



Department
for Work &
Pensions

The disability and health employment strategy: the discussion so far

Presented to Parliament by the Secretary of State
for Work and Pensions by Command of Her Majesty
December 2013

Cm 8763

£17.00



The disability and health employment strategy: the discussion so far

Presented to Parliament by the Secretary of State
for Work and Pensions by Command of Her Majesty
December 2013

© Crown Copyright 2013

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or e-mail: psi@nationalarchives.gsi.gov.uk

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at dhes.comment@dwp.gsi.gov.uk

ISBN: 9780101876322

Printed in the UK by The Stationery Office Limited
on behalf of the Controller of Her Majesty's Stationery Office

ID 2606731 12/13

Printed on paper containing 75% recycled fibre content minimum.

Contents

| | |
|--|----|
| Foreword by the Minister of State for Employment | 4 |
| Foreword by the Minister of State for Disabled People | 5 |
| Executive summary | 7 |
| Chapter 1 Health and disability in the United Kingdom | 14 |
| Chapter 2 The role of employers | 18 |
| Chapter 3 Enabling young people to make the transition to work | 27 |
| Chapter 4 The Gateway to employment services | 36 |
| Chapter 5 The specialist offer | 40 |
| Chapter 6 The mainstream offer | 47 |
| Chapter 7 Mental health and employment | 53 |
| Chapter 8 Conclusion | 61 |
| Annex A What works in supporting disabled people and people with health conditions back into work? | 63 |
| Annex B Current benefits and employment support | 71 |
| Annex C Scotland and Wales | 79 |
| Annex D List of contributing stakeholders | 82 |
| Annex E Abbreviations | 85 |
| Annex F Glossary | 88 |

Foreword by the Minister of State for Employment

In the past, it was almost automatically assumed that people with a health condition shouldn't work. Times have changed. Far from being something to avoid, we now know that, generally, work can be good for people's health and can contribute to recovery. When people are able to work, the value is not simply in financial independence. Work can boost wellbeing, confidence and purpose.

We know that two different people can have the same health condition and yet have different beliefs about their ability to work. A person's belief about what they can do can be as important as other factors, including their health condition, in determining how likely they are to find a job. This is evident when you consider that more than a quarter of the 28 million workers in this country manage a long-term health condition or impairment. In fact, many more people with health conditions have a job than claim out-of-work benefits.

We have done a lot to transform the context in which people with a health condition think about work. The fit note has changed the focus so that we concentrate on what people can do rather than what they can't do. We are setting up the Health and Work Service to make sure workers, employers and doctors have access to expert occupational health advice to better manage sickness absence and the return to work. And we've given Jobcentre Plus more freedom to work locally to find the support that works best to help people with a health condition back into work.

This Paper presents our proposals to build on this new mindset. We aim to further enhance our employment support for disabled people and people with health conditions. I look forward to working with you over the coming months to deliver this next stage of reform.

A handwritten signature in black ink, reading "Esther McVey". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

Esther McVey MP
Minister of State for Employment

Foreword by the Minister of State for Disabled People

I'm delighted to be able to launch this Paper alongside Esther, in my new role as Minister of State for Disabled People. The change in the status of this position from Parliamentary Under-Secretary of State to Minister of State is testament to the importance the Government places on enabling disabled people to fulfil their potential.

I'm proud that the UK is a world leader in disability rights, as demonstrated by our commitment to the UN Convention on the Rights of Disabled People. I look forward to developing Esther's excellent work, especially Disability Confident – the two-year campaign to support employers and businesses to employ more disabled people. Being disability confident means recruiting, promoting and retaining a diverse and talented workforce. If employers are not disability confident, they risk overlooking a wealth of talent.

However, there is still a long way to go. For too long, the potential of too many people has been allowed to go to waste and they have been allowed to believe their talents are not valued. For too long, society has looked at what people can't do rather than what they can do. Looking at what people can do is the key to how we change perceptions of disability and ill health in our country. It is how we will increase the employment opportunities for disabled people in Britain and break down the barriers to work.

I've already had the chance to talk to a number of disabled people and Disabled People's User-Led Organisations, and I place the utmost importance on giving disabled people a key role in shaping our programmes and services. I look forward to continuing the discussion we've already started.



Mike Penning MP

Minister of State for Disabled People

Executive summary

Introduction

There are **11.5 million working-age people** in Great Britain with a long-term health condition.¹ More than half (6.5 million) are classified as disabled under the Equality Act 2010, because they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

At any one time, some of these people will be unable to work, and we will continue to provide them with financial support. However, many disabled people and people with health conditions can and do work, and the **employment aspirations** of too many remain unfulfilled. A number of factors contribute to this loss of potential, for example: **entrenched beliefs** about what individuals are capable of; **employment support** that has not met people's personal needs; and an inflexible **benefits system**.

This **Government is already doing much** to tackle these issues, including:

- the implementation of many of the recommendations in *Getting In, Staying In, Getting On* has focused resources on **tailored, personalised support** for individuals, rather than on **'one-size-fits-all'** institutions and programmes;
- our work to enable disabled people to fulfil their potential and have opportunities to play a full role in society through the **Fulfilling Potential** strategy series;
- the introduction of **Universal Credit (UC)**, which aims to ensure work always pays;
- the introduction of **Personal Independence Payment (PIP)**, a new disability benefit designed to better reflect today's understanding of disability and deliver a benefit that is fairer, more transparent and sustainable;
- the first national Disability Employment Conference in July 2013, at which the Prime Minister launched our two-year **Disability Confident** campaign, including a series of regional events;

¹ A health condition lasting, or expected to last, at least 12 months, as measured by the Labour Force Survey and in response to the question "Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?". The figure of 11.5 million includes both those people with a disability and those people with a long-term health condition, but without being disabled. A fuller definition is provided in Chapter 1.

8 Executive summary

- the development of the **Health and Work Service**, as recommended by the Sickness Absence Review. The service is due to start in 2014 and will support individuals with health conditions or impairments to stay in work; and
- the development of a new **mental health and employment resource pack** to improve the employment support that Jobcentre Plus provides for individuals with mental health issues.

However, we are determined to do more to enable disabled people and people with health conditions to get into, stay in and progress in work. This Paper is the next important step in developing our approach and widening our focus. To do this, we need to concentrate on the **skills, capabilities and aspirations** of all individuals, offering the right support, early on, to those who need it. We need to focus on **employers**, so they are confident and able to employ and retain disabled people and people with health conditions. We need to ensure that all disabled people and people with health conditions can make a **smooth transition** from education to work.

In this Paper, we set out a range of proposals to further improve our employment support, both for disabled people and for people with health conditions who do not consider themselves to be disabled. This will be followed next year by a further paper, setting out our delivery plan.

Context

We are committed to enabling disabled people and people with health conditions to **fulfil their potential and have opportunities to play a full role in society**.

Employment is a major part of this. Not only does it provide economic independence and social interaction, but evidence has shown that **appropriate work is good for physical and mental health and wellbeing**.

Many disabled people and people with health conditions work, but **if you are disabled or have a long-term health condition you are significantly less likely to be in work** than someone who does not.² Even people with short-term health conditions can be at greater risk of falling out of work.

The **employment rate** for working-age people with a long-term health condition is only 58 per cent, compared with 77 per cent for working-age people without a health condition. For **disabled people** it is lower, at 45 per cent, and for individuals with a **mental health condition** it is only 37 per cent.³

These employment rate gaps represent a major loss in terms of the **forgone potential** and economic loss of those people who are able to work, but who are not playing an active role in the labour market.

² The employment rate for working-age people with a long standing health condition is 58 per cent and for disabled people of working age 45 per cent, compared to 77 per cent for working-age people without a disability or health condition.

³ Labour Force Survey, Quarter 2, 2013.

We are already making good progress to overcome the societal, attitudinal and structural barriers that prevent some disabled people and people with health conditions from working, specifically:

- **a cross-Government strategy to enable disabled people to fulfil their potential.** *Fulfilling Potential: Making It Happen*, published in July 2013, sets out a detailed action plan for the Government to work with disabled people and their organisations to bring about the societal changes needed to have a real and lasting effect on the day-to-day lives of disabled people. Fulfilling Potential is about making the United Nations (UN) Convention on the Rights of Disabled People a living reality for disabled people, including the right to work;
- **delivering a Paralympic legacy that builds on the impetus created by 2012 to transform attitudes, improve access and open up new opportunities across sport, culture and business for disabled people.** To drive change, the attitudes of disabled people and people with health conditions themselves, those who educate, support and employ them, and of the general public more broadly, are crucial. The Paralympic Games shone a light on the abilities and achievements of disabled people in an unprecedented way, raising their profile, changing attitudes and recognising aspirations. We are working to capitalise on this legacy. For example, to build on the groundbreaking coverage of the Paralympics, we have worked with the BBC, ITV, Channel 4, BSkyB and the Creative Diversity Network to develop a Legacy Statement to seek to increase the number of disabled people in the broadcasting industry, including bringing about a positive and sustainable representation of disabled people both on- and off-screen;⁴ and
- **simplifying the benefits system.** The introduction of UC will improve the work incentives and simplify the complexities in the current benefits system. It will aim to ensure there is always a clear financial incentive for people to move into work. We need to ensure that our employment support works effectively alongside UC.

However, we are clear that **more needs to be done** and in this Paper we are setting out proposals on a **wide range of reforms** across both the supply and demand side – the employer and the employee side – of the labour market. These proposals will enable more people to fulfil their employment aspirations, help to narrow the employment gap and, in doing so, improve the economic performance of the United Kingdom (UK).

Summary of our reform proposals

Working with employers

Employment is a two-way relationship between employer and employee. We need to work with both parties to enable more disabled people and people with health conditions to get into and stay in work, and to ensure that employers realise the full economic benefit of a valuable and productive group of people in the UK labour market.

There are three ways in which employers can enable more disabled people and individuals with health conditions to maximise their employment potential:

- **by recruiting** more disabled people and people with health conditions;
- **by preventing** employees from falling out of work when they become sick or acquire an impairment; and
- **by creating** the right environment for all staff, including disabled people and people with a health condition, to progress and build sustainable careers.

⁴ Department for Work and Pensions, July 2013, *Fulfilling Potential – Making it Happen – Action Plan*.

This is the message of the Government's **Disability Confident** campaign, which was launched at the first national Disability Employment Conference this summer. The Conference was attended by around 300 employers, including FTSE 100 companies, small businesses and disabled entrepreneurs. It is being followed by a series of regional events this year and next.

While many employers already support disabled people and people with health conditions in the workplace, some still have concerns or lack understanding about how to do this. The campaign will ensure that employers are aware of the **business benefits** of employing individuals with health conditions and disabled people, and help to improve employers' knowledge of the support available.

In order to make it easier for business to employ more disabled people and people with health conditions we propose to:

- create a new **'One Stop Shop'** for employers, including:
 - an **Information Portal** giving employers easy access to information about their obligations under the Equality Act 2010 and the support available to them to meet these obligations and go beyond them;
 - **account management** for larger employers, supporting them to attract, recruit and retain more disabled people and people with health conditions; and
 - **advice and toolkits** for smaller employers.
- improve the **Access to Work programme** so that it better reflects the needs of disabled people, people with health conditions and employers. For example, by enabling online applications which will allow employers to apply on behalf of their employees and also by expanding the remit of the programme to cover a wider range of activities that help people prepare for employment;
- provide links to the new **Health and Work Service**, which will support employers to retain greater numbers of people in work when they become sick or develop an impairment by providing more direct access to expert advice on occupational health matters; and
- reform the **Disability 'Two Ticks' Symbol**, including a more rigorous assessment process and wider publicity for the scheme.

Enabling disabled young people and young people with health conditions to fulfil their employment aspirations

Disabled young people start out with the same hopes as everyone else, but by the age of 26 they are nearly four times more likely than their non-disabled peers to be unemployed.⁵ This must change – we must enable **disabled young people and young people with health conditions** to make a **successful transition from education to employment**. To help do this, we will:

- continue to work with other departments and agencies to **enable young people** to make the **successful transition** from education to employment;
- encourage young people and those who educate, advise and support them to pursue **high aspirations** about their employment prospects through the promotion of career-focused **role models** and newly-developed **Knowledge Packs**;
- make sure that **information and support** for disabled young people and young people with health conditions is brought together in one place; and
- **improve the accessibility of both higher education and vocational training** to disabled young people and young people with health conditions.

⁵ Burchardt T, 2005, *The education and employment of disabled young people: Frustrated ambition*, Joseph Rowntree Foundation.

Providing personalised support to enable individuals to get into, stay in and progress in work

The longer a disabled person or an individual with a health condition is unemployed, the harder it is for them to get back into work. We need to provide the **right support, at the right time** to minimise the time that people spend away from the labour market.

It is essential that we have a **specialist employment support offer** for disabled people and people with health conditions. It is also important to have a mainstream employment support offer, accessed by the majority of out-of-work disabled people and those with health conditions, that complements and works to best effect alongside the specialist offer. **Annex A** sets out the evidence base of what works to support disabled people and people with health conditions back into work. **Annex B** sets out the wide range of support currently available.

We want to continue to improve the full suite of **employment support** – both the specialist and mainstream offers – for disabled people and people with health conditions, adopting a more personalised approach that caters for each individual's needs. This means considering a wider range of ideas and initiatives that could be delivered **from the ground up**, so that they reach those who need them most. To make sure we are focusing our resources where they will have the most impact and deliver high-quality services for disabled people and people with health conditions, we will:

- **develop an improved Gateway through which people access our services**, which will focus more on an individual's employment strengths, skills and what they can do, rather than the benefit they receive or their health condition, enabling us to create a more individualised support package;
- **improve our specialist employment support** to ensure we deliver value for money and that providers deliver high-quality, personalised and effective services; and
- **continue to build our evidence base**, both to inform our own future specialist and mainstream offers, and to encourage other commissioning bodies to invest in this area. Specifically, we will test our thinking in the following areas:
 - **learning from local delivery** – many small-scale, local programmes are innovative, appear successful and are popular with participants. We will explore how we could build these into a compelling evidence base about whether they would have the same impact if replicated at scale. We will continue to harness the energy and dynamism of local delivery, whilst at the same time ensuring relative parity of provision and value for money;
 - **support for Employment and Support Allowance (ESA) claimants** – we are running a number of pilots offering support on a voluntary basis to all ESA claimants at the four-week stage of making their claim, to explore the benefits of earlier intervention for ESA claimants and other changes to how we engage with ESA claimants; and
 - **co-commissioning with other departments and agencies** – we need to work more closely with other funding bodies who commission local services for disabled people and people with health conditions. This might include work to ensure that employment outcomes are properly reflected in these organisations' strategic objectives. Building a strong evidence base will help to make the case for co-commissioning.

Better support for people with mental health issues

At any one time, around one in six people have a **common mental health problem** such as anxiety or depression. The employment rate for all people with mental health conditions is 37 per cent, compared with the 71 per cent employment rate for the working-age population as a whole.⁶ We need a co-ordinated and joined-up approach between employment and health services in order to improve the opportunities and outcomes of people with a mental health condition.

⁶ Labour Force Survey, Quarter 2, 2013.

12 Executive summary

A good start has been made at joining up health and employment services:

- many of the **Increasing Access to Psychological Therapies (IAPT)** services rolled out by the National Health Service (NHS) offer access to an employment adviser;
- the **NHS and Public Health Outcomes Frameworks** set a specific indicator for the employment of people with a mental health condition; and
- we have convened a **Mental Health and Employment Task and Finish Group**, which has defined the principles and approaches that should underpin the commissioning and delivery of services for people with mental health issues to ensure that employment is always a key focus.

We will build on these initial steps with the aim of creating better joined-up services, delivering both stronger health and employment outcomes for individuals in the following ways:

- utilising the **Cabinet Office's Contestable Policy Fund**, the Department has jointly commissioned, with the Department of Health (DH), proposals for new approaches to improve employment and health outcomes for people with common mental health conditions;
- **working with commissioners and providers** to embed the principles recommended by the Mental Health and Employment Task and Finish Group in their everyday work; and
- **NHS England** is working with the **Health and Social Care Information Centre** to develop a Clinical Commissioning Group Outcomes Indicator for the employment of people with mental health conditions, reflecting the role that health services can play in supporting employment outcomes.

The financial settlement

At the last Spending Review, the Government reiterated its **strong commitment to helping disabled people and people with health conditions to get into, and stay in, work**. For 2015/16, the Department received a one-year settlement of £350 million to fund employment support for disabled people and people with health conditions, on top of funding for other specific initiatives, such as the Health and Work Service. However, we will still have to make choices about how best to spend this money. We will do this work, including equality analysis, in the course of developing our delivery paper next year.

Our approach to developing this Paper

In developing the ideas set out in this Paper, we have **built on the findings** of several reviews and reports, including the Sayce Review and the Government's response; the Fulfilling Potential strategy series; the Independent Panel Report on Residential Training Colleges; and the Independent Review of Sickness Absence and the Government's response.

We have worked with three Task and Finish Groups, on our labour market interventions; young people's transitions from education to employment; and mental health and employment. We have also spoken to a wide range of people, including leading national stakeholders in the disability and health community, a variety of employers, disabled people, local welfare-to-work providers, local authorities and third sector organisations. We held events in Coventry, Nottingham, Barnsley, Exeter, Bristol, Essex, Sunderland, Manchester, Sheffield and London, where we engaged with local stakeholders to seek views on what is working well and where things need to be improved. **Annex D** provides a full list of our contributing stakeholders.

Our thinking has therefore **benefited from a wide variety of input**. This Paper provides an update on that thinking, and we continue to welcome views.

We can be contacted by email at dhes.comment@dwp.gsi.gov.uk or by post at:

Disability and Health Employment Strategy Team
Department for Work and Pensions
Ground Floor
Caxton House
6-12 Tothill Street
London
SW1H 9NA

We will develop our ideas further, including undertaking equality analysis, and publish a further Paper next year.

Conclusion

This Paper marks an important shift in the Government's approach to the employment of disabled people and individuals with health conditions. Our focus is moving away from supporting individuals in separated, segregated employment. Instead, we are **looking to work with individuals and employers** to ensure that the talents, skills and capabilities of disabled people and people with health conditions are given the opportunity to thrive.

We are committed to enabling more disabled people and people with health conditions to overcome barriers to their participation in society and to lead **full and independent lives**. Employment is key to this, so a central part of our approach is effective and personalised employment support, which considers people as individuals and reflects their ability to participate in society.

Real and lasting change is only possible with the **collaboration of public, private and third sector organisations**. The reforms set out in this Paper and next year's delivery paper will ensure that we move forward in a way that fits with the aspirations and needs of disabled people and those with health conditions in the 21st Century.

Health and disability in the United Kingdom

1

Introduction

Appropriate work is good for people.⁷ Having a job provides economic independence, and appropriate work is beneficial for both physical and mental health and wellbeing.

A large number of people with long standing-health conditions do work – around one-quarter of the 28 million workers in this country have a long-term health condition or impairment.⁸ More people with long-term health conditions are in work than claim out-of-work benefits. **But there are a significant number of people with long-term health conditions who are unemployed or inactive.** We are building our understanding of what works to support people with long-term health conditions back to work – **Annex A** sets out the evidence to date.

Context – the interplay between health and disability

Of the **39 million working-age people in Great Britain, 11.5 million** (approximately 30 per cent) have a **health condition** lasting, or which is expected to last, 12 months or more.^{9, 10, 11} Within the wider group of 11.5 million working-age people with long-term health conditions, there are two broad groups:

- **disabled people** – the Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. ‘Long-term’ is defined as lasting or likely to last for at least 12 months. There are 6.5 million people of working age who could be considered disabled under the Equality Act definition;¹² and

⁷ McManus S, Mowlam A, Dorsett R, Stansfield S, Clark C, Brown V, Wollny I, Rahim N, Morrell G, Graham J, Whalley R, Lee L, and Meltzer H, 2012, *Mental health in context: the national study of work-search and wellbeing*, Department for Work and Pensions Research Report 810.

⁸ Labour Force Survey, Quarter 2, 2013.

⁹ The figure of 39 million people comprises all people of working age, i.e. those in work, unemployed and inactive.

¹⁰ Labour Force Survey, Quarter 2 2013.

¹¹ The data in this chapter does not provide a complete picture of the prevalence of people with health conditions in the working-age population. For example, while we have information on long lasting conditions, and many data sources provide information about the general health or health status of the population, there is no single comprehensive source of information on the numbers and characteristics of people who have particular shorter term health conditions.

¹² Labour Force Survey, Quarter 2, 2013.

- **non-disabled people with long-term health conditions** – this group comprises people with long-term health conditions lasting more than a year, but which do not substantially affect their ability to carry out normal daily activities. There are five million working-age people in this group.¹³

Many people (around 75 per cent) **defined by the Equality Act as disabled** do not consider themselves to be so.¹⁴ This rate varies by impairment, so those with vision or mobility impairments are more likely to consider themselves to be disabled than those with dexterity impairments or with conditions leading to problems with breathing, stamina or fatigue.

There are **significant variations** between reported levels of impairment and disability across the country, with levels strongly related to deprivation. Three times as many people report that day-to-day activities are limited ‘a lot’ in the most deprived English local authority compared to the least deprived.¹⁵

Although a person’s health condition or impairment may impact on their ability to work, a range of **other factors** also have an effect. Education, skills, expected working patterns, support from family and friends and aspects of the wider environment such as public transport and public attitudes can influence someone’s ability to do a range of activities. These other factors may enable people to enter employment, or create challenges that make it more difficult for them to do so.

Many people have **more than one health condition**. For example, nearly one in three people with a long-term health condition has a common mental health condition, such as anxiety or depression. People with co-morbid health and mental health conditions are disproportionately likely to live in deprived areas and have poorer life outcomes and a lower quality of life.¹⁶ Over the next few years, there is expected to be a growth in the prevalence of people living with multiple conditions – the Department of Health (DH) estimates, for example, that the proportion of people with three or more health conditions is likely to grow by up to a third by 2018.¹⁷

Health conditions and impairments can change over time and people can move between different states of health or disability throughout their lifetime. Up to one in three people with a health condition or impairment say it is not present a year later, and around one in twelve acquire an impairment during the course of a year.¹⁸

Health, disability and employment

At any one time, some disabled people and people with health conditions will be unable to work – for these people, we will continue to provide financial support. However, **many people who have health conditions or who are disabled can and do work**. The employment rate for disabled people is 45 per cent, and disabled people now make up ten per cent of those working.¹⁹

¹³ *Ibid.*

¹⁴ Department for Work and Pensions, 2013, *Fulfilling Potential: Building a deeper understanding of disability in the UK today*.

¹⁵ Office for National Statistics, 2013, *Local Authority Variations in Activity Limitations (disability) for Males and Females, England and Wales 2011*.

¹⁶ Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A, 2012, *Long-term health conditions and mental health. The cost of co-morbidities*.

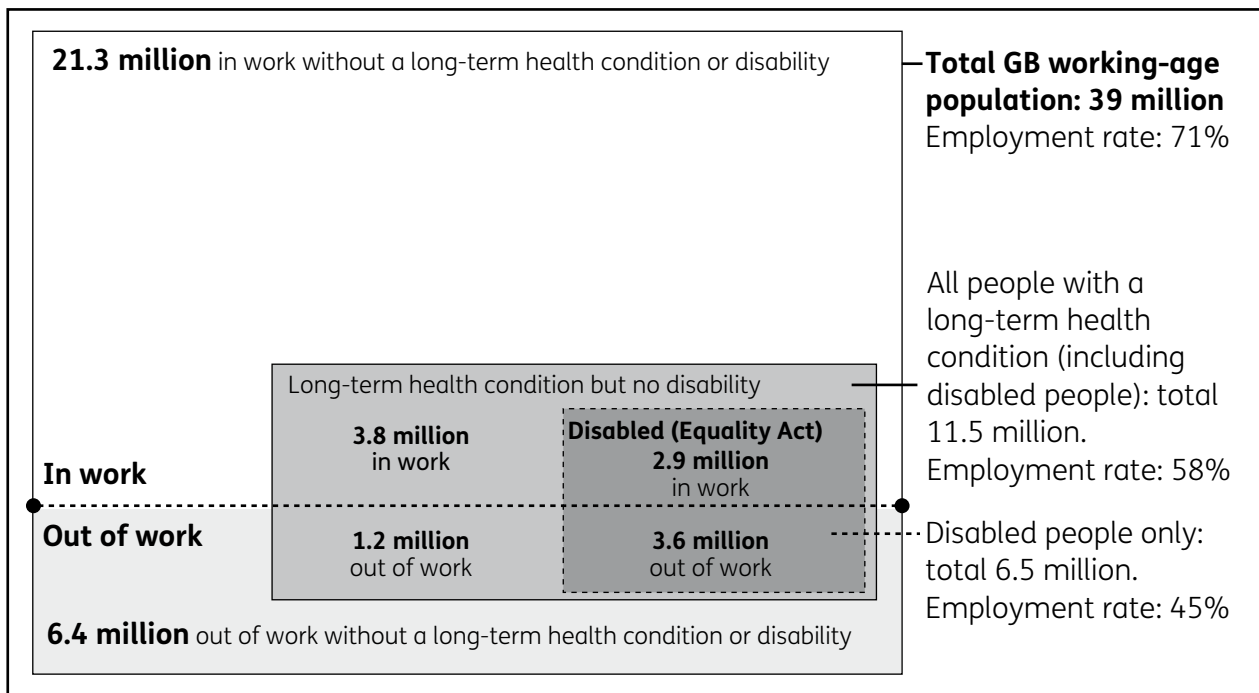
¹⁷ Department for Work and Pensions, 2013, *Fulfilling Potential: Building a deeper understanding of disability in the UK today*.

¹⁸ Life Opportunities Survey, Wave 2, 2010/12.

¹⁹ Labour Force Survey, Quarter 2, 2013.

However, a disabled person or someone with a health condition is still significantly more likely to be out of work than a person with no health problems. As Figure 1.1 illustrates, the employment rate for working-age people with a long-standing health condition is 58 per cent and for disabled people of working age, the employment rate falls to just 45 per cent. These figures compare with an employment rate of 71 per cent for the overall working-age population and 77 per cent for working-age people without a disability or health condition.

Figure 1.1 Employment, health and disability in the working-age population of Great Britain, 2013²⁰



Out of the total **11.1 million working-age people who are out of work**, there are:

- 6.4 million people of working age without a health condition or disability;
- 1.2 million people of working age who have a long-term health condition but who are not disabled; and
- 3.6 million people of working age who are defined as disabled by the Equality Act.²¹

Of the **4.8 million working-age disabled people and people with a health condition who are out of work**:

- 4.1 million people (86 per cent) are inactive, meaning that they are not looking for work; and
- 700,000 people (14 per cent) are unemployed, meaning that they are looking for work.

²⁰ *Ibid.*

²¹ Numbers do not sum due to rounding.

Of the **3.6 million working-age disabled people who are out of work:**

- 3.2 million people (89 per cent) are inactive; and
- 440,000 (11 per cent) people are unemployed.²²

Further, in each quarter-year, only 1 in 100 disabled people moves from inactivity into work. Most disabled people stay inactive, with two-thirds not having worked for five or more years.²³

Conclusion

Many people with a long-term health condition or impairment do work. But if you have a long-term health condition or impairment you are much more likely to be out of work than someone without a long-term health condition or impairment. Health conditions and impairments are only one of a series of factors that can affect a person's ability to work. The solutions we develop to support disabled people and people with health conditions into work need to take account of all of these factors.

²² Labour Force Survey, Quarter 2, 2013.

²³ *Ibid.*

The role of employers

2

Introduction

Employers are key partners in increasing the number of disabled people and people with health conditions in work. They can make a big difference in three areas:

- **recruitment** – by providing more opportunities for disabled people and people with health conditions as employees;
- **retention** – by enabling employees to stay in work when they become sick or acquire an impairment; and
- **progression** – by creating the right environment for disabled people and people with health conditions in employment to progress and build sustainable careers.

As well as improving the life of the individual, recruiting, retaining and promoting disabled people brings many benefits to the employer:

- employers **compete for talent** and they need to identify and develop people from the widest possible pool if they are to succeed in the global economy. **Disabled people are an underutilised reserve of talent** from which employers can recruit and promote;²⁴
- by supporting employees to **remain in work** when they acquire an impairment or a health condition, the employer can make **significant savings in recruitment and retraining costs**, as well as retaining skills and experience and maintaining productivity;
- employers who have previously recruited disabled people reported that it **improved staff relations and morale and even staff retention**;²⁵ and

²⁴ Disability Rights UK, 2010, *Doing Seniority Differently: A study of high fliers living with ill health, injury or disability*.

²⁵ Dewson S, Ritchie H, and Meager N, 2005, *New Deal for Disabled People: Survey of Employers*. London: Department for Work and Pensions. Research Report 301.

- as **disabled people represent 19 per cent of the total United Kingdom (UK) population**, they also represent 19 per cent of the country's consumers.²⁶ Disabled people and their families have been estimated to have a combined spending power of £80 billion a year.²⁷ Organisations that make use of their perspectives and insights are better placed to tap into this large and lucrative customer base.

Current good practice

Under certain circumstances, the **Equality Act 2010** requires that employers make reasonable adjustments to the workplace to enable a disabled person to carry out their job.²⁸ Beyond that, the Government provides support to employers to make adjustments which are considered to be over and above what is required by law, through the Access to Work programme.

Many employers are already doing much to support disabled people and people with health conditions in the workplace, for example:

- **Sainsbury's** has recruited over 2,000 disabled people in four years by working with Remploy Employment Services to encourage and support greater numbers of applications from disabled people. The company has reported a positive impact on business, both from the reaction of non-disabled people in their workforce – due to the positive feelings of inclusion from working in a more diverse environment – and from customers – due to the experience of encountering a more representative workforce;
- **E.ON** has developed their recruitment supply chain to ensure that all employment agencies supplying staff to them demonstrate their commitment to fair and inclusive practices;
- **BT** has developed passports for members of staff that reflect individuals' requirements, facilitating easier moves between teams and jobs. This approach helps to overcome anxieties which otherwise can reduce the possibilities of progression, resulting in more confident employees and increased overall morale and productivity; and
- **Lloyds Banking Group** has developed a comprehensive reasonable adjustments programme. This has included using Access to Work to finance necessary adjustments and support. The result has been an environment in which disabled people are given the necessary tools and assistance to work effectively. Reasonable adjustments can be key to retaining valuable employees who may otherwise be unable to continue working.

However, we can still do more to help employers build their knowledge and confidence to recruit, retain and support disabled people and people with health conditions to progress.

We have already started to address this issue – in July 2013, the Government and a selection of businesses co-sponsored the UK's first national Disability Employment Conference, which launched the **Disability Confident campaign**. Around 300 employers, including FTSE 100 companies, small businesses and disabled entrepreneurs, attended the Conference, and we have now started a series of regional events. But there is much more that we can do.

²⁶ Department for Work and Pensions, 2013, *Family Resources Survey*, UK 2011/12.

²⁷ Department for Work and Pensions, 2004, Press Release: *Don't leave disabled customers out in the cold this Christmas*.

²⁸ The duty to make reasonable adjustments arises if: a) there is a provision, criterion or practice that puts disabled people at a substantial disadvantage when compared to non-disabled people or b) if there is a physical feature that puts disabled people at a substantial disadvantage or c) but for the provision of an auxiliary aid, a requirement would put a disabled person at a substantial disadvantage.

Key issues

We have **engaged with a large number of employers, employer focus groups and recruitment specialists** to better understand what can deter employers from recruiting, retaining and developing disabled people and people with health conditions. We have taken into consideration the Sayce, Black, Heseltine and Sickness Absence Reviews and the recent call for ideas on extending labour market interventions to in-work claimants.²⁹ We have also used feedback from the Employer Breakfast hosted by the Department in February 2013 and from the Disability Employment Conference in July 2013. The key issues identified through these conversations are outlined below.

Knowledge and attitudes

Although there are many examples of good practice, many employers do not fully understand the potential benefits of employing disabled people and people with health conditions.³⁰ Research published earlier this year shows that more disabled benefit claimants who are currently seeking work cite employer attitudes (42 per cent) as a barrier to work than transport difficulties (37 per cent).³¹ We need to do more to support employers to develop their disability knowledge and become disability confident.

Availability of information and advice

Although there is already a wide range of information and support available to help employers who want to recruit a disabled person, many employers have told us that this information is fragmented, difficult to understand and not always visible to the employer when they need it.³² Specifically, employers have told us they lack easily accessible information on:

- how to make **reasonable adjustments** for a disabled employee or an employee with a health condition;
- the **Government support available** to help employers make both reasonable and additional adjustments to support disabled people and people with health conditions;
- the **flexible working** arrangements and adjustments disabled employees and employees with health conditions may find beneficial;
- support to **retain workers** when they become ill; and
- support to retain **older workers**. This is particularly important as the proportion of the workforce aged 50 and over will increase to about one-third by 2020.³³

Support through the recruitment process

Employers and disabled people have told us that the recruitment process can be unnecessarily challenging and may not be fully accessible to disabled people and people with health conditions. The **accessibility of the application process** can make a difference as to whether disabled candidates will apply for a job role. Good practice includes ensuring that the recruitment website is fully accessible and that disabled candidates are offered face-to-face interviews rather than by telephone where necessary.

²⁹ Sayce L, 2011, *Getting in, staying in and getting on: Disability employment support fit for the future*. Dame Carol Black and David Frost, 2011, *Health at work – an independent review of sickness absence*. Lord Heseltine, 2012, *No stone unturned: in the pursuit of growth*.

Department for Work and Pensions, 2013, *Extending labour market interventions to in-work claimants: summary of responses to call for ideas*.

³⁰ Disability Rights UK, 2010, *Doing Seniority Differently: A study of high fliers living with ill health, injury or disability*.

³¹ Department for Work and Pensions, 2013, *A survey of disabled working-age benefit claimants*. In House Research Report No.16.

³² Sayce L, 2011, *Getting in, staying in and getting on: Disability employment support fit for the future*.

³³ Department for Work and Pensions, 2012, *The Older Workers Statistical Information Booklet*.

People falling out of work through sickness and impairment

Every year, around **131 million working days are lost to sickness absence** and around 300,000 people a year flow from work onto health-related out-of-work benefits because of health-related issues.^{34, 35} There is strong evidence to suggest that working-age people want their employers to help them to remain in work when they become ill.³⁶ But employers, employees and General Practitioners (GPs) struggle to access the expert advice needed to take an appropriate approach to sickness absence management.

Progression in work

Current **employment programmes do very little to support in-work progression** for disabled people and people with health conditions. The priority of most labour market interventions is to enable someone to take up, and remain in, employment. However, there is strong evidence to suggest that disabled people are not doing as well as non-disabled people once in work. In 2013, the average hourly wage rate of disabled people was £12.30, while that of non-disabled people was higher at £13.49.³⁷ Disabled people are also less likely to work in senior or professional jobs.³⁸

Work already underway

There is already much good work underway to support employers to become more disability confident and gain a more effective understanding of how they can actively improve and promote the health of their workforce.

Disability Confident campaign

Through the Disability Confident campaign, the Government is working with employers to remove barriers, increase understanding and ensure that disabled people have the opportunity to fulfil their potential and realise their aspirations. The campaign was launched by the Prime Minister at the Disability Employment Conference in July 2013.

The campaign will run for the next two years and includes a number of Disability Confident learning events around Britain. The campaign will also encourage businesses to employ more disabled people. The initial stage is intended to generate interest and momentum so that employers can then take it forward themselves through networks and interactive forums.

The Public Health Responsibility Deal

The Public Health Responsibility Deal aims to improve public health by working in partnership with the Government, business, non-governmental bodies and individuals. It centres around agreeing practical actions to support healthier behaviours and lifestyles and adapting the environment to make this easier.

³⁴ Office for National Statistics, 2012, *Sickness Absence in the Labour Market*.

³⁵ Dame Carol Black and David Frost, 2011, *Health at work – an independent review of sickness absence*.

³⁶ Collingwood S, 2011, *Attitudes to health and work amongst the working-age population*. Department for Work and Pensions Research Report No 763.

³⁷ Labour Force Survey, Quarter 2, 2013.

³⁸ Department for Work and Pensions, 2013, *Fulfilling Potential – Building a deeper understanding of disability in the UK today*.

Reforms to Access to Work

Access to Work supports over 30,000 disabled people and people with health conditions to enter or remain in work each year.³⁹ **Annex B** describes the programme in more detail. The Government has already implemented a number of improvements to the scheme. These include:

- a **strengthened pre-employment eligibility letter** which helps to assure prospective employers, early in the recruitment process, that practical and financial support will be available if they employ a disabled person or person with a health condition;
- **extending Access to Work** to individuals undertaking Youth Contract work experience and the recently launched Supported Internship and Traineeship schemes; and
- since December 2011, Access to Work has also offered a **mental health support service**, delivered by Remploy Employment Services, which works with employers to support their employees on an ongoing basis, minimising absence and facilitating a return to work.

Case Study: Access to Work

Paul was a team leader in a Remploy factory where he had worked for 25 years. After leaving the factory, with the support of a Jobcentre Plus Personal Case Worker, he secured a position as a training officer with Monwell Sign Systems. They offered Paul a work experience placement to assess his suitability in a mainstream employment role.

Paul has congenital Spina Bifida and is a wheelchair user. He made an application to Access to Work as his existing wheelchair and the factory layout were not fit for purpose. Access to Work funded an assessment of the workplace and recommended the provision of a bespoke lightweight wheelchair. Adaptations to the workplace were also suggested in the form of low-level door switches which facilitated automatic opening and IT software with supporting headset.

A few weeks into his work experience, the employer offered him a permanent position, and the adaptations to the factory were put in place. The help and assistance of the programme has ensured that Paul has been able to make the transition from a sheltered employment environment to open employment where he has been able to bring his skills, knowledge and abilities to his new employer.

The Health and Work Service

Supporting employees to return to work as soon as possible after a period of sickness is crucial to stop short-term absence developing into longer-term sickness absence and benefit dependency.

By October this year, more than 15,000 employers and employees had used the **English Occupational Health Advisory Service pilots** for information and advice on managing health issues in the workplace.⁴⁰ A similar service will form part of the new Health and Work Service, which will be introduced in late 2014 to help employees who have been on sick leave for around four weeks to return to work.

Employees who agree to be referred to the service by either their GP or employer will receive an occupational health assessment to identify the issues stopping them from returning to work. They will be given a return to work plan, which they can share with their GP and employer, setting out the measures, steps or interventions that could bring about a return to work.

To help employers, the Budget 2013 announced a tax exemption on amounts of up to £500 a year per employee, paid by employers for health-related interventions recommended by the Health and Work Service.

³⁹ Department for Work and Pensions, 2013, *Access to Work: Official Statistics*.

⁴⁰ Sinclair, A, Carta, E, and Tyers, C, 2012, *Occupational Health Advice lines evaluation: final report*. Department for Work and Pensions Research Report No 793.

For anyone who needs more general back-to-work advice, the service will provide information and support via the telephone and internet. For employers, the Health and Work Service will help them to manage sickness absence more effectively and thereby reduce sick pay costs, while GPs will receive access to work-related health support for their patients that is rarely available at the moment.

Supporting progression in work through Universal Credit

The introduction of **Universal Credit** (UC) will support earnings progression. UC is payable in or out of work and will enable employers and employees to be more flexible about establishing contracts that suit them. Employers will find it easier to adjust working hours and patterns to fit the changing demands of their business and their employees. UC aims to ensure that work always pays, making it easier and less risky for people to progress in work.

There is currently very little evidence, nationally or internationally, about which interventions are the most effective at improving earnings progression, but work has already started to build this understanding with our 'Call for Ideas' earlier this year.⁴¹ This received over 350 responses from a variety of organisations and individuals, which have now been developed into a first wave of tests and trials, launched in October. We will use the findings of these tests and trials to examine their impact, particularly on different groups of claimants, including disabled people and people with health conditions, and to help shape further trials planned for next year.

Extended working life

Although people are generally remaining healthier and living longer, being ill or disabled is given as a key reason for not working amongst people aged 50 and over.⁴² For this age group, the onset of a long-term health condition can be wrongly interpreted by employers and workers alike as a time for early retirement. As the proportion of the workforce aged 50 and over increases, it is all the more important for **employers to retain the skills and productivity of their older workers for longer**, including those who are disabled or who have health conditions.⁴³

The Government will extend the 'right to request flexible working' to all employees from April 2014. This reflects the fact that greater access to flexible and part-time working opportunities can help employees of all ages to stay in employment while managing a health condition or other pressures, such as caring.

The Department is currently working with leading business stakeholders to update evidence ahead of publishing a **framework for action on Extending Working Life** early next year. We will shortly begin a round of stakeholder engagements to canvas views on the framework, and we will be appointing an 'older worker business champion' to help us take forward an enhanced range of Age Positive tools for employers.⁴⁴ We will ensure that the employer resources on Extending Working Life and Healthy Workplaces are linked into the employers' Information Portal, explained in the 'New proposals' section overleaf.

⁴¹ Department for Work and Pensions, 2013, *Extending labour market interventions to in-work claimants: summary of responses to call for ideas*.

⁴² Department for Work and Pensions, 2012, *The Older Workers Statistical Information Booklet*.

⁴³ *Ibid.*

⁴⁴ Age Positive shares employer evidence and good practice on age management with employers. Age Positive guidance, case studies, key research and statistics is available at www.dwp.gov.uk/agepositive

New proposals

Building on the success of Access to Work and the initial impact of the Disability Confident campaign, our new proposals will further enhance the support we can offer to employers.

Access to Work

The Sayce Review described Access to Work as the Government's 'best kept secret' and we know that many employers are still unaware of the programme, particularly in the small and medium enterprise (SME) community.⁴⁵ We know there is more we can do to improve the awareness, accessibility and uptake of the programme. Specific ideas include:

- **further extending the remit of Access to Work** to support disabled people and people with health conditions undertaking a **wider range of work experience**, including work trials arranged by the individual and a range of pre-employment activities that allow participants to **showcase their talents** to prospective employers;
- a **series of Access to Work peer support projects** and peer support job collectives hosted by Disabled People's User-Led Organisations (DPULOs), specifically to support Employment and Support Allowance (ESA) claimants who are long-term unemployed (two years or more out of work);
- making the programme more **flexible** so that disabled people and people with health conditions are better equipped to meet the changing requirements of an employer. This would mean that a disabled person or person with a health condition would be able to take on extra hours, or agree to work overtime with the confidence that support will continue to be available;
- exploring how we can do more to offer employers **greater clarity and certainty**, at an early stage in the recruitment process, about what support will be available. This could help to allay the concerns of some employers that taking on a disabled person or someone with a health condition will result in excessive costs;
- **giving employers the ability to apply to Access to Work** on behalf of their employees who are disabled or have a health condition (with that employee's consent), thus simplifying the process for individuals;
- going further than simply making employers aware of Access to Work – we want to place employers at the heart of the process so that they are empowered and confident when making adjustments. We want to explore **online functionality** for Access to Work applications; and
- raising awareness of the programme through the **Disability Confident** campaign.

The Employer One Stop Shop

Responding to the views of employers, the Department will be designing a 'One Stop Shop' service to support employers in employing disabled people and people with health conditions. It will bring together **support, information and guidance for all employers**, from small- and medium-sized employers to large national employers. It will be accessible via a single, interactive website and a telephone service. The One Stop Shop service will work locally, in partnership with employer networks, local business representative groups, third sector and health practitioner groups, to share best practice. The One Stop Shop service will include a number of elements, outlined overleaf.

⁴⁵ Sayce L, 2011, *Getting in, staying in and getting on: Disability employment support fit for the future*.

The Information Portal

The '**Information Portal**' section of the website will provide links to a wide range of information about disability recruitment, retention and progression, including:

- **reasonable adjustments** – explaining the legal requirements of the employer, examples of what adjustments they should consider and the support available to make further adjustments;
- **Access to Work** – explaining what support is available through Access to Work, how to apply and providing a link to an **online application form**;
- **Health and Work Service** – detailing the work of the Health and Work Service and providing a link to their website and referral route;
- **disability law** – providing information on the legal position of employers and employees; and
- **extending working life** – highlighting the Government's Extending Working Life initiative and how employers can become more accommodating to the realities of work in later life.

Account management

The One Stop Shop will offer an **account management** service for larger employers. The service will develop close relationships with large employers, with account managers supporting companies to make the changes required to employ and retain disabled people or people with health conditions. Services will also be developed to support the specific needs of groups of small- and medium-sized employers.

Vacancy handling

A key aim of the One Stop Shop will be to generate vacancies and enable disabled people and people with health conditions to access and apply for them. The Department is investigating enhanced vacancy filling to present opportunities from disability confident employers to disabled people.

Advice and toolkits for small- and medium-sized employers

As well as the Information Portal, small- and medium-sized employers will be offered employer **toolkits**. The employer service will sponsor organisations to create a toolkit for employers in their business area. The toolkit will provide guidance on disability employment, examples of best practice and signpost employers to the support available. The toolkits will enable small- to medium-sized employers to benefit from the experience and expertise of larger organisations whilst still receiving industry-specific information. A similar model has been successfully rolled out in Australia, with Woolworths Australia developing a toolkit that has now been shared nationally.

Disability accreditation

The Disability 'Two Ticks' Symbol was introduced in 1990 as a best practice initiative to **encourage employers to recruit and retain disabled people**. The scheme is currently promoted and administered by Jobcentre Plus, and consists of five employer commitments.⁴⁶

⁴⁶ The five employer commitments can be found at: <https://www.gov.uk/recruitment-disabled-people/encouraging-applications>.

A review of the scheme last year highlighted that, although the Disability Symbol played an important role in recognising employers' commitment to supporting disabled people, the current approach was thought to be **outdated, not administered robustly and not offering enough employer support**. We are now seeking to reform the Disability Symbol, including: wider publicity of the scheme; different levels of accreditation; a more rigorous assessment process; a feedback mechanism for employees; and better information and guidance. The new accreditation system will be designed to be a dynamic, interactive service which seeks employer commitment, provides support and recognises and promotes best practice and continuous improvement.

Conclusion

Employers are a crucial partner if we are to increase the number of disabled people and people with health conditions in employment. Attitudes are changing – many employers are now confident in their ability to recruit and retain disabled people. Our Disability Confident campaign, launched earlier this year, will build on this change. But there is more to do. This chapter has set out a series of further reforms to ensure that employers: are aware of the benefits of employing, retaining and developing disabled people and people with health conditions; are able to make the reasonable adjustments required; and understand and utilise the support available to make further adjustments.

Enabling young people to make the transition to work

3

Introduction

Although most disabled people acquire their impairment as they get older, around 800,000 (six per cent) young people in the United Kingdom (UK) are born disabled or acquire an impairment in childhood. Of young people aged under 25, 2.1 million (11 per cent) have a long-term health condition. Of these 1.3 million (seven per cent) are disabled.⁴⁷ It is vital to support young disabled people and young people with health conditions, for example with the **successful transition from education to employment where appropriate**.

As they move through the different parts of the health and education system, young disabled people and young people with health conditions come into contact with many different government departments and local agencies. We need to do everything we can to **make it easier for them to navigate this complex system so it does not present unnecessary barriers to progression**.

Although the Department for Work and Pensions has a Great Britain-wide remit, many of the policy levers that affect young people are held by other departments, for example the Department for Education (DfE), the Department for Business, Innovation and Skills (BIS) and the Department of Health (DH) in England. As these functions are **devolved to Scotland and Wales**, we have worked with officials in the Scottish and Welsh Governments to explore the Great Britain-wide position. These initiatives are summarised in **Annex C**.

⁴⁷ Department for Work and Pensions, 2013, *Family Resources Survey, UK 2011/12*.

What supports a successful transition to employment?

Disabled young people start out with the same hopes as everyone else: the levels of aspiration among disabled 16-year-olds are similar to those of their non-disabled peers and they expect the same level of earnings from a full-time job. But, as they get older, this changes.

By the age of 26, disabled people are **nearly four times more likely than their non-disabled peers to be unemployed**, are less confident and are more likely to agree that ‘whatever I do has no real effect on what happens to me’.⁴⁸ Among those who are in employment and who have the same level of qualifications, earnings are 11 per cent lower for disabled people than for non-disabled people.⁴⁹

In the course of developing the Paper, we have heard how a number of factors are crucial to helping a disabled young person, or a young person with a health condition, create a successful and fulfilling career.

Attitudes, aspirations and expectations

Attitudes, aspirations and expectations held by young people themselves, and by parents and professionals, have a big impact on their future lives. Low aspirations and a low presumption of employability can have an adverse effect on their future and the support they receive to get there.

Inspiring role models

Young people have told us how important it is for them to recognise themselves in the world of work, particularly in the everyday settings they most often come into contact with, such as hospitals, children’s centres, schools and colleges. Seeing disabled people and people with health conditions leading ordinary working lives embeds the expectation that such a future is possible for them.

Support in education

Disabled young people and young people with health conditions face a range of barriers that can make education more difficult, including a lack of flexibility in environment and procedures. Fifty-three per cent (one million) of working-age disabled people or people with a long-term health condition who are not economically active either have no qualifications or have qualifications below GCSE grade A to C.⁵⁰

Employment-focused person-centred transition planning

Setting realistic goals and identifying the support needed to achieve them has been identified as a key enabler for young people.⁵¹ In order to help identify and sustain aspirations, we need to make sure that a young person’s support plans and development information travel with them, for example as they move from school to college.

High-quality careers advice

Accurate, accessible information, and ensuring positivity and high aspirations of careers advisers and teachers on behalf of the young people they advise, are key.

⁴⁸ Burchardt T, 2005, *The education and employment of disabled young people: Frustrated ambition*. Joseph Rowntree Foundation.

⁴⁹ Department for Work and Pensions, 2013, *Fulfilling Potential – Building a deeper understanding of disability in the UK today*.

⁵⁰ Labour Force Survey, Quarter 2, 2013.

⁵¹ Department of Health, 2010, *Person Centred Planning Advice for using person-centred thinking, planning and reviews in schools and transition*.

Accessible vocational training

For many young people a vocational rather than academic pathway is more a more attractive option. For some, particularly those with learning disabilities, vocational qualifications enable them to make best use of their talents. We need to ensure vocational training opportunities are flexible, personalised and accessible.

Accessible work experience opportunities

In their responses to the Fulfilling Potential discussion document, people told us that good-quality work experience and experience of voluntary work are powerful enablers for disabled people, providing them with a proven track record which helped to dispel any negative attitudes of employers. This experience can show employers, educators and providers what a young person can achieve, and help families to understand what is possible.

Accessible universities

The higher the level of qualification achieved, the higher the employment rate: 70 per cent of disabled graduates are in employment compared to 40 per cent of disabled non-graduates.⁵² However, whilst disabled graduates have comparatively successful outcomes, there are still barriers to overcome in getting into university and participating fully once there.⁵³ Some disabled people have reported problems in transferring assessed social care provision between local authorities, meaning that they have been unable to start a course. When a disabled young person does get to university, they may still face barriers to their successful participation in academic and social life.

Extra support for disadvantaged groups

Some groups are particularly under-represented in employment, including people with mental health problems, learning difficulties and hidden impairments, such as autism. Some young people in these groups will need extra support to make the successful transition to employment.

Work already underway

Inspiring role models

The Department's Role Models campaign was launched in December 2012, to raise the aspirations of young disabled people and help them fulfil their potential.⁵⁴ The campaign was co-produced with young disabled people, who provided advice and suggestions about the people who inspired them. **So far, over 50 role models feature in a number of short clips on YouTube**, talking about their aspirations, the barriers they have faced, and advising young disabled people who are making early life choices.

In future, we intend to work with partners providing **careers advice** to increase the number of role models promoted to young people and to ensure that they are more representative of disabled people from other walks of life, including science, technology and business. We also want role models not just to tell an inspiring story, but also to point people to where they can get beneficial support and mentoring. We will ensure that role model videos are promoted and shared with all those who provide advice and guidance.

⁵² Labour Force Survey, Quarter 2, 2013.

⁵³ Department for Work and Pensions, 2013, *Fulfilling Potential – Building a deeper understanding of disability in the UK today*.

⁵⁴ *Ibid.*

Better support for disabled children in schools and colleges

The Equality Act 2010 sets duties on mainstream education providers to **secure access to education** for all disabled children and young people, and those with health conditions. However, some children and young people require additional support beyond this duty. Approximately 75 per cent of disabled children and young people also have Special Educational Needs (SEN).^{55, 56} Currently, those with the most complex SEN can receive a Statement which sets out the support they are entitled to receive on a statutory basis. Historically, this has been a difficult system for parents to navigate and it stops at the end of school, so does not adequately reflect transitions to adult services.

From September 2014, Statements of SEN and post-16 Learning Difficulty Assessments (LDAs) will be replaced by the **Education, Health and Care (EHC) Plan** in England.⁵⁷ This will create a single 0 to 25 system across early years, schools and post-16 education and training. This will have a far greater emphasis than the current system does on supporting children and young people to successfully progress to adulthood, including employment. Those with the most complex needs will have an EHC Plan which will offer integrated support across education, health and social care provision.

In addition, the legislation will require local authorities to publish the 'local offer' setting out all the Support available locally for those with SEN and disabilities. This will include education and training provision, health and care provision, as well as provision to help children and young people prepare for adult life. This includes support to find employment – the draft statutory Code of Practice tells local authorities they should include: support for transition into employment, apprenticeships and traineeships; support available from job coaches; support available from Year 9 to help children and young people plan their careers, including signposting to advice; and information on the financial support available when they are looking for work or once they are employed.

Person-centred transition planning

All children, whether disabled or non-disabled, can benefit from **setting out their goals and monitoring** them with their parents, careers advisers and other professionals. The National Careers Service website contains an Action Plan Tool, Learning Record and CV builder for young people.⁵⁸

Other examples of person-centred plans which have been produced for young disabled people include '**Vocational Passports**' which have been developed at Foxwood Academy in Nottinghamshire.⁵⁹ Their approach ensures a focus on employment: a vocational curriculum is available and students become familiar with the Supported Employment model whilst still in education.

For disabled children and young people without EHC Plans who need co-ordinated support across services, local authorities will be able to apply the principles of co-ordinated assessment and planning to a wider group of children and young people on a non-statutory basis and develop non-statutory plans.

⁵⁵ Porter J, Daniels H, Georgeson J, Hacker J, Gallop V, Feiler A, Tarleton B, and Watson D, 2008, *Disability data collection for children's services*. DCSF Research Report DCSFR062. University of Bath, University of Bristol.

⁵⁶ The legal definition of special educational needs is set out in the 1996 Education Act. Children have special educational needs if they have a learning disability or difficulty, which calls for special educational provision to be made for them.

⁵⁷ Department of Health and Department for Education, 2013, *SEND Pathfinder – Information Packs*.

⁵⁸ National Careers Service website.

⁵⁹ Foxwood Academy, 2013, *Preparing for Adulthood*.

Accessible vocational training

Post-16 curriculum and funding reforms introduced from September 2013 mean that all students aged 16 to 19, whether on academic or vocational courses, are on a '16 to 19 Study Programme'.⁶⁰ Our expectation is that students with SEN will also work towards literacy and numeracy qualifications, where it is appropriate for them to do so.

To support the introduction of study programmes, funding is now allocated per student rather than per qualification. Traineeships, supported internships and apprenticeships, together with the post-16 funding reforms, will give providers the flexibility needed to expand their work experience provision.

In July 2013, the Minister for Disabled People announced that she would accept the recommendation from the Access to Work Expert Panel chaired by Mike Adams OBE to **extend Access to Work support** to the Traineeship and Supported Internship programmes and the Government's work experience schemes. This will help disabled people and people with health conditions prepare for employment. In addition, we are working with the Scottish and Welsh Governments to extend Access to Work support to analogous schemes in Scotland and Wales.⁶¹

The Government asked Peter Little OBE to make recommendations about improving the accessibility of apprenticeships for disabled people. His report: *Creating an Inclusive Apprenticeship Offer*, was published in 2012.⁶² The National Apprenticeships Service (NAS) is currently implementing the Apprenticeship Disability Action Plan, published in response.⁶³

Accessible universities

Many universities have made good progress in improving accessibility for disabled students and students with health conditions – there are resources and good practice in the sector, as well as some guidance available to potential undergraduates (for example Disability Rights UK's *Into Higher Education 2013*).⁶⁴ Groups such as the Trailblazers network and DisabledGo also make a significant contribution to keeping accessibility in Higher Education under the spotlight with their surveys of institutions.^{65, 66} In addition, the Care Bill includes provisions about continuity of care when adults move between local authorities, for example when they go to university away from home.

Extra support for young people with autism

The Department of Health is responsible for the **adult autism strategy**, *Fulfilling and Rewarding Lives*, published in 2010. This includes helping people aged over 18 with autism into work and enabling local partners to develop relevant services. The strategy is not just about putting in place autism services, but about enabling equal access to mainstream services, support and opportunities through reasonable adjustments, training and raising awareness. The current review of the strategy represents an opportunity to assess whether its objectives remain fundamentally the right ones; to be assured of the progress that is being achieved by local authorities and the National Health Service (NHS); and to consider what should happen to continue to make progress and what barriers could be removed. The strategy will be revised as necessary by March 2014.

⁶⁰ 'The aim of Study Programmes is to maximise the potential of young people to progress onto higher education and/or skilled employment by ensuring that vocational routes to higher education and employment are seen as high quality and a genuine alternative to academic routes.' Department for Education, 2013, *Study Programmes for 16-19 year olds*.

⁶¹ Hansard 16, July 2013, Column 94WS *Work and Pensions Written Ministerial Statement – Access to Work*.

⁶² Little P, 2012, *Creating an Inclusive Apprenticeship Offer*.

⁶³ Department for Business Innovation and Skills, 2012, *Creating an Inclusive Apprenticeship Offer for Learners with Learning Difficulties or Disabilities: Action Plan*.

⁶⁴ Disability Rights UK, 2013, *Into Higher Education*.

⁶⁵ Trailblazers website.

⁶⁶ DisabledGo website.

New proposals

In addition to work already underway, the Department, in partnership with a wide range of stakeholders, is developing the following **new initiatives** for young disabled people and young people with health conditions.

Supporting positive attitudes and aspirations

“Too often parents hear that ‘their child will never be able to work or do this or that’ and without support they will come to believe this message. Work should be a valid choice for all and promoting positive messaging will help address a poverty of ambition on behalf of disabled young people.”

Task and Finish Group member

“Young disabled people who participate in the Whizz-Kidz work placement scheme tell us they feel equipped with the skills, motivation and aspiration to play a valuable role as employees and citizens. Removing the barriers for disabled youngsters to enter the workplace is also a vital step towards shifting perceptions about what disabled people can – and wish – to achieve.”

Ruth Owen OBE, Whizz-Kidz CEO

One way to ensure that professionals and parents encourage disabled young people and young people with health conditions to have aspirations that take full account of their potential is to demonstrate what is possible and raise awareness of the impact of negative messages. We will work with stakeholders to develop **Knowledge Packs** to provide positive messaging to counter any prior misconceptions. These packs will also contain a series of links and helpful information to assist those whose primary specialism is not disability, as well as simple provision maps to act as a guide to the support services available for young disabled people and young people with health conditions.

We will work with the Scottish and Welsh Governments to ensure that these packs are relevant throughout Great Britain. We will also learn by collaborating with partners such as The National Deaf Children’s Society, who have worked with Skills Development Scotland to produce a specific guide for professionals working with deaf people in transition.⁶⁷ We will build on existing resources such as *Getting a Life*, produced as part of Valuing People Now.⁶⁸

We will tailor the packs to six key audiences:

- young disabled people and young people with health conditions;
- parents;
- educators, SEN co-ordinators, transition workers, college staff, training providers and university disability officers;
- careers advisers and employment support advisers (including within Jobcentre Plus);
- carers, fosterers and care leaving teams, legal and social workers; and
- healthcare professionals and occupational health professionals.

⁶⁷ Skills Development Scotland/National Deaf Children’s Society, 2013, *A template for success*.

⁶⁸ Getting a Life website.

To promote awareness of the packs, we will **work with professional bodies** and their journals, as well as the Local Government Association. This will facilitate further conversations with professionals about how they can maximise their role in supporting young people's participation by sharing good practice, such as by engaging with parents in children's centres.

Careers advice

High-quality careers advice is particularly important for young people who are disabled or have a health condition. Accurate information and ensuring high aspirations of careers advisers on behalf of the young people they advise is key. It is important that careers support comes early in life and is consistent and accessible. We have talked to the **national careers websites** (Careers Wales, My World of Work in Scotland and the National Careers Service in England), which all have a strong commitment to accessibility. We have also worked with **third sector websites** who are committed to providing inclusive careers advice to young disabled people and young people with health conditions, by developing content and increasing accessibility.^{69, 70}

In England, schools and colleges are legally required to secure independent careers guidance for 12 to 18-year-olds. Colleges have an equivalent requirement for 16 to 18-year-olds. The Government's **Inspiration Vision** highlights the need for all schools to have higher aspirations for their students and build closer links with employers to give young people a real-world view of the workplace.

Statutory guidance makes it clear that schools should work closely with local authorities, who have an important role to play in supporting young people who are disabled or who have SEN, and that advice for pupils should include information on the full range of specialist provision that is available and the support needed to access this. A *Careers Guidance Action Plan* published by DfE and BIS details how we will support schools to achieve this by strengthening statutory guidance and developing the role of the National Careers Service.^{71, 72} To support this, our proposed **Knowledge Packs for professionals** will have versions tailored for both careers advisers and educators, to provide them with extra information around disability, to enable them to carry out their role effectively.

Accessible universities

We have already established an **Accessible Universities Roundtable Group**, which has met twice and has also provided high-level views on a new website. Members include representatives from: Queens University Belfast; Sheffield University; Swansea University; Open University, Equality Challenge Unit;⁷³ Disabled People's User-Led Organisations (DPULO) Ambassadors; London School of Economics; Association of Graduate Careers Advisory Service; Trailblazers; the National Union of Students; and officials from the Office for Disability Issues, the Department for Work and Pensions and BIS. We plan to formalise the group as a bi-annual forum jointly facilitated by the Department for Work and Pensions and BIS, to work with stakeholders to share best practice, make recommendations and examine disabled graduate employment. The first of these meetings is likely to be aligned with developments on the research led by the Equality Challenge Unit.

⁶⁹ WYGU.com – Careers network website.

⁷⁰ PLOTR.co.uk – One Stop Shop for Career Inspiration website.

⁷¹ Department for Business, Innovation and Skills and Department for Education, 2013, *Careers Guidance Action Plan*.

⁷² Ofsted, 2013, *Going in the right direction? – Careers guidance in schools*.

⁷³ The Equality Challenge Unit works to further and support equality and diversity for staff and students in higher education across all four nations of the UK.

Accessible work experience

The Department is looking at how DPULOs and impairment charities can do more to promote work as an option for their clients and to promote any openings they have to young people as they are about to enter the labour market. Many charities are exemplary on both counts, but we want to work collaboratively with the sector to promote the best possible practice.

Within the Department, we will explore how we can promote our own **summer internships, apprenticeships and work experience placements** to disabled people and share progress across other government departments.

Saturday and holiday work has been highlighted in publications recently, by both the Disability Charities Consortium and the British Association for Supported Employment, as a way for young disabled people and young people with health conditions to build a work history.^{74, 75} We will promote this to employers as part of the two-year Disability Confident campaign.

Ideally, young people will build up histories of paid work, but **volunteering can be an important step** for many people. Disabled people are just as likely as non-disabled people to engage in volunteering, although accessibility and the cost of transport to voluntary work are cited as obstacles. Some people may need some support to volunteer and we will explore whether other members of the community can be mobilised to provide that support.

Extra support for young people with mental health conditions

The Government's strategy for improving **mental health**, including that of children and young people, was set out in *No Health Without Mental Health*, published in February 2011.⁷⁶ The strategy advocated the Improving Access for Psychological Therapies (IAPT) programme, which aims to better support children and young people with mental health problems.

There are already some local actions underway which will have a positive effect for young people with mental health problems. These include:

- **co-location of employment support** in mental health teams to provide a work focus;
- **clear references and guidance** on supporting mental health within the new SEN Code of Practice, promoting early identification and the provision of targeted support;
- **school-based counselling** with an appropriately trained professional;
- **further research** into the mental health of vulnerable groups, such as the study on the prevalence of mental health problems within gangs;⁷⁷ and
- **smoothing transitions** from Child and Adolescent Mental Health Services (CAMHS) to adult services rather than a cliff edge in withdrawal of services as they turn 18.

⁷⁴ Trotter R, Work in progress, 2013, *Rethinking employment support for disabled people* (Scope/Disability Charities Consortium).

⁷⁵ British Association for Supported Employment, 2013, *Submission to the Government Review of Disability Employment Strategy*.

⁷⁶ HM Government, 2011, *No health without mental health. A cross-government mental health outcomes strategy for people of all ages*.

⁷⁷ NHS Choices, 2013, *Poor mental health may be more common in gangs*.

Case study: Brent Smoothing Transitions

Brent Local Authority has re-structured its services to ensure that the transition from children's services to adult services is smoother for vulnerable young people, including those with impairments and health conditions. Previously, young people in these circumstances accessed a variety of services for children up to the age of 18, before transferring abruptly to adult services. Brent has now created a single service covering 14- to 25-year-olds. This helps to ensure that young people do not face a cliff edge in withdrawal of services as they turn 18, but that their individual needs are considered across this wider age range, and they are signposted to other services at appropriate times.

Conclusion

There is now widespread recognition that one of the most important things that all adults can give to young disabled people and young people with health conditions is the support to realise their ambitions rather than limiting them. We all have a part to play in enabling these young people to raise their expectations and in giving them the confidence to demand that those expectations are fulfilled. The positive interventions and support young people receive at this crucial stage in life can determine how they participate in society for the rest of their lives. There is considerable cause for optimism – much is being done across government, as well as in partnership with charities, the third sector, educational establishments and employers. This Paper sets out further proposals to build on this progress and enable more young people to make a successful transition from education to employment.

The Gateway to employment services

4

Introduction

Getting the **right employment support, at the right time**, is particularly important for disabled people and people with health conditions. We know that the longer an individual is detached from the labour market, the more likely they are to remain out of work for long or even indefinite periods. For disabled people and people with health conditions, a long period of unemployment can exacerbate their health condition. We therefore need an effective and timely mechanism for ensuring they receive appropriate support.

We are proposing the development of a **new Gateway to employment services** for disabled people and people with health conditions. It will use an initial evaluation of an individual's strengths, skills, capabilities and specific support needs to direct them to the most appropriate employment support for them. This process could be carried out online, over the telephone or face-to-face.

The Gateway process will be **light-touch**, utilising existing information wherever possible, and will be based on an individual's strengths and needs, rather than the benefits they receive, so that we can offer more personalised and tailored support to people.

The need for change

Currently, decisions on the support that each individual receives, and at what point they receive it, are based on benefit status, health condition and a range of other factors. **Annex B** outlines the eligibility criteria for, and referral points to, different types of support for different groups.

We have spoken to a wide range of people, including disabled people and people with health conditions, leading national stakeholders in the disability and health community, local welfare-to-work providers, local authorities and third sector organisations. Based on these conversations and experiences of the current system, we have identified a number of issues that the new Gateway needs to address and have developed some proposals for how the new Gateway should operate.

Issues that the new Gateway needs to address

Assessment based on benefit or condition alone gives a partial picture

Two people may be on the same benefit and have the same underlying condition, but have markedly different support requirements, due to their education, wider capabilities, attitude to employment or other factors. To ensure that people are directed towards the right type of support, the Gateway should focus less on a person's health condition or benefit status, and more on their individual strengths and needs.

Access to support is sometimes delayed

Helping individuals to stay attached, or close, to the labour market is crucial – the Gateway needs to be applied in a timely and efficient way, so that they get the right support as soon as possible.

Lack of transparency and consistency

Currently, individuals with similar support needs can receive different levels of support. In future, clearer eligibility criteria will enable individuals, employers and other organisations to understand what support is available and how to access it.

A narrow referral approach

There is already a mechanism for third parties to refer people to specialist support through Statutory Referral Organisations (SRO), but this is not working well enough. Disabled people and people with health conditions come into contact with a wide variety of services and voluntary organisations, and these organisations often have an in-depth understanding of their customers' requirements. We need to be more flexible about allowing these organisations to refer individuals to employment services so we can harness this knowledge and deliver a better service.

The new Gateway

When should the Gateway be applied?

The Gateway needs to operate at the **earliest possible opportunity**: either before an individual becomes unemployed, through the Health and Work Service or the employer; or at the first intervention after losing their job or developing a health condition, such as an interview with a Jobcentre Plus Adviser.

Individuals may be accessing support from organisations other than Jobcentre Plus. The Gateway tool needs to be accessible **for other organisations or advocates to refer** individuals or for individuals to **self-refer themselves** to support. To ensure the tool is accessible, we will look to provide an appropriate online solution, linked where appropriate to other processes, such as making a new claim.

As well as early intervention, **ongoing and timely interventions** are also important. People should be able to access the Gateway whenever their needs change. This approach is designed to ensure that the individual is at the centre of their support and has greater choice and control over the services they receive. Ongoing dialogue between the individual, their advocate, other support services and their adviser will ensure that as their circumstances or conditions change, their support is adjusted accordingly.

How it will work?

The Gateway will identify and direct the individual to the right type of support that will help them back into work. This approach will be delivered alongside the introduction of Universal Credit (UC) and support UC's more personalised approach to labour market activity.

The **first step** will be simply and quickly to develop an understanding of an individual's abilities including their skills and work history. This will be ascertained through a questionnaire. It will cover a range of areas, including:

- **job direction** – clarity of job goal and level of knowledge about how to achieve this;
- **beliefs about job search** – confidence in undertaking the key steps required to apply and interview for a job;
- **beliefs about ability to work** – confidence in ability to take on a role and be part of a work environment;
- **coping with setbacks (resilience)** – ability to put in place strategies and awareness of alternative opportunities;
- how an individual **manages a health condition or impairment**, and their confidence to do this in a work environment;
- **looking ahead** – ability to think ahead about doing the job, and consideration of any challenges within the role; and
- **identifying work solutions** – to support performance and ability to communicate these requirements to employers.

By weighting the factors appropriately, the result of this questionnaire will place individuals into one of three categories:

1. those people who can **self-direct and self-manage** their job search process without any specialist intervention; they will receive mainstream support;
2. those people who require **limited guidance and support**, but not referral to a specialist service; they will receive mainstream support, perhaps with some additional help; and
3. those people who may need **co-ordinated support** to enable them to return to work and possible referral to the specialist offer. This process will involve a much **more detailed assessment**.

Following this first step, the individual and their adviser will carry out a much more detailed **assessment** to identify the individual's personalised support requirements. For both the mainstream and the specialist offer, these discussions will look at a claimant's capability and personal circumstances (including exploring work history, qualifications, health and caring responsibilities) and develop a personalised employment plan.

It is important that the process **reinforces the positive attitudes required for success**, focusing on **an individual's particular strengths and support requirements, rather than their health condition or benefit**.

Some principles for managing finite resources

We will develop transparent eligibility criteria as part of the Gateway process, focusing on the needs of the individual. These criteria will enable consistent decision-making about who will receive the mainstream offer and who will receive the specialist offer. The Gateway process will also ensure the individual has the right information, advice and advocacy to make good decisions about the support they need. This will enable us to manage the finite resources available, and to direct the available support to those who would benefit most.

In developing the delivery paper that we publish next year, we will need to decide in detail what the eligibility criteria for employment services should be. We have developed the following principles to inform these criteria, which we think could help us to make best use of resources across the mainstream and specialist offers. These principles are:

- **a basic, universal offer of support** – we think it is important that claimants receiving a benefit that requires them to look for, or prepare for, work are supported to remain engaged with the labour market. As now, this will continue to be delivered by the mainstream offer, but in future we want to ensure this offer is better tailored to the needs of disabled people and people with health conditions;
- **some people will need specialist support** – this could range from the relatively light touch (for example, access to online resources) through to the intensive (for example, Supported Employment);
- **explicit criteria for deciding who will receive more intensive support** – in the context of finite resources, choices need to be made about how to spend taxpayers' money most effectively. One option might include providing more intensive support to those closer to the labour market – for example, people with a recent work history – to ensure that we maximise the possible number of people supported into employment; and
- **support for those volunteering for it** – people's beliefs about their own ability to work and their wider skills and abilities, rather than the limitations of their disability or health condition, are the strongest predictors of whether or not they are in work, or looking for work. On this basis, we might also consider prioritising those people who, through their actions, for example by volunteering for support, make a case for being provided with help.

Conclusion

It is important that disabled people and people with health conditions get the right support at the right time to enable them to get into, stay in and progress in work. Our proposals for a new Gateway to employment services will provide a timely and light touch way of identifying the right type of support for each individual, focusing on each person's strengths and employment support needs, rather than their health condition, impairment or the type of benefit they receive.

The Gateway process will direct people to the right support for them, based on a first step filtering, followed by a more in-depth engagement with an advisor, where appropriate. Importantly, we recognise that many people will be able to self-direct and self-manage their job search, and continue to be supported through the mainstream service offer. But for those who do require more greater support, the Gateway will identify and direct these individuals to a more personalised and tailored specialist employment offer.

The specialist offer

5

Introduction

Some disabled people and people with health conditions need **more intensive, specialist support** to enable them to both prepare for and move into work. The mainstream offer, discussed in the next chapter, will continue to serve the majority of disabled people and people with health conditions with less complex requirements.

This chapter has been informed by a review of the evidence of what works to support disabled people and people with health conditions back into employment, outlined in **Annex A**. We have talked to a wide range of stakeholders to get their views on what is working well with the current specialist offer (**Annex B** sets out the current offer and **Annex D** provides a list of stakeholders with whom we have consulted) and what needs to change. This chapter sets out proposals for what a specialist disability employment support service should offer individuals beyond 2015/16. Over the coming months, we will be looking at the best means of delivering this vision. We will publish a further paper next year setting out our delivery plans.

Progress so far

We have already started to **reform the specialist employment support** that is offered to disabled people, following the recommendations made in the Sayce Review.⁷⁸ The Review stressed the importance of ensuring that public money spent on employment support is targeted and used to help as many people as possible and in the most effective way. It also recommended that funding should follow individuals rather than institutions, moving away from sheltered employment with the closure of Remploy factories, and instead focusing on more support that would enable disabled people to undertake employment in the open market. These recommendations were taken forward and the principles continue to inform our thinking. Resources for supporting disabled people into employment will be focused on disabled people themselves rather than institutions. This principle is supported by the analytical evidence which shows that Supported Employment has been found to be more cost effective than the sheltered employment approach for people with severe impairments.

⁷⁸ Sayce L, 2011, *Getting in, staying in and getting on: Disability employment support fit for the future*.

Work Choice currently funds 2,500 protected places in supported factories and businesses, as part of supported business protected places. The **evaluation of Work Choice** recommended that supported businesses move to using an Intermediary Labour Market approach with the aim of using supported businesses as a stepping stone to employment with mainstream employers (either supported or unsupported).⁷⁹ A number of Work Choice providers have already adopted this approach.

One of our major support programmes is **Access to Work**, as described in Chapter 2. It already offers tailored support for individuals and this will continue to be a mainstay of our offer, with some planned enhancements.

The **performance of our current specialist provision is improving** – for example, the performance of Work Choice is on the rise as the programme becomes more established and providers learn from experience and adapt their offer. The most recent performance data for Work Choice reported a 43 per cent job outcome rate, up from 23 per cent in quarter four of 2010/11.⁸⁰ We want to continue to improve outcomes for disabled people by enabling them to move into competitive and sustainable paid work with opportunities for progression.

Proposals for improvement

We are proposing that the reformed specialist offer should include the following elements.

Greater personalisation and more choice for disabled people in the support they receive

The Sayce Review recognised that a key factor in supporting disabled people into work is a more **personalised approach**. Work Choice is designed to offer personalised and tailored support, but feedback from stakeholders is that people should have more choice over the providers they go to and the support they receive.

The new offer will **treat individuals as partners** in the process. Following referral to the specialist offer, each individual will be supported by a specialist adviser to identify their needs and support requirements. Together, they will develop a comprehensive and effective employment plan which will take account of all relevant factors affecting the individual's ability and availability to work. These could include work history, skills, strengths, qualifications, motivations, aspirations and their health condition. Where appropriate, a future employer could be party to these conversations. The plan will be designed to take a 'whole-life' approach, including looking at broader issues such as transport, housing, debt, or addiction.

A national network of specialist advisers

The role of the specialist adviser is critical to delivering an effective and personalised specialist offer for both individuals and employers. The new offer will include a national network of specialist advisers who will act as a matchmaker between individuals and employers. Specifically, the specialist adviser will be responsible for:

- **pre-employment support** – with a focus on job search. This should include vocational profiling to help individuals identify and develop skills and work capabilities and preferences;
- **job matching** – matching the vocational profile of the individual with a suitable employer. It will include discussions with both the employer and the individual on skills and experience required, workplace culture, working hours, wages, support and development available and accessibility;

⁷⁹ Purvis A, Foster S, Lane P, Aston J, and Davies M, 2013, *Evaluation of the Work Choice Specialist Disability Employment Programme. Findings from the 2011 early implementation and 2012 steady state waves of the research*. Department for Work and Pensions research report 846.

⁸⁰ Department for Work and Pensions, November, 2013, Work Choice official statistics.

- **work entry** – preparing an individual to make a smooth transition into employment as quickly as possible. This will include a range of support for the individual when they commence work, as well as support and assistance for the employer; and
- **sustained employment** – tailoring in-work support for the individual and employer. This will be particularly relevant for individuals with complex needs and fluctuating conditions. It might include on-the-job coaching and training, including specialised training for co-workers and staff. Ongoing support and the relationship between the individual and a specialist adviser for a longer period can be crucial in some cases, for example where someone has a mental health condition.

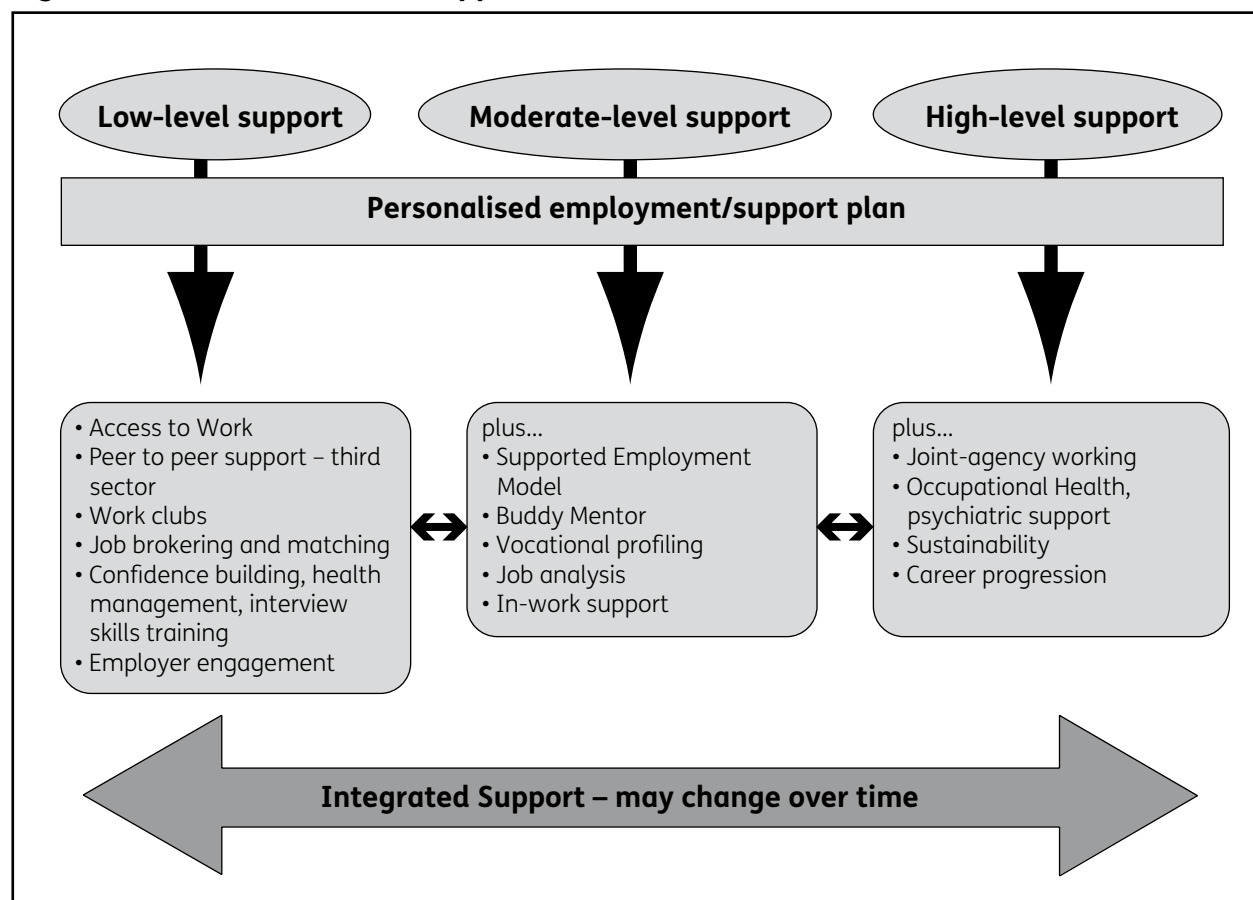
An improved claimant journey, with more flexible packages of support

Following referral to the specialist offer (via the Gateway process described in Chapter 4), there will be three broad levels of support available. An individual's personal employment plan will set out their package of support. These packages will be flexible, and capable of responding to changes in an individual's circumstances.

There will be **three broad packages of support, as set out in Figure 5.1 and below:**

- **self-directed or self-managed, requiring a low level of support** – with the support of their adviser, this individual can choose from a menu of national and local provision which best suits them. The package of provision will be flexible and able to change over time. For example, as part of the employment plan, an individual might take part in a more traditional training programme focused on building confidence and resilience, take part in a work club or participate in work experience;
- **moderate level of guidance and support** – this individual will probably require some in-work support and will therefore continue to work with the specialist adviser, who will provide a degree of continuity and consistency, ensuring the individual receives an end-to-end service. This will require building relationships with employers in businesses, doing detailed job analysis and working with the individual and employer to ensure job development and progression over time; and
- **high level of co-ordinated support** – a specialist adviser will work closely with the individual and the employer over the longer term, to make sure that the individual is motivated and assisted in developing meaningful and realistic career and employment goals. Our goal is to progress these individuals from Supported Employment to unsupported employment focusing on job sustainability, but we recognise that some people will need ongoing support.

Figure 5.1 Three levels of support



Greater use of the Supported Employment model

In this context, Supported Employment is defined as high-quality, personalised support, which enables disabled people or other disadvantaged groups to obtain, maintain and progress in **paid employment in a competitive open labour market**. It is often referred to as the ‘**place and train**’ approach to employment support, where the emphasis is on moving a person into a job as soon as possible, with further training provided once in work, rather than a lengthy period of pre-employment training. It includes assistance to the employee before, during, and after obtaining a job as well as support to the employer. Supported Employment is not only about getting a job, but also keeping the job and providing support for career development and lifelong learning.

Finding the right job for an individual is crucial to ensuring a sustainable outcome. The new specialist offer will make greater use of the **Supported Employment** ‘place and train’ approach, with the individual working with their specialist adviser to determine the right job for them and how many hours they can work. In some cases the individual might try a number of jobs before finding the most appropriate employment via short work experience or work placements.

Better integration of services at local level

Many disabled people and people with health conditions, particularly those with more **complex needs**, receive a range of different services at local level, for example, Adult Social Care and primary and secondary health services, as well as support offered by Jobcentre Plus and contracted providers. Feedback from stakeholders is that the support on offer at a local level to disabled people and people with health conditions can be confusing and inconsistent and often results in them having to give the same information to different services.

44 The specialist offer

The new offer will ensure that services are better co-ordinated at local level, working together to support employment outcomes. Whenever an individual enters the system, they should get consistent advice and be signposted to the correct service.

To achieve this, there should be a **fuller integration of commissioning and delivery of local services** leading to more joint planning and greater innovation. Rising demand for services, coupled with the need to reduce public expenditure, provides a compelling argument for greater collaboration between services at a local level. The approach already being taken in developing Community Budgets and the Public Services Transformation Network will provide a strong foundation for taking this forward. Community Budgets enable public service providers to share budgets to improve outcomes for local people and deliver better value for money. The Spending Review in June announced a new £3.8 billion Integration Transformation Fund to deliver faster and deeper integration of health and social care designed around individual needs with a view to driving positive outcomes for people. In delivering our specialist offer we will ensure we build on these foundations to develop a fully integrated local offer.

Case study: Partnership working

Within Jobcentre Plus, a comprehensive range of engagement and partnership activities take place with key local stakeholders. These activities vary across districts, in the context of local demographics and geography, and also because local authorities, as independent organisations, can have different delivery models.

In the Royal Borough of Kensington and Chelsea, Jobcentre Plus have a very good and practical working relationship with the Local Authority Economic Development team. Through the Work and Skills Board, both Jobcentre Plus and the Economic Development team facilitate partnership meetings within the Borough, which has allowed links to be made and close working relationships to be developed with key partners in the Borough.

Three very successful Flexible Support Fund programmes are running specifically for the Borough which bring together partners to fill key gaps in provision for young people, customers with criminal convictions and the over 50s.

Better use of local providers

Many small-scale local providers already deliver high-quality and effective provision for disabled people. However, small-scale providers can encounter particular challenges that prevent them from entering the marketplace, such as high start up costs, limited access to capital, and closed markets dominated by larger providers. We therefore need a **more ground up approach** to harnessing this local provision by making it easier for these providers to enter the market and compete.

We want to **build market capacity, stimulate innovation and competition and increase the range of employment provision** for disabled people at local level. To do this, it is essential to understand what local provision exists, what it offers and how it can be accessed, including developing an understanding of the skills and employment profiles of the people living there. Without this knowledge, we might miss out on working with local providers who are delivering high-quality support services. It is also essential to understand what employers are looking for. Capturing and analysing local labour market intelligence is a necessary step to designing and developing the most appropriate labour market interventions. This will require a more ground up approach than we have previously taken.

We aim to ensure that more high-quality local providers are empowered to take the lead in designing and delivering our new offer.

Case Study: Southdown Housing Association

Southdown Housing Association, a not-for profit Sussex-based organisation, provides employment support services for people with mental health conditions. They have adopted a personalised employment approach known as Individual Placement and Support (IPS), which is specifically designed to support those with mental health conditions to find and remain in competitive, sustainable work. Fundamental to the delivery of IPS is the integration of the model within the Community Mental Healthcare Service. As well as the expertise of the multi-disciplinary team, a Southdown Employment Specialist is essential to support patients to return to and stay in work. One of their customers described their experience:

“I had not been employed for four years, suffering from depression and anxiety, and I was finding being unemployed very difficult. I was worried that it would be very hard to get back into employment after years spent not having a job. I have always wanted to do care work and when I met with the Employment Specialist (ES), we discussed what type of job I would like and where I saw myself in the future. She gave me support to complete application forms and with interview preparation. We decided between us to apply for seasonal work so that I could gain experience and have something extra for my CV. When I got to the interview, it was completely different to what we had practised and I found myself in a group interview of 9/10 people! I am not sure if I'd have been able to cope with this situation before I started working with the ES. Working with her had given me confidence to get through this stage and have a one-to-one interview with the manager which went well and I was offered a position. I found my mind was more settled, I was able to relax in the interview because of the interview practice. I now work 18.5 hours a week in the care-sector as a Support Worker in a supported living scheme for adults with learning disabilities. I am very happy as this was a position I was looking for and Southdown has been very supportive throughout the entire journey of me returning to work.”

Reliable and up-to-date information on the support available

Stakeholders have told us that it can be difficult getting access to **accurate information on the support available** in their area.⁸¹

We will develop an **Information Portal** that provides a single accessible source for updated and accurate information on the employment support available for disabled people and people with health conditions. It will be a useful resource for individuals, Jobcentre Plus advisers, advocates and providers. An Information Portal will also be a key part of the Employer Offer set out in Chapter 2.

We will work with stakeholders to develop what the Information Portal should include, but in the first instance, we propose that it should provide:

- information on **available services** at a local level;
- **peer support** through community pages, including peer reviews of different types of provision;
- sharing of **best practice**; and
- **self-help tools**.

⁸¹ One of the employment enablers set out in the Sayce Review was ‘confident, well informed people who can actively pursue jobs and careers and make choices’: Sayce L, 2011, *Getting in, staying in and getting on: Disability employment support fit for the future*.

Greater use of peer support

The Sayce Review recognised that ‘peer support is vital in instilling confidence in disabled people looking for work, disabled people in work, and to employers’.⁸²

A belief that work is a possible and a positive outlook is an important step on the road to finding employment. Peer support is one way to build this belief and will be a key element of the specialist offer. This will involve disabled people, **Disabled People’s User-Led Organisations** (DPULOs) and the voluntary sector playing a much more active role. The use of ‘Social Cafés’ to encourage peer group support and mentoring has been successful in supporting ex-Remploy factory workers to find alternative employment. DPULOs and the voluntary sector can play a key role in establishing peer support networks.

In October 2013, we launched a pilot programme involving seven DPULOs providing peer support to Employment and Support Allowance (ESA) claimants who have been out of work for more than two years. The DPULOs will take a proactive approach to outreach via doctors’ surgeries, leisure centres, local publications and through word of mouth. The pilot will run for a year and we will use the findings to inform the further development of peer support in our new offer.

Conclusion

We want to improve our specialist offer for disabled people and people with health conditions and we have set out our proposals for the key features that the new offer will need to include. We know that how the new specialist offer is delivered will be crucial to ensuring value for money, effectiveness and high levels of employment outcomes. We will set out our delivery plans in the paper we will publish next year. Given existing contractual commitments, the new offer will not be in place before 2016.

We are exploring trialling some aspects of the new offer. Pilots could provide an opportunity to examine the viability of different delivery models and the impact on employment outcomes. Potential trials could include: driving better integration at local level; options for delivering greater personalisation and giving disabled people more choice and control, including development of peer-led employment programmes; and targeting the Supported Employment approach more widely.

⁸² *Ibid.*

The mainstream offer

6

Introduction

The mainstream offer is an essential complement to our specialist offer – **the large majority of disabled people and people with health conditions access our mainstream employment support**, comprising Jobcentre Plus and the Work Programme (as set out in **Annex B**).

Whilst it is important to improve the Gateway and the specialist support offer, we also need to enhance and refine the mainstream offer, ensuring we provide support that matches people's real world experiences, regardless of the benefits they claim. This will mean **building on our evidence base** of what works in practice on a large scale for disabled people and people with health conditions. In particular, we want to explore how we can improve the performance of the mainstream offer for Employment and Support Allowance (ESA) claimants in the Work Related Activity Group (WRAG), for whom we recognise that labour market outcomes could be better.

From 2013, the Government is rolling out **Universal Credit (UC)**, which will tackle the complexities and poor work incentives in the benefits system. Tapered removal of benefits and a clear financial incentive to move into work will aim to ensure that work always pays. The smoother transition between in work and out-of-work benefits and support will be particularly beneficial for those with fluctuating conditions. Tailored conditionality will ensure that our expectations of claimants are reasonable and flexible, taking account of personal circumstances.

Building our evidence base of what works

We have a good understanding of what works to support Jobseeker's Allowance (JSA) claimants back to work: regular contact with an employment adviser; access to flexible, local support; identification of skills needs and training to support them; and active job brokering. We want to build on our current understanding to ensure our regime better meets the specific needs of disabled JSA claimants.

We know much less about what works to support ESA claimants back into work. People in the ESA WRAG are already required to prepare for, rather than find, work, but their employment outcomes remain low. As set out in **Annex A**, we know that some disabled people and people with health conditions can benefit from more **intensive, personalised support**. We also know that **motivation and desire to find a job** are important factors. Finally, we know that keeping people **engaged with the labour market** from an early stage and looking for work can have a positive employment outcome.

The **ESA regime could be improved** to help more people back into work. For example, the current process means that we do not actively engage with claimants until at least week 14 of their claim, after their Work Capability Assessment is completed. This detachment from the labour market can be counter-productive and can hinder people's chances of getting back into work. Other issues include the **high levels of movement** between JSA and ESA for people with very short-term conditions. This occurs because of the relatively short period of time (two separate periods of up to two weeks) that a JSA claimant is allowed to remain on JSA with a health condition that means that they are unable to work. If an individual exceeds these two periods of two weeks, they are required to apply for ESA. This cycling can be a distraction for claimants who are looking for work and could be better supported on JSA, and it is expensive to administer for the Department.

Helping more ESA WRAG claimants back into work will require a much better understanding of what works in practice, both in terms of the support we offer people and the administrative process for delivering the benefit. Over the next 12 to 18 months we will be piloting a range of activity to help inform this understanding, set out below.

The Greater Wessex Early Intervention pilot

The pilot offers additional support to ESA claimants on a voluntary basis four weeks into their claim. The purpose is to **support ESA claimants to return to work early on**, before issues related to long-term unemployment set in (for example, mental health problems often develop during a period of unemployment). Initially, the adviser explores the opportunity for the claimant to return to their previous employment through direct contact with the employer and making use of additional support, such as Access to Work or a work psychologist, if appropriate. If the claimant cannot return to their previous employer, the adviser uses the Jobcentre Plus Offer to move them into or towards employment. This approach is showing promising early results.

Greater Wessex and Occupational Health Advice Services pilot

From October 2013 to February 2014, as part of the early intervention pilot, Greater Wessex is also undertaking a pilot with the Occupational Health Advice Services. The pilot tests whether receiving occupational health advice from an occupational health professional can help advisers provide better employment advice to people with health conditions.

Case Study: Adviser support

'Anna' had been claiming ESA since June 2013 as a result of depression and anxiety, and had no job to return to. She was not looking for work and was receiving support from her General Practitioner (GP) for her medical condition. Anna's adviser has close links with the local police department who are a very positive disability-friendly employer and keen to offer work experience or employment at their call centre to customers with health problems. She believed Anna would be suitable for this work and having gained Anna's commitment, she set up a meeting at the police department and arranged to accompany Anna to the police headquarters for a brief visit. The meeting went well, and within a couple of days, Anna had been offered a traineeship, which led to a permanent post. Anna started work and her ESA claim ended in September 2013.

ESA 18 to 24-month prognosis health and work pilots

We started a series of pilots in November 2013 to test different ways of supporting ESA claimants with a prognosis of 18 months or more. All of the pilots are work-focused and they will test three distinct approaches:

- meetings with a **healthcare professional** who will work with the claimants to address factors that may prevent a move into work and improve their view of their work readiness;
- more frequent meetings with **Jobcentre Plus advisers** and more intensive support; and
- referral to the **Work Programme**, where providers will be able to offer flexibly delivered support, tailored to the individual.

We plan to build on these initiatives and test more ideas, predominantly aimed at ESA claimants. Areas we are currently considering include:

- **a mandatory intervention regime for ESA WRAG claimants** – testing whether Jobcentre Plus can achieve improved outcomes for individuals who have completed the Work Programme, by providing extra adviser support and more frequent contact time; and
- **reducing the flow from JSA to ESA** – currently, JSA claimants are allowed up to two, two-week periods of sickness in any 12-month period. During the period of sickness, claimants are treated as being available and actively seeking work. But for longer or more frequent sickness, JSA claimants can claim ESA if they have a fit note from their GP. We would like to explore whether there are different approaches we could take to encourage these claimants to stay on JSA as long as they are available to do some form of work, and do all they can to look for work, given their illness or health condition.

Supporting self-employment

The comparatively high numbers of disabled people in work who are self-employed already presents an encouraging picture: 16 per cent of disabled people in work are self-employed, compared to 13 per cent of working non-disabled people.⁸³

Self-employment is a key route to financial independence for disabled people, particularly for those people with fluctuating conditions. However, to build on this success, disabled entrepreneurs have told us that it would be helpful to have: more visible self-employed and entrepreneurial disabled role models; more support and mentoring from disabled people; easier access to finance; and more accessible networking opportunities.

⁸³ Labour Force Survey, Quarter 2, 2013.

The **New Enterprise Allowance** provides support for JSA claimants who are looking to start their own business. It has proved to be a valuable resource for disabled people who want to become self-employed – as of May 2013 it had helped 4,790 disabled people to start their own business (18 per cent of the total number of business starts).⁸⁴ Work Programme, Work Choice and Access to Work also have the flexibility to provide support to disabled entrepreneurs. We will look to build on these successful foundations in the provision of self-employment support in future.

The Department for Work and Pensions is working in partnership with the Department for Business, Innovation and Skills (BIS), National Endowment for Science, Technology and the Arts (NESTA), the Royal Society of Arts (RSA) and others to explore the potential for an **Innovation Challenge Prize**. We will ensure that disabled people and people with health conditions are engaged and involved in discussions. This could also help raise the profile of disabled STEM (Science, Technology, Engineering and Maths) entrepreneurs.

Improving the Work Programme

We know that the Work Programme needs to perform better for some, including disabled people and people with health conditions. We are looking for ways to improve performance now, whilst also developing our intelligence on best practice to inform the next stage of our employment support programmes.

Some of the work already underway includes **Jobcentre Plus Districts forging closer links with Work Programme providers** to deliver a better experience for claimants. This is part of improving local networks and providing more holistic support for individuals. For example, in Surrey and Sussex Jobcentre Plus District, Work Programme providers in the area have an ‘ESA Champion’ for every office in Surrey and Sussex, who works in partnership with their local Jobcentre Plus ESA Advisers. Many offices are already working closely with providers, through attending joint meetings. Disability Employment Advisers (DEAs) and ESA advisers are encouraged to job shadow their Work Programme colleagues. These closer working activities are proving successful, resulting in a greater shared understanding between Jobcentre Plus and Work Programme advisers.

Another Work Programme initiative already being tested is the **Recovery Works** pilot, which is strengthening financial incentives for Work Programme providers to support people who are in treatment for drug and alcohol dependency. An additional job outcome payment of £2,500 will be paid to Work Programme providers for people who are or have recently been in structured, recovery-orientated treatment for drug or alcohol dependency.

To consolidate the work we are doing to drive up performance, in April 2013 the Department launched the **Building Best Practice Group**, chaired by Andrew Sells, a leading businessman. The Group is considering how to ensure that the best ways of addressing the particular needs of claimants, including those further from the labour market, are shared between providers, charities and other organisations helping people into work. The group is also reviewing the application of minimum service levels within the Work Programme, and considering how voluntary and community sector (VCS) organisations and national charities can become better involved in supporting and delivering the Work Programme. The group will report back to Ministers in spring 2014.

⁸⁴ Department for Work and Pensions, August, 2013, *Get Britain Working Official Statistics*.

Universal Credit support for sick and disabled claimants

UC will help tackle the poor work incentives and complexities in the current benefits system, by providing a single means-tested benefit, tailored conditionality and a simpler set of rules. These major improvements to the welfare system will give claimants the confidence to remain in work, or to move into work and recognise the positive benefits of doing so. It also recognises that those who are disabled or who have a health condition often face extra challenges of longer durations on benefit, which have financial implications.

Smoothing the transition into work

UC provides a smoother transition to work, increases the financial returns from work and brings benefits for both employers and employees. The **smooth, tapered removal of benefit payments** as people work longer hours, as well as **more generous work allowances**, will encourage and support claimants to move into or remain in work.

As UC is payable both in and out of work, it enables employers and employees to be more flexible about establishing contracts that suit them. Employers will find it easier to adjust working hours and patterns to fit the changing demands of their business and their employees. This support for flexible working will be especially beneficial for those with fluctuating health conditions.

Making work pay

In addition to supporting disabled claimants through the provision of additional elements within UC, we will support every disabled person and person with a health condition who is able to work to do so. UC aims to ensure that **work – even small amounts – will pay**.

The financial support provided through UC recognises that some disabled people and people with health conditions may only be able to work restricted hours and those with fluctuating health conditions may have regular periods when they are unable to work. UC will not automatically stop when people move in or out of work, so it will make it easier for those with fluctuating health conditions to do so or to increase or reduce their working hours.

Tailored conditionality

UC will provide all claimants, including those who are disabled or who have a health condition, with personalised conditionality and back-to-work support from the beginning of their claim. Claimants will be expected to sign up to delivering a **clear set of responsibilities**. The conditionality regime will be flexible enough to take account of a claimant's capability and circumstances. So any requirements that are imposed on claimants will be based on what can reasonably be expected.

Clear guidance, training and support will help advisers supporting claimants with health conditions, in particular those with fluctuating or mental health conditions, to establish appropriate work-related requirements to help them move into or prepare for work.

These work-related requirements will be set out in a **Claimant Commitment** and reviewed and updated on an ongoing basis. Those with an impairment or health condition that prevents them from working will not be asked to work and will be supported through UC. Others with a limited capability for work will be supported until such time that they can work again, but will be expected to prepare for work so far as they are able.

Conclusion

The majority of disabled people and people with health conditions who need employment support will receive our mainstream offer. We want to improve the support it provides for these claimants, by building our evidence base about what works to support them and feeding this understanding into the design of our future mainstream offer, in line with the roll-out of UC.

Mental health and employment

7

Introduction

Poor mental health is a major issue for government, society and for the many individuals either directly or indirectly affected by it.⁸⁵ At any one time, around one in six people has a common mental health problem like anxiety or depression, and a further two in a hundred are affected by severe mental illnesses like schizophrenia.⁸⁶

The **sheer prevalence** of people with mental health problems in work, and out of work across all working-age benefits, and the prevailing culture of stigma, poor self-belief and low expectations, make this a mainstream issue for the health and employment systems. In the United Kingdom (UK), as in many industrialised nations, mental health problems are now the most common primary condition among sickness benefit claimants.⁸⁷ Forty-four per cent of individuals claiming Employment and Support Allowance (ESA) report a mental health problem.⁸⁸ Poor mental health is also widespread among job seekers with **more than a fifth (23 per cent) of Jobseeker's Allowance (JSA) claimants having a common mental health problem.**⁸⁹

This chapter sets out our understanding of the relationship between mental health and employment, and what this means for our efforts to reduce avoidable job loss and help people return to work when mental health problems arise.

⁸⁵ In this chapter we use different terms to describe mental health issues, depending on the context in which they are used. Annex F sets out our definitions of the relevant terms.

⁸⁶ McManus S, Meltzer M, Brugha T, Bebbington P, and Jenkins R, 2009, *Adult psychiatric morbidity in England (2007): Results of a household survey*. Leeds: The NHS Information Centre for health and social care.

⁸⁷ Department for Work and Pensions, February, 2013, Figure includes Employment and Support Allowance, Incapacity Benefit and Severe Disablement Allowance claimants. *Department for Work and Pensions Tabulation Tool*.

⁸⁸ Work and Pensions Longitudinal Study, February 2013. This figure includes mental and behavioural disorders.

⁸⁹ McManus S, Mowlam A, Dorsett R, Stansfield S, Clark C, Brown V, Wollny I, Rahim N, Morrell G, Graham J, Whalley R, Lee L, and Meltzer H, 2012, *Mental health in context: the national study of work-search and wellbeing*. Department for Work and Pensions Research Report 810.

Many individuals with mental health problems can and do work but, as a group, **people with mental health problems fare worse in the labour market**. The employment rate for all people with mental health problems is 37 per cent – much lower than for people with health conditions in general (58 per cent) or the working-age population as a whole (71 per cent). For disabled people with mental illness, employment rates are lower still at just 18 per cent.⁹⁰

The estimated cost of mental health problems to the economy is £30 to 40 billion, arising from lost production from people with mental health problems, the costs of informal care, and National Health Service (NHS) costs.⁹¹ There are also personal costs for individuals, in terms of the impact of their condition on their quality of life and social functioning.^{92, 93}

Whilst these figures indicate the considerable prevalence of mental health problems – **the actual scale of the issue is much larger**. We know that there is a high co-morbidity between physical health and mental health problems – individuals with mental health conditions are more likely to develop a physical health condition and vice versa.

This represents an **enormous challenge to both health and employment services**, but if we get it right, the benefits will be substantial. No countries have worked out how to address this issue – but we are among the acknowledged leaders in our understanding of the complexity of the challenge.

Health and work services need to **work together** to find a solution. Health treatment alone may not be enough to enable a return to work.⁹⁴ Just as for physical health issues, a combination of work focused healthcare, employment advice that builds self-efficacy, and accommodating workplaces offers the best prospect of achieving **sustained return to work**.

Why is mental health different?

For too many working people, an **episode of mental ill-health contributes to job loss**. Once out of work, people with mental health problems have lower job entry rates than other groups and spend longer on benefits.⁹⁵

In addition, worklessness is a risk factor for the onset of poor mental health.⁹⁶ Being out of or away from work can sustain the symptoms of mental illness and **reinforce negative views about capability** and future prospects.

Differences in individual illness perceptions mean that people with the same diagnosis and similar symptoms may respond differently to the challenge of returning to work. When unwell, people with mental health problems have varying degrees of self-awareness and many find it hard to recognise and handle the onset of a transitory or fluctuating episode. Feeling negative is characteristic of having a mental health problem.

⁹⁰ Figures are from the Labour Force Survey, Quarter 2, 2013: The employment rate for people with mental health problems is based on all people who reported their health condition as: depression, bad nerves, anxiety or a mental illness. The employment rate for disabled people with mental illness is based on people who were categorised as Disability Discrimination Act (DDA) disabled and reported their health condition as 'mental illness'.

⁹¹ Her Majesty's (HM) Government, 2009, *Working our way to better mental health: a framework for action*.

⁹² Spitzer RL, Kroenke K, Linzer M, et al., 1995, *Health-Related Quality of Life in Primary Care Patients With Mental Disorders: Results From the PRIME-MD 1000 Study*. JAMA. 274(19):1511-1517.

⁹³ Herrman HS, Saxena S, Moodie R (Eds), 2005, *Promoting Mental Health: Concepts, Emerging Evidence, Practice*. A WHO Report in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. Geneva: World Health Organization.

⁹⁴ Waddell G, Burton K, and Kendall N, 2008, *Vocational Rehabilitation. What works, for whom and when?* London: TSO.

⁹⁵ McManus S, Mowlam A, Dorsett R, Stansfield S, Clark C, Brown V, Wollny I, Rahim N, Morrell G, Graham J, Whalley R, Lee L, and Meltzer H, 2012, *Mental health in context: the national study of work-search and wellbeing*, Department for Work and Pensions Research Report 810.

⁹⁶ Paul K I, and Moser K, 2009, *Unemployment impairs mental health: Meta-analyses*. Journal of Vocational Behavior, 264–282.

Furthermore, poorer mental health is associated with lower confidence in job-seeking abilities.⁹⁷ The longer an individual is detached from the workplace, the more important their beliefs become about their ability to perform a job effectively and manage their condition at work. And **the longer the detachment, the more likely it becomes that self-belief is damaged.**

Nonetheless, appropriate **work is generally good for health and wellbeing**, including for people who have mental health problems.⁹⁸ And returning to suitable work can improve mental health.

What's happening now?

We are **committed to making the mainstream offer work better for the great majority of people with common mental health problems**, and have already made good progress on developing a joined-up and rounded support offer for individuals with mental health conditions.

We have launched 'Working for Wellbeing in Employment', an employment adviser toolkit designed by an industry-led group of Work Programme Prime and specialist providers. This toolkit supports Work Programme employment advisers to spot when mental wellbeing support can help a job seeker achieve their employment goal.

The NHS rollout of the **Improving Access to Psychological Therapies (IAPT)** programme in England is expanding access to evidence-based talking therapies to support for people with mental health problems. More people than ever before now have access to these services and the Government has committed that, by the end of 2014/15, at least 15 per cent (around 900,000 people) of people who would benefit from these services will have access – with a recovery rate of 50 per cent. Many IAPT services offer access to employment advice for working-age people, some offer employment advice from the outset, for people, on out-of-work benefits or off sick and at risk of falling out of work. Further, the 2011 four-year IAPT plan of action outlines how the Government is delivering its commitment to expand access to psychological therapies.

No health without mental health, the cross-Government mental health outcomes strategy published in 2011 for people of all ages, recognised the need to improve wellbeing for everyone and to improve services for people with mental health problems, including improving employment outcomes.⁹⁹

Employment outcomes are now a clear part of NHS responsibilities. The NHS and Public Health Outcomes Frameworks set the outcomes and indicators for the commissioning of health services and reductions in health inequalities, for which the **NHS and Public Health England are accountable** to the Secretary of State for Health. There are **specific indicators for the employment of people with a mental health condition** and for people with long-term conditions.

Revised guidance for fit notes to focus on what individuals can do. Mental health problems are perceived as more challenging than other conditions by employers, General Practitioners (GPs) and the general public alike. This is why, since 2010, we have reframed the way we look at fitness for work to focus on what people **can** do, and to encourage a step change in the assumption that people with mental health problems should be protected from work. The **fit note** allows doctors to provide more useful fitness for work advice to patients who are off work because of a health condition. This is especially important because mental health problems are the most common health problem specified on fit notes.¹⁰⁰

⁹⁷ McManus S, Mowlam A, Dorsett R, Stansfield S, Clark C, Brown V, Wollny I, Rahim N, Morrell G, Graham J, Whalley R, Lee L, and Meltzer H, 2012, *Mental health in context: the national study of work-search and wellbeing*, Department for Work and Pensions Research Report 810.

⁹⁸ Waddell G, and Burton K, 2006, *Is work good for you health and wellbeing?* London: The Stationery Office.

⁹⁹ Department of Health, 2011, *The mental health strategy for England*.

¹⁰⁰ Chenery V, 2013, *An evaluation of the Statement of Fitness for Work (fit note): survey of employees*. Department for Work and Pensions Research Report 840.

Case Study: MINDFUL EMPLOYER

Providing employers with easier access to information and local support is widely recognised as a key factor in the recruitment and retention of staff with a mental health condition. With the right support, people with a mental health condition can and do stay in work.

MINDFUL EMPLOYER provides employers with easier access to information and support in relation to supporting staff who experience stress, anxiety, depression and other mental health conditions. It is run by Workways (which is a service of Devon Partnership NHS Trust) and it was developed by employers in Exeter and launched in 2004.

An entirely voluntary initiative, it was initially intended for local employers only, but it has since developed throughout the UK and launched independently abroad. It is recommended good practice by the Government and other national organisations. It is a Registered Trade Mark of Devon Partnership NHS Trust and its logo can be used by the signatories and Partnership Organisations.

Signatories sign The Charter for Employers who are Positive about Mental Health. The Charter provides a voluntary set of aspirations for employers to work towards and allows signatories to use the MINDFUL EMPLOYER logo as a public, tangible demonstration of commitment to their staff.

MINDFUL EMPLOYER has attracted interest and commitment from small, medium and large businesses and organisations from all sectors with over 1,000 employers signing a voluntary, aspirational Charter for Employers who are Positive About Mental Health since the initiative began. www.mindfulemployer.net

Employer Pledges for workplace wellbeing. The Public Health Responsibility Deal Pledges for workplace wellbeing, and the new Pledge on mental wellbeing and resilience in the workplace, both provide useful tools for employers to demonstrate their commitment to supporting the employment of individuals with mental health conditions. They are **supported by 'how to' resources and information.**

A number of pilot initiatives have tested approaches to help working-age people with mental health problems remain in or return to work, by reducing sickness absence and the risk of labour market detachment. These include:

- national occupational health advice service pilots which offer professional advice to employers, employees and GPs; and
- the Fit for Work Service pilot programme, which provided individuals in the early stages of sickness absence with case-managed, early intervention support.

Each pilot aimed to target mental health and work issues in particular. They have influenced and informed the forthcoming introduction of the Health and Work Service in 2014.

Whatever the point of access – whether via Jobcentre Plus, a GP or an employer – our ambition is for **personalised services and co-ordinated support** to reduce: the risk of lengthy sickness absences; avoidable job losses; and long durations out of work. New early intervention services, including the Health and Work Service, will emphasise parity of support for physical and mental health.

New proposals

We have the foundations for a comprehensive set of support services for individuals with mental health conditions. We have a good understanding of what works to support people already in employment to remain in work when mental health problems arise. The evidence suggests that providing a **combination of work-focused healthcare and accommodating workplaces** offers the best prospects for helping people stay in work on a sustained basis.¹⁰¹

However, we have less evidence on effective approaches for helping benefit claimants with mental health problems get into, or back into, work. There is no single, tested intervention that we can identify as a solution, and it is unlikely that a single solution would work for such a diverse group.

One place where we do have evidence of success is in **Individual Placement and Support (IPS)**. IPS is an employment support model for people with severe mental illness which has been effective in helping people to enter work. IPS makes the goal of employment explicit from the outset. This model has been mainly restricted to secondary care health services in the UK, although some areas are currently using this model in primary care settings. Below we note how we aim to further review the evidence for IPS.

We are setting out a number of proposals, which we will use to build a more developed evidence base, and importantly to have a positive impact on the lives of many individuals with mental health conditions.

Building on the work of the Mental Health and Employment Task and Finish Group

We convened a **Task and Finish Group** in spring 2013 to help understand the principles and approaches that should underpin what commissioners and providers do to help people with mental health problems return to and remain in work.

Summary of principles from the Mental Health and Employment Task and Finish Group

- Services are seamless at the point of use – this means ‘no wrong door’, whether access is through employment, health or social services. Wherever possible, support is joined up.
- People receive help to negotiate reasonable adjustments; and employers are supported to develop mentally healthy workplaces.
- Services should lead by example by employing people with mental health problems at all levels within their organisations.
- All services share a common goal: return to open employment is a positive outcome; services measure their contribution to this goal.
- Help and advice is timely and personalised, catering for individual needs.
- The expertise and experience of people with mental health problems feeds into the design and development of local strategies and solutions.
- High-quality support, combining benefit and financial planning.

¹⁰¹ Waddell G, Burton K, and Kendall N, 2008, *Vocational Rehabilitation. What works, for whom and when?* London: TSO.

We are taking forward the suggestions of the Task and Finish group in the following ways:

- NHS England has commissioned work to consider how the **Clinical Commissioning Group Outcomes Indicator Set** on employment can be used to focus attention on employment outcomes as a legitimate health goal;
- we have committed to signing up to the **Time to Change** campaign's pledge to eradicate stigma and discrimination in the workplace;¹⁰²
- we are working with the **National Institute for Health and Care Excellence (NICE)** to review the evidence and efficacy of models of Supported Employment, including the IPS approach;
- we are working with healthcare bodies to improve the education of **frontline health and employment professionals**;
- we are improving access to advice and guidance for getting back to work through the **'One Stop Shop'** outlined in Chapter 2 and the implementation in 2014 of the **Health and Work Service**, and will embed mental health requirements into the new services; and
- we are working with commissioners and providers to embed the principles recommended by the **Mental Health and Employment Task and Finish Group** in their day-to-day work.

Actions to develop the evidence base on initiatives that can improve joint employment and health outcomes

Through the Cabinet Office's Contestable Policy Fund, we have jointly commissioned with the Department of Health (DH) proposals to improve employment and health outcomes for people with common mental health problems.¹⁰³ This will contribute to a better evidence base for action, with a focus on better alignment of employment and health services.

These will build on the **Psychological Wellbeing and Work** project's findings and consider a range of specific employment and mental health interventions. The Department for Work and Pensions and DH are considering the details of the proposals including;

- **enhanced employment support in primary care** including IAPT services, building on the employment advice currently offered in these services, with fully-specified support models like IPS;
- activities for benefit claimants who are at risk of developing or worsening depression or anxiety, **to build belief in capability for work and increase emotional resilience** to the setbacks people face when job seeking; and
- different modes of **specialist work and wellbeing assessments** and support, including online, telephone and face-to-face.

In addition we have accepted and propose to design and test the Psychological Wellbeing and Work project's recommendations on two key enabling proposals:

- a **new joint commissioning framework** for local strategic partners; and
- a **new assessment tool** to help services, both health and employment, become more effective at targeting support. This offers the opportunity to test the Gateway approach outlined earlier in Chapter 4.

¹⁰² Time to Change is the England-wide programme to end mental health discrimination led by Mind and Rethink Mental Illness.

¹⁰³ RAND Europe was commissioned to carry out this work.

Better joined-up local support between Jobcentre Plus and mental health support services

Many Jobcentre Plus Districts have Partnership Managers who work with the local mental health and employment services, including those in IAPT. For example, Jobcentre Plus in Westminster has agreed to second an employment adviser to Westminster Community Recovery Services, part of the NHS Mental Health Trust. In addition, they are setting up a direct two-way referral mechanism between advisers and the local IAPT service, ensuring a better service for individuals and greater understanding of each other's services.

Further, in London, Work Programme providers work with their local IAPT services to improve the way that services work together for their common client group.

We will continue to provide local Jobcentres with the freedom, flexibility and encouragement to innovate locally and work closely with IAPT and other mental health services, local authorities and Work Programme providers. We will encourage the sharing of good practice throughout Jobcentres, to ensure that good initiatives are taken forward across the country while retaining the ability to adapt to local requirements. To support this work we will launch a new mental health and employment learning resource pack for Jobcentre employment advisers.

Holistic approach to mental health and associated social issues

Poor mental health is often **associated with other social issues** for individuals or their families. Severe mental health problems often coincide with homelessness, substance misuse and offending.^{104, 105, 106}

Young people with mental health problems at age 16 fare worse in the labour market: they have lower chances of achieving qualifications and participating in work, and are more likely to have other characteristics that may make it more difficult to find employment, such as being a teenage parent and having criminal convictions. This is why the IAPT programme has a new focus on children and young people.

'Social Justice: Transforming Lives' outlined the Government's vision for delivering support to people who have complex needs.¹⁰⁷ It aims to embed a culture of **holistic, joined-up public services, early intervention**, and support focused on helping families and individuals **regain independence**. We will ensure that mental health services and strategies are part of this integrated approach.

We are building the evidence base on better services for individuals with health conditions, and better service alignment between health and employment.

¹⁰⁴ Fazel S, Kholsa V, Doll H, and Geddes J, 2008, *The Prevalence of Mental Disorders among the Homeless in Western Countries: Systematic Review and Meta-Regression Analysis*. PLoS Medicine 5 (12): e225.

¹⁰⁵ Crome I, Chambers P, Frisher M, Bloor, R, and Roberts D, 2009, *The relationship between dual diagnosis: substance misuse and dealing with mental health issues*. Research Briefing 30. Social Care Institute for Excellence.

¹⁰⁶ HM Government, 2011, *No health without mental health*. A cross-government mental health outcomes strategy for people of all ages. Some 90 per cent of all prisoners are estimated to have a diagnosable mental health problem (including personality disorder) and/or a substance misuse problem.

¹⁰⁷ Department for Work and Pensions, 2012, *Social Justice: transforming lives*.

Conclusion

We have already taken positive steps to understand the key ingredients of effective support for people with mental health conditions. We know that appropriate and timely intervention is key, and that health and work support in combination can reduce the cost and waste of lengthy sickness absence and premature job loss.

However, it is clear that we need a better understanding about effective approaches when people are out of work, on out-of-work or health-related benefits – particularly in terms of aligning the support that exists in the employment and health systems.

The proposals outlined by the Task and Finish Group and the Psychological Wellbeing and Work project will contribute to a better evidence base for action and provide an opportunity to explore better approaches to help people with mental health problems to work.

Conclusion

8

Although many disabled people and people with health conditions work, if you have a long-term health condition or impairment you are significantly less likely to be in work than someone who does not. We know that some disabled people and people with health conditions are unable to work, and we will continue to provide them with financial support. But we are committed to enabling more disabled people and people with health conditions who are able to work to do so. In this Paper, we have set out our proposals for working in partnership with individuals and employers to achieve this goal.

These proposals focus on:

- **supporting employers** to recruit, retain and develop disabled people and people with health conditions;
- enabling more **young disabled people and people with health conditions** to make a successful transition from education to employment;
- developing a **new Gateway** to our employment services, to ensure that disabled people and people with health conditions get the right support at the right time to enable them to get into or get back into work;
- improving our **specialist offer for disabled people and people with health conditions** by ensuring that it includes a number of key features, including greater personalisation, better integration of local services, better use of local providers and a greater focus on Supported Employment;
- improving our **mainstream offer** for disabled people and people with health conditions by developing the evidence base about what is most effective in supporting them into employment; and
- developing more effective approaches for supporting people with **mental health problems** to get into work, focusing particularly on better alignment between employment and health services and building on the proposals outlined by the Task and Finish Group and the Psychological Wellbeing and Work project.

These proposals will enable more disabled people and people with health conditions to fulfil their employment aspirations, help to narrow the employment gap and, in doing so, improve the economic performance of the United Kingdom.

Our thinking so far has benefited from a wide variety of input, and we continue to welcome views as we develop our delivery plans, which we will publish in a further paper next year.

We can be contacted by email at dhes.comment@dwp.gsi.gov.uk or by post at:

Disability and Health Employment Strategy Team
Department for Work and Pensions
Ground Floor
Caxton House
6-12 Tothill Street
London
SW1H 9NA

Annex A

What works in supporting disabled people and people with health conditions back into work?

Introduction

This Annex reprises the evidence and best practice in supporting disabled people and people with health conditions back into work from a national and international perspective. This is not intended to be a comprehensive review of all the available evidence.

In December 2013, The Department for Work and Pensions is planning to publish two separate but related documents that contribute to our understanding of the evidence of what works, namely:

- ‘What works for whom in helping disabled people into work’;¹⁰⁸ and
- ‘Psychological Wellbeing and Work: Improving Service Provision and Outcomes’.¹⁰⁹

The disability employment gap – the public policy challenge

The disability employment gap, and the overlapping problem of entrenched inactivity amongst those with health conditions, is a major public policy challenge: so far, no country has tackled this challenge successfully.

The European Commission has set a number of growth targets for 2020, including a European Union headline employment rate target of 75 per cent for **all** individuals aged 20 to 64.¹¹⁰ To achieve these targets, more disabled people need to be in employment in the open labour market.¹¹¹ Figure A.1 sets out the levels of employment for both disabled and non-disabled people across European Union (EU) countries.

¹⁰⁸ Coleman N, Sykes W, and Groom C, 2013, *What works for whom in helping disabled people into work?* Department for Work and Pensions Working Paper No. 120.

¹⁰⁹ van Stolk C, Hofman J, Disley E, Pollitt A, Janta B, Hafner M, and Plumridge J, forthcoming, *Psychological Wellbeing and Work: Improving Service Provision and Outcomes*.

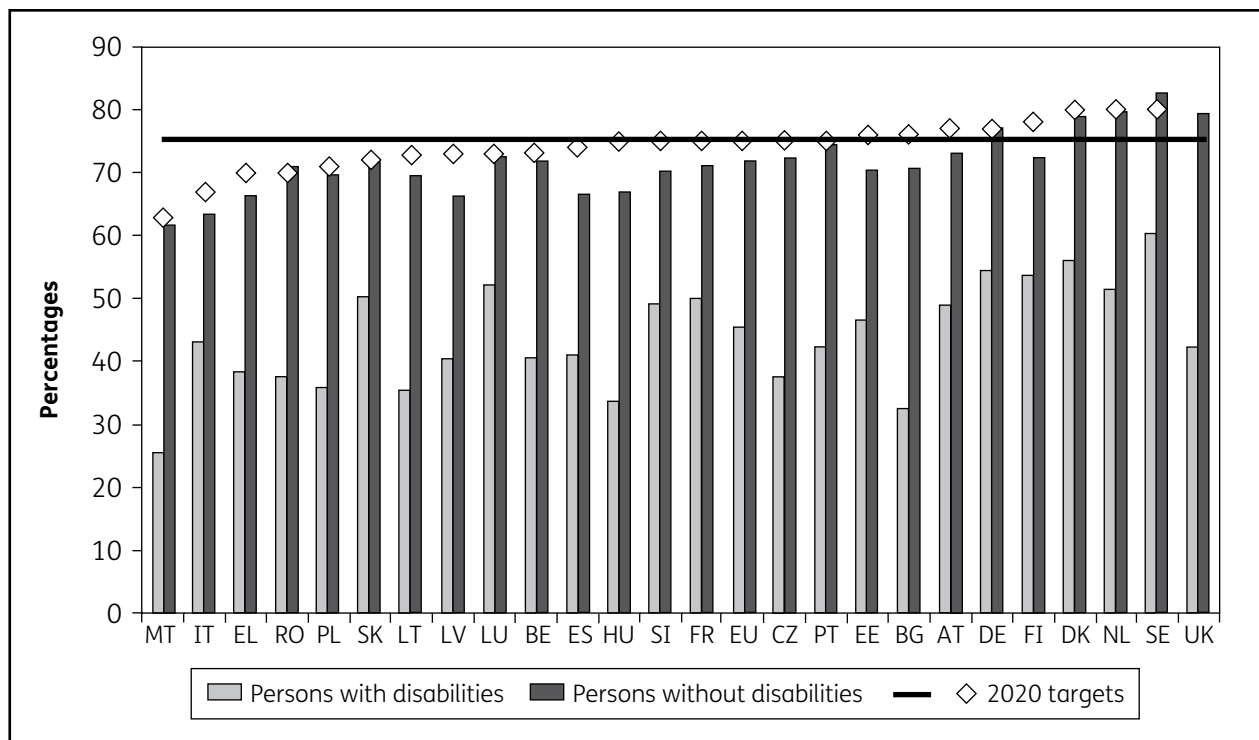
¹¹⁰ European Commission, 2010, *A strategy for smart, sustainable and inclusive growth*.

¹¹¹ European Commission, 2010, *European Disability Strategy 2010-2020: A renewed commitment to a barrier free Europe*.

64 Annex A – What works in supporting disabled people and people with health conditions back into work?

Studies have highlighted the diverse nature of disability and the corresponding wide range of factors that affect disabled people’s employment prospects.¹¹² Disability or ill health is only one element among many affecting people’s employment prospects. Unemployed individuals may also face a range of other complex issues, for example, a lack of qualifications or debt problems may be the main reasons that they are not in work, rather than their health condition. But when these factors overlap, it can be particularly difficult for people to work. Understanding exactly what works, for whom, is difficult with such a diverse group.

Figure A.1 Employment rate by disability status and EU Member State¹¹³



Key: MT – Malta, IT – Italy, EL – Greece, RO – Romania, PL – Poland, SK – Slovakia, LT – Lithuania, LV – Latvia, LU – Luxembourg, BE – Belgium, ES – Spain, HU – Hungary, SI – Slovenia, FR – France, EU – European Union, CZ – Czech Republic, PT – Portugal, EE – Estonia, BG – Bulgaria, AT – Austria, DE – Germany, FI – Finland, DK – Denmark, NL – Netherlands, SE – Sweden, UK – United Kingdom

An increased emphasis on employment

Until relatively recently, labour market policy in most countries lacked an emphasis on work for disabled people and people with health conditions, particularly for those on disability benefits. Approaches centred on providing financial support to enable people to live without work and, where employment support was provided, many countries focused on providing sheltered employment rather than promoting integration into the open labour market.¹¹⁴

In this country, in the period after the Second World War, many disabled people still lived in large institutions. If they worked at all, it was in industrial therapy units inside these institutions for little or no pay.¹¹⁵

¹¹² Department for Work and Pensions, 2013, *Fulfilling Potential: Building a deeper understanding of disability in the UK today*.

¹¹³ European Union – Survey on Income and Living Conditions (EU-SILC) 2010 from GrammenosS, 2013, *Comparative data and Indicators – Year 1 – 2012*. European comparative data on Europe 2020 and Housing Conditions. Academic Network of European Disability Experts (ANED).

¹¹⁴ OECD, 2010, *Sickness, Disability and Work: Breaking the Barriers*. A synthesis of findings across OECD countries.

¹¹⁵ Sayce L, 2011, *Getting in, staying in and getting on: Disability employment support fit for the future*.

There is now recognition of the positive role that appropriate work can play in supporting a person's health and wellbeing.¹¹⁶ The vast majority of working-age people believe that paid work is good for physical health (84 per cent) and mental health (83 per cent).¹¹⁷

Recent policy changes in the United Kingdom reflect this shift: for example, the move from Incapacity Benefit to Employment Support Allowance (ESA) and, following the Sayce Review, the change in focus of employment support funding from sheltered factories to a more personalised and mainstream approach.¹¹⁸

An emerging picture of what works internationally

As attitudes and approaches change, countries in the Organisation for Economic Co-operation and Development (OECD) have begun to put more emphasis on work for disabled people and people with health conditions. These countries have also begun to focus more on employment support to ensure that disabled people and people with health conditions have the best opportunity to return to work. But this shift is at an early stage and as a result the evidence base on what works to support people into work is still developing.

In 2010, the OECD concluded that these policy shifts had not yet been enough to lead to a corresponding increase in numbers in employment. The OECD partly attributes this to a lack of investment in employment support and rehabilitation services, and points to the importance of establishing a better evidence base to engender policy success. The report concluded that much more needs to be done to help long-term disabled benefit claimants move into employment and to improve labour market opportunities for disabled people and people with health conditions in general.¹¹⁹ Specifically, the report advised that policies which have the best chance of securing job outcomes for sick and disabled people should include:

- a strong focus on **work capability**, not disability – moving away from providing benefits to people who are unable to work, towards an approach focusing on people's work capability;
- **active engagement** with the labour market – through more active labour market regimes, reflecting the partial work capability of many disabled people; and
- the principle that **work should pay** – through reform of the benefits and tax system, to ensure that the financial incentives to work and increase hours are much clearer.

A separate review of international evidence in 2013 looked at employment programmes based on individualised case management and support for disabled people.¹²⁰ It identified several additional elements of 'best practice' including those outlined below.

¹¹⁶ McManus S., Mowlam, A., Dorsett, R., Stansfield, S., Clark, C., Brown, V., Wollny, I., Rahim, N., Morrell, G., Graham, J., Whalley, R., Lee, L., and Meltzer, H, 2012, *Mental health in context: the national study of work-search and wellbeing*. Department for Work and Pensions Research Report 810.

¹¹⁷ Collingwood S, 2011, *Attitudes to health and work amongst the working-age population*. Department for Work and Pensions Research Report No 763.

¹¹⁸ Sayce L, 2011, *Getting in, staying in and getting on: Disability employment support fit for the future*.

¹¹⁹ OECD, 2010, *Sickness, Disability and Work: Breaking the Barriers. A synthesis of findings across OECD countries*.

¹²⁰ Coleman N, Sykes W, and Groom C, 2013, *What works for whom in helping disabled people into work?* Department for Work and Pensions Working Paper No. 120.

66 Annex A – What works in supporting disabled people and people with health conditions back into work?

Early intervention – early intervention is important to prevent individuals leaving employment after the onset of a health condition or impairment and also to ensure rapid access to appropriate support for benefit claimants.¹²¹ The OECD concluded that early intervention is important for people at risk of long-term sickness absence, particularly for those with mental health conditions. They advised that, if possible, intervention should be ‘pre-benefit’ given the length of time between the onset of an impairment, leaving work and claiming benefits – by which stage return-to-work programmes may be less likely to succeed.¹²² For example, in Australia, after a certain period of prolonged sickness absence, individuals undertake an assessment of both work capability and support needs, before a benefit claim is made.¹²³

A supportive and trusting adviser relationship – adviser support is key to building individuals’ confidence and addressing any concerns they may have about returning to, or entering, employment. This relationship has also been found to be of vital importance across a range of Department for work and Pensions programmes.^{124, 125}

A balance between specialist support and mainstream provision – the importance of access to both specialist and mainstream provision for disabled people has been highlighted.¹²⁶ Many disabled people and people with health conditions do work, and for many unemployed people with a disability or health condition their condition is not a significant factor preventing them from working, therefore the needs of many individuals could be met through mainstream support.¹²⁷ However, some disabled people require more specialist support. The Sayce Review highlighted the need to ensure access to specialist provision for those with the most significant barriers to work.¹²⁸ There have also been clear messages from the Department for Work and Pensions programmes of the importance of providing specialist support alongside mainstream provision.¹²⁹

Access to other types of support where appropriate – providing guidance and counselling alone is unlikely to lead to sustained employment outcomes for individuals. Access to additional support, where appropriate, is recognised as an important component of the offer to individuals.¹³⁰

Learning from the UK

In addition to the evidence above, from delivering employment support to disabled people and people with health conditions in this country, we know that:

Recognising diversity is important – the diversity of the population of disabled people and people with health conditions exacerbates the lack of evidence. What works for one person with a specific health condition or impairment may not work for someone else with the same condition. Differences in individual illness perceptions play an important role in a person’s self-belief about their ability to return to work.¹³¹ Furthermore, for some people their impairment or health condition may be a barrier to employment, but others may face different barriers, such as a lack of skills or experience.¹³² Figure A.2 highlights the key barriers to employment for unemployed and inactive disabled people aged 16 and over.

¹²¹ *Ibid.*

¹²² OECD, 2011, *Sick on the job? Myths and Realities about Mental Health and Work*. OECD.

¹²³ *Ibid.*

¹²⁴ Hasluck C, and Green A, 2007, *What Works for Whom? A review of evidence and meta-analysis for the Department for Work and Pensions*. Department for Work and Pensions Research Report 407.

¹²⁵ Purvis A, Foster S, Lane P, Aston J, and Davies M, 2013, *Evaluation of the Work Choice Specialist Disability Employment Programme. Findings from the 2011 early implementation and 2012 steady state waves of the research*. Department for Work and Pensions research report 846.

¹²⁶ Greve B, 2009, *The Labour Market Situation of Disabled People in European Countries and Implementation of Employment Policies: a summary of evidence from country reports and research studies*. Academic Network of European Disability experts (ANED).

¹²⁷ Office for National Statistics, 2011, *Life Opportunities Survey Wave One 2009/11*.

¹²⁸ Sayce L, 2011, *Getting in, staying in and getting on: Disability employment support fit for the future*.

¹²⁹ Purvis A, Foster S, Lane P, Aston J, and Davies M, 2013, *Evaluation of the Work Choice Specialist Disability Employment Programme. Findings from the 2011 early implementation and 2012 steady state waves of the research*. Department for Work and Pensions research report 846.

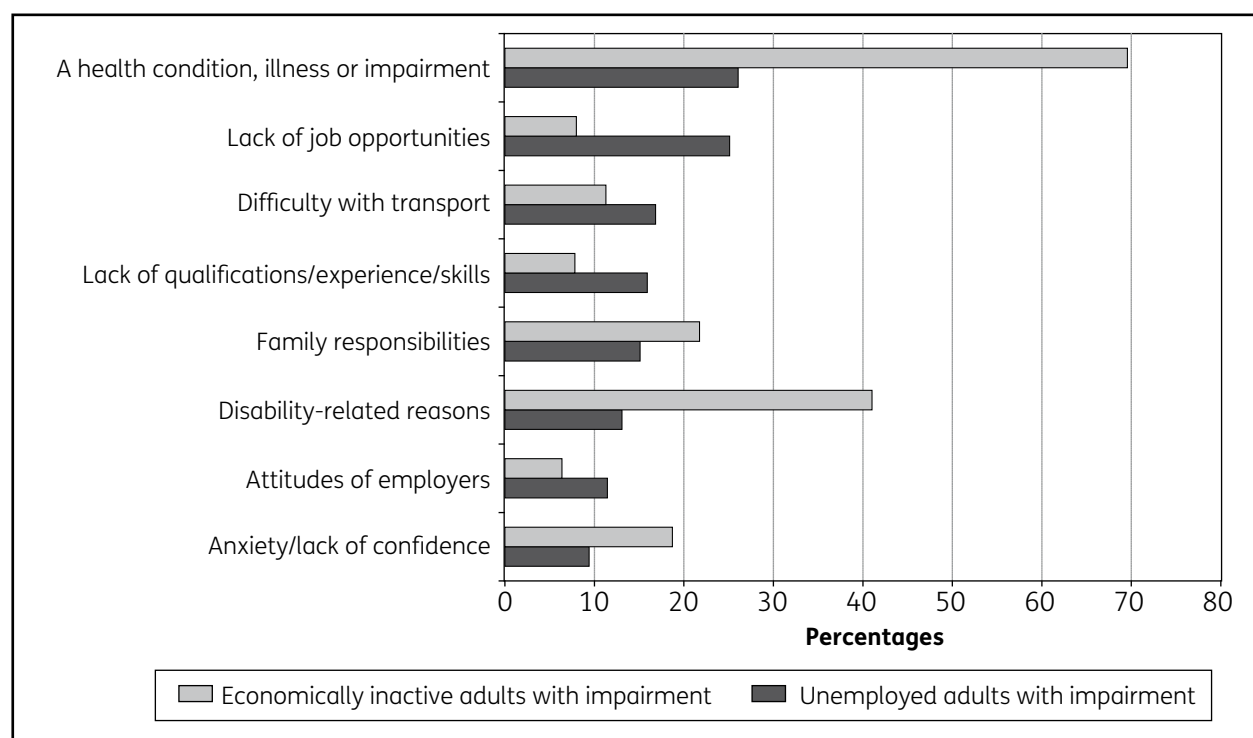
¹³⁰ Greve B, 2009, *The Labour Market Situation of Disabled People in European Countries and Implementation of Employment Policies: a summary of evidence from country reports and research studies*. Academic Network of European Disability experts (ANED).

¹³¹ Hoving JL, van der Meer M, Volkova AY, and Frings-Dresden MH, 2010, *Illness perceptions and work participation: A systematic review*. International Archives of Occupational and Environmental Health, 2010, 83:595-605.

¹³² Office for National Statistics, 2011, *Life Opportunities Survey Wave One 2009/11*.

Motivation matters – evidence from a review of the Department for Work and Pensions programmes show that motivation and attitudes to work play a vital role in someone’s ability to find work.¹³³ Individual beliefs can affect jobseeking behaviour, for example, the number of job applications made by benefit claimants.¹³⁴ This may be particularly significant for disabled people and people with health conditions. Research shows that although the majority of disabled benefit claimants want to work (56 per cent) and believe that having a job would make them better off financially (65 per cent), very small proportions think they are currently able to work (15 per cent) or that having a job would be beneficial for their health (23 per cent).¹³⁵

Figure A.2 Barriers to employment for disabled people: unemployed and economically inactive adults, aged 16 and over¹³⁶



Low jobseeking expectations can affect outcomes – expectations of future work can also be low for disabled benefit claimants – 46 per cent of disabled benefit claimants never expect to find a job, with higher proportions for those claimants who consider themselves disabled or who are over 55. Disabled claimants are unlikely to be looking for work – less than a quarter (22 per cent) of claimants were actively seeking work.¹³⁷ This difference in job-seeking activity may partly be driven by the expectations imposed by the benefits that respondents were claiming – for example, disabled people claiming Jobseeker’s Allowance (JSA), which requires claimants to look for work, were much more likely to be looking for work than those on other benefits.

¹³³ Hasluck C, and Green A, 2007, *What works for whom? A review of evidence and meta-analysis for the Department for Work and Pensions*, Department for Work and Pensions Research report 407.

¹³⁴ McManus S, Meltzer M, Brugha T, Bebbington P, and Jenkins R, 2009, *Adult psychiatric morbidity in England, 2007. Results of a household survey*. Leeds: The NHS Information Centre for health and social care.

¹³⁵ Department for Work and Pensions, 2013, *A survey of disabled working-age benefit claimants*. In House Research Report No.16.

¹³⁶ Office for National Statistics, 2011, *Life Opportunities Survey, Wave One, 2009/11*.

¹³⁷ Department for Work and Pensions, 2013, *A survey of disabled working-age benefit claimants*. In House Research Report No.16.

68 Annex A – What works in supporting disabled people and people with health conditions back into work?

All progress matters – as highlighted, despite over half of disabled benefit claimants wanting to work, the majority consider themselves unable to do so.¹³⁸ The correct support, however, can improve ‘soft’ outcomes, including motivation to work, for disabled people or those with a health condition. A year after starting to receive support through the Jobcentre Plus Offer, ESA claimants looking for work showed significant increases in job search confidence (74 per cent felt more positive about dealing with rejections and 75 per cent felt more positive about being able to learn new skills or retrain). Additionally, ESA claimants who had not found work were more positive about work overall than when they started on the Offer.¹³⁹

Employers and healthcare professionals are crucial – interventions for disabled people are only one side of the story – interventions should also focus on employers.¹⁴⁰ The importance of intervention for employers is two-fold: to stimulate the ‘demand side’ in terms of employing people, and to make workplaces more flexible and accommodating to disabled people.

The role of **healthcare professionals** has also been noted, particularly the importance of ensuring a co-ordinated focus on healthcare and employment.¹⁴¹ Evidence shows that improved co-ordination between employers, employees, occupational health providers and primary care professionals can have positive results including faster recovery, less re-occurrence of ill-health and less time out of work.¹⁴²

The performance of our employment support programmes

In line with the international picture, we still have more to do to maximise the effectiveness of employment support, particularly for the broad group of disabled people and people with health conditions. Specifically:

- previous non-specialist programmes, such as the **Jobseekers Regime and Flexible New Deal** (JRFND), have typically delivered lower employment outcomes for disabled than for non-disabled participants;¹⁴³
- the latest evidence from the **Work Programme and Jobcentre Plus Offer** shows that disabled people and people with health conditions are less likely to leave benefits and enter employment than participants without an impairment and may be less likely to receive support;^{144, 145, 146} and
- **Pathways to Work**, a specialist programme designed to support claimants of incapacity benefits into work, which ran from 2003 to 2011, had no significant employment impact, with the programme being judged poor value for money by the National Audit Office.^{147, 148}

¹³⁸ *Ibid.*

¹³⁹ Coulter A, Day N, Bloch A, Howat N, Romanou E, Hingley S, and Coleman N, 2013, *The Jobcentre Plus Offer: Final evaluation report*, Department for Work and Pensions Research Report 852.

¹⁴⁰ Coleman N, Sykes W, and Groom C, 2013, *What works for whom in helping disabled people into work?* Department for Work and Pensions Working Paper No. 120.

¹⁴¹ Waddell G, Burton K, and Kendall N, 2008, *Vocational Rehabilitation. What works, for whom and when?* London: TSO.

¹⁴² Hill D, Lucy D, Tyers C, and James L, 2007, *What works at work? Review of evidence assessing the effectiveness of workplace interventions to prevent and manage common health problems.* HMSO.

¹⁴³ Adams L, Oldfield K, Riley C, Vegeris S, Husain F, Bertram C, Davidson R, and Vowden K, 2011, *Jobseekers Regime and Flexible New Deal: Findings from Longitudinal Customer Surveys and Qualitative Research.* Department for Work and Pensions Research Report 767.

¹⁴⁴ Department for Work and Pensions, 2013, *Work Programme Official Statistics.*

¹⁴⁵ Coulter A, Day N, Bloch A, Howat N, Romanou E, Hingley S, and Coleman N, 2013, *The Jobcentre Plus Offer: Final evaluation report*, Department for Work and Pensions Research Report 852.

¹⁴⁶ Newton B, Meager N, Bertram C, Corden A, George A, Lalani M, Metcalf H, Rolfe H, Sainsbury R, and Weston K, 2012, *Work Programme Evaluation: Findings from the first phase of qualitative research in programme delivery.* Department for Work and Pensions research report 821.

¹⁴⁷ Bewley H, Dorsett R, and Salis S, 2009, *The impact of Pathways to Work on work, earnings and self-reported health in the April 2006 expansion areas.* Department for Work and Pensions research report 601.

¹⁴⁸ National Audit Office, 2010, *Support to Incapacity Benefit claimants through Pathways to Work.*

To some extent we may expect job outcomes to be lower for disabled people and people with health conditions than for those without. However, we think we can do better and want to improve the success of our programmes.

There is more positive evidence from voluntary, specialist programmes. **Work Choice** performance is improving, with Work Choice participants reporting positive impacts of the programme on their ability to gain employment and remain in work. Looking at a six month cohort of Work Choice programme starts between 1 October 2012 and 31 March 2013, there were 8,460 starts to Work Choice during this period. Of these 3,720 people (43 per cent) had obtained a job outcome by the 30 September 2013. This is a significant improvement from the low performance point of a 23 per cent job outcome rate for the programme in quarter four of 2010/11.^{149, 150} In the evaluation of **Access to Work**, recipients reported a range of positive impacts related to the support received, including reducing sickness levels and absenteeism, and helping to secure work and retain employment.¹⁵¹ The **New Deal for Disabled People** was also found to have positive impacts on benefit and employment outcomes – although this programme was only taken up by a fraction of the eligible population.¹⁵²

Some further improvement in mainstream and specialist programme performance may be delivered through different support models and approaches which have been shown to be successful elsewhere, as outlined below.

More intensive mainstream support – evidence from the Department for Work and Pensions own programmes shows that more intensive mainstream support can improve labour market outcomes for people with a disability or health condition. For example, the recent trailblazer of Support for the Very Long-Term Unemployed demonstrated that receiving intensive support from Jobcentre Plus increased time off benefit by four per cent over 78 weeks for disabled people who had spent at least two years on JSA.¹⁵³

Personalisation – evidence shows that there is no single model or approach that provides a solution for all disabled people and that support needs to be appropriately tailored and personalised.¹⁵⁴ According to the OECD, more disabled people could work if they could access the ‘right support at the right time’ and the Sayce Review highlighted the importance of flexible, personalised support, alongside a focus on job-search as being more effective than individual ‘stepping stones’ to employment.^{155, 156}

In the evaluation of the Right to Control Trailblazers, customers who, having opted for direct payments or alternative provision, had received support that was strongly aligned to their needs attributed getting permanent jobs to the tailored support they had arranged under the Right to Control.¹⁵⁷

Supported Employment – Supported Employment is the term for high-quality, personalised support for disabled people and/or those with disadvantages, which enables them to seek, access and retain employment in the open labour market. It is a ‘place and train’ approach which involves person-centred vocational profiling followed by rapid entry into a real job with in-work support for the individual and their employer.

¹⁴⁹ Department for Work and Pensions, November, 2013, Work Choice official statistics.

¹⁵⁰ Purvis A, Foster S, Lane P, Aston J, and Davies M, 2013, *Evaluation of the Work Choice Specialist Disability Employment Programme. Findings from the 2011 early implementation and 2012 steady state waves of the research*. Department for Work and Pensions research report 846.

¹⁵¹ Dewson S, Hill D, Meager N, and Wilson R, 2009, *Evaluation of Access to Work: Core evaluation*. Department for Work and Pensions Research Report 619.

¹⁵² Orr L L, Bell S H, and Lam K, 2007, *Long-term impacts of the New Deal for Disabled People*. Department for Work and Pensions research report 432.

¹⁵³ Department for Work and Pensions, 2013, *Support for the very long-term unemployed trailblazer – longer term analysis of benefit impacts*.

¹⁵⁴ Hasluck and Green, 2007, *What works for whom? A review of evidence and meta-analysis for the Department for Work and Pensions*, Department for Work and Pensions Research report 407.

¹⁵⁵ OECD, 2010, *Sickness, Disability and Work: Breaking the Barriers. A synthesis of findings across OECD countries*.

¹⁵⁶ Sayce L, 2011, *Getting in, staying in and getting on: Disability employment support fit for the future*.

¹⁵⁷ Tu T, Lambert C, Shah J N, and Westwood P, Bryson C, and Purdon S, Mallender J, Bertranou E, Jhita T, and Roberts S, 2013, *Evaluation of the Right to Control Trailblazers: Synthesis Report*, ODI research report.

70 Annex A – What works in supporting disabled people and people with health conditions back into work?

Internationally, some of the strongest evidence of effective specialist employment interventions is for those that follow the Supported Employment model. This can cover a range of approaches, including Individual Placement and Support (IPS) programmes, a type of Supported Employment programme combining health and employment approaches for those with severe mental health conditions.

The OECD concluded that there was ‘unequivocal’ evidence of the effectiveness of Supported Employment in helping disabled people gain and retain employment.^{158, 159} Supported Employment has been found to help people with a range of learning difficulties into paid employment and to be more cost-effective than the sheltered employment approach for people with severe impairments.^{160, 161}

There is also evidence of successful outcomes from IPS programmes for people with severe mental health conditions. For example, IPS participants have been found to be twice as likely to gain employment compared with participants on traditional vocational alternatives.¹⁶² However, as the approach was developed for individuals with severe mental illness, less is known about the effectiveness of IPS for other groups, for example, those with common mental health conditions.

Key elements of success for Supported Employment programmes have been identified as having specialist job coaches or employment advisers, ensuring close links with employers and the availability of structured long-term support whilst in work.¹⁶³

It should be recognised that some Supported Employment programmes can be resource intensive and typically targeted at specific groups, such as individuals with severe learning disabilities or severe mental health conditions, so may not offer a large-scale solution.^{164, 165}

Intermediate Labour Markets – Intermediate Labour Markets (ILMs) provide short-term paid employment to individuals at a disadvantage in the labour market to help with the transition to open employment. Key characteristics include: participants who are furthest from the labour market; paid ‘real’ work on a short-term contract with training and personal support; work often with a community benefit; and reliance on a variety of funding sources.¹⁶⁶

There is a lack of rigorous evaluation of ILMs. However, there is some evidence that the use of an ILM approach can increase job outcomes when targeted appropriately.¹⁶⁷ For example, ILM programmes can achieve up to twice the job entry rate and more sustained job outcomes, compared to alternatives.¹⁶⁸

¹⁵⁸ OECD, 2010, *Sickness, Disability and Work: Breaking the Barriers. A synthesis of findings across OECD countries.*

¹⁵⁹ Rinaldi M, Perkins R, Glynn E, Montibeller T, Clenaghan, M, and Rutherford J, 2008, *Individual placement and support: from research to practice*, *Advances in Psychiatric Treatment* Number 14: 50-60.

¹⁶⁰ Beyer S, and Robinson C, 2009, *A Review of the Research Literature on Supported Employment: A Report for the cross-Government learning disability employment strategy team.*

¹⁶¹ Coleman N, Sykes W, and Groom C, 2013, *What works for whom in helping disabled people into work?* Department for Work and Pensions Working Paper No. 120.

¹⁶² Burns T, Catty J, Becker T, Drake R, Fioritti A, Knapp M, Lauber C, Rossler W, Tomoy T, van Busschbach J, White S, and Wiersma D, 2007, *The effectiveness of Supported Employment for people with severe mental illness: a randomised control trial*, *The Lancet*, 370, 9593:1146-1152

¹⁶³ Coleman N, Sykes W, and Groom C, 2013, *What works for whom in helping disabled people into work?* Department for Work and Pensions Working Paper No. 120.

¹⁶⁴ *Ibid.*

¹⁶⁵ OECD, 2010, *Sickness, Disability and Work: Breaking the Barriers. A synthesis of findings across OECD countries.*

¹⁶⁶ Marshall R, and Macfarlane R, 2000, *The Intermediate Labour Market: a tool for tackling long-term unemployment*, York Publishing Services for the Joseph Rowntree Foundation, York.

¹⁶⁷ Finn D, and Simmonds D, 2003, *Intermediate labour markets in Britain and an international review of transitional employment programs*, Department for Work and Pensions, London.

¹⁶⁸ Marshall B, and Macfarlane R, 2000, *The intermediate labour market*, Joseph Rowntree Foundation.

Annex B

Current benefits and employment support

Introduction

In this Annex we review the broad numbers of people who are sick or disabled and are claiming benefits, and the current support programmes in place and their eligibility criteria.

Benefit data

In total, 2.8 million people with a disability or health condition qualify for an out-of-work or inactive benefit: Jobseeker's Allowance (JSA) or incapacity benefits such as Employment and Support Allowance (ESA), Incapacity Benefit (IB), Severe Disablement Allowance (SDA) and Income Support (IS) on incapacity grounds.

Jobseeker's Allowance (disabled person marker)

JSA is the benefit claimed by people who are actively seeking work. JSA claimants who self-declare a disability receive a 'disabled person' (DP) marker. If they have any additional barriers to work, they can access specific support, for example, appointments with a Disability Employment Adviser (DEA) or early access to the Work Programme. This group is subject to an active conditionality regime, but one that is tailored to their specific circumstances – in broad terms, they are still expected to be available for and actively seeking work as a condition of receiving their benefit, but they are able to make reasonable restrictions to their availability in light of their physical or mental condition.

While this group are relatively active compared to those claiming inactive benefits (ESA and IB), for example, engaging in substantially higher levels of job search, they still fare poorly compared with JSA claimants without a DP marker. For example, on average, people with a JSA DP marker have spent around half of the last five years on benefits, compared with an average of about one-third for non-disabled JSA claimants.¹⁶⁹

¹⁶⁹ Department for Work and Pensions – Work and Pensions Longitudinal Study 100%.

Employment Support Allowance – assessment phase

For those who are ill or disabled, ESA provides financial support for those who are unable to work, or personalised help for those who can work.

The ESA assessment phase (sometimes also referred to as the Work Capability Assessment (WCA) phase) refers to the part of the ESA customer journey during which a claimant's capability for work is assessed. Following the assessment they are either found:

- **'Fit For Work'** so they cannot claim ESA but may be eligible to claim JSA;
- 'able to undertake work-related activity' so are moved into the **ESA Work Related Activity Group (WRAG)**; or
- if the impact of someone's disability or health condition has a serious enough impact on their functional capabilities, they are placed in the **ESA Support Group**.

Claimants awaiting the outcome of their ESA decision are not currently subject to conditionality, so they are not required to see an employment adviser, actively look for work or undertake any work-related activity.

ESA WRAG

The ESA WRAG comprises those people who are judged to be too sick or disabled to work for 16 hours a week at the point of assessment. However, ESA recognises that a number of those placed in the WRAG will, at some point in the future, be ready to look for and take up work. With this in mind, ESA WRAG claimants can be required to attend work-focused interviews with an adviser and to undertake other activities that will help to get them ready for work.

Mental health conditions are the most common condition among ESA WRAG claimants – around 50 per cent of the populace identify mental health problems as their 'main condition', compared with around 20 per cent for JSA claimants.^{170, 171} Labour market activity is limited among this group. ESA WRAG claimants, on average, have spent three years out of the last five on benefits. 56 per cent of ESA WRAG claimants have been on ESA for one year or more. Of those who have left ESA, two-fifths left the benefit to find work, two-fifths claimed another out-of-work benefit such as JSA, and the remaining one-fifth did neither of the above.¹⁷²

ESA Support Group

The ESA Support Group is made up of those claimants judged to be too sick or disabled to work, to look for work or to prepare for work. There is no expectation that people in this group should take up any work-related activity, or support, unless they want to do so. Some people within this group do voluntarily engage with employment support services and move back into work.

¹⁷⁰ Department for Work and Pensions – Work and Pensions Longitudinal Study 100%.

¹⁷¹ McManus, S, Mowlam, A, Dorsett, R, Stansfield, S, Clark, C, Brown, V, Wollny, I, Rahim, N, Morrell, G, Graham, J, Whalley, R, Lee, L, and Meltzer, H, 2012, *Mental health in context: the national study of work-search and wellbeing*. Department for Work and Pensions Research Report 810.

¹⁷² Department for Work and Pensions – Work and Pensions Longitudinal Study 100%.

Incapacity Benefit

IB was the main benefit paid to people who cannot work as a result of a health condition or disability. IB was replaced by ESA from 2008. The Department is in the process of assessing all IB claimants to decide whether they should move onto JSA or ESA. Mental health issues are the predominant disabling condition among this group – nearly 50 per cent of IB claimants identify mental health issues as the main disabling condition. There is very little labour market activity and no conditionality for this group – almost all IB claimants have remained on IB for five years or more.¹⁷³

Severe Disablement Allowance

The precursor to IB, SDA was for claimants below State Pension age unable to work because of illness or disability. New claims to the benefit stopped in 2001 and, as with IB, the Department for Work and Pensions is assessing existing SDA claimants below pension age to see if they are eligible for ESA.

Income Support on incapacity grounds

IS is a means-tested (income-based) benefit for working-age people. Providing they meet the basic conditions of entitlement, people with a health condition or disability were eligible for IS on incapacity grounds. However, from October 2008 onwards, nearly all new claims to IS were discontinued on incapacity grounds, with claimants able to claim ESA instead. The Department for Work and Pensions is currently assessing IS cases paid on incapacity grounds to see if the individuals are eligible for ESA.

Employment support provision

The Department provides a wide range of employment support for disabled people and people with health conditions who are out of work. The majority of this group receive support from Jobcentre Plus or the Work Programme – known as the mainstream offer. Smaller numbers of people, with more complex needs, have access to specialist programmes for disabled people and people with health conditions, such as Work Choice and Access to Work – see Table B1.

Table B1 Number of disabled people and people with health conditions people on the Department for Work and Pensions employment support programmes in 2012-13¹⁷⁴

| | |
|---|---------|
| Work Programme referrals | 193,000 |
| Work Choice (Prime providers only) starts | 16,000 |
| Work Choice Remploy starts | 17,400 |
| Numbers helped by Access to Work | 31,450 |
| Number of Residential Training College starts | 800 |

This section sets out what these programmes offer and how and when people are referred to them.

¹⁷³ *Ibid.*

¹⁷⁴ Department for Work and Pensions administrative data 2013. Work Programme and Work Choice figures based on individuals with a 'Disabled Person' (DP) marker.

Current employment support offer for disabled people and people with health conditions

Jobcentre Plus Offer

Jobcentre Plus delivers back-to-work support to claimants across all working-age benefits – Universal Credit (UC), JSA, ESA, IB and IS – through a flexible model that focuses on outcomes and personalised support.

The Jobcentre Plus offer has three key elements:

- a **core regime** of mandatory interventions which vary depending on benefit and circumstances;
- **flexible adviser support**; and
- a **flexible menu of support options**.

If a mainstream adviser, or other frontline staff member, feels that a claimant needs more specialist support within the Jobcentre, they can refer them to a DEA.

DEAs have greater experience of working with disabled people and people with health conditions to move them into work or closer to employment. They conduct an initial assessment of the individual's challenges to employment in light of their skills, aptitudes and views of the effects of their disability on work. They can also:

- **act as advocates** with employers on the individual's behalf;
- **provide advice** on suitable local jobs; and
- **work with employers** to help them retain individuals with a disability who are having difficulties in successfully performing their job.

Both mainstream advisers and DEAs work with every claimant to determine the frequency, duration and content of flexible interventions by assessing and reviewing need and tailoring this to the individual.

In many districts, **Mental Health and Wellbeing Partnership Managers** work to build links between local health and wellbeing services and support advisers working with people with health conditions.

The **Jobcentre Plus Work Psychology Services** are also available to support claimants into work. This group works closely with the adviser teams to enable Jobcentre Plus to meet the needs of claimants with disabilities, health conditions and long-term benefit dependency.

Advisers are able to offer claimants a menu of help that is available in their local area, including: volunteering opportunities, skills support, work experience and access to a range of opportunities available through the Flexible Support Fund.

The **Flexible Support Fund** can be used for a wide range of activities at the discretion of Jobcentre Plus district managers and advisers. The Fund supplements other resources available to Jobcentre Plus and helps maximise performance under the Jobcentre Plus Offer. It increases the scope for local decisions about the type and style of support which is appropriate in each area. Whilst not exhaustive, some of the activities that may be undertaken include:

- **training allowances** for claimants undertaking some types of full-time training, such as those attending a sector-based work academy;
- **support for partnership activity**, (for example making effective links with other public services locally) which is determined locally;

- **support to meet one-off claimant needs**, for example funding the cost of travelling to an interview;
- **paying for adaptations** to help a disabled claimant to access work placements;
- **health-related support** to help a claimant manage their health condition as a step towards returning to work; and
- paying for **replacement adult or child care** to enable a claimant to undertake training, attend interviews or start work.

Any payment from the Flexible Support Fund must be appropriate, provide good value for taxpayers' money and must ensure a person can move into work sooner than would otherwise be possible.

Support for veterans

The Department recognises the importance of **tailored employment solutions** for the veteran community, including those who are wounded, injured and sick, and has held several constructive discussions with their representatives to ensure that wherever possible interventions are as effective as they can be and that our disability programmes are fit for purpose.

We are working closely with representatives of veterans to ensure that there are coherent local connections between employment and veterans organisations. In each Jobcentre Plus district there is an Armed Forces Champion.

The Champions are working in partnership with the Armed Forces community and support organisations in their district, as well as local and national employers, to identify work trials, employment opportunities and support for Armed Forces leavers and their families. They are also working to raise the profile of the Armed Forces community in terms of the skills, knowledge and experience they can offer, and working with colleagues to alleviate some of the barriers to work faced by Armed Forces families.

The Work Programme

For many people, the support they receive in Jobcentre Plus will be enough for them to return to work. However, some claimants will require the more intensive support available through the **Work Programme**. The Work Programme offers tailored support to those claimants who are at risk of becoming long-term unemployed and is delivered by providers who are free to design support based on individual and local need. Claimants are referred to the Work Programme at different points depending on the benefit they are claiming and their individual circumstances.

- **JSA claimants** are referred to the Work Programme after they have been claiming benefit for nine months (if they are under 25) or 12 months (if they are 25 or over). If a JSA claimant declares a disability to their Jobcentre Plus adviser, they can choose to volunteer for the Work Programme after they have been claiming benefit for three months;
- **ESA (income-related) claimants with a 12-month prognosis** following their Work Capability Assessment (WCA) are referred to the Work Programme immediately;
- **ESA claimants with a longer prognosis** can choose to volunteer for the Work Programme at any time; and
- **IB or IS claimants in England** can volunteer for the Work Programme at any time.

Work Choice

Work Choice is a contracted specialist disability employment programme that is aimed at people who:

- have **complex work-related support needs**, arising primarily from their health condition or impairment, which cannot be met by Jobcentre Plus and the Work Programme;
- have **requirements in work** which cannot be immediately overcome through reasonable adjustments or through Access to Work support; and
- can aspire to be able to **work for a minimum of 16 hours per week**.

Work Choice provides tailored **pre-employment support** to help disabled people move into work, followed by a period of in-work support. It was designed using a modular approach to move participants along a clear path from supported to unsupported employment. Specialist advisers work with individuals to assess their needs and to develop an action plan based on a range of support tailored to the needs of the individual. Once participants move into work they are offered short to medium in-work support for up to two years or, for those with more complex needs, longer term in-work support.

Work Choice is delivered by **eight prime contractors** across 28 Contract Package Areas. In addition to the prime contractors, Remploy Limited, a non-departmental public body sponsored by the Department for Work and Pensions, also receives Grant-in-Aid funding to deliver Work Choice.

In total, the programme supports around 33,000 people per year (including Remploy Employment Services). Most (70 per cent) of those referred to the programme are on JSA.¹⁷⁵ Twenty-one per cent of those on the programme have mental health conditions and 28 per cent have a learning disability.

The primary referral route into Work Choice is through Jobcentre Plus DEAs. Referrals can also be made by statutory referral organisations such as clinical commissioning groups and local authorities.

The Right to Control

In accordance with Right to Control legislation, the Right to Control pilot closed on 12 December 2013. The pilot gave disabled people more choice and control over the support they need to go about their daily lives including employment support. Disabled adults living in seven test areas were able to combine the support they received from six different sources and decide how best to spend the funding to meet their needs. This included funding for Work Choice. We are continuing to learn the lessons from the Right to Control Trailblazers, and building these into our strategy.

Residential Training Colleges

The Department for Work and Pensions currently offers Residential Training through nine contracted providers who offer specialist disability employment training provision to disabled people and people with health conditions who have the most significant barriers to work.

¹⁷⁵ Department for Work and Pensions, November, 2013, Work Choice official statistics.

Access to Work

Access to Work provides disabled individuals and their employers with advice and support with extra costs which may arise because of that individual's disability. It can fund or part-fund the cost of specially adapted equipment, support workers, interpreters and travel to work.

Access to Work is administered by a national network of advisers and support staff based in Jobcentre Plus offices. Advisers take claims, consider the appropriateness of awards and liaise with individuals and their employers.

Further detail on Access to Work, the support it provides and the improvements that are being made to it, is covered in Chapter 2.

Eligibility for current programmes

Table B.1 sets out the eligibility criteria for our current programmes.

Table B.1 Eligibility criteria for current programmes

| Programme | Age | Eligible benefits | Other criteria |
|-----------------------|---|--|--|
| Work Programme | 18+ (no upper age limit for voluntary access) | ESA, JSA, IS, IB, Pension Credit | Jobcentre Plus Advisers check claimants' eligibility for Work Programme and act as the sole referral route. A very wide variety of criteria is used to assess eligibility to decide whether mandatory or voluntary referral is appropriate. |
| Work Choice | 16+ (no upper age limit) | ESA, IB, SDA, JSA, IS, Bereavement/ Widow's Benefits | <p>To be eligible for Work Choice, candidates must:</p> <ol style="list-style-type: none"> 1. be aged 16 or over; and 2. fit the Equality Act 2010 definition of disabled. <p>To be suitable for Work Choice, candidates must meet all of the following criteria:</p> <ol style="list-style-type: none"> 1. experience complex employment support needs arising primarily from their disability; 2. have barriers in work that cannot be overcome through workplace adjustments required under the Equality Act 2010 and/or Access to Work support; 3. need support in work as well as to find a job; or be in a job but at risk of losing it because of their disability; 4. need specialist help that they cannot get from other government programmes or schemes; and 5. expect to be able to work at least 16 hours a week after Module One of Work Choice. |

| Programme | Age | Eligible benefits | Other criteria |
|-------------------------------|-----------------------------|--|--|
| Residential Training Colleges | 18+ (no upper age limit) | | <p>To be eligible for a Department for Work and Pensions-funded place at a Residential Training College, candidates must:</p> <ol style="list-style-type: none"> 1. have physical, psychological or learning disabilities such that any mainstream local provision is unsuitable; 2. be unemployed on the first day of training and each day of training thereafter; 3. have reasonable employment prospects in the chosen job goal and have the capability of reaching an employable level on completion of training; 4. not have undertaken a previous period of Residential Training within the last 12 months, although there are three exceptions to this rule: <ol style="list-style-type: none"> a. those people who, for reasons of ill health, have left an earlier programme prematurely; b. where a person's disability has deteriorated since completing a programme; and c. when a DEA is satisfied that a customer cannot sustain or find employment using the skills gained on the previous Residential Training funded programme. |
| Access to Work | 16+ (no upper age limit) | <p>Access to Work is primarily intended for in-work support.</p> <p>Individuals claiming the following may be ineligible for Access to Work:</p> <p>IB, ESA, SDA, IS or National Insurance Credits</p> | <p>Candidates must be:</p> <ol style="list-style-type: none"> 1. in a paid job or self-employed; 2. about to start a job or a work trial; or 3. placed with an employer as part of a Supported Internship or Traineeship. <p>Their disability or health condition must affect their ability to do a job or mean they have to pay work-related costs.</p> <p>If they have a mental health condition, it must affect them so that they need support to:</p> <ol style="list-style-type: none"> 1. stay in work; 2. reduce absence from work; or 3. start a new job. |

Annex C

Scotland and Wales

Introduction

In this Annex we review the support available to young disabled people and disabled entrepreneurs in Scotland and Wales.

Support for young people

Scotland

The Scottish Government is committed to delivering a consistent person-centred approach to supporting disabled people who want to work. It is working with partners, including local authorities, representative bodies for disabled people and the Scottish Union for Supported Employment to encourage the adoption of a Supported Employment model in all local authorities. Discussions are underway with the Scottish Government about Access to Work being available to people undertaking training through the Employability Fund, the Scottish Government's vocational training support for unemployed people.

In Scotland, if disabled children and young people have additional educational support needs, they are assessed and planned for by education authorities, and, where appropriate, other agencies such as social work services and health boards. Children and young people with complex additional support needs that require support from education and another agency are assessed for a co-ordinated support plan. Education authorities are also required to monitor and review the support that their pupils receive. The Scottish Government also published the Scottish Strategy for Autism in 2011.¹⁷⁶

¹⁷⁶ The Scottish Government, 2011, *The Scottish Strategy for Autism*, APS Group Scotland.

In Scotland, delivery of universal careers services places an emphasis on self-help through developing the career management skills of individuals and web-based delivery, with face-to-face and more intensive support for those who need it most. Careers guidance provided to pupils, including a programme of one-to-one coaching sessions for some individuals who require more help, is based on an assessment of need. Young people who are not in education are able to access all of Skills Development Scotland's career services by visiting a Skills Development Centre, by using their telephone contact centre or by accessing online services through the My World of Work website.

Wales

In Wales, www.careerswales.com includes: 'Career Check' (a diagnostic tool to assess career management needs); a CV builder; and an electronic version of the 'Learning Pathways' document, which includes details of courses of study and any additional learner support. careerswales.com provides a range of information and advice services, including 'My Future', a dedicated section for young people with learning difficulties and disabilities and their teachers and parents or guardians.¹⁷⁷ Young people in Years 10 to 11, 12 to 13 or Further Education colleges are also able to access face-to-face careers guidance from qualified careers advisers. Careers Wales also contributes to transition planning for young people with a statement of Special Educational Needs (SEN) or equivalent who are following a formal transition process. The Welsh Government are working with a stakeholder advisory group to develop the refreshed Autistic Spectrum Disorders Strategic Action Plan, which should be published for consultation by spring 2014.

The Welsh Government has recently set out its approach to increasing youth engagement and employment in its Youth Engagement and Progression Framework Implementation Plan.¹⁷⁸

The Welsh Government Traineeship programme (for 16 to 18-year-olds) aims to support young people gain sustained employment by helping them gain confidence and motivation, improve their skills levels through the delivery of National Vocational Qualifications (NVQs) in any chosen occupational area, as well as gaining employability skills and valuable work experience, aiding transition into employment.

The programme offers three defined pathways: an entry level Engagement Training option, and level 1 and 2 options for those learners who are occupationally-focused. It offers an excellent progression opportunity into employment or learning at a higher level.

For the Welsh Government, post-16 learning options such as Work-Based Learning (WBL), all WBL providers delivering traineeships, steps-to-employment and apprenticeship programmes may claim 'additional learning support' funding for learners assessed with having learning difficulties and/or disabilities.

In response to the concerns expressed by some disabled organisations about the traineeships and steps-to-employment programmes, the Welsh Government removed reference to a maximum duration of time a learner can spend on the programme from the programme specification. This will now allow sufficient time for an individual with learning difficulties or disabilities to complete their individual learning plan.

¹⁷⁷ Careers Wales website – My Future.

¹⁷⁸ Welsh Government, 2013, *Youth Engagement and Progression – Framework Implementation Plan*.

In Wales, the Welsh Government has commissioned Estyn to conduct a review on engagement and participation barriers facing black and minority ethnic and disabled people entering the apprenticeship programme, and simultaneously pinpoint good practice models and approaches.¹⁷⁹ In addition, this will identify and report on specific occupational sectors where ethnicity or gender issues present potential barriers, including a review of gender balance within occupational sectors. The first interim report is due to be published in early spring 2014.

Self-employment and entrepreneurship for disabled people

In Scotland and Wales, as in England, support for disabled people looking to set up their own businesses is largely delivered through mainstream rather than specialist provision.

Support for self-employment in Wales is contracted to a network of business organisations that provide business advice, training in business skills and signposting to other sources of support. In some cases financial support is available in the form of bursaries or access to loans. Additional support is available for disabled people in the form of a discretionary fund that aims to help remove the barriers an individual may face in taking part in business start-up activities.

Providers of the Welsh Government's Business Start Up service are required to operate out of accessible premises and hold an externally accredited equality award to ensure they tailor services to meet the specific needs of individuals. Individuals who are enrolled on the Welsh Government's Business Start Up service can also access support through the New Enterprise Allowance, the Work Programme and Access to Work.

In Scotland, Youth Business Scotland supports people aged 18 to 30-years-old to start and continue in business. The programme gives practical advice on how to start up a business, how to write a business plan, introductory finance training as well as offering loans of up to £5,000 and grants of up to £1,000.

¹⁷⁹ Estyn (2014 forthcoming): *Review of the engagement and participation barriers facing black, ethnic and disabled groups entering the apprenticeship programme.*

Annex D

List of contributing stakeholders

With thanks to some of the many stakeholders we have spoken to in the course of developing this publication listed below. We would also like to thank a number of individuals, experts in their fields, who have contributed to the Paper, for example by chairing Task and Finish groups.

| | |
|---|---|
| Action on Disability and Work UK (ADWUK) | Carers UK |
| Adult Dyslexia Organisation | Catch 22 |
| Age UK | Centre for Economic and Social Inclusion (CESI) |
| Advance | Central & NW London NHS Trust |
| Advisory, Conciliation and Arbitration Service (ACAS) | Centre for Mental Health |
| Association of British Insurers (ABI) | Chartered Institute of Personnel and Development (CIPD) |
| Association of Graduate Careers Advisory Services (AGCAS) | Community Service Volunteer (CSV) |
| Association of Project Management UK (APM) | Confederation of British Industry (CBI) |
| Association of National Specialist Colleges (Natspec) | Connexions |
| Barnsley Metropolitan Council | Council for Disabled Children (CDC) |
| Big Lottery | Coventry City Council |
| BJF (Beth Johnson Foundation) | Devon Partnership NHS Trust |
| Brent Council | Disabled Go |
| British Association for Supported Employment (BASE) | Disabilities Charities Consortium (DCC) |
| British Dyslexia Association (BDA) | Disability Employment Engagement Steering Group |
| British Telecom (BT) | Disability Rights UK (DRUK) |
| Business Disability Forum (BDF) | Diversity Jobs |
| Careers Wales | Dolphins Den |
| | ecdpc (Essex Coalition of Disabled People) |
| | Employment Related Services Association (ERSA) |

| | |
|--|---|
| Enable | Northumberland Tyne and Wear NHS Foundation Trust |
| ENEI (Employers Network for Equality and Inclusion) | National Union of Students (NUS) |
| EOS+ | Office of Qualification and Examinations Regulation (OfQual) |
| Equality and Human Rights Commission (EHRC) | Placeability |
| Equality Challenge Unit (ECU) | PLOTR |
| Experts by Experience | Pluss |
| Federation for Small Business (FSB) | Princes Trust Young Ambassadors |
| Foxwood Academy | Health Services and Population Research Department, Institute of Psychiatry |
| Goals UK | Public Health England |
| Help for Heroes | Pure Innovations |
| Herts Connexions | Queens University, Belfast |
| Higher Education Funding Council for England (HEFCE) | REAL Employment |
| Improving Access to Psychological Therapies (IAPT) | Remploy |
| Ingeus | Recovery Careers Service |
| Institute of Psychiatry | Rethink |
| Kate Nash Associates | Royal National Institute of Blind People (RNIB) |
| Lancaster University | Royal College of Psychiatry |
| Leeds Mind | Scope |
| Learning and Skills Improvement Service (LSIS) | Scottish Union of Supported Employment (SUSE) |
| Local Government Association (LGA) | Shaw Trust |
| London Councils | Sheffield City Council |
| Melling Training & Consultancy | Sheffield Health and Social Care |
| Mencap | Shipley College |
| Mind | Shropshire Council |
| Mindful Employer | Skills Directorate Scotland (SDS) |
| My Plus Consulting | Social Finance UK |
| My World of Work Scotland | Southdown Housing Association |
| National Careers Service | South East England Forum on Ageing (SEEFA) |
| National Council for Voluntary Organisations (NCVO) | South London and Maudsley NHS Trust |
| National Deaf Children's Society | South West London and St Georges Mental Health Trust |
| National Health Service (NHS) | Sustainable Hub for the Innovative Employment of Individuals with Complex Needs (SHIEC project) |
| National Development Team for Inclusion (NDTi) | Status Employment |
| National Institute for Health and Care Excellence (NICE) | Swansea University |
| National Leadership and Innovation Agency for Healthcare (NILHA) | SW London NHS |
| NAViGO Health and Social Care Community Interest Company | TAEN (The Age and Employment Network) |
| | The Policy Exchange |

84 Annex D – List of contributing stakeholders

Time to Change

Trades Union Congress (TUC)

Trailblazers (Muscular Dystrophy Campaign)

Turning Point

Universities UK

University College London (UCL)

University of Lancaster

The Vassall Centre

West Cheshire College

Whizz-Kidz

Work Foundation

Worksfocus/Therese Campbell

WYGU (When You Grow Up)

Yes2Ventures

Annex E

Abbreviations

| | |
|----------------|--|
| AtW | Access to Work |
| BIS | Department for Business, Innovation and Skills |
| BSL | British Sign Language |
| CAMHS | Child and Adolescent Mental Health Services |
| CBE | Commander of the British Empire |
| CBT | Cognitive Behavioural Therapy |
| CCG | Clinical Commissioning Group |
| CEO | Chief Executive Officer |
| CV | Curriculum Vitae |
| DAA | Disability Action Alliance |
| DEA | Disability Employment Adviser |
| DfE | Department for Education |
| DH | Department of Health |
| DP | Disabled Person (Marker) |
| DPULO | Disabled People's User-Led Organisation |
| EHCP(P) | Education, Health and Care (Plan) |
| EHRC | Equality and Human Rights Commission |
| ES | Employment Specialist |
| ESA | Employment and Support Allowance |
| EU | European Union |
| FE | Further Education |

| | |
|----------------------|--|
| GB | Great Britain |
| GP | General Practitioner |
| HE | Higher Education |
| HM | Her Majesty's |
| HWS | Health and Work Service |
| IAPT | Increasing Access to Psychological Therapies |
| IB | Incapacity Benefit |
| ILM | Intermediate Labour Market |
| IPS | Individual Placement and Support |
| IS | Income Support |
| JRFND | Jobseekers Regime and Flexible New Deal |
| JSA | Jobseeker's Allowance |
| LDA | Learning Difficulty Assessment |
| LGA | Local Government Association |
| NAS | National Apprenticeships Service |
| NDPB | Non-Departmental Public Body |
| NEA | New Enterprise Allowance |
| NESTA | National Endowment for Science, Technology and the Arts |
| NHS | National Health Service |
| NICE | National Institute for Health and Care Excellence |
| NVQ | National Vocational Qualification |
| OBE | Order of the British Empire |
| ODI | Office for Disability Issues |
| OECD | Organisation for Economic Co-operation and Development |
| PIP | Personal Independence Payment |
| RNIB | Royal National Institute for the Blind |
| RSA | The Royal Society of Arts |
| RtC | Right to Control |
| SDA | Severe Disablement Allowance |
| SEN | Special Educational Needs |
| SEND | Special Educational Needs and/or Disabilities |
| SIB | Social Impact Bond |
| SME | Small and Medium Enterprises |
| SRO | Statutory Referral Organisations |
| STEM | Science, Technology, Engineering and Maths |
| UC | Universal Credit |
| UK | United Kingdom |
| UN | United Nations |
| UN Convention | United Nations Convention on the Rights of Disabled People |

| | |
|-------------|--------------------------------------|
| VCS | Voluntary and Community Sector |
| VSO | Voluntary Sector Organisation |
| WBL | Work-based Learning |
| WCA | Work Capability Assessment |
| WRAG | Work Related Activity Group (of ESA) |

Annex F

Glossary

The language used to describe some concepts in this Paper can mean different things to different people. To ensure clarity, we have set out below what we mean when we use certain terms in this Paper.

| Term | Definition |
|---|--|
| Disabled person | The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Long term means that the effect of the impairment has lasted or is expected to last for 12 months or more. |
| A non-disabled person with a long-term health condition | A person with a health condition which lasts or is expected to last more than a year, but which does not substantially affect their ability to carry out normal day-to-day activities. |
| Specialist offer | Employment support designed to help disabled people and people with health conditions who need more intensive help both to prepare for work and to move into and remain in work. Current specialist disability employment programmes funded by the Department for work and Pensions include Work Choice, Access to Work and Residential Training Colleges. |
| Mainstream offer | Employment support provided or funded by the Department for Work and Pensions which serves the majority of disabled people and people with health conditions, as well as non-disabled people. The current mainstream offer is delivered by Jobcentre Plus and the Work Programme. |

| Term | Definition |
|----------------------------------|--|
| Job matching | <p>A process which involves both the employer and jobseeker developing, designing and customising a job role. It may require negotiation with the employer, to agree reasonable adjustments and possible changes to the job.</p> <p>Job matching in the context of Supported Employment is about ensuring that the role fits the person rather than the person fitting the role. The aim is to achieve sustainable job outcomes for disabled people with more complex needs.</p> |
| Supported Employment | <p>High-quality, personalised support which enables disabled people or other disadvantaged groups to obtain, maintain and progress in paid employment in a competitive open labour market. It is a ‘place and train’ approach which involves person-centred vocational profiling followed by rapid entry into a real job with in-work support for the individual and their employer.</p> |
| Individual Placement and Support | <p>A form of Supported Employment aimed at people with severe mental health conditions. As well as rapid job search in order to move into a real paid job, a key principle of the programme is that employment specialists and clinical teams are co-located together on one site to offer an integrated approach to health and employment support. The programme is voluntary and support is for an unlimited time.</p> |
| Supported businesses | <p>Businesses where more than 50 per cent of the workers are disabled people who, by reason of the nature or severity of their disability, are thought unable to take up work in the open labour market.</p> |
| Sheltered employment | <p>Sheltered employment is similar to work in a supported business, but workers are typically not paid the minimum wage: it takes place in workshops where work is considered ‘therapeutic’.</p> |
| Intermediary Labour Markets | <p>Provide short-term paid employment to individuals at disadvantage in the labour market to help with the transition to open employment. Key characteristics include: participants who are furthest from the labour market; paid, ‘real’ work on a short-term contract with training and personal support; work often with a community benefit; and reliance on a variety of funding sources.</p> |
| Mental health problem | <p>An umbrella term describing the full range of diagnosable mental illnesses and disorders as well as elevated symptoms that do not meet a diagnostic threshold.</p> <p>The phrase ‘common mental health problem’ is used to refer to common depression and anxiety disorders as well as elevated symptoms that do not meet a diagnostic threshold.</p> |

Term

Mental health conditions

Definition

This term describes all mental disorders or illnesses that meet generally accepted criteria for clinical diagnosis, treatment or interventions. They include common conditions such as depression and anxiety, as well as far less common conditions such as schizophrenia or bipolar disorder.

Severe mental illness

Enduring conditions like schizophrenia or other types of psychosis that affect insight.



information & publishing solutions

Published by TSO (The Stationery Office)
and available from:

Online

www.tsoshop.co.uk

Mail, telephone fax and email

TSO

PO Box 29, Norwich, NR3 1GN

Telephone orders/general enquiries:

0870 600 5522

Order through the Parliamentary Hotline

Lo-Call 0845 7 023474

Fax orders: 0870 600 5533

Email: customer.services@tso.co.uk

Textphone: 0870 240 3701

The Houses of Parliament shop

12 Bridge Street, Parliament Square,

London SW1A 2JX

Telephone orders/general enquiries:

020 7219 3890

Fax orders: 020 7219 3866

Email: shop@parliament.uk

Internet: <http://www.shop.parliament.uk>

TSO@Blackwell and other accredited agents

This publication can be accessed online at:

www.gov.uk

For more information about this publication,
contact:

dhes.comment@dwp.gsi.gov.uk

Copies of this publication can be made
available in alternative formats if required.

Department for Work and Pensions

December 2013

www.gov.uk

ISBN 978-0-10-187632-2



9 780101 876322