

9th December 2022

Written submission to APPG for Youth Employment by Career Connect: How is mental health affecting young people accessing the labour market and quality work?

About Career Connect

We are a charity committed to helping young people and adults realise their potential. We deliver high quality and professional careers, employment, and training services in schools, in the community and in prisons. We are passionate about social mobility and helping the most disadvantaged to create a better future.

In 2021/22, we worked with over 67,000 young people and adults to support them in their journey towards education and work.

Our response to the four questions

1. What impact is mental ill-health having on young people when transitioning into education, employment, or training?

National trend data shows a decrease in the number of young people that are unemployed, but a growing number that are 'inactive', and young people with mental health challenges are a substantial component of this group. See <https://www.resolutionfoundation.org/events/the-new-neets/> for a detailed analysis of these trends.

In the areas where we work, although we have not yet seen a spike in NEET numbers, we are seeing that a greater number within this cohort have become more difficult to reach, engage and provide support to. The average length of time spent NEET increased, and we have seen an increase in the numbers of young people we suspect are suffering from mental health difficulties. This very much reflects the national trend data.

In our own work, we are finding that many young people in our NEET 16-18 years client group have been impacted by the pandemic in terms of mental health and wellbeing. The disruption to their education over the last 2-3 years has often impacted on their social development and they are therefore less resilient, confident, and motivated, particularly when faced with new challenges, new environments, and new people. Our sense is that many young people have undiagnosed ADHD/Dyslexia/Autism.

The transition to post-16 opportunities can always be challenging for some YP, particularly those who are vulnerable and/or have protected characteristics, and the pandemic has

exacerbated this in many cases making it even more challenging for young people who were already at risk of becoming NEET.

We know that mental ill health among young people can often lead to a fear of change, withdrawal, and refusal to engage in EET and support services. There is a lower resilience to cope with setbacks, lower levels of motivation and, on very practical level, there can be anxiety about using public transport and traveling outside of their immediate local area. Leaving the house can be a challenge for many.

While there can often be a willingness to self-acknowledge poor mental health, it can lead to a self-image of a person who “cannot”, placing limits on ambitions and mobility.

Many find it difficult to envisage a future of their choice or to make a choice or plan career goals that they can work towards. Young people with poor mental health can often seem ‘frozen’ at a developmental stage unable to cope with the demands made on them. They can be focused on the very short-term and are less able to think about or commit to longer-term goals. We see the restrictions around Covid as having exacerbated this situation.

For young people with mental ill-health that do make the transition into employment or education, they can often have difficulty sustaining these opportunities. Consequently, there can be a high drop-out rate, often in the first days or weeks. Employers are often not aware of the issues, and unable to provide the support and understanding

Further, poor mental health can often be inter-generational, and across multiple family members. This means that parents are often struggling themselves and unable to support children. They are often not challenging their children to move forward or to think about their career pathways.

2. What support is available to young people with mental ill-health who are currently in education, training, or employment? How effective is this support? (Which groups does this work for?)

There are a number of services that we work with in Greater Manchester, including 42nd Street, Emerge and M-Thrive, which is community-based, online and 24-hour (with much shorter waiting lists). There are also pastoral team in FE Colleges, and some training provision has pastoral support. Young people can self-refer to Emerge (16-17 CAMHS), 42nd St, Time to Talk, GP or ask their provider to support with a referral.

Some specific programmes – such as Connect to your Future, that we are delivering with GMCA - offer excellent support. CTYF participants can get immediate access to Health2Employment Framework Provision online, delivered by clinically trained professionals. These types of programmes and initiatives can make a positive difference but require investment over the longer-term.

Outside of specific programmes, access to services can be difficult for young people. CAMHS, Emerge and 42nd Street often have waiting lists upwards of 3-months. Long lead in times for appointments can result in young people missing appointments. There is also something of a 2-tier system developing, whereby families that can pay for services can access them quickly, compared with the long waiting lists for those that are unable to pay.

Mental health conditions and issues may not have been disclosed to employers for fear of jeopardising working position, meaning that support via employers may not be accessed, even when available.

Cognitive Behavioural Therapy and Dialectic Behavioural Therapy can be accessed via a GP referral and can be helpful for some, although young people and parents can often have unrealistic expectations. Waiting lists for therapy sessions can also be long.

Long waiting lists for support can deter engagement by young people, and conditions are often not considered sufficiently serious to justify a more immediate intervention. Chronic or critical conditions often develop in this way.

We see examples where absence of mental health support causes additional stress for already stressful situations, resulting in the relinquishing of traineeships and other employment opportunities.

3. What additional support could be offered to young people with mental ill-health to get them into work, education, or training?

a) Examples of evidence and best practice

b) What recommendations would you put forward?

Generally, extending youth employment programmes, to all young people and not just those on benefits would increase the support offered to young people with mental health ill health. For example, programmes like Kickstart, which had a positive impact for young people post Covid pandemic, were limited to those on benefits. Extending to all young people not working would have had a greater impact.

We know that a growing number of those not claiming benefits have mental ill health and see evidence from targeted programmes like Hidden Talent (Manchester) that, with the right support, it is possible to have success in moving young people with mental ill-health towards engagement with EET (see <https://www.gmcvo.org.uk/publications/greater-manchester%E2%80%99s-hidden-talent-final-evaluation-2022> for details of the evaluation findings).

Specifically, and in part reflected by the available evidence, there are several things that we think would be effective, including:

- More flexible provision, including around college start dates
- Introduce proactive and preventative mental health support from 11 in schools rather than wait until the problem is manifest in reluctance/inability to move forward after school.
- Look at the potential for careers/employability services to be co-located or jointly delivered with CAMHS, as has been the case with adult IAPT services.
- Focus on Cooperatives – use the cooperative movement to create community type environments for YP in their last year of school.
- Access to funded Employee Assistance Programmes (EAP) for young people in the first year of employment

- Programmes that prioritise young people with mental ill-health and offer them immediate access to services, rather than waiting lists
- Mentor programmes to support with the mechanics of the transition into EET while on waiting lists – the Connect to your Future programme in Manchester has been successful in this.
- A change the focus of support programmes from numbers of outcomes to quality of intervention
- Peer support groups like Youth Voice (see CTYF, Manchester)
- Workplace vans or a scooter scheme could ease the travel anxiety that many young people have –.
- Free gym and sports activities – social prescribing – gets good engagement in schools focus on health and wellbeing before qualification outcomes and the outcomes might be easier to obtain – MH is not the priority, although it is addressed it might be better to miss school time to set in place good mental health to last a lifetime before it gets chronic and impacts their early years of EET anyway and leads to self-esteem and poor identity learned helplessness issues that last a lifetime

We are bringing some of these ideas to our work. In Manchester we recently ran a programme with partners from the Youth Zone and others called 'Jump Into'. Our colleagues at the Youth Zone were able to offer very flexible support and work 1-1 with young people to help them individually, refer them for appropriate specialist support (M-Thrive) to overcome some of the challenges they were facing, engage well and achieve the outcomes of the programme.

We are currently designing a new employability and work experience programme to engage NEET young people in the highest NEET neighbourhood in the city and will build mental health services and wellbeing support into the programme through our partnership with M-Thrive.

Another example of good practice is the *He's Punching/She's Punching* programme with Phoenix Training Eccles Boxing Club. This builds relationships between young people while addressing threatening aspects of everyday life for them. It focuses on healthy mind/healthy body/activities, plus strength and confidence build through activity and learning self-protection skills

4. What are the likely impacts on youth employment should these proposed recommendations take place?

a) Are there specific short-term implications?

b) What are the long-term implications?

Broadly, they would increase the reach of programmes with young people with mental ill-health and would provide more bespoke support that evidence demonstrates will help move them towards employment education and training. In the short-term, these will require investment but evidence from programme evaluations shows that, even in the short-term, these programmes can make a substantial impact in creating pathways to EET for young people with mental ill-health.

More programmes should use intermediary measures that capture 'career readiness' and 'proximity to labour market' to evaluate and understand short-term impact, as well as tracking longer-term trajectories.

More specifically, flexibility from employers, training providers and funding bodies around how, where and when work can be carried out and completed would allow for more vulnerable young people to engage at their own pace, ultimately supporting them to achieve positive outcomes. A greater number of young people would be on a pathway to fulfilling their lives, meeting their needs, and developing confidence and feeling a sense of belonging and contributing.

In-work support for young people with mental ill-health would reduce attrition from EET and a lower level of churn between NEET and EET. They would also contribute to a better skilled and qualified workforce and more career progression for young people.

Longer-term implications are that it could slow down, halt or reverse a growing trend towards young people with mental ill health being economically inactive. This will, in later life, almost certainly reduce dependency on benefits. It would also contribute to better intergenerational prospects, breaking cycles of mental ill-health within families.

Adjacent to this, programmes would likely reduce stress on other parts of the health system, where resources are already stretched.

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