

September 2017

# Opportunity for all

Essays on transforming employment for  
disabled people and those with health conditions

**L&W** LEARNING AND  
WORK INSTITUTE

 **Shaw Trust**  
Policy Institute

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## Acknowledgements

Learning and Work Institute thanks Shaw Trust for their generous support, without which this work would not have been possible.

L&W also thanks the eleven authors whose essays make this collection. Their insight, experience and expertise are invaluable and Learning and Work Institute is grateful for their involvement.

Finally, L&W thanks all those who have been involved in the production and publication of this collection.

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# Forewords

Employment in the UK is at a record high – this is a success story. But we remain some way short of full employment when too many groups and areas of the country have much less chance to work.

Nowhere is this perhaps starker than for disabled people: fewer than one in two disabled people are in work, and those who are in work face a pay penalty. Yet we know that many out-of-work disabled people want to work, and that other countries do better. That's why Learning and Work Institute has argued for a higher ambition, a ten year plan to halve the disability employment gap.

The question is how to deliver this ambition. The past decade is littered with Green Papers, targets and policy initiatives, but the scale of action has not matched ambition– too often, we've willed the ends but not the means.

This essay collection explores what a higher ambition could look like and the means to achieve it. This includes looking at how to help disabled people to stay in work, ideas for improving the gateway and assessment to benefits, the role of employers, the perspective of disabled people themselves, and some bigger picture ideas for long-term reform of benefits and employment support.

The range of topics covered reflects the breadth of action needed to make progress. This isn't something the government can do on its own: it must play its part, but this is also about a partnership with employers, services, individuals and communities.

For us, this is a first step in helping to inform that plan for change. As the UK leaves the European Union, it is essential for our economic future that we ensure everyone who can work is able to do so, meeting our skills and jobs needs. But this is also about a more fundamental question of fairness and opportunity.

Full employment isn't an abstract concept; it's about giving everyone the chance to work and fulfil their potential. Now is the time to deliver on that ambition for disabled people and those with health conditions.



Stephen Evans

Chief Executive, Learning and Work Institute

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Shaw Trust is delighted to be working with Learning and Work Institute to sponsor the 'Opportunity for All' essay collection. We believe that everyone has something meaningful to contribute to society. Sustainable employment is a powerful way both to include people as well as to help them make their contribution. This essay collection serves as a stark reminder there is still much that we all need to do to create a truly inclusive world for disabled people in the UK.

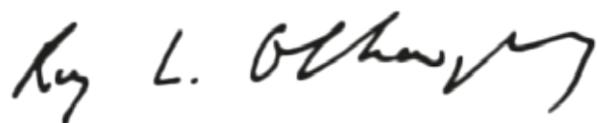
At the current rate of progress it will take decades to bridge the disability employment gap. Such stark statistics can make it difficult to think that the government's ambition to help one million more disabled people into work can be achieved.

However, reading this essay collection has given me hope.

With so many of the leading figures working in this space contributing their ideas to this publication, I am confident that together we will find the practical solutions needed to join up health and employment support in order to support more disabled people into work. A larger role and voice for the third sector will be vital in making this happen and Shaw Trust will continue to advocate strongly for the sector's prominence.

Importantly, this essay collection also showcases the lived experiences of disabled people. As Gemma Jamieson highlights in her 'So many missed opportunities' essay, if her voice had been listened to throughout her education and early working career, she could have had a far less chaotic journey to achieve the success she has done today.

So I challenge all of you reading this essay collection to think differently. Explore how you can work better together with your partners, service users, commissioners and employers to create more opportunities for disabled people to participate positively in employment. I will be challenging my team at Shaw Trust to do this – I hope you will do the same - so that we can all play our part in creating a more inclusive world.



Roy O'Shaughnessy

Chief Executive, Shaw Trust

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# Introduction

**Tony Wilson**

Director of Policy and Research, Learning and Work Institute

At a time when it is increasingly hard to find common ground in politics, the goal of improving lives and opportunities for disabled people is a rare bright spot. Labour and the Conservatives, central and local government, civil society and major employers, have all got behind the ambition of tackling the long running and entrenched disadvantage that disabled people and those with health conditions face both within and outside the labour market.

Fewer than half of disabled people work; disabled people are more than twice as likely to be out of work as their non-disabled peers; and when disabled people do work, they face a wage penalty of on average £1.50 an hour. These disadvantages persist even when other factors that could explain them are taken into account, and the UK falls well short of many other countries in its record on disability employment.

Something must be done.

But despite this common ground, making progress for disabled people has been painfully slow. In truth, successive governments have willed the ends but not the means on disability employment. Strategies have been written, benefits reformed, programmes have come and gone. The issues are too big for any one Department or one Parliament – transforming attitudes, employer behaviour, employment support, the benefits system, and how public services work. And in each of those five areas we have been long on ideas but short on evidence, political will and money.

A decade ago, the difference between the employment rates of disabled people and non-disabled people was 31 percentage points. On the latest figures, it stands at ... 31 percentage points. Sometimes it has felt like we have trodden water – not fully implementing Carol Black and David Frost's review of sickness absence; recreating many of the problems of the old incapacity benefits system in the new Employment and Support Allowance (ESA); not building on the momentum of the Coalition's 2014 Disability and Health Employment Strategy. At other times, it has even felt like things have gone backwards – cuts in ESA, problems with the Personal Independence Payment, the halving of funding for disability employment programmes.

But there is reason for cautious optimism. The November 2016 Green Paper,

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*Improving Lives*, set out in our view the outlines of what a truly transformed – and transformative – system could look like.

First, it recognised that transforming lives isn't just about reforming the benefit system, work incentives and employment support. It means addressing the deep rooted issues set out above – around transforming attitudes, employer behaviour, employment support, the benefits system, and how public services work. The government is right to say that doing this won't happen overnight and it is right to consult openly and transparently on its approach. Nearly a year on, we now need to hear from government what the consultation found, and see firmer proposals for how the Green Paper will be taken forward.

Secondly, the Green Paper began to sketch out what could be a far better system of support – with more expected from employers in their practices, awareness, attitudes and decisions; earlier and better support for disabled people and those with health conditions in work and off sick; a 'Health and Work Conversation' for those that leave work and claim benefits; an expansion of specialist Disability Employment Advisers; and plans for 200 new Community Partners – drawn from disability charities and providing critical links into local networks and provision.

Thirdly, the paper hinted at some of the deep dysfunction in how public services often work together in supporting disabled people – particularly within and between health, employment, benefits and social services. Critically, with the new joint Work and Health Unit and in the leadership of the NHS and Department for Work and Pensions, we may have the beginnings of the architecture needed to address this.

Lastly, it started the conversation on reforming the Work Capability Assessment. It is hard here not to feel a sense of déjà vu all over (we could almost be describing the problems that ESA was meant to fix, a decade ago) but the sentiment is right: we need to distinguish between cash entitlements, employment support and conditionality – even if assessing each of these is fraught with difficulty.

All of this is welcome, even if it does not reverse the damaging cuts that have been made to the welfare benefits and employment support that disabled people have relied on, and that will in many cases get worse under Universal Credit. But again, it is hard not to feel that we risk willing the ends and not the means. The Green Paper is very green – the right analysis, good ideas, but re-starting a conversation that in practice we have been having for over a decade.

So what should we do about it?

This is where, we hope, this essay collection comes in. With the support of Shaw Trust, we have pulled together perspectives from eleven people with expertise across the spectrum of disability, health and employment. They were tasked with picking up where the Green Paper left off – and setting out their views on what we now need to do.

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First, Liz Sayce sets out how we can harness the talents of disabled people, working with employers and through public services. Dame Carol Black then describes how we can improve support for those who are in work and at risk of falling out, building and reflecting on the implementation of her review of sickness absence under the Coalition Government. In the third chapter, Ben Baumberg Geiger of the University of Kent draws on a wealth of knowledge and expertise in the assessment of disability benefits to make practical, evidence led proposals on how the Work Capability Assessment should be reformed.

In chapters four to eight, we set out perspectives on employment support for disabled people and those with health conditions – first from Kirsty McHugh, chief executive of the Employment Related Services Association, on 'what works'; then a disabled employee's perspective from Gemma Jamieson; before Paulette Cohen, Director, Diversity and Inclusion at Barclays, describes how one leading employer has transformed how they work and the benefits that this has brought. In chapter 7, Chris Van Stolk and Joanna Hofman from RAND Europe set out how we can do far more and far better for those with mental health conditions, before in chapter 8 Andrew Parkins from PublicCo draws together the latest evidence from overseas.

The last three chapters then begin to articulate a longer term vision. Dave Simmonds presents a picture of a radically transformed employment system and how we can get there; Frank Field MP, Chair of the House of Commons Work and Pensions Committee, sets out how we can reform both the benefits and employment systems, drawing on his committee's wide ranging inquiry in the last Parliament; and finally Gemma Hope of Shaw Trust argues for a national disability strategy, built around co-production.

**We hope that you enjoy the collection and would welcome your feedback and views. And of course, we would also welcome your support and involvement as we take these ideas forward. After nearly two decades of strategies, papers and reforms, it is past time that we get this right.**

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# Making the most of talent

Liz Sayce

former Chief Executive, Disability Rights UK

People living with disability or long-term health conditions often bring unique strengths and assets to the workplace. However those talents are under-utilised, and inequalities in pay and employment are entrenched.

We now need a more radical approach that draws on the ethos as well as the letter of the Public Sector Equality Duty and takes proactive, systemic action to achieve greater equality. This includes moving beyond the voluntary approach currently in place with employers, the public sector leading by example, and investing in more personalised and responsive support.

Enabling more disabled people to secure decent employment is necessary but not enough on its own to address inequality, however – we need also to recognise the core human rights principle that we value everyone irrespective of whether they are employed.

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## Disability as a unique advantage at work?

There is a lively debate on whether and how disabled people bring unique talents to the world of work.

On one side are ranged the organisations and networks concerned with fostering career aspirations of disabled people, including those – like 'We are Purple' and 'Purple Space' – that adopt the term purple as the colour of disability pride. They stress the new perspectives that people living with disability bring to the world of work<sup>1</sup>:

**“Talented employees with lived experience of disability offer fresh perspectives on the workplace and the consumer market that could help shape new and better products and services.”**

Disabled people's value lies not only in their specific skills, from customer service to astrophysics, but in the unique value that the very experience of disability brings. If, to quote a Muslim saying, 'A lot of different flowers make a bouquet', then disability is one vital aspect of that 'differentness'. As a spokesperson from EDF Energy said in a video made for Disability Rights UK<sup>2</sup>:

**“[Having disabled people in the team] makes for a more rounded team. Becky has a different way of looking at a problem, a different method for finding a solution, and what's really positive is that we've seen that working in practice.”**

In this case, Becky was advising on evacuation procedures and information for the public.

On the other side are those nervous of glamorising disability, accusing the 'purple' proponents of ignoring the pain, fatigue and confusion of impairment and the disabling barriers that thwart everyday survival, never mind aspiration. They worry that emphasising what disabled people *can* do leaves those who *cannot* achieve subject to blame and stigmatisation. Reactions to Channel 4's 'We are the Superhumans' adverts for the 2012 and 2016 Paralympics suggest that even though the 'superhuman' image shifted over time from Paralympic glory to ordinary achievements (like cleaning your teeth), some disabled people strongly resisted the aspirational concept of 'superhuman'. As Lucy Catchpole put it in the Guardian<sup>3</sup>:

**“I really like that the trailer doesn't stop at sports people but includes musicians, dancers, cereal-eaters and baby-lifters. However, the hashtag used to promote this film is #yesican – the lyrics to the song used. That in itself seems harmless enough. But it's a small lurch from 'yes I can' to 'there's no such thing as can't',**

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1 See: <http://wearepurple.org.uk/about-purple/about-us/>

2 See: <https://www.disabilityrightsuk.org/news/2016/april/good-practice-supporting-disabled-learners>

3 <https://www.theguardian.com/commentisfree/2016/jul/20/channel-4-paralympics-advert-disabled-people-not-all-superhuman>

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and sure enough Channel 4 jumped right in on this. On their Twitter account, a pinned tweet reads: 'There's no such thing as can't'

Or, as Katie Grant put it<sup>4</sup>:

**"When viewed against a backdrop of toxic Government rhetoric that demonises disabled benefits claimants, branding them 'workshy' and 'lazy', the relentless message of 'Yes I can' risks alienating them even further."**

On this argument, disabled people are human, with all the frailties that implies; and any hint of superhuman qualities or even images of achievement can have the (perhaps unintended) consequence that disabled people feel they *should* achieve – otherwise they are unworthy. They are not permitted to be too unwell to work; their pain and difficulty go unrecognised. And this, it is argued, contributes to a punitive culture that implies that benefit claimants, if they just aspired a bit more, could be superheroes too.

It is possible to resolve this debate through both evidence and differentiation of experience.

Research by Radar (now Disability Rights UK) with disabled people in senior jobs found that they themselves often stress the creativity, resilience, problem solving and empathy that the experience of disability brings to their leadership and management styles (Radar, 2010). Some disabled managers commented that they were trusted by colleagues, who felt they could talk about their own challenges as the disabled manager "would understand". Others said they had good project management skills because managing every-day life involved orchestrating a rota of PAs and accessible transport before even getting to work – with risks and dependencies that could throw every plan off course if not properly mitigated. Quotes from the research included:

**"My condition has meant I have had to learn a high degree of emotional literacy – it can make you better at empathising, reading between the lines" (Research Director, private sector, with mental health condition)**

**"It's a sweeping generalisation but I do think disabled people tend to be good at seeing the world from the point of view of other people, which makes them good at sharing a vision. Whether they have the other personal traits to lever in that ability is a separate matter, but there is definitely something they can offer in the softer, transformational people areas" (Private sector senior manager with physical impairment and long-term health condition)**

**"Disabled people are creative about how to fix things – solution oriented. Experience of proactively trying to pre-empt problems in personal life reads across to how they do the job. They can see things different ways." (Occupational**

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4 <https://inews.co.uk/opinion/columnists/channel-4s-paralympics-advert-risks-alienating-disabled-people-ever/>

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## health professional)

**“When I was promoted they said it wasn’t for my common sense but my mercurial talent” (Partner, private sector, with bi-polar disorder)**

We need to learn from the experiences of disabled people who are achieving at work – and open up opportunities for many more disabled people to seize. We cannot settle for a country in which:

- Disabled people in employment earn on average £1.56 an hour less than non-disabled people – and the gap has widened (EHRC, 2017). Thousands are stuck working below their potential.
- Fewer than half of disabled people are working – when many more want to.
- For some groups, like people with learning disabilities or long-term mental health challenges, the proportion working is under 20%.

But equally, the positive assets disabled people can bring do not mean all disabled people are creative and resilient. For instance, if you have a significant mood disorder you may be able to harness the fast-flowing thoughts, edit them and use them to be creative in your chosen field, from business to science. On the other hand, the thoughts may be overwhelming or you may have no creative tendencies. Whilst rightly moving away from under-estimating disabled people - channelling everyone into low level work or piano tuning – we must not make the opposite mistake of assuming all disabled people are creative geniuses.

Not everyone should be expected to achieve great work, for several reasons.

First, the senior disabled people interviewed were clear that there were specific factors that enabled their success, including career long senior level support and mentoring. Sadly, studies suggest that disabled people in work have lower levels of trust in fair performance management and promotion opportunities than non-disabled colleagues and often feel they have no senior level support (DRUK, 2015).

Secondly, the way work is organised clearly does not accommodate all disabled people. For instance, an estimated 5 million people in the UK work in the so-called ‘gig’ economy, doing short-term or zero hours contracts: but if as a disabled person you need specific adjustments like an interpreter or support worker, it is monumentally hard to organise these at short notice when work comes up – let alone to put in place Access to Work support from Government for temporary ‘gigs’. If you seek more permanent work, and experience significant pain and fatigue, you may be able to work for a few hours each week, when you feel able to; but most employers and even the rules around self-employment put big barriers in the way of what sounds like a simple principle of ‘working when well’ (Connolly et al, 2015).

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Thirdly, securing employment depends on many things being in place: education and work experience to equip you with the qualifications and skills needed, social care to support you to get up in the morning to get to work, accessible transport and much more. The Republic of Ireland recently published a 10-year disability employment strategy, agreed by seven Government Departments, covering factors from education and skills to transport<sup>5</sup>. The UK Government's Green Paper meanwhile was signed just by the Secretaries of State for Work and Pensions and Health. The building blocks for full participation are just not in place.

Fourthly, impairment matters. Even if the world of work were transformed to offer flexibility for disabled people (not just for employers), even if skills, transport and social care worked seamlessly, even if employers behaved immaculately, there would still be some people whose degree of pain, confusion, or fatigue made it hard to work, at least as work is organised at present.

“ The learning from this debate is that it is vital to avoid implying that if one disabled person can achieve something so could – or worse should – all others. ”

The learning from this debate is that it is vital to avoid implying that if one disabled person can achieve something so could – or worse should – all others. A core human rights principle is that we value everyone irrespective of whether they are employed.

To a degree this debate reflects wider political discussions on whether an aspirational meritocracy is sufficient to reduce inequality. Meritocracy does not help the position of those who do not succeed in the particular societal race: some people will still always be at 'the bottom'. But it can change the routes to senior roles – from the standard route of wealthy background, male gender, public school and Oxbridge to new pathways that enable diverse talent to win through. This is necessary, albeit not sufficient, to reduce inequalities.

This debate has become particularly charged because of social security changes by successive governments that have used the threat of loss of benefit to 'incentivise' disabled people to seek work or work-related activity; but not focused relentlessly on removing the numerous barriers that actually prevent large numbers of disabled people from working.

The disability sector needs to argue consistently that enabling more disabled people to secure decent employment is necessary – but not sufficient – to reduce the inequalities between disabled and non-disabled people. This is why Disability Rights UK (DR UK) works both on:

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5 Available at: [http://www.justice.ie/en/JELR/Pages/Comprehensive\\_Employment\\_Strategy\\_for\\_People\\_with\\_Disabilities\\_\(2015\\_2024\)](http://www.justice.ie/en/JELR/Pages/Comprehensive_Employment_Strategy_for_People_with_Disabilities_(2015_2024))

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- Social protection: publishing the Disability Rights Handbook and campaigning for positive social security changes, sometimes with specific success – as when Government back-tracked on their plans to reduce 3-person benefit Tribunals to one-person, which would have damaged people's opportunities to appeal; or when DR UK influenced exemptions to the new policy of 18-21 year olds being ineligible for Housing Benefit, thereby offering young disabled people more protection
  - Promoting better career opportunities for disabled people at every level: for instance, enabling young disabled people to take up apprenticeships, further and higher education; and supporting those already in work to progress in their careers through the DR UK Leadership Academy Programme, which supports disabled people who want to move into middle management and beyond. In this latter programme 80% of participants have achieved their career aspirations, from promotions to leading new projects.

Social protection and the right to decent careers are not two opposing choices. It is imperative to work hard for both.

The sector needs a narrative rooted in the UN Convention on the Rights of Persons with Disabilities, that promotes both the Right to Work and the Right to Adequate Standard of Living and Social Protection – so that everyone can confidently promote aspiration for far better employment opportunities, whilst never making disabled people feel they 'should' single-handedly overcome the barriers that are so often out of their control.

## Change is possible

The senior disabled people described above between them demonstrated that it is possible, with wide-ranging impairments (for example paraplegia, cancer, bi-polar disorder), life-long and acquired, with a range of significant impacts on daily living, to secure high level employment. But it is only possible with fair opportunities and working environments that are both socially and physically accessible. In practice, this often depended on particular line managers, or on being able to make your own adjustments (as the boss) or on good luck and determination:

**“You need sheer bloody mindedness and determination. I think the success of those with disabilities is for those with very strong character and really, they succeed very much against the odds” (Specialist disability organisation leader)**

Some organisations are endeavouring to go beyond these individual factors, to create systemic changes to working environments so disabled people can thrive. For instance:

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- Barclays aims to be the UK's most accessible bank and to create an inclusive culture at work. They have flexed the entry criteria for apprenticeships, enabling young people who have missed out on education to get a foothold; and have recruited and supported significant numbers of disabled people into careers.
  - Channel 4 have recruited disabled people to roles in front of and behind the camera. They have supported and incentivised the independent production companies they commission to take on disabled apprentices. They have shared filmed stories of living with disability amongst colleagues, resulting in a step change in the proportion of the workforce deciding to be open about their own experience of disability.
  - Civil Service Disability Champion Philip Rutnam has set out priorities across the civil service which include halving the gap in staff engagement scores between disabled and non-disabled colleagues; and developing talent at all levels.

This is work in progress; but indications suggest that with top level commitment and effective, rigorously implemented strategies, employment opportunities for disabled people can change.

However, many employers have no such commitments and no track record in employing disabled people well or at all. For instance, in February 2017 a man secured a job interview only to have the interview withdrawn once he mentioned his guide dog as there would "not be space" for a dog in the office<sup>6</sup>. Lest this seem an isolated case of outright discrimination, the Equality Advisory Support Service, set up to advise people who may have faced discrimination, receives over 3000 calls and emails each month, 68% of which relate to disability.

Sometimes exclusion from employment or career progression stems from employers not knowing how to make adjustments, or not being prepared to invest in (for instance) inclusive technology or management practices. Sometimes the problem is cultural: the Radar research cited earlier found that people with mental health conditions were four times more likely than other disabled people to be open to no one at work, often because of fear that they would be viewed as less competent and denied promotion if they were honest. For every organisation starting new conversations about disability to reduce that fear factor, there are numerous others where people cannot be their full selves at work.

Change is possible in the policy areas that impact on employment opportunities – like skills, transport, health and social care. This is beyond the scope of this essay, but comprehensive reports outline the steps needed – most recently the GB Shadow Report on the UN Convention on the Rights of Persons with Disabilities, produced by

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6 <http://www.itv.com/news/westcountry/2017-02-28/blind-man-refused-chance-of-a-job-because-of-his-guide-dog/>

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Disability Rights UK, Inclusion Scotland and Disability Wales (Inclusion Scotland et al, 2017)

Change is indeed possible – but it is not happening across sectors, regions or society at large. The employment gap between disabled and non-disabled people has been stuck at around 30% for over a decade (it is currently 32%). The pay gap between disabled and non-disabled people has actually increased since 2010-11 (EHRC, 2017). The critical question is, what will break this deadlock and create some momentum?

## Levers for change

It is widely reported that when it comes to the employment of disabled people, Governments have focused most on the supply side – funding programmes to support disabled people into sustainable work – rather than the demand side, i.e. influencing employers to open up actual employment opportunities<sup>7</sup>. These large supply-side programmes have been largely unsuccessful with disabled people (DR UK, 2013). Behavioural insights have been used to incentivise individuals to seek work – but not to incentivise employers to change their employment practices.

Government's main response to this challenge is its Disability Confident Campaign, which aims to promote greater understanding of disability and remove barriers through a voluntary scheme whereby employers can self-assess their level of disability confidence and seek external assessment at the highest level, level 3. Critics have noted that it would be possible to reach level 3 without employing any disabled people – because the assessment focuses on process, not outcomes. It may be reasonable not to require a corner shop to demonstrate an increase in the employment of disabled people over a set period, but surely the same cannot be said for a FTSE 100 company.

This reliance on education and voluntary participation is reminiscent of the early 1990s Government insistence that education was the answer to disability discrimination, an assumption vigorously opposed by activists who demanded – ultimately successfully – anti-discrimination law and an enforcement body.

The levers suggested here are designed to place greater expectations on employers (and support to them) and take a proactive, systemic approach to achieving greater equality.

It is important to re-kindle the spirit of the Equality Act 2010 and Disability Discrimination Act 2005 in terms of positive action to promote equality. Since 2006 public bodies have been required to take positive, proactive steps to promote

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<sup>7</sup> See for example the DR UK Response to the Improving Lives Green Paper: <https://www.disabilityrightsuk.org/news/2016/november/druk-makes-25-recommendations-halving-disability-employment-gap-consultation>

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equality, rather than just responding after the event of discrimination, as was the case with earlier race and gender equality legislation. However, the House of Lords has noted that there is a fundamental flaw with this positive duty as it is possible to make no progress towards equality outcomes but still be judged as compliant with the duty (House of Lords, 2016).

Moreover, even individual cases that might set precedents have been scaled back. Following the 1995 Disability Discrimination Act and extensions to it in the 2000s, some progress was made in accessibility of buildings and transport and in the education and employment outcomes of disabled people. However, reduced budgets for the enforcement body (the Equality and Human Rights Commission) and the introduction of fees to take cases to Employment Tribunals resulted in a huge reduction of cases going to those Tribunals<sup>8</sup>. In July 2017 the Supreme Court ruled these fees illegal so it is to be hoped that access to justice will be restored<sup>9</sup>. At the same time the bedrock of support for disabled people in the form of social care and extra costs benefits has been reduced, making independent living harder for many disabled people (Inclusion Scotland et al, 2017). In 2017 the EHRC stated that *"It is a badge of shame on our society that millions of disabled people in Britain are still not being treated as equal citizens"* and noted that disabled people's position in society had stalled or gone backwards on several indicators (EHRC, 2017).

Without effective positive duties, there is a reliance on voluntary approaches like Disability Confident. History suggests that attempts to generate equality through a voluntary educational approach alone tend to be unsuccessful. Ban Ki Moon notes that:

**"Countries with higher levels of gender equality have higher economic growth. Companies with more women on their boards have higher returns".**

This is a compelling 'business case' for gender equality. But a business case and education have not been translated into significant progress. There was minimal progress in increasing the number of women on company Boards in the UK until there was a proactive, vigorously led programme to achieve it. The Davies Review recommended that 25% of Board members of FTSE 100 companies should be women - a target exceeded within 4 years, with numbers of women on Boards doubling. A new target was then set, of 33%. This is a business led initiative which expects large companies to report on the number of women on their Boards. It sets targets to mobilise progress.

There is nothing similar on disability – and there should be. A voluntary approach and

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8 See House of Commons Library, Employment Tribunal Fees, 22 June 2016. See also Chapter 12, The Implications and Consequences of UK Exit from the EU: Social Policies, Aileen McColgan, 'Britain Alone!', P Birkenshaw & A Biondi (Eds), 2016, pages 215 – 220

9 <http://www.bbc.co.uk/news/uk-40727400>

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a business case to employ disabled people – formulated by the Business Disability Forum over a decade ago – have not shifted the disability employment gap over the last decade. But business leaders have told Disability Rights UK that if Government worked with business to set a target or a strong expectation for the proportion of disabled people employed in FTSE 250 companies, at all levels, and expected large companies to report against the expectation (just as they do with women on Boards), then their CEOs would be asking them to put serious focus on the issue, and results would flow.

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It has been argued by some that expecting employers to monitor the proportion of their workforce who are disabled is too risky: it might result in pressure on individuals to 'declare'; and anyway people do not always identify with the term 'disability'. Yet without targets and monitoring, momentum remains shaky or non-existent. There is no suggestion that individuals should be obliged to state their disability; rather that large employers would be expected to ask confidential questions (for instance in a regular staff survey) and report on what their employees said. Of course, the data may not be 100% reliable, since some people may not choose to be open – but it is an important start. It needs to be part of wider conversations and cultural openness within companies. The technical issue of how to ask the question given that many people do not view themselves as 'disabled' is easily resolved, by giving people a menu of options to tick.

For these reasons, the **first lever** that should be introduced is an expectation on large businesses that they will report on the proportion of disabled people they employ, at different levels. This should be led by business, working closely with Government. It could be added as a 'level 4' to the Disability Confident initiative – so any employer could opt in, and all FTSE 250 companies would be expected to take part. Companies would be expected to create public action plans to address any inequalities revealed by their scores.

The **second lever** concerns procurement. Government buys billions of pounds worth of goods and services each year. If every tender exercise included attention to the social value of employing disabled people (alongside other types of social value) then

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Government could seriously leverage its influence – going beyond mobilising the goodwill of those companies already converted to the cause of disability confidence.

The **third lever** concerns Government's own employment practice. The civil service champion has set a goal to halve the gap between the engagement scores of disabled and non-disabled colleagues in civil service departments and agencies. If Government employers could demonstrate progress in employing disabled people at all levels (alongside the FTSE 250 companies), and improving scores on key indicators like levels of harassment at work, or trust in the performance management system, then Government could genuinely adopt the mantle of exemplar. It could approach other employers to show - not just tell - them how to improve disabled people's employment opportunities. There is learning from the USA: from 2011 to 2015, the Federal Government recruited 109,000 people living with health conditions/disability – through Presidential leadership, outreach to Departments and Agencies, action plans, advice and support.

The **fourth lever** that should be pulled is to improve skills, apprenticeships and traineeships. Good work experience is a major predictor of future employment chances. The proportion of disabled people taking up apprenticeships has improved slightly, which is good news (EHRC, 2017); and following the Maynard Review there has been a welcome commitment to flexible entry criteria to apprenticeships for people with learning disabilities. Government could go further, flexing both entry criteria and timespans for apprenticeships irrespective of type of impairment – so that those who have missed out on education (for instance because of periods in hospital) and those needing to do apprenticeships part-time over a longer period can still realise their potential.

The **fifth lever** is to make it easier for disabled people to be entrepreneurs or self-employed. Melanie Jones has found that disabled people are more likely than non-disabled people to be self-employed – partly because of 'pull' factors (the attractions of working for yourself on your own business idea) and partly 'push' factors, like not finding an employer prepared to make the adjustments necessary (Connolly, P. et al, 2016). Government could do more through its industrial strategy to ensure that disabled people have fair access to business loans and research grants; and that the rules on what constitutes a viable business – which govern national insurance and eligibility for Access to Work – do not disadvantage people who need time out of their business for impairment-related reasons.

The **sixth lever** is policy to support employers and employees where an individual does need to have considerable time off for disability-related reasons. I have previously suggested this could be through Access to Work (Sayce, 2011): someone with a fluctuating condition would be eligible for Access to Work to pay for temporary cover during their disability-related leave. This would remove a significant

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disincentive for employers, who are very reluctant to take on people with a record of significant sickness absence. It would enable people with fluctuating conditions to work when well, which is in everyone's interests, including the State's.

The **seventh, ambitious lever** is that Government should develop a cross-Government strategy to fulfil its obligations under the UN Convention on the Rights of Persons with Disabilities, including the Right to Work – and including the factors that can support people to work, from education to social care. It should be developed in co-production with disabled people and our organisations.

The **final, eighth lever** that should be used is a complete re-think of the Work Capability Assessment and sanctions regime, with the aim of removing the sting of fear that so many disabled people feel when faced with assessments. Being afraid does not put people in the right frame of mind to take risks and (for instance) try a new employment opportunity. Research by the Behavioural Insights Team found that concerns about poverty can constrain the mental 'bandwidth' required to make good decisions about key areas of life like employment (Gandy et al, 2016). Removing fear could liberate people to try new things.

## Conclusion

People living with disability or long-term health conditions often bring unique strengths and assets to the workplace – from empathy to creativity and problem solving – in addition to specific skills. Currently those skills are too often under-utilised; and disabled people would also benefit from more equal access to skills necessary in the economy of today and tomorrow. The result is many people working below their capabilities or not working at all when they would prefer to do so. Inequalities in employment and pay are entrenched between disabled and non-disabled people – and between disabled people with different impairments, in different regions, with different experiences of ethnicity and other factors. Whilst some leading employers are realising the benefits of the skills disabled people can bring, vast numbers of employers are not.

Recent Government policy has focused on supporting the 'supply side' – i.e. incentivising disabled individuals to work – rather than the 'demand side', by opening up employment opportunities. Where employers have been engaged this has been a purely educational, voluntary approach, which to date has not shown any tangible results; and enforcement has been hit by budgetary cuts.

This essay recommends that Government draw on the ethos as well as the letter of the Public Sector Equality Duty and take proactive, systemic action to achieve greater equality; and that it do this by exercising eight key levers to bring about a step change, drawing on the great examples that show change is possible. These levers

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include expecting large employers to report on the disability profile of their workforce and to take action to address disparities; using the power of procurement to drive social value; taking tangible steps to turn government departments and agencies into exemplars; making self-employment easier for disabled people; setting a strategy in co-production with disabled people to fulfil obligations under the UN Convention on the Rights of Persons with Disabilities, including the Right to Work; supporting employers and employees to 'de-risk' employment of people who need time off work for disability-related reasons; and overhauling the Work Capability Assessment.

Other issues – like improving proactive enforcement, and investing in personalised employment support that disabled people can easily access (including Access to Work) – are also vital. But at this point a big push on the demand side, which has been so neglected, could potentially do most to unleash the skills and talents of disabled people. It needs to go alongside a radical rethink of the Work Capability Assessment and sanctions regime, to remove the sting of fear from disabled people's experience of assessment.

The use of these eight levers would be in the interests of disabled people who want good work. It would add value to employers. And it would make a significant contribution to the UK economy. It is a no brainer.

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# The case for early intervention and support

## Dame Carol Black

Principal of Newnham College Cambridge, and independent adviser to the government on work and health

Most people who leave work due to ill health return quickly, and many more people are able to manage long-term health conditions while in work. However too often, short term absence leads to prolonged absence or even withdrawal from the labour market, with all the problems they bring. For some this reflects the seriousness of the health condition, but for others it might signal a failure to intervene effectively when sickness threatens working life. The likelihood of return to work decreases markedly with the amount of time spent off work. Often wider factors like organizational culture at work and line manager behavior, income, housing or domestic circumstances can have an influence. So early intervention, addressing health-related and wider issues, is critically important.

Systems are now in place to address these challenges, in particular through new Fit Notes and the Fit for Work Service. However, so far the promise of these reforms has been only partly fulfilled. We now need to build on these, so that services can engage early with people off work sick, and provide the right support at the right time.

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There is persuasive evidence that for most people of working age the right work is good for their health and wellbeing, and there is no doubt at all that loss of work is harmful. During the past decade there has been a major and far-reaching effort to minimise the burdens and harms of sickness absence and health related loss of work.

With the publication of the Review of the health of Britain's working age population, *Working for a healthier tomorrow*, in 2008, medical professional bodies demonstrated their commitment to promoting the link between good work and good health with a strong affirmation that supporting patients to remain in or return to work should be part of a healthcare professional's clinical function. That commitment has taken firm root among doctors.

Most people who take sickness absence for a health condition return to work within a short time following treatment, natural resolution of the health problem or adjustment to the limits it imposes. Further, much sickness absence and inactivity follows common health conditions which, given the right support, are compatible with work – although sometimes that means a different kind of work.

Indeed, work in a well-managed workplace is beneficial for people recovering from sickness absence and an early return to work is a therapeutic benefit, promoting both mental and physical recovery and well-being. Simple adjustments can enable workers to return to work safely before their symptoms completely disappear. In general workers can normally return before they are wholly fit.

But for too many there is continuing sickness absence, and the longer it persists the greater the likelihood of never returning to work. For some people prolonged absence reflects the seriousness of the health condition, its impact upon function and ability to work. For others it might signal a failure to intervene effectively when sickness threatens working life.

But the fact that many people with similar health conditions remain at work or return to work following absence is evidence that other influences come into play. Among those influences are personal and social factors, often deep-rooted, together with the conditions and organisational factors experienced at work.

## Early intervention

It is evident that with the passage of time these other factors become increasingly more significant than the initial health problem. That is why early intervention, which also addresses obstacles across each of these domains, is so important. The sooner comprehensive rehabilitation action is begun, the better the chances are of an employee making a full and prompt return to work.

In most instances a key early intervention is the clinical encounter, when the patient

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sees their doctor. Naturally this will focus primarily on the particular health problem. For most illnesses and injuries there will be no commanding issues except to ensure speedy recovery with return to normal working life. But for many people, the episode and sickness absence signifies for them a major change, of not being able to return to their current work, and for some a more radical change. This makes the importance of working life to health and wellbeing a foremost issue for discussion. A complementary issue is the work capabilities of the patient and the problems that may need to be faced and overcome to enable return to work, even if the kind of work or the conditions of work are not the same as before. The doctor should regard work as a clinical outcome, an outcome to be actively sought.

Of course consideration of the implications for working life of any health condition, whose effects on function and work capability might be foreseen, should not be put off until sickness absence or even the threat of sickness absence arises. Many working people have a long-term disorder, often more than one, which may pose a significant threat to working life in the foreseeable future. Indeed among working people over the age of 50, some 40% have such a disorder. The important point is that with thoughtful and sympathetic adjustments, most workplace difficulties can be overcome. It is a function of occupational health services, where available, to advise employers and employees on the nature of these difficulties and how they can be managed.

## The Fit note

The most common expression of early intervention is issue of the Fit Note (Statement of Fitness for Work). The Fit Note was introduced in 2010, replacing the former Sick Note. Its approach is quite different, reversing the former emphasis on what a sick patient *cannot* do to a humane and encouraging emphasis on what in fact they are *able* to do. The Fit Note is a means of providing evidence of the advice a doctor has given to the patient on the effects of the health problem on their capability to work.

The Fit Note serves more than one purpose, but each has a bearing on patient wellbeing. It offers an opportunity to bring together clinical aspects of illness with the effects on function and the ability to work, and allows doctors to reach a judgement that a patient has some functional limitations, but with appropriate support could return to the workplace. It is a primary source of shared advice to employee and employer on practical measures that might be taken to enable return to work.

Employers also use the Fit Note as evidence of the validity of claims for sick pay, and the State uses it as evidence of eligibility for health-related benefits such as the Employment and Support Allowance. Therefore a failure to provide it when appropriate can cause material difficulties and unnecessary anxiety for patients. However, a doctor's natural advocacy for their patient can sometimes lead to

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unintended consequences.

Attention to the Fit Note as part of a clinical consultation also gives heightened emphasis to the relationship between health and work, with a timely reminder of the importance of work for patient health and wellbeing.

The advice contained in the Fit Note should be framed to help the patient and employer make arrangements with any necessary adjustments to working conditions to enable return to work. The important feature of the prior consultation and the advice given is the emphasis on what the patient can do; it is encouraging and motivating, with a positive emphasis quite different from that of the former Sick Note. It becomes a key intervention in the path to vocational rehabilitation.

Importantly, the assessment is concerned with fitness to work in general, not necessarily the current work. Used to the full, it enables more effective management of a patient's expectations about their capability to work. It should give a considered view of the impact of their condition on their fitness for work. A carefully recorded, informative assessment helps a patient discuss with their employer how they may be supported at work when the clinical need for absence has passed, and so return with as little delay as possible.

In practice, few doctors are trained in detailed functional or disability assessment. That is neither expected nor required. So completing a Fit Note and advising on fitness for work does not require specialist knowledge of workplaces or occupational medicine. But a doctor would be expected to have sufficient understanding of the effects of illness, injury, or their treatment, and of the likely duration of impaired function, to be able give clear advice to patient and employer. In practice most patients on long-term sickness absence have either a musculoskeletal condition or a common mental health condition, the effects of which are familiar to most doctors.

But in addition, it is common to find non-work problems such as poor housing, difficult domestic relationships or financial difficulties, which compounded their health condition.

It is now widely accepted that organizational culture and line-manager behavior influence workers' health and wellbeing, and the National Institute for Health and Care Excellence (NICE) in its 2015 report on the topic stated six aims for all employers, namely to address issues of physical work environment; mental wellbeing at work; fairness, justice, participation and trust; senior leadership; line managers' role, leadership style and training; and job design.

When it appears likely that sickness absence will be prolonged – more than four weeks' absence is commonly judged to be a significant threshold – the doctor may discuss referral to the Fit for Work Service, a service designed to help return to work more quickly.

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“ So far, the promise of the Fit Note has been only partly fulfilled. Many people seeking a medical certificate are declared completely unfit. ”

However so far, the promise of the Fit Note has been only partly fulfilled. Many people seeking a medical certificate are declared completely unfit. Such a judgement is wholly warranted when the patient's condition precludes any form of work, either during the time expected for recovery or, in some instances, indefinitely. But fortunately, that happens for only a minority of people.

It is well recognised that judgements about fitness for work are also influenced by the complex and subtle factors inherent in the relationship between doctors and their patients, and are not necessarily constrained by the effects of the presenting condition alone. Nonetheless, advice that deters people from returning to work might not, in the longer term, be at all in their best interests.

Naturally doctors see their primary role as the care and treatment of their patients, and restoring function. Whilst sensitive to the costs and burdens of illness and sickness absence that fall on their patients they are not strongly driven to consider costs to employers and the State. Although cost savings are not seen as a chief purpose of the advice doctors give in the Fit Note, they might be a beneficial consequence of that advice.

## Fit for Work services and support

In order to explore ways of offering support for people in the early stage of sickness absence, Fit for Work Service pilots were established. They were designed particularly for employees working in small and medium-sized enterprises (SMEs). These pilots were undertaken by partnerships of health, employment, and local community organisations and offered 'bio-psychosocial' assessments of need and case managed support to aid a quick return to work in a variety of locally designed delivery models. Learning from the pilots' recommendation in the Black and Frost independent review of sickness absence (2011) that a national Fit for Work Service be created. The new national independent health and work advice and referral service, called 'Fit for Work', began in 2014.

The initial findings were that the pilots found it difficult to attract clients from SMEs, employers who were least likely to have in-house occupational health services. As would be expected from the familiar pattern of sickness absence, nearly all clients had either a musculoskeletal condition or a common mental health condition, and these were often compounded by non-health problems.

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On average clients spent around 10 to 12 weeks with a pilot. Seventy-two per cent of clients absent from work on entering a pilot had returned to work by the time they had left. Nine in ten clients were satisfied with the service they received. Around half the clients thought that the pilots had helped them return to work sooner. Clients' self-assessed health also improved over the duration of the pilots.

Unfortunately there was no matched comparison group to allow meaningful assessment of the pilots' effectiveness in enabling return to work. The time taken to return to work by clients in three of the pilots was compared with the 'local average or norm' based on Fit Note data from local employees. The study, however, did not control for differences in observed characteristics between clients and non-participants, for instance demographic or socio-economic variables. The voluntary nature of the pilots also meant that pilot clients may have been more motivated to return to work, or alternatively have more serious conditions, than the average local employed population.

After initial screening, eligible clients were assigned a Case Manager who conducted a wide-ranging bio-psychosocial assessment of the client's health and non-health-related conditions and circumstances. Whilst telephone-based assessments by the pilots were thought to be more resource efficient, to preserve client anonymity and help focus the discussion, meeting the client face-to-face enabled the Case Manager to establish a relationship more easily and to delve into issues in more detail.

There was consensus that the bio-psychosocial approach and 'de-medicalising' the problems faced by clients was crucial to identifying and addressing the barriers to return to work.

Where clients required specialist help (for example, clinical help such as physiotherapy or psychotherapy, or non-clinical support such as help with debt management or housing), the Case Manager arranged additional support from elsewhere whether from the in-house team, the wider partnership or by referral to external agencies. The pilots that had in-house additional support or fast access to external providers valued the ability to provide this.

## Fit for Work: a new occupational health service

The design of Fit for Work, the new national independent health and work advice and referral service launched at the end of 2014, reflects some of the positive findings of the pilots, including: use of a bio-psychosocial model to ensure a rounded assessment of the issues preventing a return to work; use of telephone-based assessments; adoption of a case management approach to ensure the employee receives coordinated support across different agencies; and provision of musculoskeletal and mental health experts given the prevalence of those conditions..

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If an employee has been unfit for work for four weeks or more (or is likely to be), their GP or employer can refer them to Fit for Work. This provides a telephone-based occupational health assessment and general health and work advice to employees, employers and GPs. It aims to reduce long-term sickness absence by helping the employee develop a Return to Work Plan tailored to that individual's needs.

“ Fit for Work complements existing occupational health services provided by employers, it does not replace them. It fills a current gap in support and should especially benefit those employers who have limited in-house occupational health services. ”

Fit for Work complements existing occupational health services provided by employers, it does not replace them. It fills a current gap in support and should especially benefit those employers who have limited in-house occupational health services.

With consent, the GP or employer may refer the patient/ employee for a Fit for Work Centre. This can offer the patient advice and work with them to develop their Return to Work Plan, always specific to the individual and the job, taking into account the duration of absence and what adjustments are needed to provide support. The Plan may include: a suggested return to work date; any adjustments or modifications that can help return to work; changes to working times or shifts; and how the return to work will be monitored and reviewed.

The Return to Work Plan may be shared with the employer and/or GP, but only with the patient/ employee's consent. Employers can accept Return to Work Plans issued through Fit for Work as evidence of sickness absence in exactly the same way as a GP Fit note. This saves wasteful duplication.

## Building on Fit Notes and Fit for Work

An ideal system of early intervention would quickly identify people unable to work, or whose work is threatened because of sickness or disability, or the effects of treatment, and offer them work-related advice and support. Those with conditions that are compatible with their current work would receive necessary treatment without delay, and be supported and encouraged to return quickly. Individuals for whom a job change was necessary would be helped into new work.

The Fit Note and the Fit for Work Service were conceived to match these aims, with a much-needed emphasis on what, in the face of sickness or disability, a patient could

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do, rather than what they cannot, supported by advice on overcoming the barriers to resuming working life and ongoing support where appropriate.

So, systems are now in place to address the problems of people whose working lives are threatened by disability, injury or the onset of prolonged or long-term illness, and there is wide recognition of the importance of intervening early when the implications of illness or disability can be foreseen.

The Fit for Work Service has not yet attracted the number of referrals that were expected and hoped for. Employers have referred more employees than GPs patients. A review of the effectiveness of the Service has been commissioned, and should provide much needed information to guide its future direction.

This paper makes the case for the Fit Note and the Fit for Work Service, but acknowledges that neither is working as well as it should. Building in what has been achieved so far, the following actions should be considered:

- Broaden issue of Fit Notes to other health professionals, e.g. occupational health nurses and physiotherapists;
- Embed training on Fit Notes and an understanding of occupational health into all relevant training systems and structures, e.g. for doctors, and other health professionals;
- Make the electronic Fit Note the portal for referral to the Fit for Work Service, thus improving efficiency and quality;
- build ongoing evaluation into both Note and Service, so that timely adjustments can be made to improve quality and efficiency; and
- campaign to educate the public about the value of work to health and wellbeing, seeking to improve perception and reception of the Fit Note.

All this depends on collaborative efforts between employees/patients, their doctors, and their employers, often with the advice and support of occupational health professionals. Such collaboration is yet at an early stage but it offers the best promise in responding to a major challenge for our society.

# Disability assessment: a better WCA is possible

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**T**he Work Capability Assessment has been such a failure that some people seem to have abandoned hope that a better WCA is possible. The cause of WCA reform has not been helped by the absence of concrete, deliverable proposals for replacing it. Yet it is possible to create an assessment that more accurately assesses people's capacity for work, using best practice from other countries and adapting them to suit the UK. This chapter sets out how such a new assessment work, producing transparent and fair decisions based on the real demands of work in Britain.

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Ironically, sometimes it is a policy's failures rather than successes that make it difficult to reform.

The Work Capability Assessment (WCA) – the assessment for Employment and Support Allowance (ESA), the out-of-work incapacity benefit – has been a failure by almost any criteria. Perhaps uniquely for a disability assessment, it has consistently generated bad headlines over the best part of a decade, taken the starring role in a Cannes prize-winning film (*I, Daniel Blake*), and in the 2015 election, every political party except The Conservatives made a manifesto commitment to reform it – with the Conservatives announcing shortly after the election that they too wanted to overhaul it. It is hard to disagree with the noted Professors of Politics Anthony King and Ivor Crewe, who dubbed it as one of the recent 'blunders of our governments' (King and Crewe, 2014).

Yet despite several years of very public failure, the WCA is still with us – and there is a real risk that it will be left untouched in the latest round of reforms. This may be surprising to some readers, given headlines in late 2016 that the Government was going to 'overhaul' the WCA. However, when the Work, Health and Disability Green Paper was published, it became clear that this primarily means that conditionality will no longer be determined by the WCA (something I discuss at length in a forthcoming Demos report). When it comes to assessing financial support (the focus of this essay), the Green Paper simply asked "*What other alternatives could we explore to improve the system for assessing financial support?*". We therefore risk a new system in which an unreformed WCA has a lesser, but still crucial, role in determining the amount of money that people have to live on.

“ The problem is that having seen the WCA unravel, some people have lost faith that it is even possible to have a disability assessment that is either popular or deliverable, making the risks of reform seem like a gamble that is not worth taking in the face of an inevitably losing battle. ”

Having been pushing for WCA reform for several years, I believe there are two reasons why getting rid of the WCA has proved so difficult. One issue is that stakeholders simply have not put forward realistic and detailed alternatives that the Government could adopt. But beyond this, the spectacular failure of the WCA itself has played a part. Like any new policy, replacing the WCA will create risks: that the new assessment will be politically unpopular, and that it will be an operational failure, leaving the Government unable to control spending and the public unable to rely on the benefits system in times of need. The problem is that having seen the WCA unravel, some people have lost faith that it is even *possible* to have a disability

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assessment that is either popular or deliverable, making the risks of reform seem like a gamble that is not worth taking in the face of an inevitably losing battle.

In this essay, I want to argue that it *is* possible to create a better disability assessment for determining the level of benefits, which will be both deliverable and (seen to be) fair. Underpinning my proposal is a four-year ESRC-funded research project, during which I have looked at disability benefits assessments around the world, and investigated public and elite opinions about who should receive ESA (see <http://www.rethinkingincapacity.org/about-the-project/> for more details about the project; a final Demos report summarising the research will be published later in 2017).

## How the Work Capability Assessment fails to assess capability for work

There is a good reason for the Work Capability Assessment's name: in principle, its main aim is to assess whether people are capable of working. Unemployment benefits are not designed to support people for long periods of time; they are designed to tide people over until they find another job. However, disabled benefit claimants tend to be out of work for longer periods of time than non-disabled unemployed people, and therefore need enough money to live on for several years. Limited work capacity is therefore the main thing<sup>1</sup> that the WCA should be assessing, to decide who should receive higher levels of benefits (meaning either ESA in the old system, or entitlement to the 'Limited Capability for Work-Related Activity' component of Universal Credit in the new system).

Yet the WCA in fact makes no effort to directly assess what work people would be capable of. The core of the WCA is a series of 'functional descriptors' that give people points based on whether they e.g. '*cannot raise either arm to top of head as if to put on a hat*'. It is true that people with greater functional impairments tend to have lower work capacity, but the assessment is inadequate for two main reasons:

- 1. There is no transparent evidence that the descriptors capture the requirements of the modern British workplace.** The descriptors were designed by an expert committee, who claimed that they reflect "*activities and functional capability that a reasonable employer would expect of his workforce*"<sup>2</sup>. As the independent WCA reviewer Paul Litchfield noted, they therefore capture an expert consensus, but this means that the scoring is 'somewhat arbitrary'. The British Psychological Society go further, noting that there was

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1 Higher rates of out-of-work benefits for disabled people also partly reflect their higher costs-of-living. A separate benefit nominally covers these costs (DLA/PIP), but in practice, DLA/PIP doesn't cover all of the costs for everyone – see Brawn, E. (2014). *Priced out: ending the financial penalty of disability by 2020*. London: Scope.

2 A hat-tip to Elina Rigler for noting this; the original source is p4 of Technical Working Group. (2007). *Transformation of the Personal Capability Assessment: Technical Working Group's Phase 2 Evaluation Report*. Commissioned by the Department for Work and Pensions.

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no proper testing of the reliability or validity of the WCA criteria, and that it should therefore be replaced by a 'reliable, valid and fully researched method of assessment' (British Psychological Society, 2016). In this day and age, life-changing decisions cannot be defended by simply saying that 'some experts have decided this is correct'.

**2. The WCA struggles if claimants have two or more impairments – which probably includes half of all disabled people or more<sup>3</sup>.** Until April 2017, people were assigned a certain number of points for impairments under each heading (e.g. the physical dexterity required, or the cognitive ability to learn new tasks); these are then added together to determine if they have enough points to be eligible for ESA. However, the combined score has no relationship whatsoever to whether someone with this *particular* combination of impairments will have a chance of working. This is an inescapable problem in simple functioning-based assessments, and is sometimes called the 'whole body problem'. Matters became even worse from April 2017, when only people's most severe disability is taken into account in determining the amount of money they get<sup>4</sup>. The WCA has always struggled to capture the capacity of people with multiple impairments, but when it comes to financial support, it now does not even try.

“ The WCA has always struggled to capture the capacity of people with multiple impairments, but when it comes to financial support, it now does not even try. ”

The advantage of setting out the WCA's flaws in this way is that we can see what a replacement for the WCA needs to do: it needs to actually assess people's capacity for work, rather than simply give people the impression that this is what is doing.

## But how can we assess people's capability for work?

Many disability charities and disabled people's organisations have likewise argued that the WCA should directly assess people's capacity for work. However, the impact of these recommendations has been limited. Partly this is because they have often

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3 The claim that around half of disabled people have two or more impairments comes from a new analysis of the Health Survey for England 2014. People were asked if their longstanding health condition affected them in any of nine different domains (vision, hearing, mobility, dexterity, learning or understanding or concentrating, memory, mental health, stamina or breathing or fatigue, and socially or behaviourally). Of those aged 18-64 reporting limitations in at least one domain, 53% reported limitations in multiple domains. These domains are not exactly the same as the WCA categories, but if anything it seems likely that the greater number of categories in the WCA would lead to even higher figures there.

4 The change in April 2017 is the abolition of the Work-Related Activity component of ESA (and the equivalent in Universal Credit) for new claimants. The main text refers to the assessment as someone being entitled to the Work-Related Activity Group as the pre-April 2017 system, and entitlement to the Support Group as the post-April 2017 system, even though strictly speaking both groups exist under both systems.

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been bound together with calls for a 'real-world' assessment, which takes account of non-medical factors that influence a person's ability to work such as their age, education, and wider support/barriers. While there is much to be said for a real-world assessment – indeed, I myself argued for it in a 2015 report (Baumberg et al, 2015) – in its extreme forms it goes against the grain of much public opinion (and certainly the Government's view), as I explain in my forthcoming Demos report.

The other problem with these calls is that they generally leave decisions in the hands of a single expert assessor, without explaining how these decisions will be made fair and consistent. This is not an outlandish proposal: expert-based work capacity assessments are found in the benefits systems of Germany and Australia, for example. And while the current WCA may 'look scientific' with its functional domains and points allocations, this is purely superficial; it is hardly a validated scientific scale, as the British Psychological Association have pointed out (British Psychological Society, 2016). Nevertheless, expert work capacity assessments around the world struggle to make consistent, reliable decisions, and this would be a particularly problem in the UK where there is a need for transparency to regain people's trust.

“ And while the current WCA may 'look scientific' with its functional domains and points allocations, this is purely superficial; it is hardly a validated scientific scale, as the British Psychological Association have pointed out (British Psychological Society, 2016) ”

Beyond these calls for expert, real-world assessment, it is striking how few alternatives to the WCA have been proposed for determining the level of benefits people receive, despite report after report being published in the run up to the Green Paper. For example, two of the influential reports that focussed most on disability benefit reforms are those by Matt Oakley (who conducted a sanctioning review for the Government in 2014), and the think-tank Reform (co-authored by Iain Duncan Smith's former Special Adviser, Charlotte Pickles). The Oakley report focuses on conditionality without mentioning assessment for financial support; while the Reform report argues for a flat-rate out-of-work benefit, eliminating the need for an assessment of the level of benefits people receive. Like most contributions to this debate, the Government will here find little advice in crafting a replacement for the WCA.

## A fair and consistent assessment of work capacity

Yet it *is* possible to create a better disability assessment for determining the level of benefits – to create an assessment that looks directly at whether people are capable

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of work, and which is both deliverable and (seen to be) fair. Of the various models that exist internationally, the one that best suits the UK is the Dutch system, adapted to the needs and realities of the UK setting. The assessment would consist of three parts.

First, the functional capacities of claimants would be assessed against each domain (e.g. the physical dexterity required, or the cognitive ability to learn new tasks) – mirroring the current practice of the WCA. However, unlike the current system, the assessment would be directly and transparently underpinned by data on the requirements of jobs in Britain. To do this, the Government would need to collect data on the functional (that is, health/disability-related) requirements of British jobs. The Netherlands offers two models for doing this, a more intensive version (that collects thousands of observations of different jobs) and a less intensive version (which focusses on a small number of common jobs with low skills requirements) – and even the less intensive version would be a major step forward. The data would need to be published, so that people can understand and trust the assessment.

Secondly, the assessment would look at whether someone with that *combination* of impairments is able to work. Again, this would be transparently based on data covering jobs in Britain, but focussing on the 'functional profile' – the combination of requirements in each job (e.g. the combination of dexterity and cognitive capacity to learn required in a job) – rather than the level required in each individual domain separately. No additional expertise would be required of the assessor: it would simply be a matter of feeding the assessed functional capacities of the claimant into the system, which then compares it to the data on jobs in Britain, and decides if there are any jobs that the claimant would be able to do. This would deal with the biggest failings of the WCA, in a structured, repeatable and transparent way.

“ Unless employer practices are legally required and actively enforced, it is not reasonable to say that someone is 'capable of work' on the assumption that these happen. ”

Finally, if we just based the assessment on the current realities of the British workplace, we would be looking at jobs as they actually exist, ignoring employers' legal requirement to make reasonable adjustments to these jobs so that disabled people can do them. The third stage of the assessment would therefore look again at marginal decisions to take this account, considering if there are any adjustments that that would enable the claimant to do certain jobs. However, some care is needed to ensure that such decisions are fair. Assessors would need much more occupational health expertise than at present; there is a considerable gap between medical and occupational health expertise. Moreover, the WCA currently makes unreasonable

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assumptions about the steps that employers will take<sup>5</sup>. Unless employer practices are legally required and actively enforced, it is not reasonable to say that someone is 'capable of work' on the assumption that these happen.

In creating such a system there are a myriad of other choices that must be made, both about the process of the assessment (which is not the focus here, but where there is much unhappiness over the WCA) and its design. One is whether 'real-world' factors should be considered – and there is an argument that the assessment should at least take into account the skills required in different jobs, so that claimants are not told they are fit-for-work because of jobs that they are clearly unable to get. This could be easily included by collecting data on the skills requirements of British jobs in the data collection exercise above, and trying to match claimants to jobs based on both skills and functioning. A further issue is the generosity of the system. While there is a strong argument that post-April 2017 the system is insufficiently generous (as I make in the forthcoming Demos report), this is a separate decision: the proposed form of assessment could be calibrated to be more or less generous.

While it now seems like a radical departure to actually investigate the demands of work in designing an assessment, we have forgotten that when the WCA's predecessor was being introduced (the 'Personal Capability Assessment'), the Government suggested that it would be based on the activities necessary to do the 100 most common jobs in the economy.<sup>6</sup> Yet this research seems never to have been done. Two decades later, it is clear that it is still necessary to provide an objective, defensible basis to disability assessments.

## Putting different assessments together

Of course, it is not enough to simply overhaul just one part of the wider benefits system in isolation. But while I discuss conditionality assessment elsewhere (in the forthcoming Demos report), I want to end by arguing that eligibility assessment should not be made a mere handmaiden to employment support.

In an ideal world, we would link employment support and eligibility assessment in a rehabilitation-based model, where we could tell that people had limited work capacity because they had received all of the rehabilitation they needed, and this rehabilitation had failed<sup>7</sup>. Yet we are a long way from being able to implement such a system in the UK, given decades of underinvestment in vocational rehabilitation (Grahame, 2002). Moreover, there are things that we would want to take account of

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5 This was implied by the report of the 'evidence-based review' of changes to the WCA; see my 2015 Demos report, p31-32.

6 This was stated by Baroness Cumberledge in the House of Lords (seemingly in her role as Parliamentary Under-Secretary of State in the Department of Health). See Hansard: Social Security (Incapacity for Work) Bill, HL Deb 21 April 1994 vol 554 cc325. [http://hansard.millbanksystems.com/lords/1994/apr/21/social-security-incapacity-for-work-bill#column\\_325](http://hansard.millbanksystems.com/lords/1994/apr/21/social-security-incapacity-for-work-bill#column_325).

7 This is similar to the Danish system; see Geiger, B. B., Garthwaite, K., Warren, J., & Bamba, C. (submitted). Assessing work disability for social security: international models for the direct assessment of work capacity.

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in assessing people for employment support (for example their housing and family situation, the sort of work they want to do) that we would not necessarily want to influence how much money they receive.

“ In an ideal world, we would link employment support and eligibility assessment in a rehabilitation-based model, where we could tell that people had limited work capacity because they had received all of the rehabilitation they needed, and this rehabilitation had failed ”

Ultimately, the role of disability assessment for financial support is to provide reliable, fair decisions about people's capacity for work. The WCA conspicuously fails to do this. But a better WCA is possible – indeed, the WCA is perhaps the greatest failure of an incapacity assessment than we have ever previously managed, and a greater failure than any other country currently achieves. All we need is the confidence in our ability to do better, and the willingness to depart from the familiarity of our present, broken system.

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# What works in improving employment support?

**Kirsty McHugh**

Chief Executive, Employment Related Services Association

This is a period of substantial reform in employment services, with significant cuts in contracted-out programmes alongside pilots of new provision and expansion in the role of Jobcentre Plus. Through a range of programmes and initiatives over the last decade we have started to build a clearer picture of 'what works' in supporting disabled people and those with health conditions – particularly through intensive and specialist employment support, access to health and rehabilitation, co-location of services, outreach and engagement, employer support and building resilience. We now need to build on this – by bringing health and employment services together and addressing the challenges of service fragmentation and reduced funding.

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Employment support in the UK is about to undergo a series of major changes as the government pushes ahead with the new Work and Health Programme, the roll-out of Universal Credit, devolution deals and a host of other policy developments across regional and central government. Simultaneously, substantial cuts are planned to Westminster funding for employment support while European Social Fund (ESF) investments of over £500m per year are also being put in jeopardy.

Over the last two decades, providers of employment support have delivered a wide range of initiatives and programmes designed to help people to enter employment, including those facing complex barriers to work. This essay draws on the experience of providers in the employment support sector to examine the current landscape of employment support in the UK, the role of Jobcentre Plus in that context, what interventions deliver the best support, particularly for people with disabilities and health conditions, and finally the key challenges facing the sector.

ERSA is the representative body of the UK employment support sector. It has around 250 members spanning the public, private and voluntary sectors, 75 per cent of whom not for profit. ERSA's members provide frontline specialist employment support to jobseekers to help them enter, remain and progress in work.

## The current landscape of employment support

The UK's employment support landscape is vast and varied. Although attention tends to focus on the shape and scale of Westminster commissioned schemes, funding for employment support emanates from an array of sources, including local government and combined authorities, devolved administrations, The Big Lottery Fund, trusts and foundations, corporates and providers' earned incomes. Cambridge Policy Consultants research in 2014 showed that over £660 million was spent on employability provision in Scotland, only 12 percent of which came from the Department for Work and Pensions (Cambridge Policy Consultants, 2014). It is reasonable to expect that a similarly complex funding landscape exists for the sector across England, Wales and Northern Ireland, a good proportion of which is focused on disabled people and those with health conditions.

The largest funding streams for the sector, however, have emanated from Westminster. The largest national programme operating in Britain is the **Work Programme**, which covers a diverse range of jobseeker cohorts including Employment and Support Allowance (ESA) claimants, young people, prison leavers and the long-term unemployed. Since it commenced in 2011, the Work Programme has supported over 1.8 million individuals, from which over 824,000 individuals have started work and over 550,000 have found and sustained employment. Running alongside the Work Programme has been **Work Choice**, which is specifically designed for disabled people and those with health conditions and works on a voluntary basis.

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Since commencing, Work Choice has supported 135,000 disabled jobseekers, with 37,000 entering sustained employment.

Referrals to these two programmes, however, have closed or are drawing to a close. The Work Programme ceased taking referrals in April 2017, with Work Choice planned to follow suit. The successor initiative, the Work and Health Programme (WHP), is far smaller in scale, and is estimated to represent a cut of up to **75%** to specialist employment support funding in Britain. ERSA's research with WPI Economics modelled the impact of the Work and Health Programme and found that it may only have capacity to support around 45,000 individuals per year (ERSA and WPI Economics, 2016). Subsequent estimates from the Learning and Work Institute place the number higher due to the devolution of the WHP in Greater Manchester and London, estimating around 74,000 individuals covered per year – but this is still far smaller than the coverage achieved by previous programmes.

“ ERSA's research with WPI Economics modelled the impact of the Work and Health Programme and found that it may only have capacity to support around 45,000 individuals per year (ERSA and WPI Economics, 2016). ”

Government thinking in this space appears to be predicated on a number of factors. The first is that the UK labour market has achieved a level of flexibility which will prevent the large scale unemployment seen in the UK in the past. The second factor is the rollout of Universal Credit. In design this is focused on making work pay at all levels, with its tapers replacing the various cliff edges which were perceived to disincentive employment in the past. The thinking goes that the better alignment of financial incentives, combined with better information for jobseekers, will lead a greater number of jobseekers entering the labour market and then progressing in work. Early evidence from Universal Credit appears to be that mini jobs are indeed better incentivised. However, there is also evidence from the Institute of Fiscal Studies of the negative impact of the reforms on specific groups of jobseekers (IFS, 2016), whilst campaign groups have highlighted implementation issues – particularly around the six week wait period and payment in arrears – which are pushing some into hardship.

Against this backdrop, therefore, government believes it can afford to scale back investment in back to work schemes, with future funding focused on those who have struggled most in relation to market activation, but cost the state a great deal – those with disability and health conditions, plus the very long term unemployed. Hence the Work and Health Programme can be smaller than its predecessors. Anecdotal evidence, however, points to the role that political bargaining at budget time played

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in determining the programme's shape, rather than decisions being a good example of evidence based policy making.

## Whither Jobcentre Plus?

The Work and Health Programme's smaller scope thus leaves many disabled jobseekers in a precarious position. With limited access to the specialist support offered by the programme, many will be left with the support available from Jobcentre Plus (JCP). JCP provides a valuable service and some centres are excellent; however, as with any public service, support is variable, whilst the increasing demands on the agency's time is presenting a challenge.

At the very heart of this challenge is a question mark about the very purpose of Jobcentre Plus. Previous governments have variously used Jobcentre Plus in its current and previous guises for a number of purposes, most recently attempting to combine employment support services with administration of the UK's benefit system, underpinned by a system of conditionality which has been deemed, by and large, to have public support. Jobcentre Plus has been required to be assessor of needs and provider of support, policing agent of job seeking efforts and referral partner to mandatory and voluntary outsourced provision, commissioner of its own localised services and partner to other public service agencies. It has variously been all things to all people and has been expert in none.

“ Jobcentre Plus has been required to be assessor of needs and provider of support, policing agent of job seeking efforts and referral partner to mandatory and voluntary outsourced provision, commissioner of its own localised services and partner to other public service agencies. It has variously been all things to all people and has been expert in none ”

One of the results of this mix of roles is a negative brand issue, particularly amongst some groups. The UB40-type image of the unemployed queuing outside its unwelcoming doors remains in many quarters, with real evidence that those with health and disability issues who are concerned about maintaining benefit levels, plus young people who want support which is more aspiring and attuned to their needs, are less inclined to engage with its services (Work and Pensions Committee, 2016).

This brand issue is not sufficiently understood by government. What has been understood however is the need to focus more on frontline skills and to improve the quality of employment support on offer. At the heart of these efforts is the renewed role of the work coach, the template of which is drawn from best practice in

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outsourced services. The introduction of a more thorough diagnostic, combined with more timely support, is thus welcome. However, the current plans for work coaches to have mixed caseloads is likely to make it more difficult to ensure that appropriate personalised support is provided to each and every jobseeker in a timely manner. Learning and Work Institute analysis finds that ESA claimants in the Work Related Activity Group (WRAG) receive, on average, just 90 minutes of support under the JCP regime each year whilst at present, those in the Support Group are entitled to no real meaningful support, regardless of whether they may wish to enter the labour market (L&W, 2016). This emerging approach, when combined with the cuts in spending on specialist provision, raises a worrying question mark about the level of support available to those with health conditions and disabilities.

“ Learning and Work Institute analysis finds that ESA claimants in the Work Related Activity Group (WRAG) receive, on average, just 90 minutes of support under the JCP regime each year whilst at present, those in the Support Group are entitled to no real meaningful support, regardless of whether they may wish to enter the labour market (L&W, 2016). ”

## What works in employment support?

Against this backdrop, the challenge is thus to deliver good employment support despite the challenges. All public agencies, charities and other service providers are being asked to do more for less and to demonstrate more clearly their impact. The ask for greater funding, whether from local government, devolved authorities or central government, is difficult to make when public services are competing against social care and the NHS in the quest for funds.

The sections below therefore set out briefly some of the main approaches and interventions known to work in employment support for disabled people and those with health conditions. Much of this is not new. Governments of all shades, alongside funders from the corporate and charitable sectors, tend to prize innovation – seemingly new approaches which promise magic wand solutions to entrenched social problems. Innovation is indeed important, but so are good quality management systems, aligned incentives and structures which help organisations to work together and not against each other, trust between individuals who have worked together for a long time, decent rates of pay and acceptable conditions for staff that do a difficult job. Decent employment services feature support for frontline staff, appropriate training for middle managers, senior staff who understand the frontline, plus commissioners and funders who purchase the right thing for the right reason,

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rather than expecting relatively small pots of money to perform miracles. These factors tend to be common across all service delivery, regardless of sector or cohort of jobseekers. However, that is never more so when those using the service are those who are the more vulnerable in society.

“ Innovation is indeed important, but so are good quality management systems, aligned incentives and structures which help organisations to work together and not against each other, trust between individuals who have worked together for a long time, decent rates of pay and acceptable conditions for staff that do a difficult job. ”

Those general points aside, there are a good range of learning points specific to employment support for disabled people and those with health conditions.

First, **outreach and engagement** with individuals who have been out of work for a significant period can be a challenge. Many disabled people and those with health conditions may not be on out of work benefits and thus may not naturally gravitate towards Jobcentre Plus. Referral pathways utilising primary and secondary health care providers, plus social care settings, are often therefore more useful, although there is an ongoing challenge to increase the knowledge and ability of health and social care professionals to refer to employment support channels. The increased focus by NHS England to open up these referral pathways, based on quantifying benefits to the health service of increasing numbers in work, are therefore very welcome. Good examples of this are APM's work linking in with IAPT services in the West Midlands, helping them to engage with specific cohorts when they fell below their targets for referrals, and the Stroke Association's Back to Work Project, working with NHS clinicians across 20 London boroughs to help pool resources to support individuals who had suffered strokes to re-enter employment.

Having a disability or health condition does not, of course, mean being low skilled or having low aspirations. However, evidence exists that aspirations by **schools and careers services** remain too low for young people with disabilities and health conditions. Some good localised examples of employment support existing, including the Leonard Cheshire- run scheme Change 100 aimed at providing career pathways for disabled graduates and the Royal Mencap scheme of supported internships run in partnership with colleges and the local authority in Oxfordshire.

Once out of work, the temptation appears often to be to view an individual's barriers to employment through a disability or health condition lens. However, evidence from large-scale back to work programmes, such as the Flexible New Deal and the

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Work Programme, is that the challenge in gaining employment may be as much the state of the labour market or an individual's caring responsibilities or transport options, as their disability or health condition. That said, an individual's experience of the Work Capability Assessment (WCA), which acts as a gateway to benefits, often appears to be a barrier to good quality conversations about employment. Providers regularly report that individual's contesting their WCA result tend not to engage with employment support.

Given the above, supporting an individual to believe that work is both achievable and desirable is thus a major focus for many employment support providers. Work by organisations such as Esher House in Australia has developed mechanisms to **assess jobseekers' mindset and readiness** to work (Esher House, 2015). If an individual is not convinced that work is achievable and desirable, it is not surprising if other interventions fail. An increasingly popular approach is engaging the 'circle of support' around the individual jobseeker. Used successfully by Kennedy Scott, provider of the Specialist Employability Services programme, this engages with parents, carers, social workers, GPs and others to help them understand the potential benefit of employment to the jobseeker in question.

“ Easing access to services is also helpful – locating employment support professionals in health settings and vice versa has proved particularly helpful, as shown by Remploy's work with GP surgeries in Islington. ”

Mindset, however, is inevitably only part of the picture. Much employment support is focused on **helping individuals stabilise and improve health conditions**. There has been much success, including in relation to the most frequently presenting conditions of common mental health problems and musculoskeletal conditions. Improving diagnosis and encouraging early disclosure is a crucial starting point – self assessment tools can help in both respects. Easing access to services is also helpful – locating employment support professionals in health settings and vice versa has proved particularly helpful, as shown by Remploy's work with GP surgeries in Islington. Condition management techniques, including group based techniques, are also widely used, with some organisations, such as Intraining, part of Newcastle College Group, providing open ended access to counselling. Underpinning such techniques, however, sits the need for well trained and supported employment advisers. Employment support works best when the individual jobseeker has a long-term relationship with an adviser they trust, thus removing the need for repeated assessments of need that can dog parts of the public sector.

**Co-location** and partnership working between different services, generally, is shown

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to have a real impact on the quality of services. By drawing together a range of different services under one roof, it offers a 'one-stop shop' for the individual and eliminates the need for multiple appointments in different locations (thereby relieving the claimant of a travel and time burden). Additionally it allows different services to communicate with one another more effectively and take joint responsibility for an individual's needs. A prominent example of this would be the Shaw Trust's Community Hubs pilot in London, which draws together employment, debt, benefits, health and other services to offer wrap-around support to service users. The hubs model was found to increase positive outcomes for users, while also having measurable positive impacts on staff and claimant morale and wellbeing.

A key learning from ERSA's members is the importance of building resilience in the individual as early as possible. Resilience can be fostered by focusing on the customers' existing skills rather than the obstacles they face. An important part of this empowerment of service users is integrating **user voice** into service delivery and design. User-led services and customer choice are hugely valuable in securing buy-in for the proposed support. A good example of this in action is the Prince's Trust 12-week Team Programme, which gives young people the opportunity to develop projects to help their local communities, with a focus on users creating their own development plans and self-assessments. Generally providers have found that the most effective programmes include input from users, both in service design and live running. Encouraging therefore is the new Big Lottery Fund programme 'Building Better Opportunities' which has insisted on building participant engagement into every successful bid.

“ Generally providers have found that the most effective programmes include input from users, both in service design and live running. Encouraging therefore is the new Big Lottery Fund programme 'Building Better Opportunities' which has insisted on building participant engagement into every successful bid. ”

Many ERSA members have developed **specialist employment engagement** teams who have a wealth of experience about how to support businesses to employ and retain jobseekers with disabilities. Research shows that employers are often uncertain about employing disabled people, with specialist providers not only acting as advocates for the individuals but also supporting the employer (Ingold and Valizade, 2016). The Poppy Factory's Employability Consultants are a good example of this, sourcing vacancies from local employers and educating those employers on how to support employees with disabilities or mental health conditions

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to help encourage them to take on their clients. However, with a move away from consolidated employment support programmes to more fragmented, geographically specific provision, employers may find it more difficult to know where to turn to for support in future. This may in turn undermine efforts to raise awareness of the Access to Work scheme, which needs to be both expanded and better publicised to employers.

There is a clear business case for employing and retaining more people with disabilities but this case needs to be made. The need for a cultural change is recognised by the **Disability Confident** campaign. Providers have participated in Disability Confident since the outset and feedback is that local events are often effective at pushing at an open door among parties who engage. However, broader pledges do not always turn employer intention into action, while overall it is difficult to see the level of success in outcomes. Too often large employers have strong HR and/or CSR policies which fail to translate into actual practice at line manager level, whilst small employers simply are unable to access appropriate advice easily.

## Key challenges ahead for employment support

The significant changes in the sector will pose a number of challenges for providers and the government in delivering what works in employment support. Some of these are familiar and enduring, however many are new to the context in which the sector is now operating.

The first is the challenge of bringing the employment support and health systems closer together, given that both have different cultures. Managing these differences to develop joint outcome measures and objectives will be critical to ensuring that the two services are able to align towards the end goal of supporting the user. A key part of this will be building understanding and support amongst health professionals for employment support as a health outcome. While not the solution in all cases, employment can be a real positive for patient wellbeing. There are examples of health and employment support services working together in smaller scale pilots, but it will be a significant challenge to ensure that consistent provision is available in future.

The more fragmented landscape will also require a far more effective data sharing environment than exists currently. ERSA believes that, if each individual owned their own data, this could then be passported, with the individual's permission, between different organisations as appropriate. Such a system will require changes to legal frameworks and a political will across central and local government.

In simple terms, reductions in funding for specialist employment support are one of the biggest challenges facing the sector in delivering what works. This reduction

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comes at the same time as Britain's departure from the EU, which places European Social Fund (ESF) investment in jeopardy. ESF investment currently amounts to approximately £470m per year across England and Wales, and funds a range of employment, training and community initiatives.

“ In simple terms, reductions in funding for specialist employment support are one of the biggest challenges facing the sector in delivering what works. ”

This reduction has serious implications for supporting jobseekers, particularly those with complex needs. Providers have built up capacity and experience and have developed strong networks to support their clients. For example, ESA claimants make up over 50% of Westward Pathfinder's Work Programme referrals and, through working with third sector organisations locally, it has developed a large network of specialists who can be called upon when required. This means that claimants get the stability of one end-to-end provider while accessing a range of specialist support. With the reduction in funding for specialist employment support the number of these holistic packages will diminish, and with it capacity to deliver effective and scalable support.

## Conclusion

Employment support in the UK is about to undergo a major overhaul, coinciding with a range of wider policy developments (chiefly Brexit) which further complicate an already uncertain picture. Providers of employment support of all sizes in the UK have built up an impressive body of expertise in delivery to different cohorts from years of experience, and that experience clearly shows that 'what works' for those furthest from the labour market is individual-focused support delivered by specialist and experienced coaches, mentors and staff. Engaging, retaining and progressing these individuals often requires significant expertise and investment, which is why the diminishing scale of national programmes represent such a challenge to effective delivery which supports individuals, their families and the future labour market. Without adequate resources, it is simply unrealistic to expect providers and local authorities to be able to provide suitable support to everyone that needs it.

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# So many missed opportunities – a disabled person’s perspective of education, health and work

## Gemma Nicola Jamieson

Digital Marketing and Content Officer, Shaw Trust

**G**emma was diagnosed with Dyslexia in her early 20s. Here she explains her experiences of school, the impact of her dyslexia and her determination to be a successful writer. After leaving school, Gemma spent a long period unemployed after struggling to get the right support in work. Through Work Choice and Shaw Trust, Gemma has found good employment and the opportunity to succeed in work. She sets out what changes could be made to support other disabled people to achieve their potential.

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It wasn't until I was in my final year of University that I was diagnosed with Dyslexia. For years I had always wondered why the hours I spent studying didn't equate to good grades. Coming from a family that had only ever worked in manual jobs, my mum always encouraged me to study, telling me it was the only way to get a good job. Throughout my childhood, I witnessed my mum struggle to pay the bills and to clothe us as a sole earner. I knew that I didn't want my children to have to go through the same. So studying was my only option. Even if it took two attempts to pass my GCSEs.

Looking back, it still surprises me that I made it so far in the education system without a Dyslexia diagnosis. Sadly, this is a common story. Millions of people have Dyslexia, but few understand it. Despite both my primary school and sixth form teachers picking up on it, there was no funding available for me to take the £450 test. My mum worked in a number of unskilled low paid jobs, so she could not afford to pay for me to take the test.

The biggest lesson I learnt growing up was that no matter how hard you work, you are not the only one who is responsible for the outcome. Every day, people you've never met will make decisions about your life. So let's do something different, let's change this right now, to ensure that disabled people in the future won't encounter the missed opportunities to reach their full potential that I encountered.

## What is Dyslexia?

One in 10 people have Dyslexia. It is a communication difficulty which is referred to as a learning difficulty/disability. My preferred term is neurodiversity, as this recognises that we are all wired differently. Every Dyslexic person is different and there are varying degrees of Dyslexia. Crucially, it does not affect intelligence. Many Dyslexic people are highly creative, this is because there are more neuropaths that light up in the more creative, right side of a Dyslexic person's brain, compared to the left part of the brain responsible for processing language.

There are two types of words that I see, the ones I know and the ones I don't. Reading and writing can take a lot of energy, especially as I have to look up the words I don't know. It takes me a lot of time to do this, and I am forever having to change strategies depending on the task. However, if the information is presented in a simplified way, I absorb most of the information the first time around.

## How does it affect me?

My Dyslexia has the greatest negative impact on my working memory. My working memory is slow to the point where sometimes I can't remember what I have just

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heard before I've had the time to write it down. This typically means that colleagues have to repeat instructions, and can be problematic if my manager asks me to carry out a task and I don't do it. I also struggle with spelling, grammar and punctuation, getting my words out, remembering details, timings, putting things in order, reading aloud and concentration.

However, along with its drawbacks, Dyslexia has given me lots of strengths as an employee. A recent report by Made by Dyslexia has highlighted how people with Dyslexia are able to find innovative ways around problems, and gives people the determination to keep going and succeed. That is why it is so important for Dyslexic people to have the support they need to manage their Dyslexia at school, and to find and sustain employment, as without it they could miss the opportunity to flourish and achieve their true potential. Also, if Dyslexic people are not given the opportunity to succeed at work, businesses will miss out on employing creative thinkers who can help them to innovate.

## **Where were the opportunities missed along the way?**

In primary school, I loved any imaginative subject including English and Art. At that stage, I struggled with maths and spelling, and one of my teachers suggested that I may have Dyslexia. When my mum mentioned it to me, I protested that I didn't have it. Looking back, that was probably because all the children in my school who did have Dyslexia were negatively labelled. Additionally, my mum would have had to pay hundreds of pounds, money she didn't have, for me to be get the diagnosis.

It wasn't until secondary school that my undiagnosed Dyslexia started to affect me. Throughout primary and secondary school I had excelled at art, however, due to my poor working memory I was unable to regurgitate the information I needed to pass exams. So I was placed in the bottom sets for all subjects.

Soon I started to realise that my effort was a waste of time. I achieved low grades, and many teachers did not acknowledge my hard work and believed that I wasn't that interested in learning. My D grades also affected my self-esteem. All I wanted to do was to impress my teachers and my mum, and because I couldn't do this I experienced low moods.

One lesson I learnt from school was that people expect you to do things their way, but, the reality is that you can do anything in several different ways. Just because I couldn't remember large volumes of information didn't mean that I was incapable of learning or I didn't have a future.

The education system made me doubt myself and because of this I avoided going into school as much as I could. In the end, I left school with 4.5 GCSEs, which meant I had to spend a year at college retaking English Language, Maths, Science and

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Humanities so that I could take my A-Levels and go to University. If tests for people suspected of having Dyslexia were paid for by the government, and if schools had the right resources to support people with Dyslexia and other learning disabilities, then Dyslexic people like me could be given a level playing field to achieve their potential.

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At this point I moved to an independent sixth form college, where I got the support I needed from the teachers to succeed. The teachers would often spend extra time with me after class, off their own backs, to help me in the areas I needed. It was with their support that I started to really believe in myself. One teacher mentioned that I could be Dyslexic, however, the college didn't have any funding for me to take the test. Everyone deserves the right to be tested and given the support needed. If not, people are more likely to experience mental ill health putting more pressure on mental health services.

My dream was to become a magazine editor. I found it really hard to read text books due to their inaccessible language. Instead, I would read magazines for more digestible information. This taught me to overcome my barriers and left me feeling inspired. I decided I wanted to write articles to empower others to overcome their adversity.

At 17, I passed my GCSEs second time round and this time I had passed them all. I even got a B in English Language. When I told my English teacher this she celebrated by jumping up and down. From 17 to 19 I completed my A-Levels, one of my biggest educational challenges. I took Psychology, Art, English Language and Media Studies. Psychology was the hardest, not because of the content, but because the exams had to be written in a certain way that my Dyslexic brain could not process, and I received no support. I was relieved to get an E in the end instead of an U. I finally left college at 19 with 3 A-Levels which I used to apply for a degree in Magazine Publishing and Creative Writing.

During my coursework-only based degree, I became extremely anxious because I wanted to do well. My previous education taught me that just because you want something, does not mean you're going to get it. I started seeing the University counsellor to help me calm my coursework nerves. Although I was achieving 2:1s and Firsts in my essays, I could not acknowledge my own achievement as there was

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always another essay on the horizon that I was terrified that I was going to get a bad grade for.

Finally, in the third year of my degree I was diagnosed with Dyslexia. I was relieved, as my experience at school had affected my self-esteem and had led me to believe that I had a lower IQ than everyone else. I also got support from the University learning specialist department. I was given support to proofread my work, and I was also assigned mind mapping software to help me organise the structure of my essays. At 23 I graduated with a 2:1 in Magazine Publishing and Creative Writing which I was very proud of.

### **Moving into work**

Although my previous plan once I left University was to write, my recent dyslexia diagnosis made me feel as though this was an unrealistic dream. I used to think I can't be a Dyslexic writer as everyone expects writers to have perfect grammar, spelling and punctuation.

I started working in sales and I also applied to the Journalism Diversity Fund, who sponsored me to complete a year-long part-time Diploma in Journalism. I managed to pass every exam on the course despite my Dyslexia. I was awarded extra time in exams and I passed all subjects apart from one: Shorthand. The Institute where I did my journalism training did not offer any additional learning support to Dyslexic students. The only support we received was 20% extra time in our exams, but this wasn't enough. I needed extra one on one study support in order to pass the exam. As this was never provided, I never did pass it. This was another missed opportunity, as without shorthand my journalism job prospects were limited. While I wasn't able to apply for many jobs in journalism, there was one vacancy that appealed to me, writing for a blog about social enterprises doing good in the world, among writing for other freelance projects.

“ Unfortunately at work I experienced the same problems and missed opportunities as I had at school. My manager did not understand my Dyslexia and put the errors in my work down to carelessness. As a result, I did not pass my probation, and I lost my job. ”

Unfortunately at work I experienced the same problems and missed opportunities as I had at school. My manager did not understand my Dyslexia and put the errors in my work down to carelessness. As a result, I did not pass my probation, and I lost my job.

In total, I spent 8 months out of work. I applied for Jobseeker's Allowance and

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Housing Benefit. However, the Housing Benefit I received did not cover my rent. I had to use my Jobseeker's Allowance to pay my rent, leaving me with just £52 to pay my bills and buy food shopping. I didn't want to apply for any disability related benefits because I knew that by the time it would take for me to go through the complex process I would have a job.

There was no money for me to leave my house to meet my friends for coffee. I became anxious and worried for my future, because I didn't want to end up long-term unemployed. I was too scared to apply for jobs in my chosen profession because of my past experience. Eventually I was referred to Shaw Trust via the Department for Work and Pensions' specialist disability employment scheme - Work Choice - by the disability employment advisor at my local jobcentre.

## Work Choice

Without the support offered by Shaw Trust through Work Choice, I would not be where I am today. It is only with their help that I have been able to get my first full-time role in the content department of a charity.

Shaw Trust paid my bus fares for me to come to the centre, which meant I wasn't stuck in the house. In their offices, they had computer stations where you could apply for jobs, which meant that I could leave my house at 8am in the morning, stay in the office then return home at 5pm. It gave me structure and a place to be. I even made friends with fellow customers that I'm still in touch with today.

My advisors were really helpful, they would check my covering letters and CVs for spelling mistakes and gave me mock interviews to help me calm my nerves. I also took part in an anxiety workshop to help me manage my condition in the workplace which I found so helpful. I was able to access 12 sessions of counselling for free within a week of me asking. I had been on my local IAPT waiting list for 10 months, so the speed of me being able to access counselling support made me really thankful to Shaw Trust. The most valuable thing I learnt from my advisor was how to positively disclose my Dyslexia to my employer.

I had been a Shaw Trust client for a couple of months applying for charity content roles when one of the advisors said that Shaw Trust had a vacancy in their marketing department. I immediately applied for this as I thought I would enjoy using my skills to help other disabled people.

At the time Shaw Trust was part of the 'Two Tick' scheme, which meant as long as my application met the minimum requirements I automatically got an interview. This requirement is mirrored in the government's new Disability Confident standard. However, DWP is currently reviewing whether it should relax this requirement, as some employers feel it is a recruitment barrier. In my experience, disabled people

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need a more level playing field. Having a guaranteed interview meant that I was put through to an interview with Shaw Trust based on the strength of my previous work experience, and not on the accuracy of my spelling and grammar, and was able to demonstrate my capabilities during the interview process. Additionally, if we truly want an inclusive workplace, I think that the Equality Act 2010 should be strengthened, and employers should be required to prove that they are Disability Confident and are not unintentionally discriminating against disabled people in their recruitment practices. Businesses should also be required to publish their disability pay gap, alongside their gender pay gap, to ensure that line managers are doing all they can to help their employees to succeed at work.

The feedback from the interview was that I needed more charity marketing experience. I was not offered that role but I was offered the chance to work in another role part-time as part of Shaw Trust's RISE paid work scheme. This eventually led to me working full-time for the charity as a Digital Content and Marketing Officer. Before I started in this role I had never received any government support such as Access to Work. I didn't know it existed as it is not widely promoted by the government. Access to Work provided me with useful strategy training to help my workload prioritisation and concentration at work. It is worrying that many disabled people and employers are not aware of it, and the government should invest in a marketing campaign for the scheme, to prevent disabled people from missing out on the opportunity to gain the support they need to succeed at work.

I also find it concerning that the replacement for Work Choice, the Work and Health programme has received an 80% funding cut, meaning that 50% fewer disabled people will receive the support they need to return to work.

Opportunity should never be exclusive. Opportunity for all is not a luxury or a company "nice to have" that only the corporate social responsibility departments need to worry about. It is something we should all be aware of and be graded on. Every manager in the UK should have to detail what they are doing to support diversity on their teams through KPIs. It is what a good manager would do anyway, to help to nurture talent and to support their team to overcome any barriers. Each and every one of us deserves a bright future, where we have a reason to get up in the morning.

**Based on my experiences, I recommend the following to employers and the government to prevent disabled people experiencing the missed opportunities I experienced:**

1. The government should pay for Dyslexia diagnostic assessments for any student that needs one. Alongside this there needs to be a greater investment in pastoral and wellbeing support to help young people overcome the emotional barriers of disability.

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2. Make it compulsory for every business to be Disability Confident. The government should also invest in a marketing campaign for Access to Work to ensure employers are able to support their disabled employees to succeed at work.
  3. Training on how to support diverse talent should be given to every school and business in the UK. Unconscious bias training should be given as part of this. Teachers and managers should be graded on the steps they take to prove they are creating inclusive workplaces and classrooms.
  4. Alternative methods of assessment should be allowed for disabled students, for example, submitting an essay over taking an exam to even out the playing field.
  5. Prevention is better than cure, so physical and mental Wellness Recovery Action Plans (WRAP) should be offered for all. At some point we are all going to experience a period of ill health. When you start in a role it would be helpful to be given a form which asks you whether you need any physical adjustments to be made to your workstation, but also any adjustments you may need if you are to experience a period of mental ill health. If all businesses implemented this policy it would set a precedent that it is ok to talk about mental ill health in the workplace.

We must evolve together by creating a framework that supports our most vulnerable people to ensure that no one is left behind.

# Harnessing employers

## Paulette Cohen

Director – Diversity and Inclusion, Barclays

Few employers have made as concerted an effort as Barclays to improve opportunities for disabled people and those with health conditions. This has started from setting an ambition to be the most accessible FTSE 100 company, and then following this through in all aspects of their business – including by making recruitment accessible, opening up apprenticeships and internships to disabled people, training line managers and supporting them to develop and support their staff, improving career development opportunities for disabled staff, developing dedicated staff networks, and taking action to address stigma around mental health.

They argue for other businesses to engage with Disability Confident and to overcome their fears of 'saying' or 'doing' something wrong. The only thing you can really get wrong is not starting in the first place.

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## Introduction

When it comes to running a successful business, HR professionals face the constant challenge of finding the right people to help that business flourish. And with the skills gap widening in the UK, that pressure is increasing. Where do we look for the right talent to make our businesses fit for whatever the future might bring?

Nearly one in five people has a disability of some kind in the UK – that's almost 12 million people. But less than half of disabled people are employed. This represents a vital opportunity and an untapped pool of talent that could help businesses thrive. The opportunity rests on making the workplace accessible, welcoming and supportive to all people who might live with a disability, whether physical or mental – something that may seem a challenge to some, but is simpler than many realise.

In return, this comes with a plethora of benefits from the motivation, talent and dedication of colleagues with disabilities that could make all the difference for businesses. At Barclays, we believe it's important to create opportunities for all, to dispel myths around disability and to demonstrate the rewards diversity can bring to a business.

## Barclays' journey towards accessible and inclusive opportunities

When Barclays set out to improve its accessibility for disabled people, we didn't exactly set a low bar. As Mark McLane, our Global Head of Diversity and Inclusion put it, 'We wanted to become the world's most accessible FTSE 100 company. You may think that's hard to achieve, but you'll never get anywhere if you don't try.'

And accessibility applies to both employees and customers. We recognise that, whilst important, it's about far more than providing wider doorways or entrances with ramps. From recruitment and training to equipment and support, the organisation tries to make everything easier for colleagues with disabilities. In turn it benefits by widening its talent pool and retaining skilled and experienced employees. As for our customers, Barclays talks about services that are 'barrier-free'. This includes technology such as talking cash machines and online sign-language translators, but also impeccable customer service.

## Why recruiting people with disabilities matters

Recruiting people with disabilities is simpler than many businesses may think – and it comes with its own unique set of advantages. At Barclays we have found that employing disabled people:

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- Brings a different level of creativity and problem-solving
  - Increases workforce morale and improves teamwork
  - Helps to inform the way we develop our products, services and processes, which improves profitability
  - Has a positive impact on employee turnover, loyalty, attendance, open-mindedness and attitude

A more diverse workforce has a positive impact on business. The more we increase diversity, the more directly that will enrich our customers and the ways in which we do business. It strengthens our values, culture and brand. It also brings exceptional and often overlooked talent. By simply giving somebody a chance, listening to their needs and making adjustments based upon what will assist them in their role and career you can receive loyalty, commitment and the ambition to want to help others.

“ The more we increase diversity, the more directly that will enrich our customers and the ways in which we do business. ”

Businesses are often daunted by the challenges of recruiting disabled people and sometimes are focused on the barriers. Shaun Meekins, our Head of Apprenticeship Operations, says: 'Businesses may think their infrastructure will be unable to cope with significant change or they can't afford the adjustments required. Culturally, people worry about "saying" or "doing" the wrong thing in context. But the key to overcoming these challenges is to never assume that all disabilities require the same adjustments – it depends on the individual needs of every person.

'We must strive to educate our businesses about the funding and support to make those changes, while equally educating our teams on any direct impact this may have on the working environment.'

Shaun continues: 'There's often an over-arching perception of how new colleagues with disabilities will be on-boarded and supported long term, but the real challenge comes right at the start of an application. Although the world has evolved and the ways in which businesses recruit are far more accessible, there's still a real nervousness for some people with disabilities to apply for roles, due to the fear that their disabilities may impact their application.'

The barriers into work for disabled people aren't necessarily physical. The emphasis on traditional recruitment processes such as group interviews and assessment centres is actually one of the most common barriers. Employers need to consider different models – such as a working interviews or embedding internships or

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apprenticeships within the organisation.

## How Barclays is addressing this

Barclays has already made plenty of innovations in its employment of disabled people. We have built a team dedicated to developing and introducing accessible technology, while in recruitment, we've developed a programme that opens up apprenticeships to those from harder-to-reach pockets of society, many of whom have disabilities.

It's a fact that disabled people are five times less likely to find a job. As part of our commitment to making careers accessible to all, Barclays set out to create a new scheme that aims to help disabled people and those with mental health conditions to gain valuable experience in the workplace, while addressing some of the myths surrounding the accessibility of banking.

## Able to Enable

Able to Enable is a new internship programme that Barclays has launched within its retail branch network. Set up in conjunction with Remploy, one of the UK's leading diversity and inclusion employment experts, the initiative is giving disabled people the chance to gain valuable work experience and the opportunity to immerse themselves in the world of Personal Banking – learning new skills and supporting the business while growing their own experience and confidence. It is a fully-supported programme which sets interns on the path to success and it is already opening doors to a career in banking that some thought was previously inaccessible to them.

The recruitment process is a key opportunity to make changes that will be more open to people of different abilities. Making it more engaging and effective is crucial. For Able to Enable candidates, Barclays drew on the content from its LifeSkills programme. This enabled us to talent spot from a room of 15 people all interacting with each other, rather than going through the clinical process of interview. Life experience, people skills, the ability to talk to customers – these skills are essential to someone working in Personal Banking and the LifeSkills modules allow people to shine in these skills. Making the recruitment process more engaging and less frightening is so important to find the right people.

## Jonathan's story

Jonathan, one of the first interns, is a 60 year old former barrister and property manager with a history of mental health problems. Having become unemployed in

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his 50's following a nervous breakdown he found it almost impossible to get work. The idea of working at Barclays had never crossed his mind.

Jonathan said: 'I didn't think the banking sector would even consider taking someone on with the barriers that I've faced, and for that reason I'd never considered applying for jobs with a bank. When I was told about a very innovative programme that was being set up, for the first time I considered the possibility of returning to work.'

'The recruitment process was based on our skills and personalities. We had to show what we could do – we did a little bit of public speaking and interacted with one another so our personalities and skills could be assessed to see if we suited the job. It was refreshing and very gratifying but I have to say, looking at the other people there, it was quite disconcerting and a real shame to consider the vast amount of talent that's being missed by employers just because of some form of disability.'

Jonathan is positive about his future career in Barclays. "I can see my path ahead – the support and structured training I will receive is all manageable. Taking into account my personal attributes, I will be helped at every stage. Barclays is here to see me succeed – and that is something really new for me.'

For Barclays, Able to Enable allows us to expand our pool of potential candidates who can empathise with our customers. Siobhan, Jonathan's line manager can see the added value to the business.

She says: "If people are happy at work they're happy with their colleagues, which is particularly important in a customer-facing role – the customers will feel it coming into the branch and that's good for business. It's important that Jonathan feels comfortable talking to me but it's also important not to focus on his disability. People with disabilities don't want to be treated differently or singled out – they want to be included as part of an inclusive culture.'

## Supporting Line Managers

Barclays is committed to educating and supporting our line manager community. We're always developing our materials and striving to make the education of disability simple and meaningful to our stakeholders. We have developed an eLearning module called 'Becoming Disability Confident' to help support all colleagues. In addition, we produce support guides for line managers, offer access to our 'Be-well' intranet site, and leverage the specialist teams across Barclays for support, including Employee Relations, Workplace Adjustments and our Reach colleague network.

Line managers need support with education so they are able to have difficult conversations with their colleagues around disability and mental health. Such training

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helps not only with supporting colleagues with disabilities but with managing all colleagues. Building disability and mental health confidence at line manager level plays an important role in helping to change culture. Achieving this at this level, rather than just at a very high level of the business or within the HR team, will transform approaches to employing and retaining disabled people in the workplace.

## Listening to colleagues and making adjustments

Barclays has also redesigned its internal processes to make career development easier for disabled people: when a new colleague joins, their particular needs – whether that's a specially-adjusted computer screen (paid for by the government's Access to Work scheme) or a switch to flexible work hours to incorporate therapy sessions – are established and recorded from the off, so there's no need to negotiate them at each stage of their career. And their recruiting manager is never required to dredge up and repeat old, potentially uncomfortable questions.

We believe that by making simple little adjustments you can make a big difference to the opportunities, confidence and diversity in the workplace. We aim to consider each individual's needs for workplace adjustments and understand that these aren't necessarily physical. The adjustment could be a flexible working pattern, where someone sits within an office or a change in the time when meetings take place, for example.

'It's about listening to your colleagues and customers with disabilities to find out about the changes that can really make a difference to their lives,' says Mark McLane. 'You then have to build that into the front-end, in the design of all your processes and products.'

Nobody expects HR to understand every type of disability and, equally, just because two people may share a physical or mental disability does not mean that they'll require the same adjustments or support. We aim to listen and understand what a colleague with a disability needs from the business – even more so than what the business needs from them.

In addition, Barclays has been inviting its disabled colleagues to participate in listening groups where they can give their opinion of how the company is progressing and look at other developments in the field beyond the company. These sessions have prompted a raft of pioneering changes, not least in the provision of accessible technology for customers, from the aforementioned talking ATMs to high-visibility debit cards.

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## Building a supportive network

An inclusive culture can help to ensure an environment in which colleagues feel supported, safe and motivated, and able to bring their whole selves to work. This increases colleague engagement, which in turn can boost productivity. An employee resource group (ERG) is one of the ways in which a business can bring these attitudes to the workplace.

Barclays has long had a network of ERGs embedded within its culture. They help bring to life the five global pillars of the bank's Diversity and Inclusion strategy, and are both supported and encouraged within the bank as a whole. The Reach Network is dedicated to colleagues with disabilities or mental health conditions, as well as those affected by, or interested in the wider agenda. Over the years it has grown to include members across the UK, Asia and the Americas, and has become a powerful community in Barclays that helps to inspire others.

Liz Bailey, co-chair of Reach in the UK, explains: 'There are huge business benefits to Reach. It keeps diversity and inclusion at the front of people's minds and it gets people talking about it. The more visible we are, the more people are able to realise that there are many different people out there with a range of different abilities – and that they can bring unique skills to the workplace.'

By recognising diversity in the workplace, the team at Barclays can understand their customers and the potential difficulties they might face. Liz says it also goes further than that. As someone who lives with disabilities herself, Liz balances her work at Barclays alongside caring for her son with autism. She says the adjustments that have been made for her are fantastic. 'It just shows how Barclays isn't just paying lip service to diversity and inclusion – they're making it a reality. And in the long term, that motivates staff to stay committed and achieve their true potential.'

## Encouraging an open attitude towards disability

Our commitment to an inclusive culture is has been a driving force at Barclays over the last few years changing attitudes towards disability and mental health. We aim to give our colleagues the right tools and attitudes to support everybody in the right way. We can still improve, as can most organisations, but knowing there are people around you that are prepared to listen, support and help instils a unique confidence in every colleague.

In Barclays we focus on enabling colleagues who live with disabilities and mental health challenges to share real-life stories and discuss the support both within businesses – and for businesses. We've found that when the messages come directly from those living the experience, it creates the greatest connection between

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colleagues and future colleagues and helps us dispel the myth that disability prevents somebody from having a career.

None more so has this been evident than through our campaign, This is Me, which set out to challenge the stigma around mental health at work and break the culture of silence by supporting people to tell their own stories. The campaign was created to encourage understanding about mental health issues and develop an environment where employees could comfortably speak out about their personal experiences of mental health and wellbeing. Sharing stories is a pillar of the campaign, enabling colleagues to be authentic and to capture the whole person, not just a challenge or problem.

It began with nine colleagues from the Reach Network and has grown to include nearly 200 stories now reflecting a broad range of disabilities and mental health challenges. There has been an overwhelmingly positive response to the campaign, with improvement in trust and engagement attitudes. Disability disclosure rates have increased and Barclays is retaining talent as more employees successfully return to work after mental health-related leave of absence.

In 2016, we partnered with the Lord Mayor's Appeal to scale up the campaign to become *This is Me in the City*, now reaching over 200 organisations in the City of London.

## **Encouraging other businesses to become disability confident**

As a first step in our journey, Barclays was an early participant in the government's Disability Confident scheme. The logic was that, in openly discussing issues around disability, the company would be forced to define what true accessibility actually meant.

Mark McLane is keen to point out that becoming Disability Confident is not necessarily about massive, sweeping change. But he's in no doubt as to the concrete competitive advantage Barclays has gained from embarking on that journey.

Making a commitment as Disability Confident Leader means we are committed to sharing best practices and to continuing to learn from others as part of our drive to improve access and inclusion for all customers, clients and colleagues. We are part of the Government's Disability Confident Leaders Group and the first Founder Leader of the Business Disability Forum (BDF).

## **Conclusion**

Barclays is further along the journey of disability employment than many of our peers. And we have enjoyed the benefits – widening our talent pool, improving team

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engagement and adding value to the brand's reputation. But we are well aware that the journey is far from over. Indeed, Barclays' innovations in employment have simply helped define its strategy for the next stage of accessibility and encouraged us to continue to seek new ways to open up more opportunities for people of all abilities.

For Barclays, that end goal is to become a truly accessible and Disability Confident company. Even if the specifics of how that looks are constantly shifting. 'People's needs keep changing, as society changes too,' says Mark McLane. 'In that sense the journey is never finished.'

Our advice to other businesses is to engage with the Disability Confident scheme and to openly discuss issues around disability. Also, ask colleagues who identify as disabled what one change you could make that would improve their lives, and do it! We're often stopped by the fear of getting something wrong and offending a colleague or customer. But the only thing you can really get wrong is not starting in the first place.

Barclays is committed to exploring new ways to increase employment opportunities for all and to sharing its experience to help build the confidence of other employers to become more accessible. We recognise that bringing about a change in culture and approach brings benefits for all of our colleagues, both with and without disabilities, and for our business as a whole.

To find out more about Barclays support for people with disabilities: <https://www.home.barclays/about-barclays/diversity-and-inclusion/disability.html>

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# Transforming employment support for those with mental health problems

**Christian Van Stoke & Joanna Hofman**

Vice President & Research Leader, RAND Europe

Lossing work is a key driver of poor mental health, and 'good' work plays an important role in promoting health and wellbeing. There is an emerging evidence base on what works in employment support for those with mental health problems – particularly around effective jobsearch support, peer support and alignment of employment services and health. Effective workplace interventions, particularly those focused on leadership and line management, job design and working arrangements, can also make a difference. We now need to build on this evidence base, test and learn from new approaches, and encourage future investment in, and alignment of, new approaches both in public services and by employers.

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Around one in every four people in England will experience a mental health problem every year (HSCIC, 2009). Of these, the majority have either depressive disorders, anxiety disorders, or a mixture of the two. A recent review for Government suggested that in some GP practices, 60 per cent of patients presented with mental health as a primary or secondary condition (van Stolk et al., 2014). Mental health problems are strongly associated with unemployment and also people struggling in work. Almost a quarter (23 per cent) of Jobseeker's Allowance claimants and more than 40 per cent of incapacity benefits claimants have a mental health problem.<sup>1</sup> Among those in work, common mental health problems are the main drivers of people being absent from work or being at work in suboptimal health (Hafner et al., 2015). There is also co-morbidity between mental health problems and other conditions. Evidence collected for the recent Black Review on addiction and obesity also shows that mental health is associated with a range of other conditions such as obesity, drug addiction and alcoholism, which have a significant impact on society (Black, 2016). Finally, the health effects of work related stress extends beyond mental health. It is also associated with cardiovascular disease, musculoskeletal disorders and repetitive strain injuries.

The effect of work on mental health is becoming better understood. Unemployment and being out of work are seen as drivers behind mental ill-health (e.g. Pevalin and Goldberg, 2003; Paul and Moser, 2009) and returning to work appears to help improve mental wellbeing (Paul and Moser 2009; McManus et al. 2012). Existing evidence on the impact of unemployment on health shows that common mental health problems, such as anxiety and depression, contribute to poor health among the unemployed (Marmot 2010) and result in higher rates of overall mortality and suicide than those in work and the rest of the population (Jin, Shah, and Svoboda, 1995). Unemployment has both short- and long-term effects on health. The immediate negative impact of being made redundant on a person's health outcomes has been frequently reported (e.g. Jin et al., 1995) while other studies emphasise the steady negative effects, proportional to the duration of unemployment, which progressively damage health (Marmot, 2010).

Moreover, there is strong evidence that 'good' work is beneficial for mental health (Marmot et al., 2012). 'Good' work is difficult to define, but for employees it generally concerns the ability to develop skills; flexibility and control over working hours and the pace of work; trust, communication and the ability to have a say in decisions that affect them; and a balance between effort and reward (The Good Work Commission, 2010). A recent systematic review found strong evidence for a protective effect of employment on depression and general mental health (van der Noordt et al., 2014). Work can also reverse the harmful effects of prolonged sickness, improve the health of the working age population and reduce health inequalities more broadly (Waddell

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<sup>1</sup> Authors' own calculations based on 5% sample of administrative data and the Work and Pensions Longitudinal Study, available from the DWP tabulation tool: <http://83.244.183.180/5pc/tabtool.html>. Note: Incapacity Benefit, Sever Disablement Allowance and Employment and Support Allowance claimants are included.

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and Burton, 2006; Black, 2008; Marmot, 2010).

Finally, there are instances when the work environment falls short of the standards set out above. The work environment can cause or exacerbate mental health problems (Waddell and Burton, 2006) and paid work for some people with mental health problems may not be an appropriate solution. Indeed, there is evidence that jobs with poor psychosocial quality can erode mental health compared to unemployment (Butterworth et al., 2011). There may also be some unhelpful trends in the current labour market. According to research by Gallie et al. (2013), Britain's employees are feeling more insecure and pressured at work than at any other time in the past 20 years. A recent cross-European survey funded by the European Safety and Health at Work Agency (EU-OSHA) also showed that among different psychosocial risk factors British workers are particularly exposed to long or irregular working hours (32 per cent of UK respondents compared to 23 per cent of EU respondents – ESENER, 2014). Workplace interventions are a key part of the policy mix necessary to tackle this problem. Thus, policy efforts to improve mental health should consider psychosocial job quality in conjunction with efforts to get people back to work (Butterworth et al., 2013).

“ Work related stress is a key issue for the labour market as it affects productivity, through absenteeism and presenteeism, and is associated with high economic costs. It is estimated to cost employers about £28 billion per year but prevention and early identification of problems should save employers at least 30 per cent (NICE, 2009) ”

The Centre for Mental Health estimates that the total economic and social cost of mental health problems amounts to £105 billion per year of which the largest component represents individual human costs (Centre for Mental Health, 2010). Work related stress is a key issue for the labour market as it affects productivity, through absenteeism and presenteeism, and is associated with high economic costs. It is estimated to cost employers about £28 billion per year but prevention and early identification of problems should save employers at least 30 per cent (NICE, 2009). The Mental Health Taskforce recently put current NHS spending on mental health in England at £34 billion a year – an insufficient level to meet current demand. A further issue seems to be that people with mental health problems often are diagnosed correctly or are referred to appropriate treatment (van Stolk et al., 2014). The extent of the problem means that the UK government is increasingly looking at a range of options to support those with mental health issues in work or gain employment for those with mental health issues (see for instance van Stolk et al., 2014). The DWP/DH

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(2016) *Improving Lives: The Work, Health and Disability Green Paper* explored possible improvements in the provision of employment support to people with disabilities and health conditions. Similar to what the Black Review of 2016 found, poor mental health is often a key barrier in people returning to work.

In this essay, we look at what the evidence base around interventions is and see what types of options that policymakers could consider. First, we explore what works in terms of employment support for people without work who have or developed mental health conditions. Second, we highlight the evidence behind employment support for people in employment who have mental health problems. As a general observation, it is fair to say that the evidence base around employment and mental health is still emergent (see van Stolk et al., 2014). Nonetheless, most reviews seem to point to a set of general principles (see e.g. NICE, 2015). Finally, we reflect on some steps that government could take to support the take-up of programmes by the unemployed, employees and employers.

## **Employment support for people without work who have or developed mental health conditions**

There are three areas where research is particularly focused. First, we want to know which components of employment support tend to be more effective for individuals with mental health problems. Secondly, programmes that have proved effective for gaining employment for those with severe mental health conditions may also prove effective for those with common mental health problems. Finally, there is a developing evidence base around digital tools focused on mental health and employment.

Services and programmes that help people find jobs and better cope with setbacks during job search have been proven effective in increasing confidence and improving mental health outcomes of the unemployed. A meta-analytic review showed that the chances of finding a job were 2.67 times higher for job seekers who participated in job search interventions compared to those who did not (Liu et al., 2014). It further suggested that interventions that included teaching job search skills and boosting self-efficacy were more effective than interventions without such components. A more recent systematic review indicated 'job-club' interventions may be effective in reducing depressive symptoms in unemployed people, particularly those at high risk of depression (Moore et al., 2016).

These studies support the evidence behind specific interventions such as the JOBS II programme developed in the US (and currently being tested in the UK) as potentially effective in building self-efficacy and resilience. The JOBS II model was developed as an intervention to assist unemployed workers to find a way back to the marketplace

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and at the same time protect their mental health. The programme's focus is on currently unemployed individuals. The programme is delivered through a workshop that allows for intensive interaction between participants and two group facilitators (one male and one female coming from diverse backgrounds to provide a role model for participants) with a dual goal of: (1) creating effective job search and (2) addressing emotional needs of unemployed job seekers (preventive measure for those at risk for depression as a result of job loss). The studies behind the JOBS II programme in the US and its international editions showed lasting reductions in symptoms of depression, improvements in emotional functioning and increased rates and quality of reemployment (Vuori and Silvonon 2005; Vinokur et al., 2000; Vinokur et al., 1995).

An important component of JOBS II is peer support. There is wider evidence around the use of peer support workers for people with mental health problems. The evidence seems to suggest that when done well (with proper training and supervisions) peer support reduces the number of admissions but also impacts on a range of outcomes including employment (Repper and Carter, 2011).

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Individual Placement and Support (IPS) is aimed at people with severe and enduring mental health conditions and offers an integrated clinical and employment support to those who are willing to take up a paid job. IPS is recognised as an effective fidelity model (Burns et al., 2007; Knapp et al., 2013; Kinoshita et al., 2013). Several large-scale trials that are carried out aim to establish their effectiveness for different populations, including those with common mental health needs.

Other interventions for people with severe mental health conditions can offer additional learning. For example, some studies indicated that virtual reality (VR) job interview training improved job interviewing skills among trainees and tested the effectiveness of VR job interview training for people with schizophrenia (Smith et al., 2014; Smith et al. 2015). The results indicated that participants had greater odds of receiving a job offer by 6 month follow-up compared to controls and more training was associated with fewer weeks until receiving a job offer. Turner and Casey (2014) conducted a meta-analysis of outcomes associated with VR psychological interventions and found an overall moderate effect size for these interventions. A systematic review confirmed the effectiveness of VR in psychological treatment

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compared to treatment as usual and showed similar effectiveness compared to conventional treatments (Valmaggia et al., 2016). There is also a suggestion from studies that some computerised cognitive behavioural therapy programmes (cCBT) have an employment effect (Hofman et al., 2016).

## Employment support for people in work who have or developed mental health conditions

Everyone has mental health needs and they may become more pressing at different times, including periods of employment. It is important to distinguish between mental ill-health developed or exacerbated by working conditions and those which are unrelated to the workplace. We focus on the former category.

Workplace interventions may need to address following psychosocial factors: (1) job content, changes and restructuring; (2) work intensity and job autonomy; (3) working time arrangements and work-life balance; (4) social environment; (5) job insecurity and career development (Eurofound and EU-OSHA, 2014).

So, the real question is: what is effective? We're gaining more insights into the importance of specific aspects of 'good' work and how it is related to workplace culture and services, including: leadership; effective line management and employee support; good relationships at work; autonomy for workers in their work; return-to-work schemes; regular hours; decent pay; and job security (Hafner et al., 2015). Of these, there is increasing evidence that line manager training and board engagement are seen as critical in driving through the required culture change in the workplace (NICE, 2015).

Similarly, the body of evidence is growing on the effectiveness of organisational wellness or wellbeing programmes (Mattke et al., 2013; Brunton et al., 2016). Evidence-based guidance on how to promote health and wellbeing in the workplace is now available through a variety of organisations, including National Institute for Health and Care Excellence (NICE) guidelines<sup>2</sup>, the Department of Health's work on wellbeing and work<sup>3</sup>, and Public Health England's Work and Wellbeing Charter<sup>4</sup>, as well as business groups such as Business in the Community and Engage for Success. Wider initiatives such as Britain's Healthiest Workplace have helped to make the case that improving the health and wellbeing of staff makes business sense.

In terms of making the business case, a recent study examined the relationship between changes in individuals' overall psychosocial job quality and variation in

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2 <https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing>

3 <https://www.gov.uk/government/publications/wellbeing-and-health-policy>

4 <http://www.wellbeingcharter.org.uk/index.php>

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sickness absence and indicated that respondents reported a greater number of days of sickness absence in response to worsening psychosocial job quality (Milner et al., 2015). These results suggest that workplace interventions aiming to improve the quality of work could help improve the mental health of employees while at the same time reduce sickness absence.

Brunton et al. (2016) demonstrated that workplace health interventions are effective in improving health and business outcomes and that key success factors include: financial commitment, ease of uptake, accessibility, and structures to promote social support. Among the multitude of health and business outcomes, the top three evidenced in the literature included: mental health, weight and physiological/smoking measures for health and wellbeing, and absenteeism, absenteeism costs, healthcare costs, work ability and job stress for business outcomes (Brunton et al. 2016).

A growing body of research allows conducting systematic reviews and meta-analyses to examine workplace interventions and their effect on mental health and employment outcomes. For example, health promotion interventions that aim to reduce symptoms of depression and anxiety in employee populations were found to be effective, although the effect was small (Martin et al., 2009). The authors found that the interventions with a direct focus on mental health had a similar beneficial effect on symptoms as those with an indirect focus on risk factors. Richardson and Rothstein (2008) carried out a meta-analysis to determine the effectiveness of stress management interventions in occupational settings. They found an overall significant medium to large effect size for all studies with cognitive behavioural programmes showing larger effects than other types of interventions. Effects were based mainly on psychological outcome variables, as opposed to physiological or organisational measures. This is related to the fact that relaxation interventions were more frequently used than organizational interventions. More recently Tan et al. (2014) focused upon research examining work-based universal prevention of depressive illness: for depression following exposure to workplace health interventions. The authors found good quality evidence that universally delivered workplace mental health interventions can reduce the level of depression symptoms among workers. Similarly to Richardson and Rothstein (2008), Tan et al. found more evidence for the effectiveness of CBT-based programmes than other interventions.

Another systematic review examined the effectiveness of workplace counselling in terms of client satisfaction, psychological functioning, the meaning of work, work behaviour, and negative outcomes (McLeod, 2010). The study suggested that counselling was effective in alleviating psychological problems, had a significant impact on sickness absence, and has a moderate effect on attitudes to work. However, the results were not statistically significant.

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Workplace interventions can improve mental health and wellbeing of employees. However, the number of studies assessing their effectiveness over time is still limited and evidence comes mainly from large corporations, while what works in the small firms' context is still to be examined (Brunton et al. 2016).

## Lessons for policy makers

One of the main challenges is how evidence-based practice is adopted in public services and the workplace. Moreover, there is a wider debate about how employees can be encouraged to participate in workplace programmes that aim to improve mental health.

Starting with public services, evidence suggests that deeper integration and even colocation between services result in better outcomes for service users. If we accept that 'good' work is associated with better health outcomes, health professionals may need to engage more with employment outcomes. The 'Fit note' and Fit for Work Service, explored by Carol Black in Chapter 2, are good examples.

In addition, if mental health problems are one of the most significant barriers preventing people on benefits from taking up employment, then why not transform how the benefit system supports them and focus more on improving mental health in the benefit system by introducing evidence-based interventions? The new Work and Health Unit, bringing the Department for Work and Pensions and Department of Health together is a good example of a more integrated approach. It aims to halve the disability employment gap by putting a million more disabled people into work, and it seeks to reduce health inequalities around gender, age and geography.

Finally, funding is a challenge for all public services and this is particularly a case in the field of mental health (Mental Health Taskforce, 2016).

Getting employers to adopt evidence-based practice on mental health offers a number of challenges. First, as we pointed out earlier, the evidence base is still emergent. Secondly, it is not obvious where employers would seek good information on what they could do. Thirdly, many small to medium-sized enterprises (SMEs) and organisations have few resources for improving the health and wellbeing of employees and typically have no incentive to offer services. Fourthly, many of those participating in health and wellbeing programmes in the workplace are relatively healthier and better off (Hafner et al., 2015). There is also a systemic issue. The NHS is a free entry health system and the employer only indirectly bears the cost of the provision of health services to staff. Private Medical Insurance (PMI) and Income Protection schemes still have limited take-up (often targeted at the higher income groups who will on average have better health already) and social insurance funds common in mainland Europe do not exist.

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So, how do you improve the offer in many workplaces and also increase participation across a range of population groups in schemes and interventions? There is no silver bullet here but a set of actions could be considered. Given the costs to society as a whole, government could offer tax incentives for organisations taking up specific and additional interventions. It could provide tax benefits for the take-up of income protection and specific private medical insurance schemes. The key here would be to establish what aspects of a scheme would be the minimum requirement for it to qualify for the tax break. This needs to be looked both in terms of the interventions offered and a link to vocational rehabilitation. It could invest more in the provision of occupational health (OH). The idea is to offer early intervention whereby general practitioners and other clinicians can refer directly to OH and a case manager can coordinate appropriate psychological support and access to interventions that will help the individual before they get too far removed from the workplace. The pooling of resources could be encouraged. Examples are working with large employers to allow the rest of their supply chain access to their OH programme or groups of SMEs coming together to fund and share OH provision between them. Reporting by employers on health and wellbeing outcomes could be considered on a mandatory or voluntary basis through a charter or good practice code. Government could use its significant buying power to encourage its suppliers to take up specific type of practice by changing procurement practice. Government could also provide better information on what works in mental health to employers.

## Conclusion

This essay has tried to reflect on the state of play and what works in the field of mental health and employment. Even though the evidence base is emergent, there are a set of principles that we know assist in those with mental health problems getting into work or staying in work. Clearly, more work needs to be done to develop the evidence base. Wider challenges exist around reforming and integrating public services and getting good practice on mental health adopted across workplaces. Still the prize as can be seen in the costs associated with mental health is substantial. Gaining or maintaining employment of those with mental health problems will make a significant contribution to individual wellbeing, the economy and society.

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# Ageing, disability and employment – a global perspective

**Andrew Parkins**

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There are a range of international examples in how older and disabled people can enjoy more productive work through better coordinated services and use of the latest assistive technologies. In countries with similar institutions and cultures, we see good practices in coordinated, person-centred employment support.

But looking to the Far East, Japan's ageing demographic "time bomb" has already exploded, with a forecast of 40 percent of the population being over 65 by 2040. Immigration remains off the agenda, so advanced robotics are being deployed to fill labour shortages and keep ageing people in work. Meanwhile China is developing an international assistive technology market in cooperation with the World Health Organisation, and applying Big Data to the challenges of supporting over 100 million disabled citizens, with a similarly ageing demographic profile. It is time to take a global view of the issue, and to learn from these and other examples.

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## Forces for change

The challenge of getting – and keeping – more disabled people in work has advanced far beyond “the right thing to do” and become operational necessity. According to the Centre for Ageing Better, more than 1 in 4 people in the UK will be over 60 by 2024. The UK is already in crisis over care funding, as the demand for services increases. There are also questions over wider productivity at work, where output per hour worked in the UK was 16% below the average for the rest of the G7 advanced economies in 2015<sup>1</sup>.

So we will be required to continue working into advanced age, creating the challenge of improving productivity amongst a population likely to be experiencing various forms of age-related disability. Following the Brexit vote, indications are we cannot rely on immigration to bridge the gap in the supply of labour. As an example, more than 3,480 EU nurses left the NHS during 2016 – a 38 per cent rise on the 2,520 who left in the 12 months before<sup>2</sup>.

The press has focused on substitution of humans by robots in certain industries, causing understandable concern for those workers likely to be affected (currently mostly in manual labour but increasingly in higher-skilled areas as technology develops). It will in fact be beneficial where the labour supply is shrinking and there is a high physical element to the work, for example in care services. But there is a more positive story, where forms of affordable bionics and service robots can equip people to stay in work after accident or illness, or beyond the current retirement age.

The UK’s ageing population has seen a rise in self-employment, which is particularly prevalent amongst the over-50s. This work is inherently less secure and also lacks an employer’s safety net if a worker becomes ill or disabled. An assistive technology market should develop around that segment, where demand is likely to rise rapidly and there is an economic case for buying the support to stay in work.

The above challenges call for incremental improvement of current practice, along with development of innovative, cost-effective health systems via adoption of new technology. We must make investment choices that will result in doing more with less.

## Improving the current system

For incremental improvements to the current system, we can look to countries that have institutional similarities with the UK, for example in Europe, the USA and Australia.

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1 Source: ONS Statistical Bulletin 5 April 2017

2 Source: HSJ online [hsj.co.uk](http://hsj.co.uk), 26 May 2017

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Here there is strong evidence for 'supported employment', where people are helped into and in employment, with workplace accommodations and on-job training. But intensive, coordinated support is required across health, employment and social services; therefore scalability and pooling of budgets can be problematic. If one department shoulders the (relatively high) cost, any economic and social returns are dispersed, making it hard to justify within a departmental silo.

Individual Placement and Support (IPS) is an example of supported employment primarily in mental health, having been used successfully in the US and Sweden and in a limited trial in the UK. A randomised control trial for people with severe mental health problems across six European cities (the EQOLISE study), found that IPS produced better outcomes than alternative services, at lower cost overall to the health and social care systems (Knapp et al, 2013).

Another area for consideration is earlier intervention. A recent analysis by the Resolution Foundation found a lack of incentives for firms or workers to take action during periods of sickness absence, meaning support is often delayed for several months, after which the chances of re-entering employment will have reduced considerably.

As a 2015 OECD report concluded: 'The timing of intervention is critical. Interventions often come too late, once people have been out of the labour market for years. Even comprehensive measures have limited impact if delayed. Any action taken in school or in the workplace will have a better, more lasting impact than waiting until people have dropped out of education or the labour market.' (OECD, 2015).

An example of a coordinated early intervention is Sweden's DELTA programme, bringing together the national employment service, the local health authority, the municipal social service, and the national social insurance department. Support is typically focused on enabling the employee to return to work and may involve occupational health assessment, advice and signposting to support services, rehabilitation, condition management etc.

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A 2015 report for Fit for Work Europe, found evidence for targeting comprehensive services at those who are in work, or have recently dropped out of work (Bevan, 2015). Through analysis of seven studies, including in Sweden, Spain and Holland, they showed that early healthcare interventions which promote work ability and increase productivity among people of working age who have chronic ill-health, are cost-effective. The benefits included sick leave and lost productivity among workers with musculoskeletal disorders reduced by more than 50 percent; and healthcare costs reduced by up to two-thirds. Amongst the resulting recommendations was that healthcare decision makers need to embed work as a clinical outcome in primary care and incentivise delivery of early return-to-work focused treatments.

Overall the evidence suggests that early intervention, involving a coordinated approach by the appropriate services, can be cost effective in returns across health, welfare, employment and social care. The challenge is that such interventions may put a disproportionate cost on an individual department and the benefits are dispersed, making it difficult to win support for the approach.

## Robot chores

The UK has identified Robotics and Autonomous Systems and Artificial Intelligence as a core part of the Industrial Strategy and will seek to maintain a competitive commercial position in this growing sector. UK Robotics Week in June 2017 will feature the *Social Care Robot Challenge 2017*, bringing together the UK's experts in social care robotics from both academia and industry to advance knowledge of how robots can be integrated into the healthcare services of the future, addressing the predicted rising costs and strain of healthcare provision and services.

Similar thinking can also support productivity in the workplace. Ten years ago, BMW anticipated an ageing workforce and asked older assembly line staff to propose modifications to working conditions and equipment. Their measured productivity increased by 7%, while defect rates dropped to zero. BMW have since rolled out similar changes more widely, as this "inclusive" approach could benefit all assembly lines.

More recently, in 2016 BMW was trialling a "chair-less chair" in assembly teams. It consists of flexible splints which can be attached to a worker's legs and torso. In an interview quoted in an online magazine<sup>3</sup> BMW said the exoskeleton "improves a worker's posture just like a chair and relieves the strain on the body during assembly tasks that have to be carried out bent over or in other unhealthy positions. Even long periods of standing can be transformed into relaxed sitting through this artificial leg support, making working conditions more comfortable and flexible."

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3 [www.Just-auto.com](http://www.Just-auto.com), 22 March 2016

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Bionics and exoskeletons could revolutionise how we support people with impairments due to ageing or injury. A PwC report into the global robotics and artificial intelligence markets indicated that the personal robot market, including care robots, could reach US\$17.4bn by 2020, driven by rapidly ageing populations, a shortfall of care workers and the need to enhance performance and rehabilitation of elderly and disabled people (PWC, 2017).

In the same report, a survey across Europe, the Middle East and Africa indicated that the UK, along with other established healthcare markets, is broadly accepting of the idea of robotics and artificial intelligence in health care; but these mature markets are the most sceptical, whereas developing markets with less rigid systems are far more open-minded. The UK is driving the development of advanced applications, but parts of the population are less willing to accept their use. This indicates a need to change perceptions and attitudes, tailoring specific implementation methods to a carefully segmented market.

An important step towards safety and economy of scale is the development of the ISO 13482 standard to cover three types of service robots: mobile servant, physical assistant and person carrier. Adopting standards should speed acceptance of robotics and commercialise production, seeking practical solutions for the mass-market rather than cutting-edge experimentation. A British Standard was published in 2014 and it will be interesting to see whether this helps to change attitudes to these technologies.

## A vision of our future? Japan, China and the WHO

Japan is at the leading edge of the ageing society and a first-time visitor will be surprised to see large numbers of elderly people living independent lives, shopping, travelling, dining out and working.

"Barrier free" (an early term for Universal Design) has been established in Japan for decades and will be encountered at many points in a journey from the airport through a large city. Tactile paving, dropped kerbs, numerous elevators, audible signals etc. are in evidence in most cities and the infrastructure is being refreshed for the Tokyo 2020 Olympics and Paralympics. In addition, sophisticated robots that aid the mass-movement of people into and around the city and venues will change visitors' thinking about mobility and access.

Powerful, compact machines can each transport up to 200kg of luggage through airports in the way that a piece of handling equipment manoeuvres an aircraft on the runway. Alongside them, ageing baggage handling staff wear the compact *Cyberdyne* lumbar exoskeleton, which provides personal support and power in lifting and moving baggage.

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The Japanese care robotics market has been forecast by the Japanese Government to grow from US\$150m in 2015 to US\$3.7bn by 2035. But even in a rich country such as Japan, there are “frugal innovators” working to create cheap, practical robotics or bionics.

One example is *exiii*, a tiny firm of 3 employees based in Tokyo (runner up for a James Dyson Award in 2015), where I had the opportunity to try out the functionality of a bionic hand. The parts cost just US\$200, it uses 3D printing and open source software and they are encouraging global collaboration to bring this technology to a mass-market. Although functionality is still quite limited, this device is being worn by young role-models and signals a near future where advanced technology is cheap, fashionable and customisable to the wearer's taste.

In the UK, Open Bionics has received a Dyson award for innovation and is working towards a similar vision to produce ergonomic, stylish and inexpensive prosthetic limbs, including fun designs such as Iron Man or Star Wars that children would be happy to be seen wearing.

China is also getting to grips with ageing demographics and disability across the vast country and population. A growing number of assistive technology companies are developing a global market, with a range of affordable and high-technology solutions. Visitors to the Rehabilitation International World Congress in 2016 were amazed at the number of stands from China, featuring everything from wheelchairs to exoskeletons. Arguably more impressive is a Big Data project for a segment of the 100 million-plus Chinese disabled people and their families, in order to create a holistic health and employment programme.

At the same Congress, Professor Malcolm MacLachlan of the World Health Organisation's GATE (Global Cooperation on Assistive Technology) project, estimated that by 2050 there could be two billion people who could benefit from accessible technology (up from one billion now). The technology is seen as a mediator to inclusion, connecting the aspirations of the *UN Commission on the Rights of Persons with Disabilities* to education, employment, justice and health and making the most-needed technology available to the greatest number of people who need it.

The GATE project is seeking low-cost standards available to the many; and has prepared a minimum list of products rather than a maximum, as has happened for essential medicines. It is now down to 50 priority devices, such as alarm signallers, shower chairs etc.; simple products rather than those using advanced technology.

## Where to start?

The proposal is that technology – simple or advanced – can supplement familiar but improved approaches to support independent living, personal choice and a level

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playing field, allowing disabled people to compete in the job market.

The implications for health services are profound: to move away from over-burdened staff doing everything from administration, through heavy lifting, to surgery, into a networked, integrated approach based on rich data and systems design. But this does not have to be prohibitively expensive; understanding the accessible features built into an iPhone can change the relationship with a patient or employee. Features such as tactile haptics, VoiceOver for visually impaired people, or gestures to aid physical motor skills or overcome attention deficit, are effectively being trialled by millions of iPhone users each day.

The so-called "digital divide" will need to be addressed; until everyone involved in the system can share in these standard technologies, there is a risk that expensive and scarce technical resources will be brought to bear on problems that might be solved using smartphone applications. And it seems odd that we could see driverless cars on our streets (or in the air!) before low-cost bionics and productivity aids become commonplace in the UK.

For health and employment-related services, the Work and Health Innovation Fund has started to fund projects seeking better coordination across teams and departments. Further study should be conducted into the proliferation of technology applications worldwide, to help policy-makers think about wider possibilities and inform a solutions strategy. Innovation in technology could be accompanied by innovation in welfare reform. Approximately £15bn is spent each year on Disabled Living Allowance or Personal Independence Payments but many disabled people cannot access the products and services they need to improve health outcomes and become economically active.

“ Approximately £15bn is spent each year on Disabled Living Allowance or Personal Independence Payments but many disabled people cannot access the products and services they need to improve health outcomes and become economically active. ”

For employers, a similar level of understanding would refresh thinking around reasonable adjustments and Access to Work, towards a more creative, productivity-based approach; occupational health and vocational rehabilitation specialists working with informed employees in creating new solutions to psychological and physical barriers.

For a disabled businessperson, the airport or train station can be a place of work and to fail to support this is to accept limitations on aspirations and abilities. So in order to

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create sustainable, progressive employment we should look at the journey to work, as well as the office workstation. Perhaps this is what one UK election manifesto meant by: *We believe that where you live, shop, go out, travel or park your car should not be determined by your disability. So we will review disabled people's access and amend regulations if necessary to improve disabled access....*"

“ For a disabled businessperson, the airport or train station can be a place of work and to fail to support this is to accept limitations on aspirations and abilities. So in order to create sustainable, progressive employment we should look at the journey to work, as well as the office workstation. ”

So where to start? The UK has benefited from a sophisticated health system that has become inflexible over time and perspectives have become entrenched. Most people seek something better but few want to risk substantial change. Tinkering with the system will yield some gains but we can learn from more advanced global practice if we seek to make fundamental change.

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# Time for a new integrated employment service?

**Dave Simmonds OBE**

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Integrate is the buzzword of the Improving Lives Green Paper. But integration cannot be an end in itself – it should instead be the means to improve outcomes for service users, society and the economy. Delivering integration, and more personalised and responsive services, means recognising that those with complex needs have complicated lives and rely on a range of services, which can send different and contradictory messages. There are many obstacles to integration, and in the past governments have taken a cautious approach that relies on providers and end services to work it out for themselves. We now need a more ambitious and transformational approach.

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Now is the right time to take a new look at how we deliver employment services to those who are out of work or in insecure work. We need to broaden and deepen the services we deliver. 'Broaden' because we should be concerned about those who are not working and don't claim benefits and those stuck in the insecure, low paid economy. 'Deepen' because our services need to do better for those who are disadvantaged and have multiple needs.

In 2002, Jobcentre Plus was formed by merging the Benefits Agency and the Employment Service. The aim was to bring together the administration of benefits and job placement services to create a stronger link between work and benefits. Since its formation there has always been a tension between the two services and their cultures. However, from 2010 the increase in mandatory requirements and sanctions has dramatically changed how Jobcentre Plus operates and how it is perceived. The merger has led to the loss of a positive, supportive employment service especially for disadvantaged people.

This has led to increasing calls for reform to create new services which, in effect, once more separates the two functions. New employment services would place an emphasis on integration with existing support for disadvantaged groups<sup>1</sup>. Time and technology marches on and we can't afford to recreate the old statist, centrally-run Employment Service. We need a 21st century service that will meet the challenges of a post-Brexit labour market.

## A vision of the future?

*It's 2028 and one year after the Personal Information Act was finally passed. This updated the Digital Economy Act 2017 to give further freedoms to government for how personal data is used. The new online 'Personal Life Accounts' (PLA) are now live and combine information held by all public services, and every person now gets a PLA from birth. People can see their health records, their qualifications, pay tax, claim benefits - it is a record of how every citizen interacts with public services over their lifetime.*

*But the PLA can do much more. It enables access to online advice on every aspect of managing your health, learning, career, finances and much more. Algorithms are constantly analysing what advice you might need and steering content towards you. New predictive techniques also target those who are at risk of a 'negative life event' and can propose and implement preventative measures (some are mandatory). A 'resource management system' makes decisions on prioritising access for face-to-face services and runs a booking system for appointments.*

*The Department of Opportunities (the replacement for Department for Work & Pensions)*

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<sup>1</sup> For example, in 2016 Policy Exchange argued for separate Youth Employment Centres integrated with local youth services. See: <https://policyexchange.org.uk/wp-content/uploads/2016/09/welfare-work-and-young-people-aug-16-1.pdf>

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*and GPs were given full access to personal data in the PLA so they could refer to the new Health, Work and Opportunities Service. This would be delivered on-line by 'chats' with Opportunity Coaches. 2028 also marked the end of high street Jobcentres now that all advertised jobs are on-line and benefit administration fully digitised. Those people who the algorithms judge need a face-to-face appointment are referred to locally controlled multi-purpose hubs.*

This vision of the future will either excite or dismay you, and maybe both, but there are a number of serious points in painting this scenario.

First, the use and power of digital services and AI will significantly increase in the coming years and how we use it to deliver public services will more and more determine how citizens and the State interact. Second, the integration of government information on citizens involves some profound ethical choices which will have to be confronted. Third, there will be increasingly difficult decisions about who should have access to crucial, but more expensive, face-to-face services.

'Integrating' services for disadvantaged people should not be an end in itself – it is a means to provide better, more responsive services to those that need them the most. People with significant barriers to work need the most 'joining up' of services because they are often users of multiple public services.

## What is meant by 'integration'?

Public service reform is littered with attempts to integrate services. Some attempts never integrated at all, a few were successful and enduring, and some were partial staging posts left hanging between the silos.

'Integrate' is the buzz word in the 2016 *Improving Lives* Green Paper, with thirty-nine mentions. In practice 'integration' can (and does) take many forms, and these are constantly evolving and developing due to a range of institutional, financial and policy issues. Different people mean different things about the term 'integration'. To some it can be as simple as co-location, to others integration can't be achieved without radical public sector transformation. However, 'integration' is always part of the public sector reform debate – how do we manage the demand for, and the delivery of, people-facing services in times of austerity?

The integration (or lack) of the social care and health systems is probably the most recent high profile issue that has hit the headlines. In seeking solutions the Kings Fund has highlighted the minimum elements needed for an integrated population health care approach, for example:

- Pooling of data and segmentation of the population to target interventions;
- Pooling of budgets to use resources flexibly;

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- Place-based leadership;
  - Shared goals for improving health and tackling inequalities; and
  - Paying for outcomes that require collaboration between different agencies.

All of these would be recognised as pre-requisites when integrating employment services.

The Institute for Government defines 'integration' or 'joining up' as (IfG, 2015):

**"... co-ordination between multiple actors within a system to achieve a shared goal or outcome. This can centre around a particular client group ('horizontal integration') or throughout a delivery chain ('vertical integration')... Likewise, joining up can take place locally, centrally, or at both levels."**

From the employment service user perspective the acid tests of the need for integration would be:

- Do I have to repeat my information to multiple organisations?
- Am I confused about how I access the services I might need?
- Do I get referred to different organisations in different places for different services?
- Do I feel the system is impersonal and not listening to my needs?

If the answer to all or some of these are 'Yes' then integration should deliver a better service, and potentially yield cost savings as well.

However, not all unemployed people will answer 'Yes'. Finding a job is a 'simple' process (search for vacancies and apply) but not always guaranteed to be successful. For the majority of people the process works fine – each year thousands change their jobs or find a job quickly.

It is the reasons why people are not successful that makes the process more complicated, not just for individuals but also for the smooth functioning of the labour market. The key question is how to design personalised services rather than fragmented 'simple' services which ignore the reality of the lives of many long-term claimants or insecure workers? This becomes more acute when people have multiple needs and use different services which sometimes send different and contradictory messages about employment.

We are not alone in this challenge. In a review of national public employment service reforms, Finn (2016) identified the increased use of 'single points of contact' and the varying forms of integration that countries have used to implement them.

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## Why integrate services for claimants?

For many front-line staff in employment services the answer to the question is self-evident. Staff can be frustrated at their limited ability to respond to multiple needs and individuals often find it difficult to navigate the different systems.

So what are the advantages of integrating services? Drawing on different perspectives they can be summarised as:

- 1. A better service:** the right service at the right time with the minimum of bureaucracy; it is a user-centric service which should be more valued by users.
- 2. A better response to those with multiple needs:** a single point of service providing a personalised service.
- 3. Better outcomes:** more motivated people with improved employability should lead to more sustained outcomes.
- 4. More opportunities to drive innovation:** removing institutional barriers and challenging entrenched cultures.
- 5. Improved scope to reduce costs and deliver savings: reduces inefficiencies in the system;** cashable savings but savings might only outstrip costs in the longer-term (NAO, 2016).
- 6. A new relationship between national and local government, and private and third sectors:** no single organisation is equipped to tackle all problems; an emphasis on collaboration rather than competition or institutional defensiveness.

It should be self-evident that integration is a goal worth pursuing, so why is it that reform has been so difficult to achieve? There are a number of reasons but the primary failing is *the lack of clarity about who we are integrating for*. Unless there is clarity in answering this question then the integration debate will always flounder.

## Who is integration for?

If the single objective is to help people find a job then a significant majority won't need additional services beyond basic job search. However, other policies can add further objectives, for example:

- Help people find a job *and build a career*
- Help *young people* find a job *which includes training*
- Help *improve health* by finding or *keeping* a job

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- Help *homeless people* find a job *and a home*.

Each additional objective will add to the list of services that should be joined up in some way. However, anticipating all of the combinations and permutations of different policies and *individual* circumstances is clearly impossible. As such we need to:

- Identify those groups that need multiple services
- Define the services that may be needed
- Assess the scale of demand for each of the services
- Identify the most appropriate mechanisms for joining-up specific services, ideally based on evidence of what works.

This deliberately adopts a whole population systems approach to planning integration. This is a live debate in health where some have argued that focussing on integration within the NHS and between social care is insufficient and the emphasis should be on *population health systems*<sup>2</sup>.

The same argument can be applied in employment where, in the past, the integration debate has been dominated by joining-up with skills but is now dominated by joining-up health. Both are obviously valid, but piece-meal approaches to reform inevitably fail to bring substantive change.

## What stops integration?

The literature on integration is replete with lists of barriers and reviews of what has confounded the best of intentions. In 1999 Walter Leutz identified the *five laws of integration in a study of medical and social service integration in the UK and US. Almost twenty years on the 'laws' still seem highly relevant:*

1. **You can integrate all of the services for some of the people, some of the services for all of the people, but you can't integrate all of the services for all of the people:** Leutz identified three levels of integration: linkage; co-ordination; and full integration.
2. **Integration costs before it pays:** there is no guarantee that savings will outweigh costs.
3. **Your integration is my fragmentation:** the job of providers and professionals is much simpler when they are exclusively concerned about their own service.
4. **You can't integrate a square peg and a round hole:** some services are managed

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<sup>2</sup> For example, see: Kings Fund (2015) Population Health Systems: Going beyond integrated care

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by limiting access (eligibility) but others are universal services (most health services).

5. **The one who integrates calls the tune:** the nature of integration tends to be dictated by the interests of those who are managing the reform and/or paying for it.

The **Institute for Government synthesised** the existing literature on the barriers to joining up. They identified five 'perennial challenges' (IFG, 2015):

- Short-term policy and funding cycles restrict the ability of local actors to invest in the long-term partnerships
- Misaligned geographies and patchwork of commissioning make it difficult to design services around a 'whole person'
- Cultural differences between professions and organisations can discourage collaboration
- Barriers to data sharing can make joint working between teams or organisations difficult
- Limited sharing of 'what works' in different circumstances can mean that lessons are rarely built on.

Finally the National Audit Office listed their 'enablers and barriers' to local public service reform (NAO, 2016):

1. Knowing what works
2. Sharing information
3. Securing funding to invest in reform
4. Having the right incentives to work together
5. Building strong relationships.

Critically, Finn found that "the public employment service in many European countries *lacks capacity...* to extend services to new groups of previously inactive long-term welfare recipients." The methods of integration and capacity therefore become key questions.

## Methods of integration

Integration does not always mean full institutional merger into a new single service. In employment services there has been more stress on 'linkages' and 'co-ordination', often through various partnership mechanisms at the local level. There is a wide range of methods that can either encourage or discourage integration – some are

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deliberately designed to integrate whilst others can have an influence, one way or another.

*National reform* has always played an important role in signalling a government's priorities for integration. For example, Jobcentre Plus is the result of merging the Employment Service and the Benefits Agency. In Finland, Germany and Denmark implementation of co-located single points of contact has not involved integration but is managed through national inter-agency agreements (Finn, 2016).

*Localism* can be a vehicle to stimulate integration but can run the risk of fragmentation. Many of the support services for disadvantaged groups are already managed and/or controlled locally. In the future, the increasing powers of Mayors could provide significant opportunities to drive local forms of integrations.

*Prime contractor* and '*black box*' commissioning where large service providers are given substantial freedoms to personalise support. The Work Programme was the first major programme to fully implement a black box approach, however, the evaluation found there was 'procedural personalisation' but not necessarily stronger links with other services (Foster et al, 2014). Whilst prime contractors can, in theory, foster vertical and horizontal integration different contractual terms has inhibited service integration.

*Co-location* of different agencies has been implemented by some local authorities<sup>3</sup> but never mainstreamed with Jobcentre Plus. This is about to partially change with around 50 Jobcentres (out of 700) co-locating with "local authorities or other community services to provide joined-up services for the local community". This is a start but co-location is not necessarily the same as integration and, as Finn stresses, we will need to learn lessons from the first fifty.

The *Work Coach* or *Personal Advisor* is indispensable when personalising services. They are the person who guides a claimant to meet their goals. Allied to their skill in doing this is their knowledge of, and access to, other local services. The new local 'dynamic purchasing system' for Jobcentre Plus is a step forward but needs significant improvement. However, quality face-to-face time is expensive and this pressure has led to increased caseloads, reduced time per interview, and sometimes a more 'procedural' role for Advisors.

*Data sharing* invariably comes up within minutes of any discussion on integration. Frustratingly small steps are being taken to improve how personal data can be shared and who it can be shared with. However, restrictions on sharing personal data should not stop shared data analysis to better target resources.

Finally, the '*Duty to co-operate*' is a statutory requirement on local planning authorities

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3 For example, see Leeds One Stop Centres <http://www.leeds.gov.uk/residents/Pages/one-stop-centres.aspx>

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and various public bodies in developing Local Plans for housing, transport and infrastructure. It seems that requiring co-operation is necessary for bricks and mortar but not for personal services. Maybe the time has come to consider whether mandatory requirements should be placed on service commissioners and providers?

## Can a contracted provider integrate?

Providers who are contracted to provide a specific service are not in a powerful position to integrate, although they are increasingly expected to. The Work Programme specification included the encouragement of 'partnership' working but with an emphasis on how the voluntary sector was included in supply-chains. In the housing world, new efforts are being made to join-up advice and support on housing, finances, employment and skills<sup>4</sup>.

In the new Work & Health Programme, 'integration' is more centre stage. As the former Minister for Employment, Rt Hon Priti Patel put it in 2015:

**“That is why my priority is to remove [these] roadblocks and prompt genuine integration of services across government, so you can better integrate services on the ground.”**

So at the same time that the Green Paper was asking how health and employment service providers could “provide a tailored and integrated service”, the same question was being posed to bidders for the Work and Health Programme where they had to describe how they would:

- Deliver to participants a service integrated with local services;
- Link up with local provision and funding streams; and
- Support future plans for local service integration.

Meanwhile Scotland's new programme *Fair Work Scotland* puts a stronger stress on 'Partnership, Integration and Alignment'. The specification for the programme lists eighteen 'key stakeholder organisations' and it is a 'service requirement' to work closely with partners and requires bidders to maintain a Stakeholder Engagement Strategy supported by a detailed plan which describes how greater integration will be achieved.

This new emphasis on integration by commissioners is welcome and long overdue, but we need to be realistic about the form of integration that contracted providers can forge. Improved communication and partnership is undoubtedly possible but whether this adds up to service integration and a more personalised offer is the real test.

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<sup>4</sup> See for example the work of the Give Us a Chance consortium [www.giveusachance.co.uk/](http://www.giveusachance.co.uk/)

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## The Future

The partial, cautious approach to integration have left providers of services in limbo. Caught in between national and local silos providers are limited in what they can do apart from conform to the latest centralist programme design. A heavy dose of collaboration is needed from top to bottom, and that will need new ways of working.

The nature and extent of disadvantage in the labour market is changing – pushed by the wider forces of demographic change, globalisation and Brexit, and technological change. The welfare state 'safety net' for those who are unemployed and economically inactive has also changed and evolved. The 1980's were a period of mass programmes for mass unemployment. The 1990's and 2000's was a period of 'activation' – offering support and requiring activity. The 2010's will be seen as a period of reduction of income and support to 'incentivise' work.

But where are we going in the 2020's? What choices are we going to make about the nature of support to disadvantaged workless people in a post-Brexit world?

The first step should be to establish a wide-ranging *Employment Support Commission* to undertake a rigorous study of the different groups of people with labour market disadvantage and the adequacy of support. It would make high-level recommendations on which services should be integrated, aligned or have improved co-ordination. In doing so it would also be confronting the legislative and ethical issues on the sharing of personal data.

“ The first step should be to establish a wide-ranging Employment Support Commission to undertake a rigorous study of the different groups of people with labour market disadvantage and the adequacy of support. ”

The second step should be to consider how inclusive growth and social justice can be best delivered, and consequently the importance of 'localism' or 'place-based approaches'. The RSA Inclusive Growth Commission covered this ground and recommended a “fundamental reset of the relationship between Whitehall and the town hall, underwritten in new social contracts.” The Commission proposed the new approach would include: horizontal service integration; commitment to specific social and economic outcomes; and multi-year finance settlements.

Consequently, the third step needs to set out in more detail what a place-based integrated employment service would look like in practice. This is where the recent work by Learning and Work Institute for the Local Government Association can help progress thinking (LGA, 2017 and Wilson et al, 2017). The reports sets out proposals

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for how local government and partners can fund and operate a localised employment and skills service which is integrated with other local services. This could be a vital part of the 'inclusive growth' jigsaw.

These three steps are, by their nature, long-term. To realise the benefits of these changes will take many years, not just because of the mechanics involved but because of the new working cultures that will need to be fostered. However, there are actions that can be taken now. Some are in train already and investing in others will pay dividends later:

- **New programmes:** new programmes are stressing integration so there is an opportunity to develop a sound understanding of the drivers and blockages.
- **Lessons of co-location:** The design of new local integrated hubs can be informed by the experience of the co-located Jobcentres and international lessons summarised in Finn's eight phases of design and implementation<sup>5</sup>.
- **An Employment Services Datalab:** a more localised system requires a national framework to share analysis, research and learning. DWP lags behind other government departments in establishing datalabs and/or 'What Works Centres'.
- **Investment in IT and AI:** where will new investment come from which will capture advances in IT and AI for the benefit of workless people? This should be explored with the IT industry and researchers.
- **Co-design, prototyping and piloting:** new pilots are being initiated in Devolution Deal areas and by the Work & Health Unit Innovation Fund. We should ensure pilots are always testing key issues for integration and pilots should only be co-designed and involve the voice and experience of users.

Finally, the European Social Fund has supported many local projects over the years. Its full replacement post-Brexit can't be taken for granted, but it could be locally-driven, reduce bureaucracy, integrate services, and better support people and employers to meet their skills and employment needs.

## Dystopia or utopia?

Where does all of this leave the opening scenario? First, it is not possible to ignore the advances in IT and AI – they need to be embraced and used to the advantage of workless and insecure workers. Secondly, we need a strong evidence base to target those who will always need face-to-face support. Thirdly, full service integration should be driven by the primary needs of disadvantaged groups, and other secondary linkages should be through improved co-operation and alignment. Fourthly,

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<sup>5</sup> See Finn ibid Chapter 4

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localisation and new models of delivery are the central pillar of future reform – the employment service of the future will be digital and local.

So the end of the standalone employment programme is nigh! It will be replaced by an on-line universal system of advice backed up by intensive and integrated support for those that need it most. The task now is to sort the wiring, hide it, and open for business, even if this may be a decade off.

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Ten

# The future of employment support for the disabled

**Rt Hon Frank Field MP,**

Chair-elect, House of Commons Work and Pensions Committee

Support for disabled people seeking a job is not working. That was the clear finding of the inquiry conducted during the 2015-17 Parliamentary session the House of Commons Work and Pensions Committee. The Committee examined the future of the benefit and employment support system for the disabled, with a particular focus on the Government's ambitious goal of halving the disability employment gap. We inquired into the benefit system, Jobcentre Plus and contracted-out return to work support, and the existing support and encouragement that DWP offers to employers.

The Government has made a laudable commitment to transforming employment prospects for disabled people and enabling them to make an ever more active contribution to the prosperity and economic dynamism of the nation. Despite these fine intentions, progress on reducing the disability employment gap remains glacially slow. Serious advances in this area will require more than tinkering with existing programmes. More radical and imaginative solutions will be required.

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Changes to the benefit system and employment support programmes aimed at getting more disabled people into work are nothing new. But the Conservative party's 2015 manifesto pledge to halve the disability employment gap—which in percentage points has remained stubbornly in the low 30s since the late 1990s—was a bold and unexpected move<sup>1</sup>.

The ambition of this target was clear, especially as the Government initially suggested it would be achieved by 2020. Subsequently, DWP clarified in evidence to the Work and Pensions Committee that it meant halving the gap to be a longer-term goal.<sup>2</sup> Nonetheless, the pledge represented a very welcome statement of the role that disabled people should play in Britain's economy and society: not passive recipients of benefits, but active contributors to the prosperity and economic dynamism of the nation.

The Committee's inquiries in the 2015-17 Parliament addressed many aspects of the welfare system intended to help disabled people work. We examined the benefit system, Jobcentre Plus and contracted-out return to work support, and the existing support and encouragement that DWP offers to employers. We made conclusions and recommendations intended to improve aspects of the system that are already in place, and, more recently, to feed into the Government's green paper consultation<sup>3</sup>. At the time of writing, we eagerly await the Government's response to our main Report on the Disability Employment Gap, and the green paper consultation response.

## Employment and Support Allowance: a more active benefit?

ESA replaced Incapacity Benefit in 2008. The Labour Government believed that large numbers of claimants had been "parked" on IB with little expectation or hope that they would ever work again, and a corresponding lack of support to help them to do so. In light of what we know now about the links between health and work—from, for example, Dame Carol Black's influential work for successive Governments—this was a sorry state of affairs for claimants themselves, to say nothing of the impact on the wider economy and society.

ESA was supposed to be a more active benefit, encouraging quicker returns to work after periods of sickness. Claimants would be split into the Support Group or the Work-Related Activity Group depending on their capacity for work. WRAG was never meant to be a long-term home for claimants; rather a brief stopover on the journey back to work.

Almost a decade after ESA's introduction, it is clear that the benefit is not functioning

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1 Conservative Party, 2015 manifesto, May 2015, p.19

2 Work and Pensions Committee, Disability employment gap, Seventh report of Session 2016-17, HC 56, January 2017. Para. 2

3 DWP and DH, Improving lives: the work, health and disability green paper, Cm 9342, October 2016

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as hoped. The vast majority of claimants in the WRAG (over 70%) have been there for over two years. Almost 10% have claimed for over five years<sup>4</sup>. The future of ESA was, therefore, of great interest to the Government. In the 2015 Summer Budget a new, lower rate of ESA for new WRAG claimants was announced. This would reduce the WRAG payment to the same rate as for single JSA claimants (£73.10 per week)—a reduction of some £36 per week. The Government argued this would remove incentives to languish in the WRAG, and encourage quicker returns to work.

Almost all of the witnesses who gave evidence to our inquiry on the disability employment gap vigorously criticised this rationale. Amongst the most persuasive arguments we heard were those focusing on the Government's claim that reducing benefit payments would incentivise a quick return to work. The evidence for this, we were told, is at best ambiguous. Disabled people tend to have higher living costs than non-disabled people—something that the DWP itself recognises<sup>5</sup>. This means that claimants would be left trying to get by on less than non-disabled JSA claimants, for longer periods of time (ESA claimants being not fit for work and therefore tending to spend longer on the benefit than JSA claimants). Poverty and hardship, we heard, are major distractions from the business of finding work.<sup>6</sup>

The Committee therefore recommended that the Department must set out, prior to introducing the lower rate, a plan for identifying claimants' higher living costs associated with disability, and how it will ensure that they are able to meet these costs. Our recommendation that the Government set out its approach in response to our report was met with a hugely disappointing letter from the Minister for Disabled People, Health and Work, which failed to deliver on promises of additional support made to the Committee<sup>7</sup>. With the new rate of ESA now in place, the extent to which the benefit will continue to prove a help or hindrance in returning to work more quickly hangs in the balance.

## Return-to-work support: putting faith in Jobcentre Plus

The structure of benefits alone is not the only factor that influences whether disabled people move into work. The quality of practical support that they receive also matters. Jobcentre Plus and associated programmes are undergoing a period of change. Against the backdrop of a changed labour market, the roll-out of Universal Credit, and scaling-down of contracted-out employment support such as the Work Programme, JCP will be expected to provide employment support to a more challenging and varied caseload of claimants, including many disabled people.

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4 ONS Nomis; DWP benefits – data correct as of March 2016

5 Disability employment gap, para. 36

6 Disability employment gap, para. 37-38

7 Letter from Minister for Disabled People, Health and Work, to Work and Pensions Committee chair, 28 March 2017

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The Committee's inquiry on Welfare-to-Work noted that disabled claimants fared poorly on the Work Programme (just one in seven ESA claimants found a job through the Programme, compared to one in four JSA claimants), but much better on the specialist disability programme, Work Choice. 59% of Work Choice participants moved into work in 2014/15.<sup>8</sup>

DWP has chosen not to build on this considerable success: success that is all the more remarkable given that Work Choice participants were likely to be more severely impaired than those on the mainstream programme. The budget for contracted-out support has been slashed, alarming charities, employment support providers and disabled people-led organisations alike.

“ The budget for contracted-out support has been slashed, alarming charities, employment support providers and disabled people-led organisations alike. ”

The new Work and Health Programme will have a budget of just £554 million over its lifetime for all groups of claimants: a manifold reduction on the estimated £1 billion spent on disabled people alone on Work Programme and Work Choice. What we know about the new programme sounds promising. The Department agreed with our recommendations that the new programme should be voluntary for disabled claimants (a factor associated with better outcomes), and that providers should receive a substantial service fee that reflects the intensive support that many disabled people will need<sup>9</sup>. We were very disappointed, however, that with the case for this kind of support already well-made by Work Choice, the Department has not chosen to extend it and allow more disabled people to benefit.

The corollary of the smaller budget for contracted-out support is that more claimants will be supported by JCP's Work Coaches—generalist front line staff. They will be able to make discretionary referrals to external specialist support, and will have access to a small number of specialist Disability Employment Advisors within each JCP branch. We heard in our Future of Jobcentre Plus inquiry that providing the kind of support that many disabled claimants need to return to work may be too heavy a weight for Work Coaches to bear. Witnesses told us the skills needed—such as identifying the appropriate support at the right time in a claim—are specialist skills<sup>10</sup>. The ability of Work Coaches to deliver this kind of service is untested. If the Department wishes to proceed with a smaller contracted-out programme, then building its in-

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8 DWP Work Choice official statistics (referrals, starts and job outcomes)

9 Work and Pensions Committee, The future of Jobcentre Plus, Second report of Session 2016-17, HC 57, November 2016, paras. 66 and 72-73

10 *ibid*

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house specialist capacity for the future must be a priority. We recommended it accomplish this by creating a Work Coach career path that rewards Coaches who display specialist skills in helping groups of claimants with complex needs, assigning them smaller caseloads of such claimants and allowing them to give more intensive coaching and support.

## Working with employers

Providing support and encouragement to disabled people who are out-of-work—whether through the benefit system, employment support or Jobcentre Plus—is, however, only one side of the coin. The highest quality provision, and most carefully calibrated benefit system, will add up to little in terms of closing the gap if we cannot make substantial strides in supporting disabled people when they are in work. Equally, significant effort and expense on the part of both disabled people themselves and the state will be wasted if there are not jobs for disabled people to move into—and employers who are not just open to, but keen to take them on.

The case for some methods of supporting disabled people at work has been made so many times it barely needs re-stating. Access to Work, for example, is highly valued by disabled people and employers alike, and can be vital in ensuring that an impairment does not become a reason for leaving work. We also heard there is still a need for awareness-raising campaigns that aim to change employer attitudes to disabled people, such as the Government's "Disability Confident". Disability Confident's success, however, will depend both on how effective it is in influencing employer behaviour, and whether it comes to be viewed as a desirable accreditation, especially by organisations who might not otherwise take an interest in disability employment.

But as our inquiry progressed, we were unable to ignore an increasingly obvious truth. Progress on reducing the disability employment gap has been, and remains, glacially slow. If this, or any future Government is serious about substantially accelerating progress on reducing the gap, it will take more than tinkering with existing programmes. A more radical approach is also needed. A crucial element of this is finding out what works for employers and delivering it on a grand scale.

To this end, the Committee recommended that DWP test a wide range of approaches to incentivising employers to take on disabled people. These might include, for example, wage subsidies, relief on National Insurance Contributions, or making use of the vast expertise that already exists in the voluntary and private sectors through commissioning organisations to provide support and advice directly to employers and to people in work with impairments. The trials would focus on building a comprehensive understanding of what works in opening up employment—in all sizes of company, and across industries—to disabled people. We were very clear that in

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finding out what does work, the Government must also be open to uncovering what does not. Sticking with the same, safe strategies will only continue to bring about the same, limited, results.

## More bold thinking required

No matter how much progress is made on removing barriers to disabled people thriving in the mainstream labour market, however, it will always remain the case that certain disabled people, who may otherwise derive great therapeutic benefits from involvement in productive work, have conditions so severe that they will never be in a position to compete on a level playing field for employment opportunities as their productivity falls short of the amount that employers, particularly smaller businesses, require to take them on. The challenge faced by people in this situation, many of whom have severe learning impairments, is made all the more daunting by the otherwise welcome introduction of the National Living Wage.

The introduction of the National Living Wage premium on top of the existing National Minimum Wage represents a transformative development for the low-paid and holds the potential to provide a basis for a new welfare settlement focused primarily on enhancing productivity, particularly in low-paid industries, as part of a longer-run strategic effort to boost real incomes across the board.

However, one unfortunate by-product of this welcome development for the broader labour market is that it cuts even further adrift from the labour market those individuals whose work has an economic value below the legal minimum wage, and places the health and wellbeing benefits of workforce participation even further out of reach.

Previously, the main approach that Government took to provide disabled people with a protected niche in the productive economy was to enable them to work in special subsidised workplaces. For nearly 70 years after World War II the Government provided this 'sheltered workshop' model of employment in the form of Remploy factories. This approach was abandoned in 2012 when, in line with the recommendations of the 2011 Sayce Review, the Government withdrew its financial support for the loss-making Remploy operation. Employment support would thenceforth be directed at integrating individuals as much as possible into the mainstream labour market rather than subsidies towards specialised employers; hence the focus in the Committee's work on how this integration can be deepened.

With the abandonment of the subsidised employment model and the increase in the minimum wage, it is even more important to consider imaginative ways to rethink how companies can be encouraged to take on low-productivity disabled workers.

One idea that has been mooted is to grant a specific exemption to the National

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Living Wage to those whose disabilities are deemed so severe that they will never be capable of enough output to warrant payment of the minimum wage, but who might nevertheless enjoy significant wellbeing gains from involvement in an appropriate workplace environment. Such workers might be permitted to earn a small amount of money a week with zero or negligible impact on their ESA award.

“ One idea that has been mooted is to grant a specific exemption to the National Living Wage to those whose disabilities are deemed so severe that they will never be capable of enough output to warrant payment of the minimum wage, but who might nevertheless enjoy significant wellbeing gains from involvement in an appropriate workplace environment. ”

Such a system of minimum wage exemptions would of course require tightly defined eligibility criteria and rigorous supervision to avoid exploitation and misuse. There is always the risk of unscrupulous employers seeking to take advantage of a new source of cheap and vulnerable labour and undercutting other workers. It is also important to guard against the risk of negatively affecting the perception of disability employment more broadly and undermining the laudable objective of ensuring that as many disabled people as possible are able to achieve their full productive potential and to earn and progress in the workplace on a par with their non-disabled colleagues.

It is however already the case that the National Living Wage does not apply to specific categories of worker – the under 25s and apprentices – in recognition of the need to support their entry into the labour market and help them gain experience. This principle could be extended to those facing the severest barriers to work, with a combination of benefits that are aimed at people gaining and keeping a job being combined with wages to ensure equality in the workplace and a maintenance of the sanctity of the national minimum wage.

## Conclusion

The 2017 Conservative manifesto reframed the disability employment objective in terms of getting “1 million more people with disabilities into employment over the next ten years” – still ambitious, but conspicuously rowing back on the previous aim of halving the gap with the non-disabled and providing precious little detail about how this will be achieved, beyond a commitment to “harness the opportunities of flexible

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working and the digital economy to generate jobs for those whose disabilities make traditional work difficult.”<sup>11</sup> In its long-awaited responses to the Committee’s Disability Employment Gap and the Work, health and disability green paper, the Government should seize the opportunity to spell out in detail how it intends to convert its fine intentions into bold and effective action.

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11 Conservative Party manifesto 2017, page 57

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Eleven

# Thinking differently: a new vision for disability and employment

**Gemma Hope**

Head of Policy, Research and Communication, Shaw Trust

If we always do what we have always done, then we will always get what we've always got. Halving the disability employment gap requires a radical new approach. This should be built around developing a new and comprehensive disability strategy, that learns from what has worked in the UK and overseas, is built on co-production and the experience and expertise of disabled people, is joined up across government and engages employers.

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Shaw Trust's vision is for an inclusive world where everyone has the opportunity to reach their potential. Our ambitious vision may seem utopian, but what it challenges Shaw Trust staff to do is to think and act differently in the way we deliver support to our service users. In Shaw Trust's view, this challenge to think and act differently should also be set for policymakers. For example, the debate around how to achieve the government's ambition to halve the disability employment gap would certainly benefit from an injection of fresh thinking.

Although disability employment rates are slowly increasing, the gap in employment rates between disabled people and those who are not remains stubbornly static, around 32 percentage points. The Learning and Work Institute estimated in 2016 that at the rate of progress made in the first year after the election, it would take over 200 years to halve the disability employment gap. In the words of Henry Ford "if you always do what you've always done, you'll always get what you've always got". Therefore unless government, policymakers and organisations like charities start to think and act radically differently in their work with disabled people, it is unlikely that significant progress will be made in increasing the disability employment rate.

The *Improving Lives* Green Paper marks a small step in the right direction in terms of thinking differently. Its proposals to reform the way that Jobcentre Plus delivers employment support, alongside the proposals to explore how health and employment support could be joined up, could lead to potential welcome improvements in employment services delivery. However, the Green Paper's focus is still predominately on how the existing system of benefit assessments and employment support can be improved. Although policy problems such as exploring how the Work Capability Assessment can effectively evaluate an individual's entitlement to benefit and their employment support needs, are undoubtedly important, the sole focus on these policy issues prevents other avenues from being explored. In particular, policymakers rarely stop to ask the disabled people who can and want to work what the main socio-economic and structural barriers are preventing them from accessing work. Additionally, the policy solutions designed usually focus on the work of one government department. Shaw Trust's vision for future disability, health and employment support therefore centres on policy solutions that are co-produced with disabled people and span the whole government infrastructure – from national to local government.

## Co-production

If the disability employment gap is to be bridged, we firstly need to understand why there is a gap, and fundamentally what the barriers are preventing disabled people who want to work, from entering and retaining work. There has been much research into what the disability employment gap looks like. For example, we know that the

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gap in employment rates varies between disabilities and health conditions: with the Green Paper setting out that just 5.8% of people with learning disabilities and 32% of people with mental ill health are in work, compared to 46% of people with musculoskeletal conditions. We also know that this gap varies geographically. Shaw Trust research highlights that there is an 18.9 percentage point difference in the disability employment gap between the LEP region with the highest gap (Lancashire) and the lowest gap (Oxfordshire) (Shaw Trust, 2014 and 2016). However, what research is less clear on is why these differences exist.

To some extent, researchers can hypothesise why these gaps exist. Differences in the local labour market could have an impact on local disability employment rates, and issues such as the stigma surrounding mental ill health can explain why it is harder for some groups of disabled people to move into work. However, these hypotheses are incomplete, and without further research they cannot explain, for example, why there is a 7.5 percentage point gap in the employment rates of disabled people in Buckinghamshire and Oxfordshire. Therefore researchers and policymakers should in future work with disabled people to identify why national and local disability employment gaps exist. Without an in-depth understanding of the factors driving unemployment amongst disabled people, the policy solutions put in place by government will never fully address the actual challenges faced by disabled people.

From the limited research conducted with disabled people, we know that factors as wide reaching as the accessibility of public transport; having in place the right social care package; employers' abilities to adapt their workplaces to the needs of disabled people; and digital exclusion, all have an impact on disabled people's abilities to find and maintain work (Scope, 2014, OPM and Ipsos Mori, 2017). Yet, as highlighted, current government policy on the disability employment gap focuses narrowly on the structure of employment programmes such as the new Work and Health Programme. Disabled people should therefore be involved in the co-production of research on bridging the disability employment gap. Not only would this enable a rich understanding of the challenges disabled people face in finding work to be developed, but the focus of such policy would be broadened beyond the structure of employment programmes to include health and social care, education and skills, transport and accessibility and any other factors affecting disabled people. It is only with this in-depth user-led focus that the different thinking needed to develop tangible solutions to bridge the disability employment gap can be developed.

## **National disability strategy**

In addition to co-producing policy solutions with disabled people, the government and policymakers should consider making bridging the disability employment gap a pan-government priority. The factors impacting on the employment of

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disabled people span multiple government departments at national, devolved and local government levels, and the response to this policy issue should have equal institutional breadth.

For example, the education system from primary education through to higher education has the potential to play a significant enabling role in enhancing the social mobility and employment opportunities of disabled people. However, currently many disabled people are not gaining the qualifications they need to have successful careers. A recent report by the Equalities and Human Rights Commission highlighted that working age disabled people in the UK are three times more likely to hold no qualifications than non-disabled people. This not only impacts on disabled people's abilities to find and secure work, but also has a negative impact on disabled people's earnings. On average, disabled people with low or no qualifications earn £2 less per hour than their non-disabled counterparts (EHRC, 2017). In contrast, the gap in employment rates is far narrower for those with higher qualifications. 60% of disabled people with a degree were in employment six months after graduating compared with 65% of non-disabled graduates. It is therefore critical that the government moves beyond the perception that disability employment policy is the solve preserve of DWP. Without the Department for Education (DfE) working with schools to enhance the educational experiences of disabled young people and the department of Business, Energy and Industrial Strategy mirroring this approach throughout further and higher education, many disabled people will not gain the crucial qualifications they need to build a successful career.

“ On average, disabled people with low or no qualifications earn £2 less per hour than their non-disabled counterparts (EHRC, 2017). In contrast, the gap in employment rates is far narrower for those with higher qualifications. 60% of disabled people with a degree were in employment six months after graduating compared with 65% of non-disabled graduates. ”

Joining up the education, skills and employment systems in the UK has long been the holy grail of government policy. Since the Leitch Review highlighted the disjointed nature of the employment and skills systems in the UK, there has been much talk, but not much of progress of making the systems work symbiotically (Leitch, 2016). One area where the government could think differently and start the join up of employment and skills policy is the transition of young disabled people moving from school to work. In Australia, both federal governments and the national government through its Disability Employment Services Employment Support Service (DES-ESS) initiative funds employment services providers to work with schools, families and

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disabled young people from up to a year before they leave school to a year after they leave school. DES-ESS providers support disabled school leavers with careers advice and guidance highlighting the jobs available to them in the local labour market, provide support to develop a CV and the soft skills needed for work, and arrange work experience for the young people.

The result of this early intervention is that that 22% of school leavers on DES-ESS have found and sustained work for at least 26 weeks. (DEEWR, 2014). As almost 60% of DES-ESS school leavers have a learning disability, the scheme, if replicated in the UK could have a hugely positive impact on the low employment rates of people with a learning disability. It would also enable young disabled people to access the support they need to enter employment when they need it, rather than waiting to claim benefits and gain access to a specialist disability employment programme like Work Choice much further down the line. Shaw Trust through its sponsorship of the multi-academy trust Shaw Education Trust has also trialled a similar approach. We offer young disabled people in our three special schools the opportunity to undertake work experience and to participate in job clubs with our Work Choice advisers. The initial results of this trial have been positive, with all but two students having a confirmed destination to progress into in 2016. Shaw Trust staff continued to support these students, with one student moving into work and one student moving into volunteering after they had left school.

“ It should not take the formation of a taskforce by an MP and disability charities to highlight this unintended consequence of government policy (Maynard, 2016). The needs of disabled people should be fully taken into account at the start of the policy formation process. ”

This joined-up approach to disability employment policy is also crucial if we are to prevent unintended consequences in policy making. If all government departments made supporting disabled people to live inclusive and independent lives a policy priority rather than an afterthought, some of the challenges disabled people face in their journey to work would be removed. Shaw Trust research and the work of the Maynard Taskforce highlighted that in 2015 just 8.8% of Apprenticeship places were taken by disabled young people. The eligibility requirements of five A-C grades at GCSE acted as a barrier to participation for many potential young disabled participants, especially those with learning disabilities. It should not take the formation of a taskforce by an MP and disability charities to highlight this unintended consequence of government policy (Maynard, 2016). The needs of disabled people should be fully taken into account at the start of the policy formation process. More

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disabled people could have benefitted from a vocational route to employment if this iteration of Apprenticeships were accessible and inclusive from the start. An integrated approach to disability employment policy is therefore crucial if the disability employment gap is to be bridged.

The need to think differently – and to place the needs of disabled people as a priority – should also be extended beyond the boundaries of government. Employers and businesses should also honour their obligations under the Equality Act 2010, and ensure that their business practices do not have unintended consequences for disabled people. Although the government's Disability Confident campaign is a step forward in promoting the benefits of employing disabled people to employers, many employers' recruitment practices cause unintentional recruitment barriers for disabled people. One of these recruitment barriers is caused by the increasing use of a digital by default online application systems by employers. Arguably these systems are more efficient. However, with three million disabled people in the UK having never been online, and the lack of alternative recruitment options can exclude disabled people from finding work (EHRC, 2017). A Shaw Trust client with a learning disability participating in Shaw Trust's 'Making Work a Real Choice' research outlined how he was unable to complete on an online application for a major retailer, as each page of the online assessment timed out after 15 minutes. The nature of his learning disability rendered it difficult for him to complete the page in the time limit. This not only meant that his application was unsuccessful, but that he was barred from re-applying for any role with the employer for two years (Shaw Trust 2013). The government should therefore not only lead the way by thinking differently and putting disability first, but it should support businesses and other organisations to do the same, and also uphold the Equality Act legislation where this is not possible.

So what is the solution to this disjointed policy making? The government should create a cross-government national disability employment strategy. Driven by a nation-wide consultation with disabled people, and co-produced by disabled people, the government should devise a series of measurable objectives for each major department to put the needs of disabled people first. The disability employment strategy should address the key challenges that put barriers in the way of disabled people finding work. So whether that is an objective for the Department for Transport to work with rail companies and local authorities to ensure that their services and stations are fully accessible to disabled people, or an objective for the Department for Communities and Local Government to work with builders and housing associations to build accessible homes for disabled people, the government should outline in the strategy how it is working collaboratively to remove the barriers faced by disabled people, and create a level playing field for disabled people who can and want to work.

The government should also work with devolved governments to encourage them to

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design and implement their own disability employment strategies, as well as placing a statutory duty on local authorities to produce their own local strategies. It is only by holistically addressing the complex and interacting issues affecting many disabled people ranging from low or no qualifications to difficulties with social care packages that the real issues behind the disability employment gap will be addressed. This strategy should of course also include ensuring that the Work and Health Programme and support from Jobcentre Plus is personally tailored and of the highest quality possible, so that the quarter of disabled people who are unemployed and want to work have every opportunity to do so (JRF, 2015).

## Conclusion

It is not enough to 'do what we've always done' if we are going to make real progress in bridging the disability employment gap. We need to think boldly and challenge how we create policy and implement policy.

This change in thinking doesn't need to be hugely innovative. As highlighted, it needs to involve governments and policymakers using the tools at their disposal in different ways. It will require collaboration: both between policymakers and disabled people and between different layers of government and government departments. It will also require a shift in mind-set away from addressing policy problems at a fixed point in time, and towards creating a level playing field for disabled people to fully achieve their potential at each major milestone in their life.

“ Halving the disability employment gap does not start with the Work and Health Programme. ”

Halving the disability employment gap does not start with the Work and Health Programme. It starts with ensuring young people are able to achieve the best education and qualifications possible. It involves the social care system supporting disabled people and their families throughout their lives to enable disabled people to live independently. It continues with disabled people being able to enter and progress in the careers they choose, and employers having in place the right training and workplace adjustments to support their disabled employees.

Unless we think differently and create joined-up and person-centred solutions to raising the disability employment rate, it really will take 200 years to halve the disability employment gap.

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## Learning and Work Institute

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Registration No. 2603322 Registered Charity No. 1002775. Registered  
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In January 2016, NIACE and the Centre for Economic and Social Inclusion merged to form Learning and Work Institute