Active labour market programmes, health and wellbeing

What works, how and why?

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Background

- Academic, Department of Sociology & Public Policy, University of Cambridge.
- Conducting research on Active Labour Market Programmes / back-to-work interventions and links to health and wellbeing for 15 years.
- Research placement (June 2016 to present) to Work and Health Joint Unit, DWP to help in the evaluation of large scale ALMP intervention.
- Main research area: **what are the active elements / ingredients / mechanisms in these interventions which cause health, wellbeing and behaviour changes.**

Evidence base – unemployment, work & health

- Lots of evidence showing redundancy, unemployment and ‘bad’ work have negative impacts on health and wellbeing.
- Policy belief that interventions designed to move unemployed people into work as quickly as possible offset negative impacts on health and wellbeing.
- Increasing aggregate level evidence that social protection - ALMPs can protect the mental health of the unemployed

BUT - Why + how do these interventions work?

- Evidence is limited in explaining causal mechanisms at individual intervention level.
- Most evaluations of such ALMPs focus on outcomes such as earnings and employment/time off benefits.
- They are a quasi status – between unemployment and employment.
- Policy evaluation not always focussed on processes and mechanisms of complex interventions –**inside the intervention black box**

Evidence on ALMPs, health and wellbeing

Generally positive where evidence exists

- Best available evidence is from RCT studies - Työhön job search training Programme, Finland) and the Institute of Social Research (Michigan) JOBS shows:
- Reductions in psychological distress and depression.
- Increased subjective well-being (SWB).
- Higher levels of control/mastery.
- Improvements in motivation and self-esteem.

Some negative / mixed findings

- Health / WB benefits disappear after participation.
- Where intervention is poorly delivered by instructors.
- Some participants more responsive – work best for those suffering from mental health & wellbeing issues
- Very limited UK evidence

JOBSII evidence base

Programme	Country	Sample size	Comparison type	Sessions
JOBS I	USA (Michigan)	499	RCT	8x3hr (2 weeks)
JOBS II	USA (Michigan)	1,517	RCT	5x4hr (1 week)
Työhön	Finland	1,261	RCT	5x4hr (1 week)
Winning New Jobs (WNJ)	Ireland	352	No Treatment	5x half day (1 week)
WNJ (Pilot)	USA (California)	3439	No comparison	5x half day (1 week)
Group Work (Pilot)	UK	236	No comparison	5x 4 hour (1 week)
Winning New Jobs	China	No information	No information	No information

Why and how do they work?

- Models of Jahoda (1982), Warr (1987), Fryer (1986) and Bandura's (1997) self-efficacy model, social support / social isolation (Cacioppo)
- Suggests ALMPs potential to improve psychological health and psychosocial functioning, through the provision of the latent functions/manifest benefits / psychosocial vitamins reported absent during unemployment.
- May replicate or *mimic* the psychological experience of work – represent a 'psychological holiday from unemployment' despite being in 'labour market limbo' and financially no better off.
- Latent and manifest functions/ active elements **- social support, routine, structured and purposeful activity, identity, collective purpose.**

Why and how do they work?

- Participants **develop social support / friendship networks** – job information and general help / advice / emotional.
- Feeling of overall **stability, coping & control** in lives (if only for a week!)**.**
- Reduced feelings of **social isolation and loneliness.**
- **Provision of sense of routine and time structure.**
- Seem to work best for those with **low baseline health, wellbeing, motivation, confidence, anxiety issues, low social support/socially isolated,**
- Groups need mix of people – long term unemployed / recent unemployed – low / high wellbeing / high and low social support

Need for UK evidence

- BUT we don’t know which interventions will work most effectively to improve health, wellbeing and get people into work in UK context.
- Don’t know which groups of claimants are most effectively supported by interventions.
- Who is most responsive in terms of health and wellbeing?

THEREFORE!

- Establishment of JOBS II / Group work RCT intervention by the DWP Work and Health Joint Unit – 2017 to 2019.

Future research / policy implications

- How to capture health and wellbeing outcomes without using lengthy and intrusive questionnaires that take time to administer in the hurly burly of an intervention or job centre? **Helps fill the wellbeing and health data gap in live policy settings.**
- Is there a particular 'setting' or 'dosage' of active elements for ALMPs interventions? How much of these good for health/wellbeing? **Can we quantify what good work actually is?**
- Can health and wellbeing impacts of these interventions be rewarded and monetised? **Link to SIBs and Outcome Based Commissioning**

Future research / policy implications

- How to demonstrate savings to health services generated by ALMPs – what is the social value of ALMPs to government and individual? **Links ALMPs data to health service usage - HES**
- Could ALMPs contribute to reducing wider health disadvantages? **DWP policies as drivers of public health outcomes**
- Are health / wellbeing gains and outcomes more important than job outcomes in areas where there are no jobs? **Links into preventive public health.**
- Need to look at ***process wellbeing effects*** of interventions – how frontline staff and those delivering affect wellbeing of participants.

Thank you

Contact

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