Progression: second interim report*. London: Crisis

⁶ Pleace, N. & Bretherton, J. (2014) *A Review of Crisis Skylight's Mental Health Services*. London: Crisis

⁷ Case studies from *ibid*.

Government's assessment that 'the current approach does not do enough to treat people as individuals' and strongly welcome both the recognition of this and the commitment to seek to improve its offer for those with more complex barriers to work.

17. In order to meet this objective, we believe it is vital that support can be accessed via Jobcentre Plus to address housing-related barriers to work, given the comorbidity of housing and health issues. Without such support, housing need will continue to act as a barrier to finding and sustaining work. This will require an **in-depth assessment that takes into account all the barriers to employment that individuals face**, not only in relation to their health or disability but also identifying the impact of homelessness or being vulnerably housed on an individual's ability to seek, find and sustain work.
18. Crisis is concerned that Work Coaches currently have very limited capability in identifying that someone is homeless or at risk of homelessness, and the impact this may have on their ability to move towards or seek work. We have already identified cases, for instance, of Work Coaches failing to identify that individuals are homeless, when determining eligibility for the live service of Universal Credit.
19. This is also illustrated by the low volume of referrals received from Jobcentre Plus for the East London Flexible Support Fund project mentioned above. Crisis met its contract targets for supporting participants into work, but the majority (54 per cent) of eligible referrals were identified by Crisis job coaches from their existing caseload, not by Jobcentre Plus. Jobcentre Plus Work Coaches often failed to identify those who were 'hidden homeless' (sofa surfing or living in hostels or temporary accommodation), identifying primarily those who were visibly rough sleeping.
20. It's important, then, that **a new assessment is capable of identifying all forms of homelessness, not just rough sleeping. It should also capture the varying levels of need within the homeless population**, ranging from those with relatively low level needs largely related to their housing situation, through to entrenched rough sleepers with complex support needs. Such an assessment should result in people being directed to the most appropriate support depending on their level of need.
21. Voluntary sector partners are well placed to provide specialist support for people with complex barriers to work. For this reason we welcome the proposed £15 million of additional funding for the Flexible Support Fund. Our London Skylight centre has been informed however that we can no longer bid for future contracts as we have already delivered three contracts and are unable to bid for a fourth under Grant Funding rules. **Once the proposed new Dynamic Purchasing System is introduced, these rules must be relaxed** in order to achieve the Government's ambition of extending the reach of well-established third sector support groups.
22. Our job coaches report that, where Jobcentre Plus staff knowledge and understanding of complex needs is higher, this is often due to advisors having held previous specialist roles in areas such as mental health, disability, substance misuse, or housing and homelessness. Crisis regrets that much of this specialism has been lost – not least because homelessness advisors provided a useful single point of contact for local homelessness agencies – and welcome the Government's commitment to introduce 300 more Disability Employment Advisors.
23. We also recommend the **reintroduction of specialist advisors for people experiencing homelessness**. Crisis is concerned that considerable expectations will otherwise be placed on Work Coaches in terms of requiring specialist knowledge across a huge range of areas. As outlined above, Crisis' one-to-one housing coaching and provision of specialist housing advice have been independently evaluated as delivering positive outcomes for clients. The evidence

suggests that delivering such a model at scale across Jobcentre Plus would deliver similar benefits in terms of job, housing and health outcomes.

24. Crisis welcomed the Work and Pensions Select Committee's recommendation in its recent report on the future of Jobcentre Plus⁸ to allow some Work Coaches to progress to a Senior Work Coach role, specialising in directly supporting a smaller caseload of claimants with complex needs, including homeless claimants. Crisis is disappointed that the Government chose not to accept this recommendation in its recent response⁹ and believes DWP should reconsider the case for introducing such a role. Much like the new Disability Employment Advisors, such a model could build internal capacity for the wider team, with senior coaches offering case work advice to colleagues in addition to managing their own specialist caseload.
25. Crisis welcomes the focus in the Green Paper on the relationship between a person and their Work Coach. We agree that this relationship is crucial in supporting people to overcome complex barriers to work. Mental health conditions in particular are complex, enduring and ever changing, so a service that works one on one with a fixed point of contact over a longer period of time is needed to support this cohort. Seeing different advisors, on the other hand, can be extremely frustrating and counterproductive.
26. As outlined above, Crisis' one-to-one coaching model has been independently evaluated as delivering positive outcomes in relation to training, paid work and better health for single homeless people.¹⁰ Our coaching model is supportive and encouraging, emphasising people's strengths and capacity while respecting and understanding their barriers to the labour market. Crucially, it puts the individual at the centre of the process and tailors support according to their particular needs and assets. Coaches achieve this by developing trust and rapport with claimants over time.
27. We believe Jobcentre Plus can learn from this model to effectively support those experiencing difficulties with their health and housing. Both our research and Crisis job coaches have identified existing examples of good practice in Jobcentre Plus, where dedicated advisors have succeeded in establishing a trusting and supportive relationship with vulnerable claimants. Typically this involves support that recognises emotional needs.¹¹ What is clear, however, is that delivery across Jobcentre Plus is inconsistent, and examples of good practice are sometimes dependent on individual advisors being prepared to 'go the extra mile' to support claimants.
28. We are concerned however that appointments with Jobcentre Plus Work Coaches are too short to deliver meaningful coaching support. Crisis job coaches report that clients typically see their Jobcentre Plus advisors for ten minutes at a time and have no access to them outside of these appointments. Crisis supports DWP's long term plans to structure Work Coaches' time more flexibly by reducing face-to-face contact with the most self-sufficient, in order to offer longer appointments to those who require more intensive support.
29. It's vital that the Department **undertakes a thorough analysis of the staffing levels required to meet both current and future demand** – in terms of volume but also, as outlined above, in terms of specialist roles. This will enable the Department to allocate resources most effectively and to ensure sufficient and appropriate face-to-face support is available for those who need it.

⁸ Work and Pensions Committee (2016) *The future of Jobcentre Plus*

⁹ *The future of Jobcentre Plus: Government Response to the Committee's Second Report of Session 2016–17* (2017)

¹⁰ Bretherton, J. & Pleace, N. (2016) *Crisis Skylight, Pathways to Progression: second interim report*. London: Crisis

¹¹ Batty, E., Beatty, C., Casey, R., Foden, M., McCarthy, L., Reeve, K. (2015) *Homeless people's experiences of welfare conditionality and benefit sanctions*. London: Crisis

The Department's recent clarification of its integrated forecasting model¹² is encouraging, but it is unclear whether this includes analysis of the anticipated support needs of the caseload and the amount of contact time claimants may require.

30. **Jobcentre Plus should also provide support once someone enters work, in order to help manage their transition into work and to help them both sustain their job, maintain their housing and promote their health.** Many of our clients struggle at the point they enter work, particularly in managing the change in the level and source of their income. Jobcentre Plus Work Coaches could play a meaningful role in supporting the individual to secure reasonable adjustments in the workplace if needed, and to iron out any issues relating to their health condition or disability, together with the employer. Work Coaches are also well placed to discuss with the individual whether working has had any impact on their health – good or bad – and to liaise with medical professionals where possible.
31. If Jobcentre Plus is to effectively support individuals to overcome complex barriers to work, this will also require greater flexibility in relation to benefit sanctions. Crisis job coaches report that, rather than working with claimants to address their personal barriers to work, Jobcentre Plus staff are instead largely focused on 'checking up' on claimants, as part of an administrative process that centres around implementing the conditionality and sanctions regime. This is supported by research commissioned by Crisis into homeless people's experiences of conditionality and sanctions which has identified a 'one-size-fits-all' approach to working with vulnerable claimants that, as acknowledged in the Green Paper, is not appropriate.¹³
32. The result of this 'one-size-fits-all' approach when it comes to setting conditionality requirements is that homeless people are more likely to be sanctioned compared to the general claimant population. 40 per cent of respondents to the Crisis research in the Work-Related Activity Group of Employment and Support Allowance (ESA WRAG) reported being sanctioned in the past year, compared with 11 per cent of the total claimant population during the same time period – making them four times more likely to be sanctioned than claimants overall.¹⁴ This rose to 45 per cent of respondents reporting mental ill health.
33. The sanctions imposed were found to often be the result of conditionality requirements being set that claimants were not capable of meeting. This suggests that homeless people – and in particular those experiencing poor mental health – are being sanctioned because they *cannot* comply with their conditionally requirements and not because they are wilfully flouting the rules. **A more tailored employment support offer must include a better tailoring of conditionality requirements that take into account individual support needs**, including in relation to homelessness and poor physical or mental health.
34. This must include making improvements to the training delivered to Work Coaches, in relation to setting conditionality requirements for vulnerable claimants. Crisis is aware that DWP has updated guidance on this and was pleased to be consulted on a draft. The findings of our

¹² *The future of Jobcentre Plus: Government Response to the Committee's Second Report of Session 2016–17* (2017)

¹³ Batty, E., Beatty, C., Casey, R., Foden, M., McCarthy, L., Reeve, K. (2015) *Homeless people's experiences of welfare conditionality and benefit sanctions*. London: Crisis

¹⁴ Ibid. The original report compared the sanction rate of surveyed homeless service users to the best available comparable figure of 19% cited in last year's Homelessness Monitor. This more accurate comparator was calculated by Mike Foden (CRESR, Sheffield Hallam University) based on data published in Freedom of Information request Reference 2015-2187. See also Reeve, K. (2016) 'Homeless People's Experiences of Welfare Conditionality and Benefit Sanctions'. Paper presented at Tackling homelessness in Bristol: developing and sharing best practice, Bristol, November 9th: <http://housing-studies-association.org/2016/11/tackling-homelessness-developing-sharing-best-practice/>

research suggest however that existing guidance is not being followed. While the Claimant Commitment is designed to be a flexible document which is tailored to the claimant's personal circumstances, many vulnerable claimants do not realise this and few respondents to our research recognised it as the product of a conversation.¹⁵ Crisis welcomes the Government's recent commitment to include an additional question in the annual claimant experience survey to monitor the claimant's views on the extent to which they consider Claimant Commitments personalised.¹⁶

35. Setting inappropriate conditionality requirements that result in sanctions is costly in terms of people's mental and physical health. Three quarters (75 per cent) of people in the Crisis study who had been sanctioned said this had a negative impact on their mental health, rising to 86 per cent amongst those in the ESA WRAG. 64 per cent reported a negative impact on their physical health, rising to 75 per cent of those in the ESA WRAG. Negative physical health effects were evident mostly in relation to 'involuntary fasting' as a response to being unable to buy or access food, and insomnia and lack of sleep. It is unsurprising, then, that 60 per cent of those who were sanctioned said it had a negative effect on their ability to look for work, rising to 67 per cent amongst those in the ESA WRAG.¹⁷

Case study: the impact of sanctions on individuals' mental health

'I suffer a lot from anxiety and I get panic attacks and I work myself up and when I get there it could be really simple but I just work myself up when I know it's someone I don't know, saying 'you haven't done it right' or whatever. I think ever since I got the sanction it's made my anxiety a lot worse...'
(Anisa)¹⁸

36. It is absolutely vital that the conditionality and sanctions regime does not create additional barriers for those who are already vulnerable. If the support offered by Jobcentre Plus is to effectively support people with health conditions progress towards work, it must not instead have the effect of worsening those health conditions and pushing them further from the labour market. This is only counter-productive. **Crisis recommends the introduction of a new financial assessment before an individual is sanctioned, to determine if a financial sanction is likely to put an individual at risk of homelessness or destitution, in which case it should not be issued.**
37. **Crisis would also wish to see an extension of the homelessness easement**, which allows Work Coaches to lift work-related conditionality requirements while claimants look for accommodation. We think **this should be extended to all those who are homeless, not just those who are newly homeless**, given that people may not disclose they are homeless until they have been homeless for some time. Guidance for Work Coaches must make clear that this principle must also be applied under Universal Credit, with conditionality switched off in such circumstances.
38. A shift away from the current emphasis on implementing the conditionality regime towards offering personalised support that is tailored to individual needs will require a significant culture change across Jobcentre Plus. To ensure a stronger focus on outcomes rather than process, Crisis believes **DWP must collect data on movement into work amongst claimants engaging with Jobcentre Plus and monitor performance against this data.** For people experiencing severe barriers to work, including in relation to health and housing, **the department should consider**

¹⁵ Ibid.

¹⁶ *The future of Jobcentre Plus: Government Response to the Committee's Second Report of Session 2016–17* (2017)

¹⁷ Batty, E., Beatty, C., Casey, R., Foden, M., McCarthy, L., Reeve, K. (2015) *Homeless people's experiences of welfare conditionality and benefit sanctions*. London: Crisis

¹⁸ Ibid.

measuring progress towards work such as participation in training or volunteering. Crisis is encouraged by the Government's recent statement that 'distance travelled' measures will be considered as part of a Performance Framework being developed and tested in three locations.¹⁹

What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

39. Crisis welcomes the Government's proposal to introduce an enhanced training offer to better enable Work Coaches to support people with mental health conditions. This should aim to **improve knowledge of mental health conditions, including an understanding of how they can fluctuate.**
40. This training should make clear that claimants may experience mental ill health regardless of benefit type. Research commissioned by Crisis found that a quarter of homeless people on Jobseeker's Allowance reported that health was a barrier to work.²⁰ Many of our clients have high support needs but have been found fit for work by the Work Capability Assessment, often because the assessment fails to sufficiently capture mental health conditions or circumstances such as homelessness that relate to or exacerbate these conditions. In other cases people may experience poor mental health but not to a degree that they need or want to claim ESA.
41. This training (and other disability training offered to Work Coaches) should also cover the basics of discrimination law so that Work Coaches can support claimants if they are treated unfairly in the recruitment process. In particular Work Coaches should have a solid understanding of the support (including reasonable adjustments) that might be available to them in the workplace. For individuals who have been out of the labour market for some time or who may never have worked, they may be unaware of the support available to help them manage their health condition or disability in the workplace.
42. In order to provide tailored support to those experiencing health and housing problems, **it is vital that Work Coaches also receive training to increase their knowledge of homelessness (including hidden homelessness)** and how this interacts with other barriers to work. This should include the ability to ask questions about a claimant's housing situation in an appropriate way to encourage disclosure. This should be provided to every Work Coach, with take-up monitored and refresher training provided.
43. In order for Work Coaches to use this knowledge to effectively offer appropriate support to claimants with complex needs, **it's vital they also have a good awareness and understanding of internal processes and policies that relate to vulnerable claimants.** While DWP has a number of safeguards in place to protect vulnerable claimants, it is not clear that Work Coaches are always aware of them. For instance, as outlined above, an awareness of guidance on setting conditionality requirements for vulnerable claimants will enable Work Coaches to set conditions that are appropriate and realistic. Training on vulnerability should also cover the easement rules for homeless people, and make clear that Work Coaches can extend this beyond four weeks at their discretion. Work Coaches should also be familiar with similar easement rules for domestic violence survivors.
44. While most queries about the housing element of Universal Credit are expected to be dealt with by the Universal Credit service centre, vulnerable claimants may seek face-to-face support from their Work Coach to resolve such issues, given their ongoing relationship to manage other aspects of their claim. Crisis believes **Work Coaches should receive training to deal with**

¹⁹ *The future of Jobcentre Plus: Government Response to the Committee's Second Report of Session 2016–17* (2017)

²⁰ Batty, E., Beatty, C., Casey, R., Foden, M., McCarthy, L., Reeve, K. (2015) *Homeless people's experiences of welfare conditionality and benefit sanctions*. London: Crisis

straightforward queries about the housing element of Universal Credit at the very least, including in relation to Alternative Payment Arrangements. Work Coaches should be able to support vulnerable claimants to call the service centre together to resolve any issues if necessary.

45. Work Coaches should also receive **skills-based training to improve their practical skills in making 'better off' calculations** that take travel costs into account, so that people can be confident they will be financially better off by moving into work. This will be particularly important for people currently in receipt of ESA, once they move onto Universal Credit. Our job coaches are concerned that the removal of the 'permitted work' rules, combined with the reductions in the Universal Credit work allowances, may in fact mean that some individuals will be worse off financially if they take on some paid work. The abolition of the 'permitted work' rules in any case removes the present certainty that a claimant's benefits will be unaffected if they move into part-time work, and could be a disincentive to working if claimants cannot be reassured to the contrary.
46. As outlined above Crisis welcomes the Government's focus on the relationship between individuals and their Work Coach. We recognise however that a significant culture shift is required for Jobcentre Plus to deliver a genuine coaching model. We will be interested to see how this model develops as Universal Credit and the Work Coach delivery model is rolled out. **The Department for Work and Pensions should undertake an assurance process of its training roll-out to ensure Work Coaches have the skills they need to effectively support claimants on their journey towards work.**
47. Most importantly, **classroom-based training should be provided to help Work Coaches develop their skills in interacting with claimants**, in particular in building trust and rapport and encouraging disclosure of difficult personal circumstances. **Work Coaches could particularly benefit from training in Motivational Interviewing.** This is a specialist set of techniques originally developed for the dependency field and widely used in healthcare settings. Motivational interviewing is useful for clients who seem to be lacking the motivation and ability to make decisions in their lives. Capability in interacting with vulnerable claimants should be monitored by Work Coach Team Leaders in their monthly observation sessions with Work Coaches.
48. Homelessness organisations are well placed to provide further input and feedback on such training. Work Coaches could also benefit from shadowing job coaches from strongly performing external providers, particularly those that specialise in homelessness. Crisis would be very willing to welcome Jobcentre Plus staff to shadow our job coaches at Crisis Skylight.
49. **Work Coaches should also be encouraged to develop their knowledge of, and where appropriate refer claimants to, specialist services in the local area.** This should include specialist mental health and substance misuse services, including local 'Mind' offices, local counselling services, Community Mental Health teams, local GPs, crisis teams within mental health services, residential mental health support such as Look Ahead services, and statutory mental health services.
50. Likewise, **Work Coaches should be supported to establish links with statutory and voluntary homelessness services, including specialist health services for homeless people such as Pathway**, which offers a model of integrated healthcare for single homeless people and rough sleepers admitted to hospital. The Pathway model brings together clinical staff and housing professionals, and provides advice on housing and benefits following discharge from hospital. Establishing better links with Work Coaches would enable those involved in the Pathway model to deliver a better handover once people are ready to start thinking about work.

51. Many homelessness organisations will also have established links and referral points with local health services. Homeless Link has produced a useful toolkit for homelessness organisations, promoting joint working with Jobcentre Plus.²¹ This provides practical tips as to how homelessness services can best forge good working relationships with their local Jobcentre Plus offices and districts. Jobcentre Plus could benefit from similar guidance setting out how to establish links within the homelessness sector, and highlighting the benefits of this to their own service.

Supporting people into work

What does the evidence tell us about the right type of employment support for people with mental health conditions?

52. As detailed above, an independent evaluation of Crisis Skylight services has identified the importance of **flexible, respectful and cooperative support** for single homeless people who face multiple and significant barriers to employment – including poor mental health. The study has found our model to deliver progression towards education, training, volunteering and working towards and securing paid work.²²

53. For those experiencing fluctuating mental health conditions, it's vital that the support provided – and any conditionality attached to that support – is flexible enough to accommodate people only engaging when they feel well enough to do so. The Crisis model recognises that people may not be well enough to attend every class, and tutors are skilled in supporting clients to catch up if they fall behind due to inconsistent attendance. While we recognise that conditionality is a feature of the system for some, **conditionality requirements must be sufficiently flexible to accommodate fluctuating conditions and not penalise irregular attendance where this is a result of that condition.**

54. The evaluation of Crisis Skylight services also found strong evidence that our **strengths-based approach can enhance self-confidence and self-esteem, both of which are positively associated with better mental and physical health.**²³ Supporting people to achieve realistic goals such as learning a new skill or completing a course can be hugely beneficial for those experiencing anxiety, depression and low self-esteem. This in turn can put people in a better frame of mind to consider progressing towards work in the future. Offering work experience or volunteering opportunities can also remind people – or indeed lead them to discover – the benefits of working, which they might otherwise be too frightened to test out, either for financial or emotional reasons.

Case study: supportive and flexible support increasing confidence and self-esteem

“When I first did Skylight I attended a music class. To be fair, at that time, I was very low on confidence. I wasn't interested in anything to be fair, at all. From there I went on to volunteer with them, as I said, I went on to chair their members' meeting forum. As I say, I went to IT, I went to communication. I've been involved in drama. It's made a massive difference to me.”
(Crisis Skylight member)²⁴

²¹ Homeless Link (2014) *Working Together Toolkit Developing relationships with Jobcentre Plus*

²² Bretherton, J. & Pleace, N. (2016) *Crisis Skylight, Pathways to Progression: second interim report*. London: Crisis

²³ Pleace, N. & Bretherton, J. (2017) *Crisis Skylight: Final report of the University of York Evaluation*. London: Crisis

²⁴ Ibid.

Improving access to employment support

Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?

55. It is important to emphasise that people are in the Support Group of ESA because they have been found unfit for work by a rigorous, independent assessment. This threshold is high and many of our clients do not meet it despite experiencing poor health, and sometimes contradicting the opinion of their GP and other health professionals that they are not fit for work.
56. It's therefore vital that the Government proceeds with extreme care if it is to consider offering targeted employment support to this cohort. Giving people time and space to recover from illness is a well-known antidote to stress and mental ill health in particular, so **any attempts to engage with people in the Support Group should be on their terms and entirely voluntary**. If people feel pressured into undertaking activity that they do not feel well enough to participate in, there is a risk that this could lead to stress and anxiety and a worsening of their condition. For those who are not well enough to engage with any support, this might also serve as a reminder of the limitations of their condition, with negative impacts on self-esteem.
57. By extension, Crisis believes **financial sanctions are wholly inappropriate for those in the Support Group**. As outlined above, research commissioned by Crisis identified a worsening of physical and mental health conditions amongst single homeless people in the ESA WRAG, as a result of being sanctioned.²⁵ For those in the Support Group with longer term or more serious conditions, an equivalent worsening of health could have severe consequences. There is already a culture of fear amongst many of our clients in receipt of ESA that their benefits claim will be terminated for a perceived misdemeanour or due to administrative error; bringing the Support Group within the conditionality and sanctions regime will only exacerbate that anxiety.
58. Nevertheless, Crisis does work with people in the Support Group of ESA, who voluntarily engage with our service and participate in meaningful activity through our range of classes and one-to-one coaching support. Some people in the Support Group want to do more with their time and some actively want to work despite the limitations of their health condition. As outlined above, the support provided by Crisis has been independently evaluated as boosting confidence and self-esteem, which in turn is beneficial for physical and mental health.²⁶ Crisis therefore recognises that for those in the Support Group who are able to participate in some support, this could be beneficial provided it is focused on promoting individual well-being and clearly offered on a voluntary basis.
59. It's important to be realistic, however, about the amount of progress those in the Support Group are likely to be able to make. The evaluation of Crisis Skylight identified a group of clients who made just limited progress, often due to illness or disability, who were not, realistically, going to be able to secure or sustain some forms of employment, volunteering, training or education. This was a group that Crisis Skylight could benefit, providing a range of support and the benefits of structured activities such as art and basic skills education, but for whom the goal of progression towards the mainstream labour market was not always realistic.²⁷
60. **If the Government is to offer targeted support to this cohort, it must be willing to invest in the intensive support required to work with people with higher support needs, while accepting**

²⁵ Batty, E., Beatty, C., Casey, R., Foden, M., McCarthy, L., Reeve, K. (2015) *Homeless people's experiences of welfare conditionality and benefit sanctions*. London: Crisis

²⁶ Pleace, N. & Bretherton, J. (2017) *Crisis Skylight: Final report of the University of York Evaluation*. London: Crisis

²⁷ Ibid.

that for a significant proportion of this cohort this may not result in short-term or even long-term employment outcomes.

What type of support might be most effective and who should provide this?

61. Given the severity of health conditions in this cohort, **any support provided should be delivered at the individual's pace rather than assuming any 'quick wins' into employment.** The support provided might offer people something useful to do with their time that is not directly associated with work, such as an IT course to help people manage their benefits claim online. Given the isolation often experienced by those with long term health conditions and other complex needs, group work could be particularly beneficial. Group activities might also improve the confidence of clients so that they do not feel as though they are being individually targeted.
62. Crisis believes **such support is best provided by specialists who understand the client group, most likely within the voluntary sector.** Voluntary sector organisations are more likely to have the necessary specialist expertise of working with people with complex needs. People in the Support Group of ESA are also much more likely to engage with voluntary sector organisations, given the culture of fear that exists in relation to their interactions with Jobcentre Plus. A huge culture change would need to take place within Jobcentre Plus for people to overcome this fear and anxiety and engage voluntarily with support.

How might the voluntary sector and local partners be able to help this group?

63. As above, Crisis recommends that any support provided to this cohort is best delivered by specialist organisations from the voluntary sector.

Chapter 3: Assessments for benefits for people with health conditions

Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?

64. As outlined above, we believe it is entirely inappropriate for people in the Support Group of ESA to be brought into the conditionality and sanctions regime. As such, **we would favour the status quo of having one independent assessment to identify those people who are too unwell to be required to engage with Jobcentre Plus, and who are also eligible for the higher rate.**
65. If the Government does decide to proceed with applying conditionality to the Support Group, Crisis would have strong reservations about Work Coaches being given discretion to make decisions about people's ability to engage in potentially mandatory activity on a case-by-case basis, as suggested in the Green Paper. As set out above, we have existing concerns about the capability of Work Coaches to set appropriate conditionality requirements for vulnerable claimants, particularly those experiencing poor mental health alongside homelessness. 45 per cent of homeless respondents reporting mental ill health in our study were sanctioned, often as a result of conditionality requirements being set that the individuals were not capable of meeting.²⁸ While we believe that much can be done to improve the training for Work Coaches on recognising vulnerability and setting appropriate conditionality requirements, **the evidence does not support Work Coaches being given greater responsibilities to determine the level of support that individuals are able to engage with.**
66. It is important to emphasise that for our clients, the main driver for them making a claim for ESA is that they feel too unwell to work. Many of our clients are unaware at the point they submit their claim that those in the Support Group of ESA are paid at a higher rate than Jobseeker's Allowance; they simply make a claim for the out-of-work benefit that is most appropriate to

²⁸ Batty, E., Beatty, C., Casey, R., Foden, M., McCarthy, L., Reeve, K. (2015) *Homeless people's experiences of welfare conditionality and benefit sanctions*. London: Crisis

their circumstances. Introducing a new regime involving two separate assessments is likely to be very confusing for vulnerable applicants; already many of our clients do not understand the Work Capability Assessment at all and require support from our coaches to navigate the process.²⁹

How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?

67. For those who are deemed well enough to work or engage with employment support (those in receipt of Jobseeker's Allowance or in the ESA WRAG), we do believe that better segmentation is necessary to match them to personalised, tailored support and to ensure that the expectations made of them sufficiently take their health and other support needs into account. At present, the Work Capability Assessment (WCA) will often find people 'fit for work', on the proviso that they would need significant adjustments in the workplace and/ or a sympathetic employer in order to sustain a job – but this is neither reflected in the assessment report nor shared with employment support providers.
68. **We would therefore support the introduction of an assessment for those on JSA and in the ESA WRAG – to determine the most appropriate support based on the individual's distance from the labour market. This should take into account all their employability needs, identifying barriers such as homelessness and lack of basic skills as well as health-related barriers, but not be used to determine the broad level of conditionality that should be attached to their benefit claim.** Crucially, this should be informed by any information carried over from the WCA. It would most likely have to be separate to the WCA, in order to ensure that people are incentivised to emphasise what they *can* do, rather than what they can't (given that people's motivation for undertaking the WCA is to receive the most appropriate benefit to their circumstances; many of our clients feel under enormous pressure to make sure they do not lose their benefit entitlement).

What other alternatives could we explore to improve the system for assessing financial support?

69. Crisis has longstanding concerns that the existing assessment process is flawed because it fails to identify the impact that homelessness has on an individual's ability to manage their disability or medical condition. It consequently finds many of our clients fit for work or places them in the ESA WRAG when their health needs, compounded by being homeless, significantly impede their capability for work. For some individuals, being homeless is a compounding factor that should – with a more responsive assessment process – make them qualify for the ESA WRAG (or indeed the Support Group), even if they might otherwise be capable of work (or work-related activity) on the basis of their medical issues alone.
70. For this reason, we have consistently called for **homelessness to be included as a separate descriptor in the WCA, not as a standalone condition but to be considered in conjunction with an individual's medical issues** and weighted accordingly. We would like to see this descriptor acting as a supporting scoring mechanism for homeless people, which recognises this issue as well as the others currently being used. For example:

²⁹ For further information see Crisis' response to *The Work Capability Assessment – A Call for Evidence: Year 5 Independent Review*:
<http://www.crisis.org.uk/data/files/publications/WCA%20Year%205%20Independent%20Review%20Crisis%20response.pdf>

Homelessness and multiple health conditions		
A	Is a rough sleeper with three or more of the conditions listed in the WCA	15
B	Is living in temporary accommodation such as a hostel, refuge or squat, and has three or more of the conditions listed in the WCA	15
C	Has been homeless in the last six months, and has three or more of the conditions listed in the WCA	9
D	Is homeless as listed in a and b, or has been homeless in the last six months, and has one or two of the conditions listed in the WCA	6
E	None of the above apply	0

Chapter 5: Supporting employment through health and high quality care for all

Mental health and musculoskeletal services

How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?

71. Homeless people experiencing poor mental health will find it difficult to engage meaningfully in employment support if their mental health issues are left untreated. Yet it is common for homeless people with poor mental health to find themselves excluded from the healthcare system, especially those who are sleeping rough and find it difficult to access GPs and other healthcare services. **In order to facilitate better engagement with the support provided via Jobcentre Plus, this will require more joined up services between homelessness and health services, including the provision of psychiatric support within outreach teams for rough sleepers.**
72. There is a limited role that Jobcentre Plus can itself play in improving access to mental health services. Our independent evaluation of Crisis Skylight mental health services identified that, while mental health coordinators often made a positive difference homeless people's lives in meaningful ways, they could not necessarily address all the factors influencing an individual's mental health. If NHS mental health services were not adequate, Crisis Skylight could not repair or rebuild those systems.³⁰ **Work Coaches could however play a meaningful role in signposting homeless people to GPs and specialist mental health services.** Combined with improved awareness of mental health amongst Work Coaches (as recommended above), this could lead to Jobcentre Plus playing an important, supportive role in helping vulnerable people navigate what can be a very difficult system to access.
73. Many of our clients, despite experiencing complex needs, do not meet the threshold for the Care Programme Approach and consequently engage with support via the Improving Access to Psychological Therapies programme. While this support can be beneficial, waiting times are long, require referral from a GP and clients are often required to engage with this support by telephone or online, which can be difficult for homeless people who are unable to access the internet or a telephone, charge their mobile phone, or find a private space from which to hold a telephone call. **While Crisis supports the expansion of the talking therapies programme, as outlined in the Green Paper, we believe there should be greater opportunities for people to access face-to-face support via employment support services.**

Creating the right environment to join up work and health

How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?

³⁰ Pleace, N. & Bretherton, J. (2014) *A Review of Crisis Skylight's Mental Health Services*. London: Crisis

74. Crisis believes there are a number of opportunities on the horizon to better join up not only health and employment support services, but also housing and homelessness services. One of these is the future co-location of some Jobcentre Plus offices with local authorities, which presents a useful opportunity to better integrate public health, homelessness and employment support services to address a range of support needs. Crisis is disappointed that DWP's proposals for co-location are less ambitious than previously anticipated, with only approximately 50 Jobcentre Plus locations within scope of the proposals.
75. Co-location was identified by the evaluation of the recent Universal Support delivered locally trials as enabling the trials to deal with a greater range of needs and treat barriers to Universal Credit holistically.³¹ However, the evaluation also made clear that co-location is not a means to effective integration of services in and of itself. If co-location is to result in tailored support being provided to individuals with health and housing-related barriers to work, **Jobcentre Plus advisors must work together with housing, homelessness and public health teams towards shared objectives that centre on the individual and their particular needs.**
76. As demonstrated by the trials, Universal Support offers a useful opportunity to join up such wrap-around support. The evaluation of the trials found that holistic support to address wider support needs – including to address housing need in some of the trials – was important in leading to sustainable outcomes.³² **Local commissioning decisions around the support provided through Universal Support should reflect the need for housing and homelessness support in the local area.**
77. Another opportunity for more effective integration of local services is offered by the Homelessness Reduction Bill, a Private Member's Bill that successfully passed its Third Reading in the House of Commons on 27th January and has its Second Reading in the House of Lords on 24th February. If passed, the Bill will introduce new duties on local authority homelessness teams in England to prevent homelessness, and require them to support a wider range of people than can access homelessness assistance under the current system. This will require significant reform to existing Housing Options provision and offers a real opportunity to integrate this support with other services.
78. In particular, the Bill will introduce a duty on other public agencies to refer individuals to homelessness teams if they identify that they are homeless or at risk of homelessness. The list of public agencies will be prescribed in secondary legislation. **Crisis wishes to see Jobcentre Plus listed in the 'duty to refer' regulations, along with health organisations including NHS trusts, NHS England, Clinical Commissioning Groups and Health and Well-being Boards.** This will promote better collaborative working across agencies to help address the multiple and overlapping factors – including health and employment needs – that can contribute to or exacerbate an individual's homelessness. This could be supported by data sharing agreements to allow homelessness teams to share the steps agreed to by applicants to prevent or resolve their homelessness, as set out in a personalised Housing Plan provided for by the Bill. **Consideration must also be given to promoting better joined up working between Jobcentre Plus and devolved health services in Scotland.**
79. As outlined above, Jobcentre Plus should also collaborate better with local voluntary services in order to provide better access to support to address health and housing needs and specialist employment support. Crisis job coaches in some areas have successfully forged positive relationships with local jobcentres. In others, they report that Jobcentre Plus Work Coaches rarely signpost to local voluntary services if they are not included on the LMS system. As outlined above in relation to our experience of delivering Flexible Support Fund contracts, failure

³¹ DWP (2016) *Evaluation of the Universal Support delivered locally trials*

³² Ibid.

to identify the support needs of individual claimants results in referrals not being made even where there is a formal referrals mechanism in place. This fails to make best use of local resources.

80. **Jobcentre Plus offices should map local specialist services and strengthen links with them, including by providing a named point of contact and making referrals** where appropriate. Our Skylight centre in South Yorkshire has highlighted Doncaster Jobcentre Plus as an example of good practice, as Mind staff are located within the jobcentre.
81. **Where claimants are making positive efforts to improve their employability by accessing support, courses or volunteering through the voluntary sector, Work Coaches should support and accommodate this activity.** Research commissioned by Crisis has found that unfortunately Work Coaches sometimes instead impose requirements that leave claimants with no time to pursue meaningful training or support outside the Jobcentre.³³

Case study: Jobcentre Plus building positive links with Crisis Skylight

Crisis Skylight Edinburgh has built strong links with High Riggs and Wester Hailes Jobcentres in Edinburgh. Following discussions with the Jobcentre Plus Partnership Managers, staff from the Skylight progression team hold weekly drop-in sessions in the jobcentres, and are also receiving referrals directly from Jobcentre Plus staff.

Building these links has strengthened Jobcentre Plus staff's awareness of homelessness, and they now regularly ask clients about their housing situation. They are finding they have many clients who are on the verge of homeless and people who can't move forward to find work because of their housing situation. Staff in these jobcentres have a good understanding of what Crisis can offer which means that they are referring clients for whom Crisis Skylight can really make a difference. The Skylight and Jobcentre Plus staff frequently keep each other updated on clients they are both working with. Jobcentre Plus staff make sure their colleagues are aware of what Crisis can offer through their weekly team meetings, and have also visited the Skylight and attended the progression team's meetings to strengthen links.

³³ Batty, E., Beatty, C., Casey, R., Foden, M., McCarthy, L., Reeve, K. (2015) *Homeless people's experiences of welfare conditionality and benefit sanctions*. London: Crisis