Outside/In:
Working With Convictions

A Systemic Approach to Inclusive Employment

April 2023

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BREAKING BARRIERS INNOVATIONS

CONTENTS

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Foreword

From when I first became a Social Worker, I considered it a matter of basic common sense that public service should always be closely informed by the very people it was seeking to help. We didn't call it lived experience back then it was just good practice.

From this area of passion, I first started to develop the peer researcher model over 20 years ago. At that time, I was leading a department in a university, and we challenged the mainstream conceptions about what peer research can do. Community groups who had long been excluded, including those with substance use and mental health problems, people with criminal convictions and over 30 different ethnic and national groups, created a wholly new evidence base that changed the way we commissioned and delivered services.

Of course, what worked 20 years ago cannot simply be expected to work in the same ways today. Funding is much tighter; the community and voluntary sector faces very different pressures and lacks the capacity it once had and communities themselves are more fractured and disparate.

This report, which I have had the privilege of having some part to help produce in my role as Chair of Breaking Barriers Innovations, has been developed from the vantage points of those with criminal convictions and their experience of attempting to gain employment in the NHS. The report sets out three important messages:

Firstly, good employment remains one of the most potent mechanisms for helping those with criminal convictions move on to a better chapter in life. The evidence clearly demonstrates that these benefits go far beyond crime as they extend into physical and mental wellbeing that in turn will save the system significant costs in decades to come.

Secondly, as an anchor employer the NHS and newly created Integrated Care Systems (ICS) can play an extensive role through their vast and varied recruitment needs. Given an estimated 11 million UK residents have a criminal conviction this equally provides a significant opportunity to support the sector to deal with unsustainable staff vacancy levels.

But finally, and to my mind most importantly we must change gears. We need to move beyond focusing on the problems and take a systematic approach to acting on the evidence for solutions. This means changing the way we plan for the future workforce and how we take care of people in work if we are to ensure that everyone can have the benefits that come from good, sustainable employment.

As a barometer of how far we need to go it is startling that out of the million jobs and 150 employers that have subscribed to the "Ban the Box" charter to end discrimination against people with convictions in the earliest stages of the recruitment process - so far just one NHS Trust and no NHS commissioning bodies have joined this national campaign that is now in its tenth year. At the same time, we have seen an exponential growth in the numbers of people in prison and much worse employment rates for those coming out of prison.

We all have a stake in creating more inclusive employment, and it is not inclusion if those who have experience of the criminal justice system cannot take part. We have seen leading lights in this across private industry and now is the time for large anchor employers such as the NHS to do their part. The health service faces an unprecedented recruitment crisis and too many are leaving the NHS. At the same time, we have a growing number of people who feel that employment in a health and care career is beyond reach and for whom the experience of stigma and discrimination in employment is a daily occurrence.

This report provides a way to address these issues for one group, those who have experience of the criminal justice system, but the principles involved and the solutions that have been developed through peer research could help many, many more people. The true value of this is in having a considered and robust approach to the involvement and development of people with lived experience, an approach that can be scaled up and applied across a range of priority areas but most importantly in reducing health inequalities and supporting economic growth.

Of course, this report is being published in one of the most critical periods in the NHS where both systems and leaders are under immense pressure to sustain the most basic services. Some may ask if we can accommodate another priority in this context?

However, if, as this report suggests, we can both make NHS employment more attractive and accessible to a talent pool of 11 million and at the same time massively improve health outcomes for a community that frequently have complex needs then we should not be seeing this as yet another priority but a smart way of resolving some of our most costly existing challenges.

We will be also going a long way towards transforming the health and justice system for the better and fulfilling the NHS People Plan promise for a more inclusive and compassionate workforce.

Professor, The Lord Patel of Bradford OBE

1. Background and context

1.1 Why employment and skills matter for this population

Employment outcomes for individuals with criminal convictions remain a significant challenge in the UK:

- over 50% of people under the supervision of probation are unemployed;
- only 17% of ex-offenders manage to get a job within a year of release from prison; and
- for about half of vacancies, employers are likely to reject most people with a criminal record solely due to their record (MOJ, 2020).

These figures matter because employment is one of the key factors that supports successful reintegration back into society after leaving prison and helps prevents reoffending. As noted above, half of individuals with criminal convictions are not in employment compared to those without a criminal record. This can lead to a long-term cycle of unemployment, poverty, and reoffending, which can have far reaching social and economic consequences.

The cost of reoffending (including those leaving prison and individuals receiving non-custodial convictions or out of court disposals) is estimated to be in excess of £18 billion every year (MoJ, 2019) and the benefits of employment in reducing reoffending after release from prison are thought to be 9% (MoJ, 2018); this positive impact extends to those receiving a community sentence (Yukhnenko et al., 2020).

To address these challenges, the UK government has introduced several re-entry programmes aimed at supporting individuals with criminal convictions in finding and retaining employment. However, despite these efforts, the employment outcomes for these individuals remain poor, and they continue to face significant barriers to employment, including discrimination, lack of suitable job opportunities, and limited access to support and training.

This has implications for the economy as there are estimated to be 11 million people with convictions (Home Office, 2017) which represents a significant proportion of the potential workforce who are experiencing barriers to employment. A Ministry of Justice Bulletin from 2010 estimated that one third (33%) of adult males born in 1953 had been convicted in England and Wales by 2006 of at least one standard list offence before the age of 53 (MoJ, 2010). Further analysis from 2011 showed that:

- A quarter (26%) of the 4.9 million open claims for out-of-work benefits as of 1 December 2010 in England and Wales were made by people who had received at least one caution or conviction between 2000 to 2010.
- A third (33%) of the 1.2 million total Jobseeker's Allowance (JSA) claims open on 1 December 2010 in England and Wales were made by people who had received at least one caution or conviction between 2000 to 2010. (MoJ, 2011)

Although these data are over ten years old, they are unlikely to have changed and may be worse given the current deficits in qualifications and skills amongst the prison population.

For example:

- Nearly half (47%) of prisoners have no formal qualifications.
- 57% of adult prisoners taking initial assessments had literacy levels below that expected of an 11-year-old (Spielman and Taylor, 2021).
- 30% of prisoners have a learning difficulty or learning challenges (House of Commons, 2022)

In addition, there are significant gaps in entry level qualifications that would restrict the opportunities available for this population group:

- More than half of initial assessment results in prison were at entry Level 1 – 3 (below GCSE), with 61% of Maths and 57% of English.
- 28% of Maths and 30% of English initial assessment results were at Level 1.
- 11% of maths and 13% of English initial assessment results were at Level 2 or above. (Ministry of Justice, 2021b)

These issues reach back into early learning and education, for example:

- 30% of prisoners were regular truants while at school:
- 85% of short-sentenced male prisoners involved in drug misuse had truanted;
- 49% of male sentenced prisoners were excluded from school;
- 52% of male and 71% of female adult prisoners have no qualifications at all (social Exclusion Unit, 2002); and
- 42% of prisoners have previously been expelled or permanently excluded from school (PLA, 2020)

The numbers of prisoners who had been expelled or excluded from school was even higher amongst those on short term sentences, for example 64% were suspended or temporarily excluded. The links between educational attainment and re-offending are also clear as nearly double (61%) the number of released prisoners who had been expelled or permanently excluded from school re-offended, compared to 39% of those who had not been excluded (Williams et al, 2012). The same study found that:

- 19% of prisoners surveyed had completed school by the age of 14
- 49% by the age of 15; and
- 85% by the age of 16.

This compares to 86% of young people aged 16 – 18 who are in full time education in England currently (Department for Education, 2021).

What these figures do not show is the disproportionate impact on a wider range of disadvantaged groups that face discrimination in the criminal justice system, for example Black, Asian and minority ethnic groups and people with mental health problems. Improving employment for all these groups will not be effective unless the barriers to employment for all people with convictions are resolved (Unlock, 2023).

1.2 The emergent opportunities for Integrated Care Systems

Following the passage of the Health and Care Act (2022), 42 Integrated Care Systems (ICSs) were established across England, becoming statutory on 1 July 2022. ICSs have four primary purposes:

- improve outcomes in population health and healthcare.
- tackle inequalities in outcomes, experience, and access.
- enhance productivity and value for money.
- help the NHS support broader social and economic development.

There are two statutory organisational components:

Integrated Care Boards (ICB) – the governing body responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services.

Integrated Care Partnerships (ICP) – a committee that brings together a wider alliance of partner organisations (to be determined locally but including the ICB and all upper-tier local authorities) that will jointly agree an integrated place based care strategy for meeting the health and wellbeing needs of the population in the ICS area.

Arguably, the Health and Justice commissioning system is place based as NHS England Health and Justice is responsible for commissioning healthcare on the basis of settings. This includes secure and detained settings for adults, children, and young people such as prisons, police custody, immigration and removal centres and courts. Specialised local services for vulnerable adults, for example Liaison and Diversion services are mostly provided by the NHS working closely with criminal justice partners in the police, probation, and courts. However, while there are increasing examples of effective partnership working and some joint commissioning, the focus on settings does not in itself lead to an integrated place-based approach.

With the creation of Integrated Care Systems and current trends in the movement of national commissioning arrangements for specialist services it is likely that over the coming years much of the Health and Justice system will be devolved to Integrated Care Systems.

There has been a lot of focus on the role of ICBs in service delivery and meeting some of the current critical challenges for elective and urgent care and waiting lists. Despite some tensions about the composition of ICPs, there has been less attention on the potential for partnership working that goes beyond health care and includes the broader alliances of agencies and sectors working on a place basis that can truly influence and improve health and wellbeing.

Some of this potential is clearly seen in the scale of the previous data, which shows just how far reaching the issues are and that this goes beyond the criminal justice sector. For example, it encompasses a significant proportion of the adult job seeking population and highlights the urgent need to redress the imbalances and deficits in education, skills and opportunity that can not only prevent crime and offending but support the health and care system to fulfil its strategic objective to improve health.

From the perspective of stakeholders Integrated Care Systems provide an opportunity to think differently about integration and Health and Justice, particularly with respect to addressing the wider determinants of health and justice, for example employment:

"Health and Justice doesn't feature strongly yet on the ICS agenda, but it could provide a real opportunity for further integration with a wider range of partners, for example with employment support services." (Professional stakeholder, NHS)

1.3 The NHS People Plan

The NHS People Plan seeks to ensure more people, working differently, in a compassionate and inclusive culture. The Plan is organised around four pillars:

- looking after our people – with quality health and wellbeing support for everyone
- belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- new ways of working and delivering care – making effective use of the full range of our people's skills and experience
- growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return.

To date there are more than 150 employers that have signed up to Ban the Box covering one million jobs – only one NHS Trust has done so and no NHS commissioning agencies. This reluctance amongst NHS organisations is in part a reflection of a culture of risk aversion and the nature of health work but it also stems from a failure to engage with the underlying issues and potential benefits that can be achieved from a more proactive stance as anchor employers.

There has been some progress nationally, for example new guidance has been issued on employing people with criminal records which states that employers should only require shortlisted applicants to complete a self-declaration. However, as this report shows the guidance does not appear to be uniformly understood and some stakeholders were unaware that it had been updated.

1.3.1 The Health and Justice Inclusive Workforce Programme

The whole of the NHS and the social care sector are facing an unprecedented recruitment crisis with over 100,000 vacancies that threaten to undermine the NHS Long Term Plan and the safe and effective delivery of services. The Health and Justice Inclusive Workforce programme was established to improve the recruitment and retention of a larger, more diverse, inclusive, and representative workforce for all Health and Justice services and programmes.

The programme recognises the long-standing issues that health and justice providers have faced in recruiting and retaining staff in both clinical and non-clinical roles. While many of these issues are common with other parts of the health service, the health and justice sector have the additional challenge of working in complex settings and with a client group that experiences significant health and other inequalities.

There are five work streams in the programme;

Workstream 1: Programme preparedness, including ensuring equality.

Workstream 2: Raising the profile of Health & Justice careers.

Workstream 3: Facilitating the recruitment of people with lived experience.

Workstream 4: Commissioning to enable workforce development.

Workstream 5: Programme communications and engagement activity.

Workstream 3 has been the area this report has mainly focused on, though it also has synergies with ensuring equality, raising the profile of careers, enabling workforce development and communications and engagement.

Lived experience roles in the Health and Justice sector have become well established within the mainstream services and include peer mentors and support worker roles, whether voluntary or paid. These are non-clinical roles where the primary eligibility comes from having experience of the criminal justice system. Sometimes people enter into these roles as volunteers, and it is linked to their own recovery programme.

The contribution of specific lived experience roles to the Health and Justice workforce is greatly appreciated by servicer users, who value the opportunity to engage and work with their peers. However, there are a finite number of such roles, and they cannot alone address the broader barriers to employment that people with lived experience of the Health and Justice system face. As part of the Inclusive Workforce Programme Breaking Barriers Innovations were commissioned to address these broader issues and barriers to employment and to ensure that this is informed by lived experience.

1.4 Clacton Place

This project was undertaken across Tendring and Colchester local authority catchments in North East Essex. The choice of this location was based on there being an existing partnership programme that was focused on employment and health with a clear system wide commitment to ensuring that lived experience informs development.

This programme, known as Clacton Place, involves the Suffolk and North East Essex Integrated Care System, NHS England's National Health Inequalities Team, the Department of Work and Pensions Essex Work and Health Services Group, Tendring District Council and Essex County Council.

Alongside these statutory partners, the programme has engaged with a range of community and voluntary sector partners and large anchor employers representing areas of key economic growth such as in health and care services, construction, the Freeport, and green energy.

In addition to having a mature regional anchor network and the commitment of local system leaders, the programme also has wider connectivity with national programmes such as NHS England's Core20Plus5 programme, which aims to inform action to reduce healthcare inequalities at both national and system levels. The approach defines a target population – the 'Core20PLUS'.

The Core20 are the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD) and the Plus concerns those at-risk populations that are identified at local levels. The programme also identifies '5' clinical areas requiring accelerated improvement: Maternity, Severe Mental Illness, Chronic Respiratory Disease, Early Cancer Diagnosis and Hypertension Case Finding.

Mapping by Essex County Council of areas that are deemed to be 'left behind' i.e., neighbourhoods that not only have high levels of multiple deprivation but also lack social infrastructure and community connectivity shows close association with the five clinical areas that are the focus of the Core20Plu5 programme:

Prevalence of key health condition	Essex LBAs	Deprived non-LBAs	England
High Blood Pressure	16.94%	14.86%	13.99%
Obesity	12.04%	10.22%	9.79%
Depression	11.33%	10.19%	9.87%
Diabetes	8.45%	7.07%	6.78%
Asthma	6.51%	5.79%	5.92%
Chronic Kidney Disease	6.06%	4.75%	4.14%
Coronary Heart Disease	3.78%	3.13%	3.15%
COPD	3.13%	2.29%	1.92%
Cancer	2.93%	2.65%	2.75%
Stroke & Transient Ischaemic Attack	2.13%	1.75%	1.78%
Atrial Fibrillation	2.07%	1.88%	1.93%
Cardiovascular Disease	1.29%	1.24%	1.14%
Serious Mental Illness	1.20%	0.91%	0.93%
Heart Failure	1.05%	0.84%	0.84%
Epilepsy	1.00%	0.85%	0.80%
Rheumatoid Arthritis	0.98%	0.86%	0.75%
Dementia	0.82%	0.76%	0.77%
Peripheral Arterial Disease	0.72%	0.54%	0.59%
Learning Disabilities	0.65%	0.49%	0.49%
Palliative Care	0.62%	0.40%	0.39%
Osteoporosis	0.36%	0.43%	0.60%

(Essex County Council, 2022)

The most recent employment and skills statistics for Tendring and Clacton are also stark:

- Economic inactivity amongst those aged over 16 is 50% of the population.
- 26% of people aged over 16 have no qualifications.
- 20% of over 16s have never worked.

The associations between unemployment, economic inactivity and health and wellbeing are well known. And yet, interventions to address employment and skills as a health intervention are under developed.

Clacton Place seeks to make this a system priority by developing the lived experience evidence base for solutions that will break down the barriers to finding good employment and gaining skills and provide practical and localised job offers from anchor employers.

People with convictions comprise a core cohort of the priority population for the programme. This also recognises that large numbers of people with criminal convictions, especially those that have served a sentence in prison experience a number of related health inequalities including mental health and substance use problems, learning difficulties and adverse childhood experiences.

2. Project aims and methods

2.1 Aims

The aims of this project were:

1. To develop and use a lived experience evidence base to increase employment and skills opportunities for ex-offenders.
2. To capacity build a cohort of lived experience peer researchers who are offenders so that they gain new skills and experiences that will enhance their employment prospects.
3. To engage skills providers, employment support services and anchor employers in a programme of changing practices to become better at inclusive employment for vulnerable groups facing greater health inequalities.
4. To transfer learning from lived experience that can inform NHS England's Inclusive Workforce Programme and support the direction of travel for addressing health inequalities and widening participation in employment for ex-offenders.

2.3 Methods

A variety of methods were used to support strategic alignment on health, wellbeing and employment for the Integrated Care System and Partnerships, anchor engagement and workforce planning and providing evidence from stakeholders and lived experience feedback.

2.3.1 Strategic alignment

The programme was designed to fit with local system strategies for reducing health inequalities and widening participation in employment and skills, including engagement with the Integrated Care System and partners such as the Department for Work and Pensions (DWP) local area employment support services, local anchor employers and her voluntary and community sector. This included:

- Analysis and review of local data and reports on the chosen priority groups.

- A review of a selection of anchor employer policies and practices in recruitment and retention of the target cohort – three employers including NHS, local government and one industry organisation.

- One-to-one interviews with HR Directors and employment and commissioning managers with lead reasonability for the inclusive workforce programme work (5 in total)

- Distilling best practices from the evidence base including literature and the lived experience feedback.

- Workshops to address challenges and opportunities for working with the target cohorts using the learning from lived experience.

2.3.2 Lived experience feedback

The lived experience evidence base was developed through a programme of peer research including capacity building and skills for participants. This included:

- Working with the local community and voluntary sector that has access to the target cohort.

- Recruitment of 10 – 15 peer researchers who acted as volunteers for the programme.

- Training – including skills and competencies in conducting peer research.

- Mentorship including individual employment and skills plans.

17 peer researchers with lived experience of the criminal justice system were recruited and ten completed the training. The insights they have collected come directly from the lived experience of the peer researchers and their engagement within a wider network of service users and community members.

As this cohort were part of a broader programme of peer research and lived experience the evidence takes account of the broader range of insights and community evidence.

2.3.3 Stakeholder feedback

A variety of stakeholders were engaged from across the health, employment support, HMPPS and community and voluntary sector. This included:

- One-to-one interviews with key stakeholders and expert informants from skills providers, employment support agencies and anchor employers (approximately 15).

- Engagement with criminal justice agencies providing support for ex-offenders (including those preparing for prison release) e.g., Liaison and Diversion, ReConnect and local community and voluntary sector agencies working with the target cohorts (approximately 10 interviews)

Stakeholder interviews

System leadership	Employers	Support Agencies	Education and Skills providers
NHS England NHS ICS/ICB HEE (local) Health and Care Academy Tendring District Council Essex County Council Director of Public Health HMPPS – East of England	Essex Partnership University NHS Foundation Trust East Suffolk & North Essex NHSFT East of England Ambulance Service NHST Rose Builders Hutchinson Ports Essex Police	Working Chance Phoenix Futures RFEA – The Forces Employment Charity Open Roads Summit Services	Colchester Institute University of Essex Anglia Ruskin University Suffolk University Realise Futures

2.4 Analysis and structure of findings

All of the data from literature, stakeholder and lived experience feedback were analysed using cross comparative methods to identify common themes and categories. The findings are presented in two sections:

1. ***Barriers and challenges*** including the impact of discrimination and stigma against people with convictions, poor educational attainment and restricted access to apprenticeships, the ways in which employers seek declarations about convictions as part of the application process, support of people with complex needs and the role of organisational culture.

2. ***Interventions and solutions*** including earlier interventions with care leavers and those who are NEET, widening the entry points to employment such as apprenticeships and work placements, more support for those in work that recognises complex needs, having inclusive employment pathways and progression and greater use of anchor employers and finally use of peer based lived experience programmes as a means of bringing additional capacity building and development to the overall programme and action planning.

The report concludes with an action plan for change that forms part of the further development for Clacton Place but can also be adopted by other ICS areas.

3. Barriers and challenges

The evidence from stakeholders and lived experience highlights the following issues:

- Discrimination and stigma
- Disclosure and barring
- Employment support and complex needs
- Organisational culture

Although these barriers are presented as distinct challenges, they are in fact inter-dependent, which reinforces the need for a systemic approach to interventions and solutions.

3.1 Discrimination and stigma

The evidence from stakeholders and peer researchers echoes much of what is known about the way in which discrimination is embedded in employment practice when it comes to people with convictions:

"It's discrimination, it's that simple." (Lived experience feedback)

Despite some recent positive trends in the employment rates for this population group, stigma, and discrimination against people with lived experience of the criminal justice system is widespread. This is a systemic issue as it is hot wired into employment practices for many organisations, especially across the NHS. This is largely related to the way in which disclosure and barring is handled for most NHS employment (see section 2.1 below), but it is also a reflection of broader societal attitudes about people with criminal convictions.

Despite a general downward trend in overall reported rates of crime, public concern about crime, especially violent crime remains high. The public and political debate is often dominated by the most serious categories of offending and perceived failures of the criminal justice system to apprehend offenders and prevent re-offending. This can lead to negative stereotyping of all people with convictions and a lack of understanding about the rehabilitative functions of the system and how ongoing discrimination can act against this.

Lived experience evidence highlights how discrimination and negative stereotyping is perpetuated in the language that is used, for example the term, 'ex-offender', which can become a label that sticks to people even decades after their conviction:

"Why are we always called ex-offenders? I was convicted twenty years ago, did my time in prison, I have never committed another offence, but I still have that label." (Lived experience feedback)

From a stakeholder perspective it can be hard to escape the use of discriminatory language as these terms drive the focus of legislation, policy, and services. Though the need to use language and terms that are acceptable to people and are less stigmatising is recognised. There are also aspects of language and terms that can mask underlying discrimination, for example the prevalence of mental health problems, learning difficulties and adverse childhood experiences in this population group:

"People experience discrimination on multiple levels, not just because of being an offender, they have mental health problems and most come from some form of disadvantage." (Professional stakeholder, HMPPS)

The intersectionality of discrimination needs to be recognised if it is to be effectively addressed. For employment this means looking across the full range of ways in which different groups, especially those that face the greatest employment penalties are excluded.

3.2 Qualifications and skills

The evidence from stakeholders and people with lived experience is that there are significant gaps in qualification and skills for people with convictions and poor alignment of prison educational programmes with local employment market opportunities.

This feedback confirms national findings, for example a recent Education Select Committee report highlighted the current crisis in prison education which has seen a marked decrease in the number of prisoners participating in Level 2 (18% reduction) and Level 3 (90% reduction) education (Department of Education, 2022). Ofsted reports that nearly two-thirds of inspections showed poor management of the quality of education, skills, and work in the custodial estate (Ofsted, 2020).

The government's Prison Strategy White Paper (Ministry of Justice, 2021a) places a strong emphasis on employment including a step-change in education, work-focused skills, training, and employment delivered in prison. The strategy also seeks to create dedicated employment advisors who will work alongside DWP prison work coaches as part of new employment hubs that will operate like Job Centre Plus but in prisons.

Stakeholders and those with lived experience broadly welcome the renewed focus on employment and skills but are concerned that this could be another area of siloed activity that does not take full account of the nature of place and the local employment market. These concerns have been raised in previous evaluations of government led programmes for employment of people with convictions:

"…a lack of partnership working has led to missed opportunities to target timely and effective interventions at offenders and avoid duplication of interventions." (MoJ and DWP, 2010)

Missed opportunities are particularly evident in the poor alignment between entry level employment opportunities such as apprenticeships and educational attainment.

3.3 Entry level education and apprenticeships

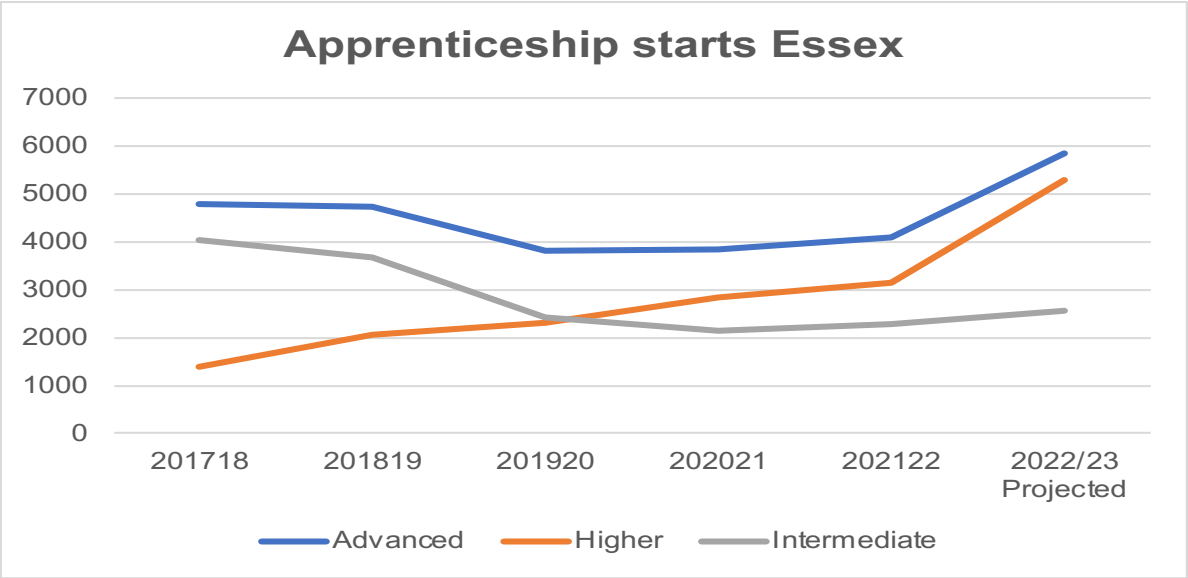
Stakeholders and people with lived experience report that access to apprenticeship has become more restricted with greater emphasis placed on higher level skills. This is thought to have a disproportionate impact on prison leavers as they have greater gaps in entry level skills.

Following publication of the government's prisons strategy white paper in October 2021 (Ministry of Justice 2021a), several large employers made a commitment to taking on apprenticeships for people in resettlement prisons.

These employers including Timpson's, Kier and Greene King with others are expected to create 300 apprenticeships by 2025.

These apprenticeships have been made possible by a change in the law that means prisoners on apprenticeships are not legally in an employment contract. For the leading employers involved, who already had a track record of employing people with convictions, this simplifies the process. However, for those not in prison entry barriers may remain.

Most apprenticeship require at least a Level 2 entry qualification and in many cases stakeholders report that this is now at Level 3 and above, which would exclude large numbers of people leaving prison. The pattern in uplift across apprenticeship levels can be seen in the data for Essex and Tendring. For example, while the overall number of apprenticeships in Essex is expected to increase from 10,220 in 2017/18 to 13,680 (projection based on the latest quarterly figures for 2022/23), there has been a noticeable decline in intermediate apprenticeships:



(Department for Education, 2023)

This decline in opportunity and access to apprenticeships was reflected in feedback from stakeholders and through lived experience:

"It is much harder post the pandemic to find suitable placements for people if they have a conviction or have recently left prison, the level of entry requirements is much higher than it used to be and most people can't reach that, many are still struggling with basic levels of entry, numeracy and literacy." (Professional stakeholder, Community and voluntary sector)

"I would have liked to do an apprenticeship, but I didn't have what they wanted, they said I would have to get qualifications, it puts me off…" (Lived experience feedback)

As this last quotation indicates there is a reluctance to enter into educational programmes to address skills and qualification deficits. This often goes back to poor experiences while at school.

3.4 Disclosure and barring

Disclosure about convictions and DBS vetting procedures and processes are amongst the most commonly raised topics by stakeholders and those with lived experience. For employment in the NHS, it is often viewed as an insurmountable barrier:

"We don't stand a chance, once they know where you've been they don't want to know." (Lived experience feedback)

Even for posts that specifically require experience of the criminal justice system such as peer mentors and peer support workers, stakeholders reported having problems overcoming the vetting system:

"We had a lot of problems getting this post [peer mentor] *agreed and then had to get people through the DBS system."* (Professional stakeholder, NHS)

Unlock leads the national campaign known as Ban the Box, which is a national campaign to increase opportunities for people with convictions to compete for jobs. It was launched in the UK in 2013 and was co-founded by Business in the Community, Unlock and others. The idea behind the campaign is that employers are encouraged to ask about convictions later in the recruitment process rather than through a tick box that is often one of the first things people are asked to declare on a job application.

Confusion about what to disclose, when and how was also evident in the lived experience feedback. Some people thought that they should always offer to disclose about their convictions, whether spent or not, at the earliest opportunity while others were convinced that any disclosure at whatever point in the application process would mean that they were not appointed. It was also clear that for many people there is uncertainty and lack of awareness about what things an employer can legally ask them to disclose.

This is important for potential applicants as the stigma and shame that people feel about their convictions and/or time spent in prison can lead them to exclude themselves from applying:

"I don't know, I felt like, why would they want me? I was ashamed." (Lived experience feedback)

If the employer does not handle disclosure sensitively and appropriately it can lead to more people excluding themselves at an early point in the job seeking process.

3.5 Employment support and complex needs

Lived experience feedback suggests that there have been improvements in the focus on health needs, for example mental health support but this is not always recognised in the context of employment support. For example, people who are recently released from prison feel that they come under an immediate pressure to find employment regardless of their personal circumstances and state of health, especially mental health:

"Within two days of release I had to face the job centre and was expected to be ready for work, I wasn't, it was too soon, I was a mess." (Lived experience feedback)

There is a sense that finding employment and coming off benefits is seen as more important than being suitably housed, rebuilding relationships with partners, families and friends and ongoing problems with mental health and substance use:

"My priority was getting housed, not finding a job." (Lived experience feedback)

It is not that people do not want employment; they do recognise the need for that, it is about the timing of interventions and expectations about how soon after leaving prison they can be expected to work:

"Of course, I would like a job, I need the money and before prison I was always working, I need to work, but not yet, not right now, there is too much going on, I'm not ready…" (Lived experience feedback)

Stakeholders also reported that the ability to address complex needs in a timely and appropriate way can be challenging when there is an expectation that all people leaving prison should be able to gain employment sooner:

"It's good that the government want to do something, but it doesn't help to have targets that are not in line with reality and the problems that people face. The amount of unmet mental health needs and ongoing drug and alcohol problems are not recognised." (Professional stakeholder, Employment support)

This is not only a problem for finding employment, but it can also be challenging once people are employed. For example, some people with lived experience described being employed and then not being supported with their mental health issues or related problems.

It can be difficult for people to talk about complex needs to an employer as they fear being penalised as a result. For people with convictions there can also be an added pressure from concerns about the impact of losing employment on their probation status. These extra stresses can compound existing problems and lead to an almost inevitable negative employment experience and eventual loss of that employment. This is not only harmful for the people concerned it also wastes time and effort in recruitment for the employer.

3.6 Organisational culture

While the barriers to entering employment can seem insurmountable, it is far from being the end of the challenges. Having a diverse workforce and a culture of belonging is a staple of modern employment practice, but this is rarely associated with employing people who have criminal convictions. Being compassionate and inclusive is part of the NHS People Promise but people with lived experience of the criminal justice system are sceptical that this promise extends to them as employees.

Where there is a Health and Justice service with lived experience roles the culture is seen as being largely positive and inclusive, but this can be a silo within the wider organisation and the culture in generic services can be very different. People are under no obligation to tell colleagues about past convictions and this information is held confidentially by the employer and not shared. But the stigma remains, and people are conscious of it in the everyday interactions in the workplace.

For some, the thought of being in this position was a barrier to seeking employment even if they were confident that they could get through the application process and would make a good employee. Perceptions about the employer and their organisational culture in this regard are a key part of people's thinking about employment.

Lived experience roles are becoming more common in a variety of teams and for various lived experiences including mental health, substance use and criminal justice. Creating an inclusive work environment and organisational culture in which these roles are respected and valued is seen as a key task for team leaders and senior managers. Other factors that are thought to influence this include:

- Having a policy for civility and respect that goes beyond protected characteristics and includes the wider lived experiences such as substance use, homelessness, and criminal justice.

- Preparation for teams in understanding the nature and contribution of lived experience roles and how they will be included.

- Having a wellbeing strategy for support of people in lived experience roles.

Senior leadership is viewed as essential in creating and sustaining an inclusive work environment. This is often stated in policy and strategy but without any specific commitments concerning people with convictions. This may be inadvertent as some stakeholders reported not having considered people with lived experience in the context of inclusion. But it can also be due to a culture of risk aversion and fear of negative public reaction. That is why it is important to have clear strategic management including handling of communications.

Organisational culture is set from the top and follows through in the messaging and ways that the organisation presents itself publicly. Showing leadership for the positive benefits of employing people with convictions can help to create a better and more inclusive organisational culture. This can be incorporated within the anchor functions of the NHS as a contribution to wider societal benefits through creating better employment for people with convictions and reducing offending.

4. Interventions to address skills and employment deficits

4.1 Poor educational attainment – Care leavers and NEET

As noted from the earlier statistics on educational attainment, negative experiences while at school can be a barrier for people with convictions to gain skills and find employment.

The associations between poor educational attainment and offending are tenuous (Berridge et al, 2001), however, the number of those in prison who do have very low educational attainment and lack of full schooling does indicate the likely problems that this group will experience when trying to increase skills and gain employment. This has implications not just for health and justice programmes aimed at preventing re-offending but also for wider health and economic recovery programmes:

"If you want to look at a significant group who are struggling to find employment then offenders would be one and it all goes back to education." (Professional stakeholder, Employment support)

For those with lived experience the memories of school and negative experiences of teaching are cited frequently as a factor in their ongoing struggle to find employment:

"They [the teachers] *wrote me off…I wasn't given a chance and as far as they were concerned the sooner I left or was expelled the better."* (Lived experience feedback)

For many people, prison is the first time that they experience education positively and people describe feeling proud at what they manage to learn while in prison. However, it can be difficult for people to continue or sustain this after release from prison, especially when they may face the double stigma and shame of having been convicted or served time in prison and having low educational attainment.

One group that stakeholders and those with lived experience thought should have greater attention are care leavers. This is a group known to have poor educational attainment and to also be at greater risk of offending. By targeting employment and skills interventions at an earlier point, such as with those Not in Education, Employment or Training (NEET) and care leavers in particular, there is a greater chance of preventing the cycles of deprivation, crime, and poor employment.

For people with lived experience the approach needs to be done in a different way, for example not classroom based as it was thought this would be more likely to be negatively received. This does not mean it has to be only one-to-one, though there should be additional mentoring on this basis, small peer-based group work was suggested as a good method.

It was also suggested that interventions should not only be focused on skills and qualifications but should be part of a broader programme of entry into work including greater use of targeted apprenticeships and work placements. In this way engagement could be higher as there would be a tangible benefit to the skills-based approach.

4.2 Entry points – apprenticeships and work placements

Stakeholders and people with lived experience want to see widening of the scope and number of entry points into employment for people with convictions. Stakeholders reported difficulties in finding work placements for people in which they could at least gain some experience of the work environment. This can also benefit employers as it allows them to gain a positive experience of employing someone with convictions.

Apprenticeships were perceived to be a challenging issue for this population group given the requirements for qualifications and the upward trends in higher qualification entry points noted earlier. Stakeholders and people with lived experience thought that there should be greater local flexibility in apprenticeship schemes to enable more flexible entry routes, possibly as part of a skills and education package. It was also thought that anchor employers such as the NHS should be willing to offer apprenticeships specifically for this population group similar to the commitments that have been made by the civil service.

Good entry points to employment are characterised by:

- An organisational commitment to widening employment opportunities for people with convictions.
- Flexibility in the development of skills and qualifications, for example being able to commence an apprenticeship while undertaking learning for skills and qualifications.
- The ability to meet the employing body prior to commencing the apprenticeship and to be able to gain an insight into the culture of the organisation.
- Provision of one-to-one mentoring throughout the duration of the apprenticeship.

4.3 In work support

For some people with lived experience finding employment is only part of the problem as they experience difficulties in managing to sustain being employed. This is due to a variety of reasons including:

- Poor or limited recognition from employer about ongoing support needs.
- Feeling isolated at work as a result of not feeling able to discuss ongoing support needs.
- Excess stress and anxiety in adapting to the demands of work.
- Unstable housing contributing to problems and reluctance to discuss this at work.
- Stigma and shame alongside fear of discrimination from work colleagues.

These negative experiences largely relate to generic employment where the person's lived experience is not part of the role. For those that have found employment in the health and justice sector as peer mentors or support workers, the experience is largely positive. This is because much of the anxiety about being open about their past convictions is reduced and there is much stronger awareness and acceptance within the team and from management.

Where in work support is lacking and people cannot address their ongoing support needs, which are often a mixture of health and social needs, this can result in people leaving the employment at an early stage.

The evidence from lived experience and stakeholders identifies several factors that can improve the in-work experience including:

Induction

Most induction programmes are designed to introduce the organisation to the new employee and give them a basic grounding in the most relevant policy and procedures. These programmes are often quite short, either being completed on a single day or a few short sessions over the first two weeks. Induction was thought to work better when it included time for the new employee to identify their needs with respect to a new role and orientation. This should include time to consider the impact of being in work if the person has not been in previous employment for some time. The best inductions were viewed as being a two-way process whereby the new employee could influence the programme and it was more personalised.

Supervision and line management support

Consistent and frequent supervision with a supportive line manager is viewed as being significant during the early stages of employment. This should encompass time for reflection about the role alongside personal support issues that may be impacting on that. This is a key employment relationship and is thought to work best when the line manager is aware of the person's history and current circumstances. There are many industries where line management is not expected to be in a supportive role and supervision is solely directed to the specific tasks that the person is expected to complete. In this situation it is important to have an alternative such as being able to speak with someone from human resources or an external agency.

Health and wellbeing

Most employers have some form of health and wellbeing programme for staff, but these are often not tailored to the individual and may not be designed to take account of people with past convictions. The best employment situations are those that offer a package of health and wellbeing support including advice about social issues such as housing and debt, mental health support and access to related services such as for substance use. There should also be inclusion of a personal support plan to help identify and manage potential triggers that could be difficult for the person to cope with.

4.4 An integrated and inclusive employment pathway

It is inevitable to some degree that programmes focus on specific groups and communities, such as those in the criminal justice system as this matches the silos and departmental budgets and policies that come from central government. However, lived experience tells us that people do not fit neatly into single lines and are in fact affected my multiple identities and health issues at the same time.

The development of appropriate and sensitive employment pathways for people with experience of the criminal justice system needs to be part of a broader approach to health, wellbeing, and employment. This should take account of those with complex needs, especially mental health problems, neurodiversity, and substance use.

It will require greater and stronger co-ordination between health services and employers with dedicated support that can be delivered as part of an employment offer.

The experience of much employment support is that it is disjointed, can be provided out of sequence and timing for when people need it and is not linked to a realistic prospect of a job offer at the end.

An integrated and inclusive employment pathway would bring together interventions and programmes within a coherent plan that combines support for employment and skills with personal support for associated health and social problems with an entry pipeline into work. This requires co-ordination and collaboration across a variety of sectoral partners including the NHS, DWP, skills providers, the voluntary and community sector, employers, and local government. Action in support of this include:

- Creating a positive employment climate for people with convictions through lead organisations such as the ICB making a commitment to Ban the Box and encouraging its partner organisations to do the same.
- Identify a cohort of mentors for people with convictions from within selected target employment clusters.
- Redress the imbalance in access to intermediate apprenticeships that are targeted for people with convictions.
- Link existing programmes such as NHS Academies and Changing Futures with the emerging prison employment hubs.
- Use the Lived Experience Employment Charter to create momentum behind an organisational culture change programme that seeks to actively welcome and involve people lived experience.

4.5 Anchor employers

Supporting the successful reintegration of people with convictions and preventing re-offending needs to drive cultural and institutional change amongst employers, and this should be part of the challenge to those employers that are anchors in the system. Institutional changes such as making application processes more inclusive by changing disclosure requirements will only be effective if they are accompanied by changes in attitudes and bias.

Many areas have advanced anchor programmes that seek to harness the corporate social commitment of anchors to improving health inequalities.

Through the influencing and convening powers of integrated care systems these programmes should adopt a proactive approach to preventing offending, recognising the role that employment plays in this.

While this can be supported by adoption of the Inclusion Workforce Charter, this alone will not be sufficient. Commitment needs to be linked to cultural and institutional change with the collective anchors agreeing to provide specific employment opportunities for those leaving the criminal justice system.

Most areas have a lead agency, often from within the community and voluntary sector, that is funded to provide support and advocacy for people with convictions seeking employment. To be effective there should be wider systemic support from the Integrated Care Partnership to strengthen the capacity and scope to work closely with partners including but not limited to employment support agencies such as DWP and Job Centre Plus alongside support services for a range of complex health and social care needs. The ICB and the ICP can support this work further by ensuring that there is a targeted anchor employer programme accompanied by concrete job offers.

4.6 Development of lived experience pathways to employment

Our model of lived experience feedback through peer research has been developed from the approach that was pioneered by Professor, The Lord Patel of Bradford at the University of Central Lancashire. Over seven years the programme involved:

- Over 400 community groups
- 3,000 community individuals trained and supported
- 60,000 community individuals engaged through peer research

(Fountain et al., 2007; Roy et al., 2006; Winters and Patel, 2003).

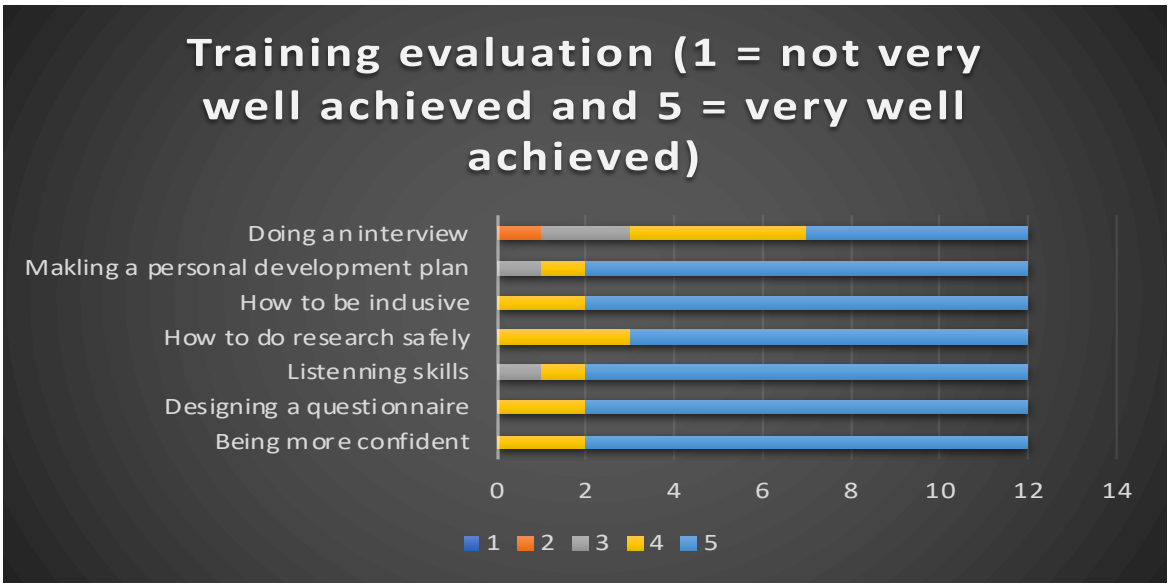
The model produced significant learning about community engagement and challenged traditional approaches to community-based research and consultation that were usually led by an academic institution that 'parachutes' into a local community *'thereby raising expectation that there will be some change, then disappears to produce a report and academic papers with no long-term impact'* (Fountain et al., 2004 p.66).

While the original engagement programme was primarily focused on the delivery of population-based needs assessments, one of the most significant outcomes was that 20% of those who became peer researchers went on to gain employment as a result of participating. Three factors influenced this:

1. Peer researchers gained experience, skills, and confidence.
2. Peer researchers gained insights into the local employment market in ways that they had not done before, for example by directly engaging with local employers.
3. Local employers gained insights and understanding about the target population groups through their participation and involvement with the peer researchers.

The positive feedback from peer researchers working on the Clacton Place programme matched the experience of the earlier national programmes. Feedback from peer researchers about the process is very positive. Most reported high levels of satisfaction with the training including:

- an increase in confidence;
- gaining skills in listening;
- designing questionnaires;
- doing an interview;
- being inclusive; and
- making their own personal development plans.



Comments included:

"I was very pleased with the training"

"Excellent training, very interesting and a lot to take in."

"Thank you, I am really hopeful for the future and believe something good and positive will come from this."

In order for a lived experience approach to lead to a successful inclusive employment pathway there are four key elements:

i) ***System leadership*** – this may be a combination of agencies including health commissioners such as Integrated Care Boards and Partnerships, District and County Councils and other place-based government agencies such as DWP.

ii) ***Anchor employers*** – these can be both public and private and should have sufficient standing and investment in the local area to constitute being an anchor.

iii) ***A community-based host agency or setting*** – this is typically a community and voluntary sector agency with a well engaged service user base that represents the local target population groups. Alternative settings could include cafes, public houses, community, or leisure centres as long as they are a setting where the target peer researchers can be identified and come together in a supportive environment.

iv) ***A place-based co-ordinator*** – this role could be undertaken by one of the above partners, but it is often best done by an independent, external expert who can co-ordinate and lead the peer research, provide training and development, and ensure that there is a robust reporting process for governance and evaluation.

Amongst the current cohort of peer researchers that have been engaged in the Clacton Place programme, 12% have gained employment. This is a significant percentage given the background, circumstances, and range of health inequalities that they experience. With further commitment coming from the anchor employers, it is anticipated that this percentage will continue to rise.

6. Conclusion

This programme was driven by a commitment to listening to and involving people who have lived experience of the criminal justice system. Their insights and feedback have provided much of the evidence behind the findings in this report and these are largely confirmed by the views and opinions of a wide range of stakeholders.

The challenges to improving employment for this group and overcoming the many systemic barriers that they face including stigma, discrimination and exclusion appear immense, but are also within the gift of any organisation that can offer good employment, to resolve. The potential benefits are significant, not least because of the numbers of people that this affects but also in terms of wider societal gains in reducing offending, reducing health inequalities, and supporting economic renewal.

The findings from this programme are being used within the wider Clacton Place model to address system responses to reducing health inequalities through employment. This includes using the lived experience evidence to inform action planning and co-ordination as part of the collective lived experience of local residents and service users.

Learning from this programme is also being used to support development of the national lived experience leadership pathway programme. This includes building on the peer researcher model and ensuring that those with lived experience are able to design and co-produce the pathway.

The real legacy from this programme will be in the ongoing development of Clacton Place over the coming year and ensuring that the inclusion of those with lived experience of the criminal justice system is recognised and that barriers are addressed. Commitments to employment from key anchors have already been agreed and a full summit of all the lived experience insights and feedback will be undertaken in the spring.

6.1 Recommendations

The findings about barriers and challenges in this report are not new, many of the issues were well known, however the interventions and proposed solutions that derive from the lived experience of those who have contributed to this programme requires a shift in gears to be implemented and taken forward. This needs to be guided by four principles:

1. **Supporting existing priorities.** ICSs and NHS leaders are overwhelmed and have limited capacity to support more priorities- all actions need to be practical and deliverable and not virtue signalling. The actions going forward should be framed for ICS and NHS leadership as **a core contributor to the People Plan** and **also as part of the wider crime prevention agenda** using employment as the intervention tool.

2. **Smart use of existing resources.** One of the most important interventions that NHS employers could take is signing up to Ban the Box – a change that requires the NHS to do one thing less in its recruitment process as opposed to anything more.

Change should not be seen through the lens of purely more **Investment** but should be framed through the new opportunities that ICS's have in **Influence** as an anchor organisation working with wider system partners and also **Innovation** in reducing health inequality by focusing on the social determinants such as employment that account for the majority of society's health outcomes.

3. **Design, Develop and Deliver with Lived Experience** - a clear message from this report is effective and inclusive employment interventions are only being promoted by a few NHS employers and are not systematic. In addition, many of the systematic interventions such as apprenticeships are increasingly inaccessible for those who would benefit from them most. Interventions will be stronger and more sustainable if they **increase the involvement of lived experience at every stage of their design, development, and delivery**.

4. **A fully inclusive commitment to workforce planning -** the barriers to employment in the NHS that are faced by people with criminal convictions will only be overcome with a radical change in current recruitment practices. People planning for this population group needs to **challenge the current accepted assumptions** about what is necessary and what works with this cohort in mind.

Moving beyond these four framing principles our recommended actions for NHS England are to focus on a systemic wide approach to developing a health and care career pathway that addresses all challenges and opportunities identified within this report. This should include a programme that will do the following:

1. Identify a cohort of at least two ICS locations to act as leading pathfinders - one should be a system that is significantly underperforming in terms of inclusive recruitment.

2. Recruit from both ICS locations a shared project group that should include:

- A project manager with relevant lived experience (this could be part of the adoption of the lived experience leadership pathway).
- A senior project manager working in recruitment/ HR at operational level within one of the NHS systems.
- A communications professional.
- A small number of peer researchers with lived experience.

3. The project group should report back to both ICS systems and NHSE within six months on the following:

- Specific changes to national and local recruitment systems that can deliver greater inclusivity.
- The support actions that can be taken at a local systems level to ensure sustainability of inclusion in employment.
- A communications plan that is focused on those with convictions entering into roles across health and care.
- What further actions would need to be done to roll this out nationally.

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